

Shaw Healthcare (Nailsea) Limited

Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced inspection of The Granary Care Centre on 5 and 6 February 2018.

At the last comprehensive inspection of the service in October 2016 five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and the service was rated as Requires Improvement.

After this inspection two warning notices were issued in regards to breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A focused inspection was conducted in March 2017 to check the service was now meeting these regulations. The service was found to be compliant in these regulations.

We also conducted a focused inspection in August 2017. This was in relation to concerns we had received in regards to people's safety in one area of the service called, Crofters Lodge. Crofters Lodge could provide treatment for up to 18 people detained under the Mental Health Act 1983. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After this inspection the service closed this aspect of the service in December 2017.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspection, by selecting the 'All reports' link for The Granary Care Centre, on our website at www.cqc.org.uk

The Granary Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Granary Care Centre at this time provides care and support to 60 older people who are living with dementia. At the time of our inspection there were 45 people living at the service.

The service provides accommodation in a purpose built premises. The service is over two floors. The first floor provides residential care in three units. The second floor provides nursing care in three units. The ground floor has an atrium area where activities are held and is a space for people to socialise and utilise. There is access to a secure, level garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had met their action plan in regards to regulations they had previously breached. People, staff and relatives told us about the improvements made at the service.

At this inspection we found some areas that still required improvement in relation to accurate guidance, record keeping and reporting. Medicine documentation was not consistently safe as topical medicines records did not give clear guidance to staff and had not been consistently completed. Daily records had not been consistently completed to maintain an accurate record for people. We found some notifications in regards to Deprivation of Liberty Safeguards had not been submitted to the Commission.

Numbers of staff were kept at the assessed level deemed safe by the provider. The feedback we received was that staffing had improved. There was still a high use of agency staff acknowledged by the provider. However, steps were being taken in reducing the use of agency staff and systems had been implemented to ensure agency staff had the information they required to support people effectively.

The service operated safe recruitment procedures. Assessment identified risks to people. Guidance was in place to direct staff in how to manage risks to people whilst enabling people to remain independent. Regular checks of the environment, equipment and fire systems were completed. Staff were knowledgeable about identifying and reporting safeguarding concerns, which were reported to the appropriate agencies.

Staff received an induction and on-going training. Supervision was held regularly. The service was meeting the requirements of the Deprivation of Liberty Safeguards. Consent to care and treatment was sought in line with guidance. Where needed best interest decisions had been made in consultation with appropriate people. People were supported with their nutrition and hydration. Feedback was sought from people in order to continue to develop people's experiences in regards to food and drink.

Staff were kind and caring. People and relatives were positive about the care and support people received from staff. The service consulted and engaged with people's, relatives and staff. Meetings were held regularly and people's feedback sought. There was a calm and friendly atmosphere at the service.

Care records were person centred. Records showed people's preferences and how they wished to be supported. People and relatives spoke positively about the about activities facilitated. We observed people engaging and enjoying the activities provided. The environment had been considered in relation to people's care needs. People's independence was encouraged and supported.

Positive feedback was received about the changes to the services and the registered manager's leadership. People, relatives and staff spoke of the improvements made. Systems were in place to monitor and review the quality of the service. Actions were taken in identified areas.

We have made a recommendation about staff training on the subject of the Mental Capacity Act 2005.

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.

Medicine documentation did not give clear guidance to staff and had not been consistently completed in regards to topical medicines.

The service still used a high amount of agency staff. A recruitment strategy was in place and systems had been implemented to ensure staff were at an expected standard and had the information they required.

Risk assessments were in place and guided staff in risk management.

Staff were knowledgeable about identifying and reporting safeguarding concerns.

The service was clean and well maintained.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff received an induction, training and supervisions to support them in their role.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Positive feedback was received about how people's nutrition and hydration needs were met.

People were supported with access to healthcare.

Good ●

Is the service caring?

The service was caring.

Good ●

People were supported by staff who were kind and caring.

People's privacy was respected.

Visitors were welcomed and encouraged to engage with the service.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred.

People enjoyed the activities available.

The environment supported people's needs.

Complaints were investigated and resolutions sought.

Is the service well-led?

Good ●

The service was well-led.

Positive feedback was received about the improvements to the service.

Systems were in place to monitor and review the quality of the service.

There were effective communication systems for people, staff and relatives.

