

Alliance Care (Dales Homes) Limited

The Berkshire Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This was the first comprehensive ratings inspection of The Berkshire Care Home under the new provider. Previously this service had been registered under a different legal entity. However, the overall brand for the new entity remains the same. The new registration took place in August 2016. The representatives of the new legal entity were aware of improvements that needed to be made to the service following the last inspection under the previous legal entity. This inspection took place on 26, 28 and 29 September 2016 and was unannounced.

We last inspected the service in 17, 19, 23, 25 February and 01 March 2016 due to concerns raised about the safety of the people who use the service and the poor management of the service. We conducted a comprehensive inspection of this service and found four breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service was rated 'inadequate' and placed into 'special measures'. When a service is rated as inadequate and placed in 'special measures', we will inspect again within six months. We took civil enforcement to ensure people's safety and ensure improvement occurred at the service. We served one warning notice to the provider following the inspection. A warning notice gives a date the service must be compliant by and we inspect again to check that compliance against the content is achieved within the timescale. The provider was required to be compliant with the warning notices by 1 August 2016. The purpose of this inspection was to check what improvements were made and whether the 'special measures' framework continues or can be removed. We found the service was compliant with the content of the warning notices.

When we report on issues found at the previous inspection during February and March 2016, we will refer to it as 'the previous inspection'.

The Berkshire Care Home is a care home with nursing that provides a service for up to 58 older people, some of whom may be living with dementia. The accommodation is arranged over two floors. At the time of our inspection there were 33 people living at the service. One person was at the hospital at the time of our inspection.

The service did not have a registered manager as required. However, the home manager was in the process of applying to the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection the home manager was on leave. The clinical lead, the deputy manager and the regional manager assisted us with the inspection carried out over the three days.

People told us they felt safe living at the home. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. There

were appropriate recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post.

Relatives felt their family members were kept safe. Staff followed the principles of the Mental Capacity Act 2005 (MCA) when supporting people who lacked capacity to make decisions. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure those rights were promoted. People were treated with care and kindness. People and their families were involved in the planning of their care. We reviewed information held regarding Deprivation of Liberty Safeguards (DoLS) to ensure people's liberty was not restricted in an unlawful way and people's rights and freedom were protected. The management team told us applications had been made for some people. However, they were not sure if all the people living in the service had been reviewed to ensure no one was deprived of their liberty unlawfully. Once this had been identified, swift action was taken to ensure appropriate applications were made where necessary.

People told us staff were available most of the time when they needed them and staff knew how they liked things done. The service ensured there were enough qualified and knowledgeable staff to meet people's needs at all times. However, on a few occasions we observed some staff did not recognise people's needs. The management team were aware the permanent staff team was not full and had to rely on agency staff's support. They tried to ensure regular agency staff would be used to maintain consistency in the service with people feeling more reassured. Most of the staff were knowledgeable and focused on following the best practice at the service making sure people were supported appropriately.

Risk assessments and care plans were carried out to ensure people's safety and wellbeing. Staff recognised and responded to changes in risks to people who use the service. These changes were reported to the senior person to ensure a timely response and appropriate action was taken. However, some records were not always clear as to whether the action was taken and changes to people's care and treatment needs were recorded. People received support that was individualised to their personal preferences and needs. Their needs were monitored but care plans were not always reviewed at regular intervals.

There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. Procedures and practice to control the spread of infection were much improved. However, some maintenance checks were not always up to date.

People were given a nutritious and balanced diet. Hot and cold drinks and snacks were available between meals. People had sufficient to eat and drink to meet their nutrition and hydration needs, however, support from staff at meal times was sometimes inconsistent. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed.

Staff training records indicated which training was considered mandatory by the provider. Not all staff were up to date with their training. The home manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed. A supervision plan was in place and one to one meetings or group supervisions were carried out. The team meetings were not always held regularly and some staff felt it would be good to have those. However, most staff felt the handovers and flash meetings were good opportunities to discuss matters with the team.

People received their prescribed medicine safely and on time. Storage and handling of medicine was managed appropriately. We found some gaps in medicine records, however this was rectified and plans

were in place to ensure records were checked regularly and were accurate. People and relatives told us a mixture of good and not so good things about the service they received. Our observations and the records we looked at confirmed the descriptions people and relatives had given us. There were some occasions where staff did not always understand the needs of the people. However, we saw care was provided with kindness and compassion most of the time. People and their families told us in general they were happy with their care and had seen a lot of improvements recently.

