

Churchgate Healthcare (Maples) Limited

Maples Care Home

Inspection report

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Kent
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28 January 2016

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 27 and 28 January 2016 and was unannounced. At the last inspection on 26, 27 and 28 August 2015 we had found that while some improvements had been made from the inspection of April 2015 when the provider had been placed in special measures, there were still breaches of regulations. These were in respect of the safe management of medicines, and in identifying and monitoring risks to people. We took enforcement action following the inspection in August 2015 and imposed urgent conditions on the provider's registration regarding the concerns we found in the management of medicines, and also imposed conditions on their registration in relation to issues we found in the management of risks to people. These conditions required them to submit regular information to us as to how they were addressing these concerns. We also served a further notice to limit any new admissions to the service, and served a warning notice in respect of a breach for not following procedures for safeguarding adults. The service continued to remain in special measures.

We carried out this inspection on 27 and 28 January 2016 in line with our special measures policy. We checked what progress had been made in respect of addressing the breaches identified at the August inspection and also carried out a comprehensive ratings inspection.

At this inspection the home was providing nursing or residential care and support to 37 people. There was a manager but no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. There had been two changes of manager since the last inspection and the service had been managed by the provider's Head of Operations on a temporary basis since the end of October 2015 while a new manager was recruited. A new permanent manager had been successfully recruited and was due to start in February 2016.

At this inspection we found considerable improvements had been made in each key question, although we identified a breach of regulations in respect of records of people's care not always being up to date or accurate. You can see the action we have asked the provider to take at the back of the full version of the report.

There were some areas which required improvement. Staff awareness about how to evacuate people in an emergency was not consistent. 'As required' medicines guidance lacked detail to guide staff and pain relief assessments on one floor were not reviewed with appropriate frequency. People gave us mixed feedback about activities and relatives of two people told us they experienced some inconsistency with the way their preferences about their care were met.

People using the service said they felt safe and that staff treated them well. The warning notice we had served had been fully complied with. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. People's medicines were managed appropriately and they received them as prescribed by health care professionals. Risks to people were identified and monitored.

There were enough staff to meet people's needs and the provider conducted appropriate recruitment checks before staff started work.

Staff received adequate training and support to carry out their roles. They asked people for their consent before they provided care and demonstrated a clear understanding of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS).

People and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people. People were supported to have a balanced diet.

Regular residents and relatives meetings were held where people were able to talk to the manager about the home and things that were important to them. People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary.

People told us there had been improvements at the home following the arrival of the new owner and manager. Audits were carried out to identify any improvements that were needed. The manager demonstrated leadership skills in changing the culture of the service and working openly and proactively with the local authority and health professionals to improve the care provided. They had identified the areas they needed to improve on. Staff said they enjoyed working at the home. They told us they wanted to provide a caring good quality service and they felt confident they were heading in the right direction under the current manager and the new team that had been appointed. The manager explained it had taken some time to recruit the right staff and management team to take the home forward.

In view of the significant improvements made in each key question the home is no longer in special measures. The conditions imposed on its registration at the August 2015 inspection have also been lifted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was not consistently safe. Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage identified risks. However some improvements could be made to some of these records. Medicines were safely stored, administered and managed. Some improvements could be made to the recording of some people's 'as required' medicines and to the frequency at which pain relief assessments were conducted.

There were arrangements to deal with emergencies. Staff had a good awareness of how to respond during a fire drill but not all staff were clear about actions to take if evacuation was required.

Staff knew how to protect people from abuse or neglect. Staff recruitment procedures were effective and there were significant improvements to the numbers of permanent staff employed. There were sufficient numbers of staff to meet people's needs.

Requires Improvement 

Is the service effective?

The service was effective. New staff had completed an induction when they started work and all staff received regular training relevant to the needs of people using the service. Staff received regular supervision to support them in their roles.

Staff asked for consent before they provided care. They understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted to comply with this legislation.

People were supported to have a balanced diet and their dietary needs were assessed and monitored. People had access to a GP and other health care professionals when they needed it.

Good 

Is the service caring?

The service was caring. People and their relatives spoke positively about their relationships with staff and told us they felt safe and supported.

