

# Barchester Healthcare Homes Limited

## Newington Court

### Inspection report

Keycol Hill  
Newington  
Sittingbourne  
Kent  
ME9 7LG

Tel: 01795843033  
Website: [www.barchester.com](http://www.barchester.com)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was carried out on 6 and 11 April 2018. The inspection was unannounced.

Newington Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Newington Court provides accommodation, residential and nursing care for up to 58 older people. The main building has three floors and accommodates people who have nursing care on the ground floor and top floor. The middle floor has a separate 'Memory Lane Unit' for people who live with dementia and nursing care needs. There is a separate annex called Falcon Place which provides residential care. The home has a garden and courtyard areas available for all of the people. On the day of our inspection, there were 55 people living at the service. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection, the service was rated 'Requires Improvement' overall, with the domains of Safe and Responsive requiring improvement. We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to failing to provide care and treatment that met people's needs and preferences. We also made three recommendations in relation to good practice. Namely, that the provider follows good practice guidance assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia; that the provider and registered manager make further improvements to ensure that all staff had sufficient checks to ensure they were suitable to work with people who needed safeguarding from harm and that the registered manager and provider reassess and reviews practice in relation to maintaining confidentiality. We asked the provider to take action.

We received an action plan from the provider following the inspection, which detailed what action they had taken to address the issues.

At this inspection we found that the provider had made improvements to the service.

People gave us positive feedback about the service and told us they received safe, effective, caring, responsive care.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths. The registered manager had informed CQC about Deprivation of Liberty Safeguards (DoLS) authorisations that had been approved.

Staff had a good understanding of the Mental Capacity Act and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

People's care was person centred. Care plans detailed people's important information such as their life history, personal history and informed staff of the care people required to meet their assessed needs.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

Medicines had been well managed, stored securely and records showed that medicines had been administered as they had been prescribed.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

People's views and experiences were sought through surveys and through meetings. People were listened to. People and their relatives knew how to raise concerns and complaints.

The provider followed safe recruitment practice. Essential documentation was in place for employed staff.

There were suitable numbers of staff deployed on shift to meet people's assessed needs.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

There were quality assurance systems in place. The registered manager and provider carried out regular

checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

The premises were well maintained, clean and tidy. The home smelled fresh. Decoration of the service followed good practice guidelines for supporting people who live with dementia. There were signs to direct people to different areas of the service such as to the dining area, lounge and garden area.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

Medicines were appropriately stored, administered and recorded.

Enough staff had been deployed to meet people's needs.

The provider followed safe recruitment practices.

The premises and grounds had been appropriately maintained. Repairs were made in a timely manner.

The decoration of the premises supported people who live with dementia.

### Is the service effective?

Good ●

The service was effective.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place. People were able to make choices and these were respected.

People received medical assistance from healthcare professionals when they needed it.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered

for.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and had a good rapport with people. Staff interaction was friendly, polite, kind and caring.

People were treated with dignity and respect. Staff knocked on doors before entering people's rooms.

Relatives were able to visit their family members at any reasonable time.

### Is the service responsive?

Good ●

The service was responsive.

People provided with personalised care, care plans were up to date in relation to people's assessed needs

Activities took place which met most people's needs.

The service had a complaints policy, which was on display. The provider had responded to complaints in an appropriate manner.

### Is the service well-led?

Good ●

The service was well led.

People's information was treated confidentially. Personal records were stored securely. Systems to monitor the quality of the service were in place.

Staff and relatives had confidence in how the service was being run. Staff told us they were well supported by the management team.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

# Newington Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 6 and 11 April 2018. Our inspection was unannounced.

The inspection team consisted of an inspector, an inspection manager, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed notifications we had received, the provider's action plans and previous inspection reports. A notification is information about important events which the service is required to send us by law. We also reviewed information of concern that we had received in relation to alleged insufficient staff in communal areas and communication issues.

During our inspection we observed care in communal areas. Some people were not able to verbally express their experiences of living in the home. 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 observed staff interactions with people and observed care and support in communal areas.

We examined records including staff rotas; staff training records; management records, care records for six people, medicines records and seven staff files. We gained feedback from the local authorities commissioning team, care managers and occupational therapists.