People were able to engage in meaningful activities or spend time with their visitors or by themselves. Their choices were always respected. We observed people were offered different activities and were encouraged to join in. However, we observed some people were not always motivated to get involved in activities or offered the opportunity to spend some quality time with staff. Thus people were not always protected against the risk of isolation. Most of the interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People felt staff were much happier working at the service and had a good relationship with them, each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People told us they felt the service was managed well and that they could approach management and staff with any concerns. Everyone was pleased to know the service management had settled which had a positive impact on the way the service operated. People, relatives and staff were very pleased with the new home manager and felt they could approach and speak to them.

The management team had reviewed and changed the way they assessed and monitored the quality of care with the help of staff and other members of the company. They encouraged feedback from people and families, which they used to make improvements to the service. Throughout our inspection we observed the service had changed the way it was operating for the better. There was a clear management structure in the service leading the staff team. The provider was taking steps to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. There were enough staff on duty. However, people felt not all staff knew them well.

Medicines management was much improved but a few minor errors were still evident.

Premises and equipment management was improved. Cleanliness and hygiene standards had been improved and maintained to prevent cross infection and illnesses.

Staff knew how to identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The provider's recruitment processes were robust.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Requires Improvement ●

Is the service effective?

The service was not always effective. Not all staff were up to date with the training, however this had been booked. Staff supervision and support was improved.

Staff promoted people's rights to consent to their care and their rights to make their own decisions.

People had access to appropriate external healthcare professionals. The provider took action when people's health deteriorated.

People had sufficient to eat and drink but they gave us mixed comments about the food.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff did not always show concern to respond to people's needs quickly. However, relatives and people were positive about the most staff and the care they received. Most of the staff we observed were kind and caring.

Requires Improvement ●

Visitors were welcomed and people were able to maintain relationships important to them. People, and those that mattered to them, could make their views known about care and treatment.

Is the service responsive?

The service was not always responsive. People did not always receive care and support that was personalised to meet their individual needs.

The service provided was reviewed and improved in response to people's changing needs but not always clearly recorded.

People were able to enjoy a number of activities, however, these were not held regularly to ensure people avoided social isolation.

People and relatives knew how to raise concerns. Complaints were dealt with appropriately and resolutions were recorded along with actions taken.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

We identified some gaps in the records and some inconsistent practice. However, quality assurance systems were reviewed and improved to monitor the quality of care being delivered and the running of the service.

Staff were happy working at the service and we saw there was a much better team spirit. Staff felt supported by the management. The management team was settled and worked alongside their staff team.

Requires Improvement ●

The Berkshire 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 26, 28 and 29 September 2016 and was unannounced.

Over the three days, the inspection team consisted of the lead inspector, inspection manager, specialist advisor and 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.

We looked at all the information we had collected about the service. This included previous inspection reports, information received from health and social care professionals and information from others with a connection to the service. We also looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with six people who use the service and three relatives. We received feedback from seven care assistants, three registered nurses, two domestic staff, administration staff, the regional manager, the clinical lead, and the deputy manager. We observed interactions between people who use the service and staff during the three days of our inspection. We spent time observing lunch in the dining room. We looked at people's care plans and other related care documents, medicine records, six staff recruitment files, staff training records and the staff training log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, various audits, meeting minutes, the activities plan, the incidents and accidents log, the complaints log, the service maintenance and daily walk around records.

Is the service safe?

Our findings

People felt they were safe living at the home. Staff had a good understanding of safeguarding. They were aware of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff knew when and who to report any concerns or abuse to, that is, the nurse in charge or the manager. At the previous inspection in February 2016 there was a significant number of safeguarding investigations on going. The provider was working with the local safeguarding team to investigate and address these. There were three safeguarding concerns raised in June 2016 that were investigated and closed. The clinical lead confirmed during this inspection there were no current safeguarding investigations.

At the previous inspection, we found that some risk assessments did not identify what measures should be followed to ensure people remained safe. During this inspection we reviewed people's assessments and found inconsistencies of information recorded depending on people's needs. The information staff needed to understand the risk and the steps they needed to take to manage it were not always clear. For example, one person had problems with breathing. Their assessment to help them manage this was more about the review of the condition rather than actual steps to take to ensure this person did not encounter any problems. However, another person was at risk of getting pressure ulcers. The assessment was written clearly and indicated exactly how to support this person to prevent deterioration of the skin condition. This demonstrated the information to guide staff was not consistently recorded for each person. Without accurate information there was a risk staff may not be aware of how best to support the person to ensure their safety and wellbeing. We noted this to the management team. They told us that some of the records had already been identified to be rewritten to ensure they contained accurate information about people's needs and necessary support.