Good 

Staff displayed kindness, consideration, dignity and respect towards people. We saw positive interactions between staff and people using the service.

People and their relatives told us they were involved in decisions about their care.

Is the service responsive?

The service was not consistently responsive. Some improvement was needed to ensure people's preferences about the way in which they were supported were consistently met. Records of people's care were not always consistently updated to ensure their accuracy.

People had mixed views about the activities offered. The manager told us this was an area they were beginning to develop based on people's feedback.

People and their relatives knew how to make a complaint and they were responded to promptly if they raised concerns.

Requires Improvement ●

Is the service well-led?

The service was well led. People told us things had improved if a little slowly. The current manager and provider had led the service through a difficult period which had resulted in improvements to the staff culture and running of the service.

A new management team were now in post and the use of agency staff had been reduced considerably. Staff had confidence in the management plans. They knew there was still progress to be made and were open about this.

People's views were sought about the running of the service and audits were completed to identify any problems which were then addressed.

Good ●

Maples Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 27 and 28 January 2016 and was unannounced. On the first day the inspection team consisted of three inspectors 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. There were two inspectors, a specialist advisor and a pharmacy inspector on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we looked at the information we held about the service including information from any notifications the provider had sent us and audits. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for the service and the safeguarding team for their views of the service.

During the inspection we spoke with 17 people who used the service and 10 relatives. We spoke with four nurses, nine health care assistants, reception staff, the maintenance person, three domestic staff, and two members of the catering staff. We also spoke with the interim manager who is also the Head of Operations, the deputy manager, clinical coordinator, the head of care and an operations manager. We spoke with the GP visiting the service and a volunteer. We used the Short Observational Framework for Inspection (SOFI) as part of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not communicate with us.

We looked at 11 people's care records, nine staff recruitment and training records, and records related to the management of the service such as minutes of meetings, records of audits, and service and maintenance records. After the inspection we spoke with a health care professional to gather their views about the service.

Is the service safe?

Our findings

At the last inspection in August 2015 we had found breaches in regulations as some risks to people were not always identified or assessed, and adequate guidance had not always been provided for staff on how to manage risks. We took enforcement action and imposed conditions that required the provider to send us regular information to confirm how they identified and monitored risks. The provider complied with these conditions. At this inspection we found significant improvements had been made. Risks to people had been identified and action taken to reduce the risks.

Risks to people were assessed for areas such as falls, the use of bed rails, nutrition and skin integrity. Care plans contained guidance for staff to manage risk and these were regularly reviewed. For example one person's skin integrity had been identified as an area of risk and we noted there was detailed guidance for staff on how this should be safely managed through the use of pressure relieving equipment, nutritional input and regular repositioning. For another person a risk had been identified regarding the use of bed rails and we saw action had been taken to address this risk. However there were some issues around recording that required further improvement.

Records used to monitor risks such as body maps, repositioning charts and food and fluid intake charts had been completed and reviewed. However some wound care records required some improvement so that agency or new staff could easily track changes. For example some wound re-assessment details were recorded in the daily notes rather than the charts provided which meant they would not be easily apparent to anyone tracking wound recovery or deterioration. We also found that two repositioning charts did not clearly show the frequency of repositioning that each person needed. The charts indicated they were repositioned with the frequency they needed, but there was a risk without clear guidance on the record that the correct frequency might be missed by staff unfamiliar with their needs.

Risks to people were monitored and reviewed through a daily clinical meeting. We observed this meeting on both days and found that there was good communication from staff about understanding risks to people, in particular around changes to one person's altered health needs and the action required to reduce risks in aspects of their care such as managing their skin integrity. Accident and incident reports showed appropriate actions had been taken following any accidents which had occurred within the service, and that these were reviewed by manager and monitored for any trends. In view of the progress made in this area and the clear monitoring processes in place we have removed the condition we imposed after the inspection in August 2015 in relation to the management of risks.

People nursed in bed or in their rooms had call bells in reach, where they could use them and they told us they did not have to wait long for the call bell to be answered. One person remarked, "You don't wait long, there's always someone floating around." For those people who could not use the call bell we saw that frequent checks were being carried out by staff during the day and at night to ensure their safety and well-being.