We looked around the premises and spoke with 13 people, and two relatives. We spoke with 11 staff including three nurses, four care staff, one of the activities co-ordinators, the cook, the deputy manager and the registered manager.

# Is the service safe?

## Our findings

At the last inspection in February 2017, we made two recommendations; that the provider made further improvements to ensure that all staff had sufficient checks to make sure they were suitable to work with people who needed safeguarding from harm; that the provider followed good practice guidance, assesses and reviews the whole environment to ensure that it is suitable for all people living with dementia.

At this inspection we found that improvements had been made to all identified areas.

People told us they felt safe. Comments included, "Yes very safe"; "They (staff) look after you", and "They (staff) always get done what they have to, and seem to cope with it all".

One relative said, "I do not have to worry". They thought the nurse on Memory Lane Unit was one step ahead, and that what she did not know was not worth anything, and they said, "She is on the ball".

We looked at seven staff files. The provider followed effective systems when recruiting new staff including a thorough interview and selection process. This included pre-employment checks, which included obtaining a minimum of two references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks help providers make safer recruitment decisions as it highlights if people have been barred from working with vulnerable adults or have any police record for an offence or caution. We saw that any gaps in staff member's previous employment history had been discussed and notes record the reasons why. Staff that had been recruited from overseas had undergone additional checks to check their entitlement to live and work in the country. Nurses had been checked and monitored against the records held at the Nursing and Midwifery Council (NMC) to ensure that only registered nurses were employed. This meant the provider followed safe recruitment practices that ensured that staff were safe to work in a care setting.

There were sufficient staff on duty to meet people's needs. People and relatives gave us positive feedback about the staffing levels. In addition to care staff the provider employed ancillary staff that included activities coordinators, chef/cook and kitchen staff, housekeepers and maintenance workers. The rotas showed that the required numbers of staff for each shift had been provided to ensure people's needs were met. The registered manager used existing staff to cover vacant shifts left by sickness or annual leave. A pay incentive had been introduced and staff received an enhanced rate of pay for covering vacant shifts, therefore agency staff were now rarely used to cover shifts. Staff told us they felt there were enough staff on duty to meet people's needs. Staff were available to respond to people's needs and requests within a reasonable time. Call bells were answered quickly and people confirmed there were enough staff to meet their needs. One person said, "I often use the buzzer and carers come quickly enough". We observed that staff were visibly providing appropriate support and assistance when this was needed, and the atmosphere remained calm.

The provider used a dependency tool (DICE), which when completed indicated people's level of support needs and evidenced staffing numbers to meet need. The registered manager told us the tool was updated every six months unless people's needs had changed and it was updated when people moved in to the



home. The tool relied on nursing staff reporting changes to the registered manager. We found that staff deployment was managed to make sure that people's needs were being met.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that all of the 63 staff had completed this training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns and had done so when required.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, risk assessments were in place for moving and handling people. Moving and handling risk assessments detailed what size sling a person needed. We observed staff following risk assessments during the inspection. Staff used appropriate equipment and kept the person informed about what was happening. Risk assessments showed that nursing staff had assessed people's skin integrity, nutrition and hydration and referred people to specialists when required.

Incidents and accidents had been appropriately recorded and monitored by the management team. Where people had frequently fallen, appropriate action had been taken. For example, people had been referred to the falls clinic for assessment, people were reviewed by specialist nurses. This meant appropriate action had been taken to mitigate the risk of further falls.

People told us they had help with their medicines. People's medicines were managed safely. We observed a staff member supporting people with the administration of their medicine. The staff member was patient and explained what the medicines were for and if necessary supported people gently to take them and we observed people being asked if they needed any medicines for pain relief.

We reviewed ten people's medication administration records (MAR) and found these had been appropriately completed following the administration of any medication. Individual MAR charts contained information about people's known allergies and a photograph of the person; this helped to reduce the risk of administering medication to the wrong person. Protocols were in place for people who were prescribed medicines to be taken 'when required,' these additional instructions guided staff when this medication should be given, how it should be given and any maximum dose within a given timescale applied. Instructions were individualised for medicines such as painkillers.