Risk assessments were carried out to determine the support people required in repositioning to ensure their skin remained intact. At the previous inspection in February 2016, we observed a number of people and noted when they should have been repositioned, how often and what records were kept. Some people remained in bed all day and did not appear to be supported to change their position at the required intervals. At this inspection we observed a number of people, again noting the information kept in the file and if they needed to be assisted to change their position. Six out of 32 people were nursed in bed and there were a number of records completed for these people. They included monitoring of food and fluid intake and the repositioning turns and checks carried out. We found some gaps in hourly checks, repositioning charts and food and fluid monitoring. However, after cross referencing all forms, they showed people were checked and supported regularly. The number of forms was confusing and made it difficult to get a clear picture of exactly what support the person had received and when. The provider took this on board and told us this would be reviewed to ensure accurate records were kept.

When people had accidents, incidents or near misses these were recorded on the home computer system called Datix. These were discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrence. The manager and regional manager would access the reports to ensure all the actions were taken to address any concerns and to support people to stay safe. There were arrangements in place to keep people safe in an emergency such as the need to evacuate the

premises. Staff understood these and knew where to access the information. People had call bells in place and in reach should they need to call staff for assistance. We observed calls were answered in good time.

At the last inspection, we found people were not always being protected against risks and hazards, and action had not always been taken to prevent potential harm. For example, we found 10 batteries on charge and a hoist where fire equipment was stored. This was observed on several occasions during the previous inspection. During this inspection we saw that no equipment was being stored in corridors blocking access to fire equipment. We observed this area at various times throughout our inspection and at no time were items stored there.

At the last inspection we found people were not always protected against hazards such as falls, slips and trips. We saw there were open stairwells on the ground and first floors. People had free access to all staircases but these had not been risk assessed and were not recognised as potential hazards. During this inspection, we observed gates had been installed across open stairwells to ensure people's safety and reduce the risk of falling when they walked around the building. During the last inspection we also saw there were a number of extension leads used in bedrooms without any control measures to monitor for overloading and potential fire risk. During this inspection we observed the bedrooms were clean, tidy, no leads in the way and clutter free.

Records for service maintenance were in place. There was a visit from a fire officer in October 2015 who noted some actions were required. Some of which were completed prior to the inspection. It was noted that the fire risk assessment also required updating. However, we have not received an up to date version of it. All other fire checks were in place. The maintenance team were checking water safety and some of the checks in the sluice and laundry room indicated high hot water temperatures. This was noted to the management team and they took action to ensure staff were aware of it. We looked at the most recent health and safety report that reviewed various safety issues at the service and recorded that action was taken to address any issues. It did not include discrepancies we found with fire risk assessment and water temperatures. However, the management team responded to our comments and took action to address it.

We are satisfied that the service has achieved compliance with Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the management of medicine in the home. We observed good practice while staff were supporting people to take their medicine. People's medicines were administered correctly. Staff were polite, asked if they were ready for their medicine, explained what it was for and ensured people took it. The medicine administration record (MAR) sheets were signed afterwards. The medicine trolleys were always locked every time we checked them. All staff who administered medicines were up to date with their medicine training.

At the last inspection we found people's medicines were not managed and stored safely at all times. We saw the rooms dedicated to medicine management were untidy and disorganised. Some items were not stored in the right place and items were not labelled and appeared to have been discarded rather than being filed away if still useable or disposed of if not used. The room temperature had not been consistently checked and recorded. During this inspection, we saw the room was kept at the right temperature and the air conditioning was working to ensure the room was kept cool. The thermometer was moved away from the warm wall. The room was tidy and clean.

At the last inspection we reviewed a number of MAR sheets and a "Drug Administration Error Audit Tool". This tool was introduced to review the MAR sheets at the end of every medicine administration round. Any

errors should have been noted, recorded in the comments and reported to the line manager. The tool did not work effectively at all times as unreported errors were found. During this inspection we saw the audit tool was used and filled in as necessary. We reviewed MAR sheets for two units of the service and did not find any gaps. We saw the letters regarding homely remedies to be administered to people were out of date. We noted this to the management. They told us they have already spoken to the Clinical Commissioning Group (CCG) pharmacist who was in the process of reviewing homely remedies, pictures of people used on MAR sheets, and protocols for medicine administered as and when needed (PRN).

Recordings on the MAR sheets suggested that staff were not always following professional advice. For example, one person needed their blood to be monitored to administer insulin. According to the MAR, one person needed to have their blood tested at 8am every morning to determine if insulin was required. Records showed that this was sometimes done up to four hours late. The staff explained the person would sometimes refuse the blood test thus the delay in time. However, we did not see this was clearly recorded in person's daily notes, and there was no guidance for staff to follow should the person refuse and their health deteriorate. Therefore, staff were not always managing the person's diabetes in line with the doctor's prescription and guidelines. We noted this to the management team. They recognised this was an issue and said it would be reviewed with the GP. We also reviewed topical MAR sheets for people who used various creams. Not all records were accurately filled in. For example, one person had to have creams four times a day on the upper part of the body. However, the body map indicated the creams were to be applied on an area on the lower part of the body. The topical MAR was signed that it had been applied in the morning and in the evening. There was no record of the creams being applied at lunch and tea time. We noted this to the management team. They took action immediately and reviewed all topical MAR sheets. This was to ensure accurate information was used regarding the prescription of the creams and staff were applying creams at the right time and to the correct areas of the body.