Sycamore Lodge

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 6 and 6 February 2018 and was unannounced. The inspection was carried out by three inspectors, an assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with 12 people living at the home, eight relatives and 11 staff members, this included senior staff, agency staff and the registered manager. We also spoke with two health professionals. We reviewed 15 people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

At our focused inspection in August 2017 we found that the provider had not been meeting the regulations as people did not have accurate records in relation to personal evacuation plans. This had been identified only in the Crofters Lodge area of the service. Since that focused inspection this aspect of the service had closed. At this inspection we found that the provider had met the action plan they had sent the Commission and had made the necessary improvements. People had an up to date and accurate emergency evacuation plan. This was contained in their care record and in an emergency file, which was easily accessible in an evacuation situation. An overview of people's needs was shown using a traffic light system. This quickly indicated the level of support and mobility equipment people required to evacuate safely. The registered manager said this overview would be dated so it was identifiable when it had last been updated. The registered manager was also investigating having the evacuation plan in a more accessible format for people.

The guidance for staff in relation to prescribed topical medicines such as creams or lotions was limited. Topical Medication Administration Records (TMAR) had body maps included. However, these had not been shaded to indicate where creams should be applied. The written guidance for staff to follow was not always clear. For example, two people's records we reviewed gave no instructions on the frequency of application. The guidance did not always specify where the cream should be applied on the body. One person's record we reviewed had not been consistently signed to confirm administration. For the four days prior to our inspection, staff had signed twice on one day, and once on another day. On the other two days staff had not signed at all. Other TMARs had also not been consistently signed by staff and there were gaps where on some days staff had not signed at all. This meant there was a risk that people might not have their topical medicines applied as prescribed and the effectiveness accurately monitored. We feedback these findings to the registered manager and senior staff members.

In all areas of the service we found some people's medicines had been hand transcribed onto MARs. The provider's policy stated, 'Team leader/ nurses must only transcribe as an absolute last resort and only if another registered nurse/ team leader checks the transcription and both sign and date the MAR.' However, we saw examples where hand transcribed entries had either not been signed at all, or had only been signed once. For example, one person's insulin dose had been amended; this had been signed by one staff member but not countersigned to indicate the change was accurate. Another person had a medicine for pain handwritten on the MAR. This had not been signed or countersigned. This was highlighted and acknowledged by the registered manager and was being addressed.

Some people were having their medicines administered covertly. This is when medicines are disguised in food or drink. Mental capacity assessments had been completed to assess the person's capacity to consent to this and best interest decisions had been documented. The GP and pharmacist had been involved in these decisions. However, the documentation was not always clear about how staff should administer these medicines. For example, one person's preferences were listed as, 'Tablets can be crushed as GP advised.' The instructions on the printed MAR did not include this guidance. Other printed MARs did include the guidance that it was safe to crush the tablets. We discussed this with one senior staff members who

immediately contacted the pharmacist to address this issue.

Some people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place for all people. However, some provided more thorough and personalised details than others. For example, one person was prescribed pain relief and the protocol informed staff where the person tended to experience pain and the reason why. Other protocols for pain relief had the reason for administration as, 'Pain.'

MARs had photographs of people in place. These had all been dated to indicate they were still a true likeness the person. This was particularly relevant because the service consistently used agency staff. On the first day of our inspection, two of the staff members administering medicines were agency staff. MARs had key information recorded such as the persons GP, allergies and how they preferred to take their medicines. We observed that staff administered people's medicines in accordance with their preferences.

Medicines were stored safely. Clinical room temperatures and medicine fridge temperatures were monitored. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Stock checks were carried out regularly. Medicines that were no longer required were disposed of safely and in line with the provider's procedures. People told us they were supported with their medicines by staff. People were assessed to determine if they could safely manage their own medicines.

At the last comprehensive inspection of the service we received mixed feedback about staffing provision due to a high use of agency staff. At our focused inspection we found that there was not always a sufficient number of experienced staff deployed to safely meet people's needs. At this inspection staffing rotas showed that staffing levels were kept at the assessed level deemed safe by the provider. However, some of the staff team were regularly made up of agency staff. The daily rotas we reviewed showed on the day shifts the number of permanent staff were almost always higher than the number of agency staff. This was reversed on the night shift and agency staff often were higher than the number of permanent staff. A health and social care professional had noted this had sometimes affected the level of knowledge staff at night had about people. However, agency staff were deployed within the service so they had the support of permanent staff members.