We saw medicines were stored securely, this included medicines classified as controlled drugs. Controlled drugs were stored securely and safely. We found that appropriate records had been maintained on the middle floor unit, top floor unit and in Falcon House next door. However on the ground floor the CD book index had not been used correctly it was hard to track the medicines through the book and some medicines within the book were not listed in the index at the front. This was poor record keeping. The provider took immediate action to rectify the recording and record keeping on this floor. This was isolated to the ground floor. The nurse who assisted me said before the review of CDs started, that the book was not used effectively and was hard to follow. Regular audits had been carried out and balances tallied with stock held in the CD storage. There was an excessive amount of some CD medicines kept for one person on the ground

floor that they would clearly not use within a time frame. The provider took immediate action to rectify this. We found on the second day of the inspection that action had been taken in relation to the over stocking of some medicines, and a new CD book had been written up to replace the poorly recorded CD book that had been seen on the ground floor unit. This meant that controlled drugs were stored and documented appropriately.

The nursing staff who administered medicines received appropriate training and staff we spoke with had a good understanding of the policy and procedures for administering medicines to people. The registered manager assessed each staff members competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so.

People continued to be protected from potential cross infection. There was a cleaning system in place that allowed for daily, weekly and deep cleaning to take place. Records of cleaning were kept. Staff were provided with appropriate equipment to carry out their roles safely. For example, they had access to gloves, aprons and hand gel. Staff confirmed they understood their responsibility to assist people to maintain the cleanliness in the service. Staff received food hygiene and infection control training.

The premises has had extensive redecoration in the last year and was well maintained. Some people living with dementia were disorientated in their environment. Following the refurbishment of the premises additional signage had been added. For example, dementia friendly signage to direct people to the garden. Appropriate checks of the environment had been carried out. Hoists and slings underwent a regular service. People had been assessed for equipment such as slings to meet their individual needs which meant that staff were using equipment to help people move which had been assessed for the person's shape, size and weight. Systems were in place to protect people from the risks of fire, each person had a personal emergency evacuation plan (PEEP) in place which was individual to their needs. PEEP's gave staff individualised instructions on the support people needed to safely evacuate them in the event of a fire.

The fire alarm had been tested weekly. Weekly water temperatures had been checked for all bedrooms, bathrooms and sinks. Gas and electricity installations had been checked. Fire drills had been held regularly. The premises were well maintained and suitable for people's needs. The service was clean and tidy and free from offensive odours.

Records showed the provider ensured proper checks were carried out of the electrical installation; the gas safety certificate was current and portable electrical appliances checked. Fire extinguishers were checked and emergency lighting regularly tested. At this inspection, we found that hot water testing and recording was being carried out. Checks in relation to hot water temperatures and cleaning of shower heads to reduce any risk of legionella were being carried out and recorded.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

# Is the service effective?

## Our findings

People told us that they received effective support from staff. Comments included, "The caring staff and cleaning staff are beautiful and it is a lovely home"; "The staff always ask me, give me a choice and listen to me"; "I cannot fault the home or the staff", and "Very comfortable".

Relatives told us that staff met their family member's health needs. They told us that the food was good. Comments included, "The food is good", and "The carers are good and they are hands on".

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff were knowledgeable concerning the need to seek consent when providing care for people. We observed staff talking with people to gain consent before carrying out care. People were offered choices and control over all aspects of their lives. People told us they were able to make decisions about their care. One person said, "I am assisted to have a shower when I want one". People's records detailed when people had declined care. For example, when people had declined to join in with activities, declined to get out of bed and declined food. Where people did not have capacity to make decisions about their lives, relatives had been involved with decision making. Documentation within people's care files followed the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. Applications had been submitted to the local authorities in a timely manner. The registered manager had a tracking system in place so they knew when people's DoLS were due to expire and when to reapply.

A comprehensive induction programme and on-going training ensured staff had the skills and knowledge needed to effectively meet people's needs. Induction records showed that staff inductions included workbooks and observations of practice to ensure staff were applying training and knowledge to their role. Training records evidenced that staff had received training relevant to their roles. Nursing staff had completed training in relation to nursing tasks. The nursing team had been supported through the revalidation process with the Nursing and Midwifery Council (NMC). The NMC sets standards of education, training and performance so that nurses can deliver high quality healthcare. All staff had completed choking and dysphagia (difficulty when swallowing), fire and moving and handling training; health and safety and infection control training. Staff confirmed they had attended training including first aid, dementia, fire safety, end of life, infection control, skin care, mental capacity and DoLS. Staff said, "We are informed and booked on training when it is due for renewal". We observed training dates booked for forthcoming training in relation to Levels 1, 2 and 3 Dementia training.