At the last inspection we reviewed the clinical room where controlled drugs were stored. The room was very untidy and lots of items were stored or placed inappropriately. During this inspection the room was clean, tidy and items were stored in the cupboard. We reviewed the controlled drugs cabinet. It was tidy and the records corresponded with the medicine that was in the cabinet. The provider had worked closely with the pharmacy to help them sort out the issues and improve medicine management. We reviewed information from the last visit from the pharmacist. The progress was good and no major issues were reported back to the service to take action. Although we found a few errors, the provider had improved their practice to ensure they organised and followed safe practice and management of medicine.

We are satisfied that the service has achieved compliance with Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found people were not always protected from the risk of infection because not all areas of the home were kept clean. Some equipment and furniture was dirty and not cleaned properly. We saw staff wore the same aprons throughout their time supporting people and going in and out of different rooms increasing the risk of cross infection. In some of the rooms we saw tubs of cream open or without lids, some dated 2014 and they had finger scoop marks in them. This had not been identified by management as a potential risk until we pointed it out. We were aware there were various infections affecting people. During this inspection we saw the service was kept clean and tidy. There were no creams left unopened or not dated. The service had carried out a review of infections and took steps to ensure any infections or ailments were picked up and treated on time. During our inspection, only one person was being treated for a potential infection and we saw timely support was provided.

At the last inspection we visited the kitchen and it was dirty. It had not been cleaned for a period of time and

some items were stored inappropriately. The microwave used in the kitchen was burnt at the bottom. This remained in use throughout the period of our inspection. The food was not labelled and not covered. During this inspection we saw the kitchen was clean. Dirty and clean items were separated. The food was labelled and dated when opened and marked with a date of when it had to be discarded. There was a new microwave in use and bins clearly displayed stickers indicating the type of refuse they were used for. However, we found a red mop that was used to clean the floor after lunch in the dining room. According to the colour coding of mops, the red colour mop would be used for washrooms, showers, toilets and bath floors. Blue was for general areas. This was noted to the kitchen staff and the management team and they took immediate action to ensure the correct cleaning system was followed.

We are satisfied that the service has achieved compliance with Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection, we found there were enough staff. However, the deployment and organisation of the staff team did not ensure people were safe and attended to in good time. The service used a lot of agency staff due to changes in the permanent staff team. Although the same agency staff were booked, the permanent staff felt they had to spend too long supervising them to ensure care and support was provided. During this inspection we found the provider had recruited new registered nurses and care staff. There was still some use of agency staff to ensure the right numbers and the mix of staff. The staff did not feel they had to supervise them at all times. The clinical lead explained they looked at each person living at the service and their needs to determine the numbers of staff needed. They also ensured each unit had a mix of new and more experienced staff so that people felt safe and reassured. In general the organisation of staff and work was much improved and settled, although busy periods such a lunch time were still in need of further organisation. People and relatives had mixed views regarding the numbers of staff. Some felt there were not enough staff to support people and spend some quality time with them. Others felt the staff were "on the ball" and attended to people when needed. People and relatives felt not all staff knew the people very well. Some staff said things were much better and they felt more relaxed. The staff knew who was in charge and who they could talk to when they needed help or advice. Recruitment was still ongoing to ensure a full staff team was employed.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked criminal records to confirm the staff members' suitability to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. We found some discrepancies with evidence of conduct and employment history. We pointed this out to the management team. We have since been provided with evidence that the discrepancies have been rectified and appropriate records are now in place.

Is the service effective?

Our findings

At the previous inspection, we found the staff were not always appropriately trained thus they could not respond to people's health and care needs effectively. We did not receive full information about all the staff's training and staff working towards qualifications appropriate to their role.

During this inspection, we reviewed the training matrix provided to us which recorded statutory, mandatory and additional training. The mandatory training was supposed to be refreshed annually with an exception of fire training which was updated at six monthly intervals. There were 35 staff in total. Not all staff's training was up to date. For example, only six staff were up to date with health and safety training, 16 staff were up to date with infection control and 11 staff had fire training up to date. A further four staff did not have up to date training in safeguarding vulnerable adults and five staff needed their moving and handling training updated. The home manager explained that previously most of the training was completed via e-learning which was not always effective. This has been changed and the training was due to be delivered by the in-house trainers. The senior staff had been trained to deliver the necessary courses as and when needed. The home manager was putting a plan in place that would ensure all training would be completed by the end of November. People and their relatives had mixed views about the skills and caring nature of some staff. Comments included: "I think they are pretty good", "New staff do not always realise what kind of help [family member] needs" and "Oh yes they know how I like things done".