There were arrangements in place to deal with possible emergencies. Nursing staff knew what to do to if

there was a medical emergency and we saw there was information available for staff on each floor. Staff had received first aid training and nurses were trained in cardiopulmonary resuscitation. Staff responded promptly and calmly in line with the emergency procedures when the fire alarm activated during the inspection. Fire drills were carried out regularly and staff were aware of their roles. However, some improvement was needed as staff were not always aware of the correct procedures to follow if emergency evacuation was needed. There had not been a recent drill that involved discussion about evacuation procedures. The maintenance staff member told us this was in the process of being organised although we were unable to check on this at the time of our inspection.

Equipment such as hoists, pressure mattresses, call bells, the lift and fire equipment were routinely serviced and maintained to reduce risks to people. Checks were also made on the safety of the premises in areas including water temperatures, legionella checks, and electrical and gas installation safety. We were shown a completed action plan for the work that had been needed to comply with the London and Emergency Fire Planning Authority inspection of 10 August 2015 and this showed the work had been completed.

Appropriate recruitment checks took place before staff started work to reduce the risk of unsuitable staff being deployed at the service. Staff told us they went through a thorough recruitment and selection process before they started working at the home. Staff files evidenced that all necessary checks were completed prior to staff beginning employment. Checks were also made on agency staff before they came to work at the service.

At the last inspection in August 2015 we had found continued breaches in regulations because medicines were not safely managed. We imposed urgent conditions on the provider's registration to submit audits to us on a weekly basis to evidence that the risks in relation to medicines management we had found were being addressed.

Since that inspection the provider had sent us the information we required. They had also sought the advice and support of their Clinical Commissioning Group (CCG), pharmacist, GP and their own pharmacy. At this inspection people told us they received their medicines when they needed them. We found medicines were safely stored at correct temperatures on all three floors. The time length of the medicines round on the ground floor had improved which meant people received their medicines when they needed. People's medicines were regularly reviewed and the administration records were accurate, demonstrating that people received their medicines as prescribed. Controlled drugs were safely managed and administered, and there was a system in place to report and manage medicines errors if they arose. The CCG pharmacist told us how well the staff and management at the service had worked with them to ensure that there were safe practices in relation to medicines.

In view of the significant progress made in this area we have removed the conditions imposed for the management of medicines.

We identified some areas for consideration to improve medicines management further, for example care plans for 'as required' medicines needed more detailed guidance for staff about their administration. Pain assessments were not always sufficiently frequently reviewed on one floor to ensure when people experienced changes in pain levels this was identified promptly. The manager agreed they would address these issues following the inspection.

People and their relatives told us they felt safe from harm at the home. The comments included, "Very safe," "Of course I am safe" and, "There is nothing to worry about here." A relative told us, "I haven't got any worries on that score." At the last inspection in August 2015 we had found a breach of regulations as

processes for safeguarding adults had not always been followed to ensure people were protected from abuse or harm. We had served a warning notice in respect of this breach. At this inspection we found the manager had developed a robust system for the recording and reporting of safeguarding concerns. Alerts had been raised appropriately to the local authority when needed and the service had cooperated fully in any investigations.

Staff had received training on safeguarding adults and demonstrated an understanding of the types of abuse that could occur and what they would do if they thought someone was at risk. One staff member told us, "I need to always be alert because these people are so vulnerable." Staff understood that discrimination was a type of abuse and gave examples of how they valued and supported people's differences, for example around their faith. Staff were familiar with whistleblowing. One staff member said, "Whistle Blowing is such an important mechanism to have available. I would use it without hesitation." Two staff members were less clear about how to report concerns under whistleblowing and we raised this with the manager who told us this would be discussed with them in supervision.

People using the service, their relatives and staff told us there was always enough staff on duty to meet people's needs. One person told us, "There is always a member of staff around if I need them." At the inspection in August 2015 there had been a high use of agency staff due to the number of vacancies, and there had been negative feedback about some agency staff from people and their relatives. At this inspection the manager told us agency staff levels had reduced considerably, which we confirmed observation and when we reviewed the rotas. There were no agency staff on duty during the inspection. There were some negative comments about agency staff who had worked on other days. One person said, "There are enough staff but some agency staff just sit around." Another person commented, "When the proper staff are on, working as an effective team, it all works really well!" A significant number of new permanent staff had started since the last inspection and more recently key posts had been filled, such as a new deputy, clinical lead and new nursing staff. Since the last inspection a nurse was now assigned to work on each floor. A staff member told us, "I think the levels are very good. We work well as a team and deliver care efficiently."