Staff continued to have regular supervision meetings with the registered manager throughout the year. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. Supervision sessions and yearly staff appraisals for all staff had been undertaken or planned, in line

with the provider's policy. Nurses confirmed supervision was good. Nursing staff received clinical supervision from the registered manager and the deputy manager who were both registered nurses. Supervision records evidenced staff received regular supervisions and annual appraisals. Regular team meetings were held. Staff were able to contribute to meetings and to make suggestions of importance to them. Staff felt supported in their roles.

Kitchen staff were aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The kitchen staff were also aware of people's dietary requirements such as high calorie and vegetarian diets. The registered manager told us the head chef met with the nurses once a month and they discussed dietary needs with the management team once a month.

People were provided with sufficient food and drink to meet their needs and had a choice of meals. We carried out observations during lunchtime. The tables were nicely laid with cutlery, crockery and napkins. There were artificial flowers/plants on some tables. There was a calm and relaxed environment with relaxing music playing in the background. People were offered a choice of meals. Staff told people the choices on offer individually, then provided them with the meal of their choice. One member of staff asked a person if they would like their food cut up, and people were asked what they would like to drink. Staff on the first floor which was the dementia unit ascertained the person's preference by showing them what the plated up meal looked like, this helped people to make an informed choice. People's comments about the food included, "Breakfast not bad"; "The food is satisfactory and I get a choice"; "The food is pretty good"; "The food has variety", and "There is always choices and it is well cooked".

People were supported to maintain good health and have access to healthcare services. Photographic records were in place of pressure wounds so that nursing staff could document the progress of treatment. There was very clear guidance in each person's care plan for staff detailing how to care for people with pressure wounds and this also evidenced advice and support given by the tissue viability nurse. We observed that nursing staff liaised with tissue viability nurses when required to seek advice in treating pressure areas. Wound charts and records showed that the pressure areas were improving through the treatment being provided.

Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. People had seen their GP and emergency services when required. Care records evidenced that advice and guidance had been sought from a range of health professionals including speech and language therapists, GP's, mental health nurses, dieticians, opticians and occupational therapists. People had attended hospital when required. One person said, "If I need a doctor, I will speak to the nurse who automatically deals with it, he often turns up before I ask". This meant that people's health care needs were being well met.

The provider had a care plan policy in place which detailed that 'An initial care plan should be prepared determining the immediate physical, psychological and social needs of the individual within the first 24 hours, then completed following a robust and comprehensive assessment of need within seven days'. We checked care plans for people that had recently moved in and found that care plans followed the provider's policy.

The provider also had an advanced care planning policy in place which detailed that people are given the opportunity to discuss, decide and record their wishes and preferences around their care whilst living with a life limiting illness and as they approach the end phase of their life.

People and their relatives had been involved with developing their care plans and reviewing these. Review

records showed that people and their relatives had been involved in reviewing and the updating the care plans. The care plans we looked at were in good order, they gave staff clear guidance about how to meet people's assessed care needs, such as how they communicated and what assistance they required with meeting their personal care. Some care files had completed advanced care plans which showed they and their family had discussed and made decisions in relation to their end of life care

Care records for people nursed in bed stated that they should be repositioned regularly to prevent pressure areas developing. Repositioning charts were present in people's rooms as well as monitoring charts for pressure relieving mattresses. Repositioning charts showed that people had been repositioned regularly. Nursing staff were aware of the process for calculating the correct pressure of the mattress according to the individual person's weight, we checked that these had been set correctly and found these to be in order. This meant people's pressure area needs were being met.

# Is the service caring?

## Our findings

At the last inspection in February 2017, a recommendation was made that the provider reassessed and reviewed practice in relation to maintaining confidentiality.

At this inspection we found that improvements had been made and confidentiality in relation to people's personal information was being maintained.

People told us that staff were kind and caring towards them. We observed that staff were friendly, kind and responsive to people's needs. People told us, "They spoil me"; "The carers are quite kind"; "It is a good home", and "The care is very good and we have a little laugh".

Relatives told us staff were kind and caring. One relative said, "It is a lovely home".