One member of staff had completed nationally recognised training in care and another person was in the process of completing this. The home manager was currently offering the opportunity for further training and qualifications to other interested staff members. At the last inspection, a new supervision system was in place and meetings had been planned but not carried out. Supervisions had not been used to ensure staff had time to review their performance, professional development and discuss any other matters. The management had no overview of staff performance and development needs. The staff were not clear on their roles and responsibilities which, in turn, meant that people were not always getting appropriate care and support.

During this inspection, we saw a plan was in place to ensure all staff had support and supervision meetings to discuss any issues or ideas with their line manager. Supervision meetings were in progress. Some supervision meetings were held as a group where certain topics were discussed. These included appropriate recording on the medicine record sheet, the role of residents care charts and why it was important to keep appropriate records and the importance of sharing information and acting on it. The regional manager agreed that staff supervision had fallen behind due to the need to prioritise and sort out the issues identified at the previous inspection. Most of the staff felt they were supported by the new management team. Some felt it had not been like this in the past, but now thought the service had improved a lot and was going in a positive direction. The management team were working with staff to ensure they were supported and felt valued.

We are satisfied that the service has achieved compliance with Regulation 18 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were able to make choices about what they had to eat. We received a mixture of feedback regarding the quality of food provided. People and relatives said, "Yes I like it and the food is good", "Need more varied food, it is the same thing", "The food is lovely. It is always well presented", "Not enough salad options" and "The food is good. I like milk and they know that". People were offered a choice from the menu for their meals for the following day. Other options were available if they did not like what was on the menu. The staff and the kitchen staff were aware of people's dietary needs and preferences. They communicated regularly between each other to ensure people had appropriate diets.

At the last inspection we observed lunches on two out of five days of our inspection. We saw no clear leadership from staff to ensure people had their meals on time as the serving started late. People who did not require support to eat were served first whereas people who needed help eating were left to be served last. We observed inconsistent practices of staff helping people eat and helping other people with different tasks.

During this inspection we observed lunch on two days. The experience was improved from our last inspection but remained mixed for people. The organisation of staff was better, but we observed that people who needed help eating were served later again. However, once the food was served, staff stayed with them and helped them to eat and drink. The lunch time period was lacking some coordination and some people were asked two or three times by different staff for their choices of pudding. This clearly was not received well by people. If people needed help with eating, staff supported them appropriately but did not always hold a conversation with them, so missing the opportunity to create an enjoyable social experience.

Although the lunch time was disorganised at times with some examples of task focussed care, we also observed some good care and support. Staff helped people eat and they were kind, encouraging and respectful. They were helping people eat at their own pace and had a chat with them. We observed staff explaining to people what was on their plate and ensured they were happy to eat it. During lunch staff checked if people were happy with everything and if they needed anything else. We saw one person declined any food offered to them. During lunch this person was approached a few times by different staff and encouraged to have some food and drink. Later we saw the person was having a drink and some cake in the dining room. The management team were aware of the person declining food. They worked with a dietician to ensure they maintained a healthy weight and person's wellbeing.

We are satisfied that the service has achieved compliance with Regulation 9 (1) (3) (i) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. It was recorded in the care plans the person and their family were involved in the planning of the care and support. The service had introduced a programme called the "Resident of the day". Resident of the Day is an initiative that helps care home staff to really understand what is important to each resident and to review in depth what would make a difference to them. The clinical lead explained part of this initiative was to build back the relationships between relatives and the service. They felt since this programme started, relatives felt happier asking more questions to ensure the person using the service received appropriate care. Everyone had been reviewed in September and the staff were planning to start reviewing each person for October. This has also helped the staff team to work together more and ensure every member of the staff team was looking after each person living in the service.

People can only be deprived of their liberty in order 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 are called

the Deprivation of Liberty Safeguards (DoLS). At the previous inspection, we requested the provider to send us information about all the people deprived of their liberty and any information available relating to DoLS. However, we did not receive sufficient information about all people who were deprived of their liberty to determine that this had been done in a lawful way.

During this inspection, we looked at the information to find out if there was anyone living in the home who was subject to a DoLS authorisation. The management team told us applications had been made for some people. However, they were not sure if all the people living in the service had been appropriately reviewed by previous management to ensure no one was deprived of their liberty unlawfully. The management team took swift action and provided us with information regarding all the people living at the service to be reviewed and assessed with the supervisory bodies to determine whether they were deprived of their liberty.