The manager told us staffing levels were constantly reviewed to ensure people's needs were safely met. We did not see people waiting for support during the inspection and observed that there were enough staff available to support people where required in a calm and unhurried manner.

Is the service effective?

Our findings

People and their relatives told us that staff were knowledgeable about their roles and newer staff members were supported to learn. One person said, "There are a lot of new staff, but the new ones shadow the other ones; they are not just thrown in!" Another person said, "The staff know what they are doing and how to look after me." A relative told us, "The nursing staff are much improved."

New staff told us they received an induction which included training, reviewing people's care plans and a period of shadowing more experienced staff members. They told us this had been very helpful in learning about their roles. One staff member told us, "It's been fantastic and more thorough than the training I've had in previous jobs." Another staff member said, "I am happy with the training; it is all face to face, rather than e-learning and covers a lot of good stuff." Experienced staff confirmed they had regular refresher training and that they received regular supervision to support them in their roles. One staff member said, "I get supervision every three months. I really enjoy it because it gives me time to reflect on how I work." Another staff member was pleased to explain how they had been given the opportunity to take up further training, through the recognised Health and Social Care Diploma, since the last inspection. Records confirmed that staff training in the areas the provider considered mandatory was up to date and the new staff induction followed the Care Certificate. Nurses were supported to work towards their accreditation and received training on areas such as wound care. Competency assessments had been completed on a range of areas for all nurses and shift coordinators to ensure they understood the training they had received.

Records showed staff had received regular group or individual supervision sessions. The manager told us group supervision had been helpful in terms of improving standards and now that they had a senior team they would be prioritising individual support sessions to all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the need to obtain consent before providing care. For example a staff member said "I know that not everyone can make a decision but I always show them options, for example, with clothes, food or drink, and give them time to choose." They had received recent training in relation to the MCA. For those people who lacked the capacity to make a decision staff understood the importance of assessing their ability to decide on each decision separately and to involve relatives and professionals as necessary in

making best interests decisions. The manager and head of care knew how to submit a request for DoLS authorisation and we saw that where a DoLS had been authorised, monitoring forms had been completed when required and any other conditions placed upon the authorisation were followed and reported on as required to the local authority.

People told us they were provided with sufficient amounts of nutritional food and drink to meet their needs. One person said, "Generally speaking, it is good food, and if you like it, you can get more." Another person said, "There is plenty of food". Each floor had a kitchenette with a stocked fridge so that people could be provided with a drink or snack whenever they needed. People's care plans included assessments of their dietary preferences and requirements. Any allergies were clearly recorded. Where people required specialised support with eating and drinking we saw that referrals to the Speech and Language team had been made and their needs assessed; with detailed guidance in their care plan. We tracked five people's dietary needs and observed that the food and drinks they received met their individual requirements. We spoke with the assistant chef who demonstrated a good understanding of people's dietary needs. In addition, people's specific requirements were clearly displayed in the kitchen, as well as on the daily meal order to ensure all staff were aware of them and reduce any risk.

People were weighed each month or more frequently if there were concerns about weight loss or gain. Where a person had lost weight, we saw they had been seen by a dietician in response to this. People had daily fluid and dietary charts in place where risk assessments had identified that additional monitoring was required. We observed that people had access to regular fluids which we found to be always within their reach. One person told us, "They are on at me all the time to drink water." For those unable to assist themselves, staff supported them to drink. We observed the temperatures of the food were tested prior to serving and that people were supported where needed to eat in a dignified, calm and unhurried manner.

We received some mixed comments about the variety of food on the menu. Most people told us there was enough choice and that the food had improved. A relative told us, "The food is quite good; it looks fine and has got better now." Two people and a relative told us they did not think there was enough variety. The assistant chef told us they developed the menu according to people's likes "by going on to the floor and speaking one to one with people and their relatives."