Staff respected confidentiality. When talking about people, they made sure no one could overhear the conversations. People's individual care records were stored in locked nurses stations on each of the floors to make sure they were accessible to staff. Staff files and other records not required on a day to day basis were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

We observed that people were supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. Staff knew people well. The care people received was person centred and met their most up to date needs. People's support plans contained both life histories and social assessments. They had been compiled in conjunction with people and their families where possible and contained information staff could use to help build relationships. Staff knew about people's families, pets and people that were important to them and took time to ask them about them.

People told us that staff respected their privacy and staff knocked on their doors before entering the room. We observed staff knocking on people's room doors and obtaining consent before entering. Staff visiting people who had their bedroom doors open, called out to explain that they were visiting them for a purpose. We also saw and heard staff saying "Knock knock" before asking to go in.

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. Staff understood how to provide compassionate care that met the specific needs of people living with dementia. When people became confused they took time to find out what the person needed and provided comfort and support. They sat with people and held their hand and allowed the chance to talk about how they were feeling. Staff recognised people's emotional needs and used friendly conversation to help them feel better.

We heard staff using terms of endearment. These were used appropriately, and were combined with use of the preferred names of the person. People's preferred names were recorded in 'My Life History' documents

in their care records.

Staff knew people well. We observed that when people were agitated or upset staff recognised this. We saw that they checked with the person and asked them "What's the matter?" and "Can I help?" combined with a comforting arm round a shoulder. Staff worked as a team in each area of the home, they helped each other to meet people's needs well.

People's bedrooms were decorated and furnished to their own tastes which included personal possessions and photographs of their families. Memory Lane on the first floor was bright and colourful with an interesting range of photographs, posters and artefacts from days gone by. There was a good range of tactile objects to hand such as knitted woollen shapes, soft toys, twiddle blankets and muffs and dolls which people were making use of. A twiddle muff is a knitted band that has items attached to stimulate and occupy people living with dementia. There was a range of books with large colourful photos available around the home.

People told us their relatives and other visitors were able to visit at any reasonable time. We observed visitors and relatives visiting people at different times during the inspection. One relative said, "I can come and go when I choose". Another relative said, "I am able to make a cup of tea when I want". Several relatives told us that they or other relatives visited their family member's on a daily basis.

People's religious needs were met. Each person had a cultural, spiritual and social values care plan in place. There were regular church services held at the home and people were able to utilise quiet rooms in the home for quiet time and reflection if they wished. One person told us there was a "Church service once a week".

## Is the service responsive?

### Our findings

At the last inspection in February 2017, we identified a breach of Regulation 9 (1)(a)(b)(c) of The Health and Social Care Act (Regulated Activities) Regulations 2014 as the provider had failed to provide care and treatment that met people's needs and preferences.

At this inspection we found that improvements had been made

The service provided a variety of social opportunities for people. People told us that activities took place in the home. We observed on the first day of the inspection an organised game with a large soft ball, which people told us they enjoyed taking part in. The activities co-ordinator engaged a number of people on the Memory Lane Unit in this activity and people appeared to enjoy the activity. In the afternoon there was a tea party on the ground floor unit which is a weekly event. The table was nicely laid with linen cloths and people drank out of china cups. People ate the biscuits that had been made as an activity that morning and commented on them. We observed that staff encouraged people to join in with activities but respected their choices if they declined. People spent time reading newspapers, magazines and books.

The activity co-ordinator told us, that a boat trip is being planned for May, and that there were visits to garden centres being arranged. She said that three musicians come in regularly and that one had visited the day before the inspection. People spoken with said that they enjoyed the music of this person. One person said, "We sometimes have musical bingo". Another person said, "I enjoy the entertainment, particularly the singers who come in". Another person commented that they liked to spend time in the garden.

A movies activity took place on the ground floor unit on the second day of the inspection. People were supported to go to the lounge area to watch the film, the curtains were drawn and it was made to feel like a darkened theatre. Activities were scheduled to take place twice a day in different areas of the home. People from different units within the home were encouraged to take part and were supported by the care staff and activities coordinator to move to different areas of the home. The newly completed café area, also gave people a place to meet and have a drink and socialise.