People's rights to make their own decisions, where possible, were protected. Most of the staff had received training in the Mental Capacity Act 2005 (MCA). 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed staff were asking for consent and giving time for people to respond. People's decisions were respected and acted upon. Some staff were not sure what MCA was. However, they were able to explain the support and care they would provide to ensure people were happy with staff and the support they were receiving. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were encouraged and promoted. Care plans we reviewed had capacity assessments where necessary. The clinical lead explained the steps they would take if the person lacked capacity and decisions had to be made. This included making best interest decisions for the person and involving appropriate people such as family and professionals.

At the last inspection we found people's changing needs were not always monitored appropriately to ensure their health needs were responded to promptly. People were not always referred appropriately to professionals if staff had concerns about their wellbeing. There was no continuity between recording and providing care and treatment to people.

During this inspection we found people were referred to health professionals in good time to address any health or changing needs issues. The clinical lead was knowledgeable and informative about each person living in the service. They were able to answer questions about people's health and wellbeing. They explained in detail when people needed professional help and support, and plans were in place to address any issues that may not have been picked up in the past. We saw the care for people's health and wellbeing was proactive now and organised much better. There was a new system introduced called doctor's triage. If someone needed help with any health issues, one person on duty that day would complete the form with all the details about the person, symptoms, observations, and any issues. With this information they contacted the GP or other professionals to ensure full and appropriate information was relayed to them and effective treatment applied as soon as possible. On the day of our inspection, one person was not feeling well and the staff called Rapid Response and Treatment Team (RRAT) to attend the person. We were informed they had started treatment to help this person manage a health ailment. On the second day of inspection another person became unwell. Information was passed onto appropriate professionals and we saw the next day the person had appropriate support in place to ensure they got better. The clinical lead explained they had a meeting with the GP to discuss the best way forward and now both parties felt things were working much better.

We are satisfied that the service has achieved compliance with Regulation 9 (1) (a) (b) of the health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service caring?

Our findings

At the previous inspection, we received a mixture of feedback from people and relatives about people's care and treatment. Some people told us they were not always happy with the care they received. People's care was rushed at times not enabling staff to spend quality time with them. Some staff told us they did not have time to spend with people and get to know them as an individual. Staff did not always ensure people were not being neglected or left in undignified situations.

During this inspection, we received a mixture of feedback from people and relatives again. We also observed a mixture of practices when staff were supporting people. People received care and support from staff whose knowledge varied about people and their needs. The relationships between staff and people receiving support did not always demonstrate respect at all times. For example, one relative felt some newer staff did not always realise their family member did not have dementia. It was important to speak clearly and directly at this person so they could understand everything. This was not always the case. However, another relative said the staff always respected their family member's wishes and provided appropriate care. People told us staff were kind and caring and followed their wishes.

Staff did not always know, understand and respond to each person's diverse needs in a caring and compassionate way. For example, one person was snoozing by the table at lunch time. We asked one of the staff near the dining room to check them and ensure their sitting position did not affect their posture. They responded saying they "did not work in the section" where the person resided, so they did not attend to the person. However, they went to look for a staff member who worked in that section to assist the person. Staff did not always show concern for people's wellbeing and did not respond to their needs quickly. There was a mixture of good and poor practice in the observations we made of how staff supported people who became anxious or upset. For example, we observed one person who was left in the dining room facing the windows. They wanted some help so they shouted for staff. It took about 14 minutes for staff to be available to assist the person to go where they wanted. We observed the same person sitting by themselves on another day of our inspection. We were aware they could not see or hear very well but they liked to chat to people. It was important for them to have some quality time with staff and occasionally staff came and chatted to them. However, this did not happen frequently. We observed there was a lively activity ongoing in the small lounge. But no one asked the person if they would like to sit together with others listening to the cheers and laughter and maybe join in. Therefore, we asked the staff to ensure the person was alright. The person asked for some food and drink which was provided immediately. Then this person was checked regularly to ensure they were happy with their meal. At the same time we also observed staff interacted well with people and they responded in a positive way which indicated they had a good relationship between each other.

People and relatives commented that some staff were better trained and skilled than others, possibly due to their frequency of shifts or length of time working at the service. However, we also observed how agency staff supported people well with their daily routines. For example, we saw one person was visited by the agency staff. From the conversation we observed it was clear the person knew the staff very well and responded in a cheerful way. The staff held the person's hand and they had a nice chat about the day so far. The staff also checked the person was alright and if they needed anything. We noted the mixture of practices

we saw to the management team. This was discussed and addressed in the daily handover to ensure people were supported in the right way.