People told us they were supported to maintain good health and had access to health care support from appropriate health professionals when needed, for example dentists, a dietician, and opticians. One person told us, "They don't hesitate to call a doctor if you need one, and tell your next of kin". A relative said, "If there is something wrong with (my family member) they have picked up on it as quickly as we have, and acted on it." People had hospital grab sheets which recorded a summary of their needs so that important information was readily available to hospital staff if needed.

We saw evidence that staff were responsive to changes in people's behaviours and alerted health professionals when needed. For example, one person's daily record included a recent entry highlighting their changed behaviour which required close monitoring. We noted that in addition to frequent observations being carried out, the GP had been called. They visited later that morning and diagnosed a medical condition requiring antibiotics. This rapid response helped maintain the longer term health and comfort of the person.

Is the service caring?

Our findings

At the last inspection we found some improvement was needed to the way staff interacted with people using the service. At this inspection people told us things had improved and that staff were caring, and treated them with kindness and consideration. One person told us they experienced, "Very helpful staff who are concerned as well. They are thoughtful." Another person described staff as being, "Very good, pleasant staff; lovely and helpful." Relatives also commented positively. One relative told us the staff were, "Nice, kind and helpful," another relative said, "We haven't been happy but it has improved and the new permanent staff are now good, caring people." Relatives also commented positively about the reception staff and about how helpful staff were on the phone. A staff member remarked, "Some people were here just because it was a job and they had to pay the bills but I think the staff we have now work because they care about the residents."

We found there was a caring, calm and supportive atmosphere throughout the inspection. We observed staff talking with people in the communal areas at times throughout the day, sharing jokes as they supported them, or speaking with them in an appropriate way. Staff were mindful of people's changes of mood. For example, when a person became upset because they did not know where one of their possessions was, we observed how a care worker reassured them and helped them to look for this item. When another person became agitated staff were able to distract them and calm them successfully.

People were encouraged to maintain links with the people that were important to them, and friends and relatives confirmed they were free to visit whenever they wanted. Relatives told us they felt welcome at the home. One relative said, "We are all welcome and individually, the carers are lovely. They do listen."

Staff who had been at the service for some time demonstrated a good understanding of the needs of the people using the service and could describe people's preferences in how they liked to be supported. New staff members told us how they read people's care plans and shadowed staff to learn more about them. One staff member told us, "I read people's care plans to make sure I support them in the way they want." They also had a detailed handover sheet each day which gave key information about people's needs and preferences to prompt them when needed.

People were involved in decisions about their care. People told us they were consulted about their care, and that staff understood their diverse needs and how they might be supported in maintaining their individual differences, for example with regard to their culture or spiritual needs. We saw care plans had been completed to indicate people's preferences and where they may be supported to maintain a level of independence. People's independence was encouraged. For example, where people had requested less frequent nightly checks, this had been assessed and guidance provided to night staff on the agreed frequency. People also told us they were involved in reviews of their care. Staff commented that depending on people's wishes they might review parts of their care plans at different times to make it easier for people to follow. Since the last inspection relatives had been invited to attend reviews of people's care plans where it was appropriate to do so. One relative told us, "We did come for the review which was useful as I understand more, and I did feel we were listened to as well."

Staff understood the need to involve people constantly in decision making. One staff member told us, "It's important to respect people's wishes. They may have a routine but even this can change. For example, if they don't want to get up at their usual time in the morning, I'd respect their wish for a lie in."

People were treated with dignity and respect. We observed staff speaking to and treating people in a respectful and dignified manner. They were aware of the need of confidentiality and spoke discreetly to people when needed. They took their time and gave people encouragement whilst supporting them. We saw staff knocked on people's doors throughout the day and waited for a response before entering their rooms. Where appropriate, people were supported in their right to privacy with their own key for their room. A care worker told us, "I always ensure people's privacy is respected. When I support them with their personal care, I make sure the door is closed and the sign is on the door handle so that we're not disturbed." We saw this sign was in use on all floors when personal care was being carried out.

Is the service responsive?

Our findings

People told us they had a written plan of their care which reflected their needs and choices, and that these needs were met. One person told us, "I know there is a plan written down and staff do what is needed." A relative said, "The plan does tell staff how to meet my family member's needs." We saw that care plans recorded people's history and their diverse needs, for example night care needs, eating and drinking and mobility. This information gave guidance to staff on how their needs could be best met.