Activities on offer across the week were displayed on notice boards around the home. The activities included, a trip to a local shopping centre, music, religious services, quizzes, reading a weekly reminiscence newspaper, ball games, nail care and pampering sessions, cake decorating, movies, bingo and 'Pets as Therapy (PAT) dog' visited the service once a month. PAT dogs can be cuddled and stroked to provide comfort and therapy, singers, afternoon teas. The activities staff also arranged events and celebrations throughout the year. The hairdressing salon in the home was well used throughout the day.

People and relatives told us they knew how to complain. One person told us, "No complaints whatsoever". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. The complaints and compliments procedure was on display in the reception area. People and their relatives knew who to talk to if they were unhappy about the service. Staff were clear about their responsibilities to report concerns and complaints. We reviewed the complaints records and saw



that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

The service had received compliments from relatives. Comments included, 'Thank you for making our Dad, Grandad and Brother as comfortable as is possible and for your kind and attentive care'; 'Could not forget your kindness on the day I was stuck because of the snow. Thank you so much for giving me a lift home', and 'Thank you so much for looking after our Mum for all these years. We were always so confident that she was getting the best care possible, even though she did have her moments. We are eternally grateful to the care staff and admin ladies who took care of all of Mums needs'.

## Is the service well-led?

### Our findings

Staff spoke highly of the registered manager and found them to be approachable and supportive. Staff said that management team had an open door policy that they felt supported and their views were listened to. Staff said they were proud to work for the service, knew people well and showed compassion and genuine interest in people's welfare. People thought the staff worked well together. We observed that people knew the management team and felt comfortable talking with them. Several people visited the registered manager in their office and people approached the management team when they were walking around. People told us the service was well run.

We found that auditing systems were in place to make sure the service provided met the needs of the people. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, and records keeping audits had taken place; these highlighted some issues and showed these had been addressed with staff team. The regional manager carried out frequent quality first checks of the service and visited the service to provide support to the management team on a regular basis. Audits undertaken by the regional manager showed that any issues raised were followed up with an action plan detailing how issues would be addressed. The management team had carried out unannounced night visits to the service to check that staff were working according to the provider's policies and people's needs. Where issues had been highlighted these were dealt with swiftly and in an appropriate manner. External audits of medicines had been carried out by the dispensing pharmacy. It was clear that the management team and the provider had worked hard to address any issues that had been raised.

The provider carried out an annual survey of people through a market research company. The registered manager explained that the surveys were sent out to people and the responses were collated by the external company, who then produced a report. The survey results for 2017 included the comments, 'The Nursing Home in most respects is an excellent facility. The staff are caring and the Nurse (name), is kind, approachable and skilled at her job'; 'As a family we cannot applaud the facilities and level of care my wife and mother received. Thank you all again'; 'The staff at the home were respectful of my wishes although it was residential. They were very helpful in ensuring that her end of life plan and drugs were arranged. They were very caring and her passing was a peaceful and the care exceptional', and 'Very friendly, happy, helpful staff'.

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the whistleblowing policy. Staff felt confident to use this policy. Staff reported that communication was good and meetings were regularly held so they could discuss concerns. The registered manager held meetings with different groups of staff, for example, nursing staff and care staff. The management team held daily 'Stand up' meetings with all departments to discuss the running of the service. The meetings included nursing staff, members of maintenance team, catering and housekeeping team. This ensured that the management team were aware of any issues and concerns. The registered manager told us they had an open door policy which meant that staff, people and relatives could approach them at any time to discuss any concerns. We observed people, relatives and staff all putting this into practice.

The management team had rolled out a 'Resident of the day' system; this meant that there was at least one person named each day as the 'Resident of the day'. Staff reviewed and updated this person's care and assessment records on this day, housekeeping staff carried out a 'Deep clean' of the room, the handy person visited the person to check if any repairs or alterations were needed, care staff checked clothes for name labels and the kitchen staff visited to review people's likes and dislikes. The resident of the day system was working well.

The management team had continued with an employee of the month recognition scheme for staff. The employee of the month was displayed in the hallway of the home so everyone could see this. Nominations for staff members could be made by people, relatives and by other staff.

The registered manager was proactive in keeping staff informed on equality and diversity issues. There was a policy in place and staff attended training. They discussed wellbeing, equality and diversity issues with the staff team regularly. We observed that the staff group were diverse from various ethnic backgrounds. Staff told us that they all worked well together as a team.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.