The provider acknowledged that there had been a high use of agency staff at the service for a sustained period of time. The provider sent us details of the steps that were being taken to address and recruit permanent staff members. For example, by providing transport to the service and of recruitment days. Potential staff were also being invited to view the service to gain a better understanding of the job role and expectations before interviews took place. The service had implemented systems to ensure that documentation to support agency staff members was accurate and effective. For example, handover records and pen portraits of people. The registered manager told us they used the same agency staff to ensure the continuity of care. This was evidenced from the daily staff rotas reviewed and the agency staff members we spoke with, some of whom had been working at the service for some time. Agency staff told us they were supported by the service and other staff members. Information we had previously received from the service however, has indicated where having staff members not always fully familiar with the service and systems can impact on people.

People and relatives commented that there were enough staff. One person said, "There is enough staff with enough time." Relatives commented whilst agency staff were still used the registered manager had made positive changes in regards to staffing. One relative said, "Staffing levels, the registered manager is turning everything around. Tries to keep the same agency staff." Relatives commented they had noted improvements in the consistency of staffing. A system had been introduced so people, relatives and

permanent staff could give feedback about agency staff. This had been beneficial in ensuring agency staff were consistently at an expected standard. A health professional commented, "There is more regular staff now and it's much better." A staff member said, "We've got some new permanent staff now."

People told us they felt safe living at the service. One person said, "I like living here, it is safe and the staff are good." A relative said, "I don't worry about [Name of person] being here. I know he is safe."

Care records contained risk assessments for areas such as falls, malnutrition and skin integrity. These had all been reviewed on a monthly basis. When risks had been identified, the plans guided staff how to support people to reduce the risks and how to keep people safe. For example, when staff needed to use equipment to move people safely, the hoist and sling details had been documented. We observed staff using the equipment safely to move people. Other people who were able to mobilise were encouraged to maintain their independence. This was documented in people's care records. For example, in one person's plan it had been documented, 'Can mobilise independently – ensure well-fitting shoes to prevent tripping.' We observed the person walking around the service and they were wearing well-fitting shoes.

People who had been assessed at a high risk of developing pressure ulcers had detailed plans in place of how staff should support people in reducing this risk. For example, any pressure relieving equipment such as air mattresses or cushions was listed and the frequency of required position changes. All of the air pressure mattresses we reviewed were set correctly and all of the position change charts we looked at showed that people had their positions changed in accordance with care plan guidance.

Some people had bed rails in place to prevent them falling out of bed. In these instances bed rail risk assessments had been completed to ensure they were suitable for people to use. Where it had been assessed that rails were not suitable for a person to use other less restrictive options were in place, such as a low bed and crash mats.

Accidents and incidents had been recorded and reported to enable proper monitoring. Staff were clear of their responsibilities in regards to accidents and incidents. Records detailed the actions taken to immediately deal with the incident. For example, if first aid treatment was given. Further actions taken to prevent reoccurrence were documented and we checked these had been implemented for a sample of people. A checklist guided staff through actions to take. All accidents and incident reports had been checked by the registered manager to ensure appropriate action had been taken. The registered manager and senior staff members were up to date and knowledgeable about changes to people's care and support following any incidents. A monthly review of adverse incidents was conducted to monitor for any trends or patterns. This reviewed how effective an accident occurred during the inspection and we observed staff respond promptly and effectively.

The provider had recruitment procedures in place to ensure suitable staff were appointed to work with people who use the service. We reviewed four staff files and saw the appropriate recruitment checks had been completed. These checks included, photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

We reviewed records which showed that regular checks were carried out to ensure health and safety elements of the service were maintained. This included safety testing of mobility aids, electrical equipment, water systems and the lift. Records evidenced issues being identified and recorded. The registered manager signed to confirm the issues had now been resolved or repaired. Staff commented that equipment was safe

and well maintained and repairs were conducted promptly. Fire safety equipment was regularly tested and a weekly check of the fire alarm system was completed. Regular practice drills had been undertaken. A service continuity plan was in place to inform staff what actions to take if significant events occurred such as, severe weather, loss of heating or a lift breakdown that could impact on the running of the service.

People and relatives told us that the service was clean, fresh and well maintained. One person said, "Clean enough, yes it is." One relative said, "It is clean, yes absolutely." Staff were observed wearing personal protective equipment where appropriate. Infection control policies and procedures were in place and had recently been reviewed.