However in three care plans we found that accurate records had not been maintained and there was therefore a risk of people not receiving the care they needed. For example, staff told us how the needs of one person had recently changed so we tracked their care and observed them throughout the day to confirm their changed needs were being addressed. Whilst we saw that they received appropriate support in line with the changes for example, being encouraged to exercise at regular intervals, we noted that their care plan had not been updated to reflect these changes. We also found that changes in some other people's care plans had not always been updated consistently throughout the plan. For example, we noted that changes in the frequency at which one person needed to be repositioned had been updated in the skin integrity care plan but that their night time care plan had not been updated with the same information. We checked their care records and found they were repositioned in line with their risk assessments, but there was a risk of confusion for staff as the care plan did not provide a consistently accurate record to follow.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager took action to address the issues we identified following the inspection.

Most people were positive about the care they received and felt it met their needs and preferences. One person commented, "I have one or two baths a week and I think if I wanted more, I could ask." Another person told us, "I ask about a bath and they say when they can do it. It works as I don't wait long." A third person said, "I am comfortable and have everything I need. The staff see to that." Relatives confirmed that they were advised promptly about any changes in their loved one's condition. We also observed staff on one floor managed behaviour that required a response in a calm and respectful way and try a number of distraction techniques to try to reduce any impact on other people.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related for example to disability, gender, ethnicity, or faith. For example one person was supported with their spiritual beliefs with regular visits from a chaplain. These needs were recorded in people's care plans and all staff we spoke to knew the needs of each person well. A staff member told us "I read people's care plans to make sure I support them in the way they want."

However, there was room for improvement. Two relatives told us while there had been changes for the better, there was not always enough consistency in how their family members' preferences were met with regard to aspects of their personal care. They commented that some staff knew how the routine should work but other staff had difficulty in responding consistently for example in relation to when they had their shower or bath. We saw this reflected in the care records. One relative told us, "Not all good, but it is on the

up and improving." Another relative said, "Things are much better, the bigger things are right just a few smaller things now." The manager told us they were aware of the difficulty in maintaining consistency at times and now they had enough permanent staff were starting to introduce a key worker and named nurse to help improve this.

We had mixed feedback about the activities available to meet people's individual interests and reduce isolation; this was an area which required some improvement. Four people told us there was enough to do. One person said, "They do have things to do but not many people want to join in. they do try!" Another person told us, "We have been out more recently." Five relatives told us they thought there was not always enough for people to do. One relative said, "It has got better but there's still not enough to do: there is too much TV and most of them cannot see it and it is not checked at all." There were two activity coordinators and they provided both group and individual activities so that people's different needs could be met. A programme was displayed in the communal areas so that people were aware of what was available. Some activities were also provided in the evening and at weekends as well as in the day. There were photographs of activities people had enjoyed such as a pat dog visit. During the inspection we observed care workers were involved in exercise activities on one floor which people were enjoying. There was also a music activity, baking activity and gardening session on one floor at various times during the inspection. However we observed some of these activities engaged a small number of people leaving other people to occupy themselves.

One staff member told us, "I think we could do with more specialised activities for people here." The manager told us they had recognised the need for some further improvement to the activities. They told us about their plans to improve this area, including the recruitment of an activities manager and some specific activities that were more suitable to people living with dementia. They said it was, "High on the agenda of the new manager coming in." We were unable to judge the impact of these plans at this inspection.

People and their relatives told us they knew how to raise a complaint and that they felt their concerns would be addressed. A relative told us they had complained about the lift breaking down at Christmas and they had felt listened to and understood. The complaints log showed that complaints since the last inspection had been responded to promptly and the issues addressed. We were made aware of a complaint that had been raised just prior to our visit which we saw was being promptly investigated and responded to.

Is the service well-led?

Our findings

People told us they felt there had been improvements since the new owners took over the service, although the pace of change had not happened quickly. One person said, "It has slowly been getting better. Now they have more of their own staff it will get better still." A relative told us, "We haven't been happy before but it has improved with the new owners."