We observed people were treated with kindness and compassion when staff were supporting them. Staff spoke calmly and politely giving people time to respond. Interactions we observed between some people and staff were gentle and kind. Staff knocked on the doors and waited for permission to enter the room. Staff always asked people for their consent before doing things. Staff understood the need to respect and preserve people's dignity. People had an opportunity to make choices where appropriate. Occasionally people became upset, anxious or emotional and needed staff's support. We observed staff were polite, supportive and patient. They would kindly explain the situation and the next steps they would take in order to support the person. We were asked a few times by some people who use the service to help them. When we told the staff about it, they responded immediately and went to support people. We also spoke to the person who was concerned about the amount of people and changes going on in the service at the previous inspection. During this inspection, they told us they felt much happier. Staff were more consistent and they knew the staff well which helped make the improvements.

People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings, flowers, favourite books and other items important to the person. The service was spacious and allowed people to spend time on their own if they wished. We observed people and their appearance. They looked well cared for with clean clothes, appropriate footwear, men were shaved and ladies wore jewellery and scarves if this was their preference.

At the previous inspection, we saw people receiving end of life care were not supported and cared for according to their care plan and wishes. The care and support for someone at the end of life had been reactive rather than proactive. During this inspection we were told one person was receiving palliative care. The clinical lead explained the person had been unwell since our last inspection. However, they were much better now and were eating and drinking well. The GP had reviewed their medicine and monitored their health regularly. The service had medicine ready to help manage symptoms and ensure the person felt comfortable and pain-free if their condition deteriorated. The clinical lead explained the plan they had if someone had to receive the end of life care. This included ensuring person's wishes were noted and acted upon and discussing the health and wellbeing with GP and other professionals if needed. They were also aware it was important to discuss and ensure staff were aware of how to support the person by following their care plan. It was clear the management team appreciated the need for and had worked to improve end of life care.

We are satisfied that the service has achieved compliance with Regulation 9 (1) (a) (b) (c) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

At the previous inspection, we found people were not always at the centre of the care they received because staff sometimes focused on the task, rather than on them, as individuals. Staff seemed to be aware of people's needs but did not always respond in good time. We observed call bells ringing continuously and the time taken to respond varied. During this inspection, we observed the call bells were ringing and were answered in a good time.

At the previous inspection, we found people's needs were not always reviewed regularly and as required. Where necessary the health and social care professionals were not always involved or referred to in time. During this inspection, we saw the reviews were more regular and consistent. However, we still found some information missing, where a review had been carried it was not clear what the outcome was because this had not been recorded. For example, one person's fluid intake had been reviewed and changed, but it was not clear when the person needed to be reviewed again to determine if the change had made a difference. People and their relatives were involved in developing their care, support and treatment plans. Most of the care plans detailed daily routines and plans specific to each person and their preferences. Some information about how care, treatment and support should be provided was missing or not always clearly explained. For example, that relating to skin integrity or catheter care. This meant there was a risk that staff did not always have all the information they needed to monitor the well-being of the person. When we pointed these gaps to the management team, they were able to give an explanation or description of care or support provided or needed. We saw other people's records that were completed well. These records clearly described what the person needed for their daily care and support. Staff were able to explain how they supported people. The daily records clearly describe what support and care people received.

At the previous inspection, we found people had a range of activities they could be involved in but the activities were not tailored to each person living in the home. A new activity co-ordinator had started with the company and they showed us their plans to engage people in various activities. We were unable to confirm this would be sustained. During this inspection, we saw people were able to choose what activities they took part in. The activities coordinator had left and a member of care staff was acting as the activity coordinator in a part time role until the provider recruited a new person. People and relatives were very positive about their work and felt they provided great care to people during activities. Some of the activities planned had been cancelled because the acting activity coordinator was on leave and no one had stepped in to ensure the programme was running smoothly. Therefore, we observed a number of people spending the whole day in one of the lounges watching television. Even though the service had a programme of activities, at times there was a lack of stimulation for some people. We noted this to the management team. They recognised this was an issue and were looking for a suitable candidate to take on the role. We also observed people getting involved in some activities and it was clear they really enjoyed it. We spoke to a few people who were happy to watch what was going on around them rather than actively participate. They were able to decide when to join in the activity they liked. Another person said they enjoyed taking part in the activities. A few members of the staff team helped them to learn to play an instrument. They felt really happy as this was something they wanted to do. Some relatives said they were happy to know the staff encouraged their family member to join in, "I was surprised when they had a singer, I saw [family member]

mouthed the words, it was lovely" and "They have been encouraging [family member] to come down. Now that she is feeling better, she is beginning to chat to residents".

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid some social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

At the previous inspection, we observed the handover and organisation of work did not always work well. Permanent and agency staff did not always know what to do which affected people's care and support. Handovers had since been improved and the nurse in charge for each floor led the handover at the start of each shift. New handover paperwork and allocation sheets were used detailing each person's information. Important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Regular flash meetings in the morning and in the afternoon took place to discuss anything else of importance and to ensure appropriate action was taken to address any issues. We observed two of these meetings. Staff spoke about each aspect of the service such as nursing care, kitchen information or maintenance tasks to complete. We observed everyone had an opportunity to share their concerns or ideas that would help run the service smoothly.