The provider had policies and procedures in place for safeguarding adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding adults. Staff with spoke with, both permanent staff and agency staff, were clear on their responsibilities in identifying and reporting any suspected abuse. One staff member said, "I would report anything that was not OK to a senior or manager."

Is the service effective?

Our findings

At our last comprehensive inspection of the service staff were not receiving appropriate supervision to carry out their role. Staff had not received regular and supportive supervisions. Supervisions are when staff meet one to one with their line manager to discuss their performance and development. After that inspection the provider sent us an action plan of how they would meet this regulation. At this inspection we found the provider had completed their action plan. Staff had regular supervision meetings and spoke positively about the support they received.

All the permanent staff we spoke with confirmed they received regular supervision and records confirmed this. One staff member said, "I find it really helpful, I can talk about anything there." Staff told us they felt comfortable raising any issues, concerns or worries. One staff member said, "If it's a practical problem it usually gets sorted out pretty quickly." We reviewed supervision records and saw areas such as staff wellbeing, morale and training were discussed. Supervisions and group supervisions were used to highlight areas of development and to give feedback. For example, a group supervision had been held to discuss food and fluid and consistency of practice. Staff told us that senior staff members and the registered manager were visible, available and supportive.

At our last comprehensive inspection we found some training for staff required updating. At this inspection staff received regularly training in areas such as first aid, health and safety and safeguarding adults. All training deemed mandatory by the provider was up to date. Staff spoke positively about the training provided by the service. One staff member said, "There is loads of training." Another staff member told us how much they had benefited from the training about dementia, "It really opened my eyes, I was amazed how much there was to learn." Another staff member said, "I'm learning all the time".

At the last comprehensive inspection staff in the Crofters Lodge area of the service had not always been confident in their knowledge of the MCA. At this inspection we found that staff's confidence in their knowledge of the MCA was varied. Some staff were clear on the principles of the MCA and could demonstrate how they applied these within their role, whilst other staff were not so confident. The principles of the MCA had been discussed at a staff meeting in December 2017. Training records demonstrated that some staff's training in this area had been from several years ago. The registered manager said training in this area would be reviewed.

We recommend that the service implements refresher training for staff, based on current best practice, in relation to the Mental Capacity Act 2005.

The service had responded to other identified staff training needs. Manual handling training had been refreshed for all staff members. In addition refresher training was being repeated more frequently, every six months rather than annually to ensure staff skills were at the expected level required. The service had also implemented training for agency staff members.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards

(DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. The registered manager had made appropriate applications.

Consent to care was sought in line with legislation and guidance. Capacity assessments had been completed where appropriate. Specific best interest decisions had been made. The service was aware where previous decisions had been grouped together and when these were reviewed these were being completed as separate, particular decisions. Documented records showed how the decision had been reached and who had been involved. A relative said, "Staff know that they always ask [Name of person] before they do anything."

Staff received an induction when they began working at the service. This included a corporate induction into the organisation, mandatory training, site specific induction and shadowing experienced staff members. All the staff we spoke with confirmed they had completed an induction. Records confirmed the date staff had completed their induction. Staff members kept their induction records. Therefore it was not possible to check if all areas of the induction had been fully completed. The registered manager said these would be collated after staff finished their induction process going forward. Staff spoke positively about the induction process. Comments from staff were that it was, 'Useful' and 'Helpful.' Agency staff also completed a specifically designed induction process which familiarised them with key areas of the service.

People's nutrition and hydration needs were assessed and supported. People's weights were monitored and when people lost weight, advice was sought from the GP and the dietician. For example in one person's care plan it was documented that the dietician advised, 'Weekly weigh, fortified diet and shakes.' When people had difficulties swallowing, records showed that people had been reviewed by the speech and language therapist (SALT). Details of textured diets, thickened fluids and the position people should be in when eating or drinking were written in people's care plans. People's preferences in relation to what they liked to eat and drink had been recorded. Where able, people were encouraged to maintain their independence. We observed that some people were supported to eat their lunch, whilst others were given verbal encouragement to eat it by themselves.

People spoke positively about the food at the service. One person said, "The food is pleasant." Another person said, "I can choose what and I have and there is enough." The catering team were knowledgeable about people's dietary needs. Assessments of people's dietary needs were shared with the catering staff. Documentation showed people's individual dietary requirements and this could be easily accessed by staff to check. We observed senior catering staff visiting each area of the service at mealtimes to talk with people and gain feedback around the meal provided as they explained, "It is crucial we get it right." One person said, "The food I have it what I like, they know what I like." A relative said, "The chef comes up at meal times and asks if the residents like it." The preferences of people living at the service had been taken into account with the designing of the menu. We were informed about the training catering staff had received in particular types of diets to support people living at the service to have a positive meal experience. For example, about the presentation of pureed diets. A relative said, "The catering manager has meetings with relatives about menus." Another relative said, "The food is really nice. They try different things for pureed meals."