The manager demonstrated good leadership skills in improving the care provided. Since the last inspection there had been some initial difficulties with managing the service. The Head of Operations, who was also the nominated individual, had acted as manager to provide some leadership and consistency at the home. The local authority and CCG had worked closely with the home and they had fed back to us during this period about how open the manager had been about acknowledging where there were problems. They told us the manager had worked proactively with professionals to improve the service offered. They also felt the manager had helped staff to understand and accept the need for change, and this feedback was in line with our findings. We found the manager to be honest and forthcoming about any problems, and proactive to respond to any issues raised. They also understood and fulfilled the responsibilities of a registered manager and had sent us notifications as required.

Since the last inspection we observed there was a marked difference in staff attitude and culture across the home. Staff spoke openly about the shared values of wanting to provide a good quality service that encouraged people's independence and involvement in their care. They told us they enjoyed their work and had confidence in the interim manager and the new management team. Staff who had been employed at the service during our previous inspections explained that there had been considerable changes. One staff member said, "The manager has given us a sense of direction and we work here because we care now." Staff spoke highly of the manager and provider, and of the changes that had occurred. One staff member told us, "Before the new owners came staff did not know what they were doing and there was a high sickness level. Now it is very different." Another staff member said, "There is a feeling of teamwork and better communication. I feel like we are better supported by management." Other staff also commented on the improvement in communication and the feeling of improved team work. We found staff had felt able to raise concerns appropriately and they told us they felt listened to and their views respected.

We found there was open acknowledgment from the manager and staff that they knew there were areas to improve on, and they were working hard to achieve consistency. The manager told us it had been difficult to fully address all the areas identified at the last inspection completely as there had not been a complete management team in place. The recent appointment of the new clinical lead, deputy manager, experienced nurses and a manager with a proven track record as a registered manager would enable these improvements to continue. The new manager had also begun the application process to become the registered manager for the service with CQC.

Regular meetings had been held with people and their relatives to update them about the changes that occurred and to obtain their views. One person commented, "We had a meeting last week. They tell us what is going on." People were aware of the planned change of manager and had met them at a recent residents

meeting. They told us they thought they had been through many changes of manager and that the service needed stability. A person using the service said, "They've got a new one. I don't know when. They seem to do a lot of changing about." This was also the view of the provider and the current manager, and they explained that it had been difficult to find and recruit the right staff team to do this, although they were confident in the choices they had made and recognised the areas they needed to improve on.

Most people and their relatives told us they had met the new manager and felt the permanent manager would bring further improvements. A person using the service said " I have met the new manager. She seems to have lots of ideas." A relative told us " It never used to feel like a home, but now it does and we are seeing improvements." Staff were enthusiastic about the appointment of the new manager and had also met the new manager and were looking forward to them starting.

There were twice daily handovers meetings and a daily clinical meeting to ensure staff were kept informed about changes to people's needs. Staff meetings and heads of department meetings were held to improve the smooth running of the service.

There were systems to monitor the quality of the service. Two relatives told us they saw a good presence of management visible when they came. One relative said, "You don't see that happen very often elsewhere." Spot checks were carried out on night staff and we saw areas of improvement had been identified and acted on, for example improvements had been made with regards to the cleanliness of equipment. A range of audits had been completed in areas including medicines audits, infection control, care plan and wound care audits. They acknowledged they had not always recorded changes to people's care promptly but carried out regular audits of care plans that would have picked up these new issues we had identified.

The manager also carried out a daily walk around and identified areas requiring improvement and we saw that any actions she had identified were signed off and dated when completed to demonstrate the issues had been followed up. The provider had commissioned their own independent audit of the service in December 2015 to provide an objective view of the changes they were making. The report confirmed they thought there had been improvements and we saw that where actions were identified these had been implemented. For example a recommendation to develop the leadership on each floor had led to the assigning of a nurse to the middle floor which had not been the case previously.

In view of the progress made across the service and following discussion with the provider and manager we have removed the condition on the provider's registration to restrict new admissions to the service without our prior permission.

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 17 HSCA RA Regulations 2014 Good governance |
| Diagnostic and screening procedures | Accurate and contemporaneous records of people's care and treatment were not always kept. |
| Treatment of disease, disorder or injury | |