We are satisfied that the service has achieved compliance with Regulation 9 (1) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been four complaints since our last inspection and these had been investigated thoroughly. We saw the provider responded to all complainants in writing informing them about the action taken. The new management team promoted an open door policy and raising concerns as a way of learning. They encouraged those with any concerns to speak with them so they could be addressed appropriately.

Is the service well-led?

Our findings

At the previous inspection, we observed there was no clear leadership within the service. When an additional team of management was deployed, the progress of addressing the issues was slow and little improvement was evident. The leadership had been reactive rather than proactive. Due to constant management changes staff were not always clear who they were accountable to and which duties to perform first. Therefore, people's care, support and safety was affected in a negative way.

During this inspection, we were introduced to the new management team that had been running the service since April 2016. The service had a home manager who was in the process of becoming a registered manager of the service. The home manager was on leave therefore the regional manager, the clinical lead and the deputy manager supported us during this inspection. We saw the atmosphere was calm and relaxed in the service. With the exception of the lunch time period, the staff were supporting people and carrying out their jobs without rushing. The staff team was more settled and they knew who to go to if they needed help or advice.

In response to our last inspection, the provider had drawn up an improvement plan to address all the issues identified. They were sending regular updates to us and to other professionals as required and monitoring the progress of improvements. However, the provider did not always notify CQC about significant events. We informed the provider and this was rectified immediately.

At the previous inspection we reviewed systems the service used to assess and monitor the quality of the service that were designed to ensure people's health, welfare and safety. However, the practice in the service did not always reflect the approach and guidance available. Records were not always completed accurately or altered when necessary. For example, when people's health, needs or their skills changed, when health and safety checks were carried out, when infection control tasks were completed or when staff support was carried out. Therefore, the provider did not always have an accurate overview of the care and support requirements to ensure people and staff were protected against the risks of unsafe or inappropriate support and practice.

During this inspection we reviewed the systems put in place to review, assess and monitor the quality of the service to ensure people received the care they needed. Quality assurance systems were in place to monitor the quality of service and the running of the home. A number of audits were carried out to review the practice in the service and set out action plans to address any issues. These included medicine, nutrition, safeguarding, end of life care, health and safety, and people's involvement. We were aware the provider was still working through some of the actions and addressing the issues. However, the practice and the team work were much improved. The audits gave evidence to demonstrate issues have been identified and addressed or that work was still in progress. The newly appointed home manager was also planning to carry out an audit for the whole service. We observed no records were left out without any staff present. We observed staff treated the information about people confidentially and with respect at all times.

Quality assurance and satisfaction surveys had been sent out to people living in the home, their relatives

and healthcare professionals in July 2016. The results were not available yet so we were unable to review this or any action plans drawn up. The management team were aware it was important to gather all the responses and analyse them. They would use the feedback as an indicator of what improvements were needed for the quality of the service.

At the previous inspection, we found the staff and residents and relatives meetings were not regular. We were given a list of meetings already scheduled throughout the coming year. The dates and weekdays varied as per the requests of relatives. During this inspection we found some relatives and residents meetings had been held. The last one in July 2016 shared information about the progress of work, updates and changes with those attending. People said they could speak to the management when they needed to. Minutes for senior staff meetings showed that various topics and issues were discussed to ensure the staff team addressed them as necessary. Most of the staff felt they could share information at the handover and flash meetings held daily. The majority of the staff agreed the management team was open with them and approachable if they needed help or advice.

At the previous inspection, we found the service did not always have a positive culture that was person-centred, open, inclusive and empowering. It did not always show there was a well-developed understanding of equality, diversity and human rights and put these into practice. During this inspection we found the atmosphere and team situation had changed for the better. The staff were positive things had improved. Work was in progress to ensure staff had defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. We saw that most people and staff had good and kind relationships. There were examples of good communication. We observed friendly interactions and respectful support provided to people. From staff's feedback we could see they were interested and motivated to ensure people's experiences of care and support were improved.

We are satisfied that the service has achieved compliance with Regulation 17 (1) (2) (a) (b) (c) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, relatives and staff were pleased to see there was a home manager appointed. We received a lot of positive comments about them and the way they approached their work at the service. The home manager introduced themselves to all the people living at the service and would visit them daily to see how they were. Everyone felt the home manager had helped build the team work and communication. The management team worked with the staff team to ensure they understood it was everyone's responsibility to look after and support people who use the service. The management team praised the staff for their work, willingness and support to address the issues and sort them out. They said, "Oh they are brilliant! They want to change and move forward". Staff were motivated to help improve the service and show how far they have come. The management team were developing the staff team to consistently display appropriate values and behaviours towards people.