Some people were having their food and fluid intake monitored. Charts and care records had daily intake targets written on them so that staff could see how much fluid they should encourage the person to drink.

All of the charts reviewed had been completed. However, charts were not consistently totalled. We highlighted this to the registered manager. It appeared that staff were unclear due to the way the document was set out what information should be contained where. The registered manager said this would be addressed.

People had access to on going healthcare. Records showed that people were seen by the GP, the tissue viability nurse, SALT, the diabetes nurse, the dietician and the mental health team where appropriate. When recommendations had been made by visiting health professionals these had been included in people's care plans and actions had been taken. One relative told us about the good management, organisation and communication around their relative's hospital appointments. The relative spoke positively about the support they received to ensure that support was provided by staff who were familiar with their needs. This had a positive impact for the person as it supported them in feeling less distressed when attending hospital.

Is the service caring?

Our findings

At our last comprehensive inspection of the service we found that the service was not meeting the regulations as people's care did not always reflect their preferences. At this inspection we found the care documentation was accurate, up to date and reflected people's preferences. Staff were aware of people's individual preferences. Documentation was in place for agency staff who may not be familiar with people's needs. There is further information about this in the responsive section of this report.

People spoke positively about the care they received from staff at the service. One person said, "The staff are kind and caring." Another person said, "Staff are kind, I get on with them well. They come in and say hello." A relative said, "All her needs are met and she is well cared for, staff here are great, so kind." Another relative said, "The staff are very kind and helpful."

People were comfortable in the company of staff. We observed staff spend time with people asking how they were. One staff member was conversing with a person about their day. The staff member said, "We have plenty to do today don't we?" One person was enjoying some music, a member of staff starting dancing near them. The person like this and smiled. We observed a staff member engage with people about their previous employment, their parent's line of work and reminiscing about growing their own vegetables. The staff member listened to people and encouraged people to engage with one another. Staff were aware of people's history and backgrounds.

There was a calm and friendly atmosphere in each of the areas within the service. When one person became distressed, we observed a staff member engage with them in an activity and reassure them. Staff responded effectively and calmly to situations and this meant people were reassured.

Staff were compassionate and offered support. We observed one person who had just started using a different type of chair. Staff reported that the person had been overwhelmed by the improvement in her positioning and level of comfort and had become tearful at the positive change. Staff spoke with her and made physical contact to express their empathy and understanding. They stated that they were also moved by the change in the person.

People's independence was promoted. One person said, "Yes they encourage independence." For example one person liked to walk around. Their care plan indicated how they could safely use the lift and enjoyed accessing different parts of the service independently.

At mealtimes we observed staff members sit beside people and describe and discuss the meal where possible. They often checked with individuals about the pacing of the meal, and maintained conversation at times. This elicited a positive response from some people.

We observed people being offered choices during the inspection. This included about where they wanted to go, what they wanted to drink and activities they wished to join in with. We observed staff listen and respect people's decisions. One person said, "Yes, they listen. I get on quite well." However, in one area of the service

at a mealtime staff were observed putting clothes protectors on people without asking people first. We fed this back to the registered manager. People told us that staff ensured their dignity was maintained. One person said, "Shower, they absolutely make it private. Doors are closed and body parts covered." A dignity tree had been made and displayed in the atrium. People and staff had written what dignity meant to them. One person had written, 'Dignity means not having to explain it.' Whilst another person said, 'Treat others like you would treat yourself.'

People's privacy was respected. Staff would knock before entering people's rooms, even if the door was already open. We observed a member of staff knock on a person's door and call out, "Knock, knock" before being invited to enter.

There were different spaces within the service which people could access. This included sensory and memory rooms, a garden area and a large atrium on the ground floor. People were able to choose where they spent their time, in communal areas or their own rooms.

The service had received 16 compliments since January 2017. These were about the quality of care and compassion. One compliment talked about the positive experience their relative had at the service, stating, 'A sincere thank you to all staff for all your tender loving care and support.' Another card from a relative expressed that staff were, 'Going the extra mile.'

Relatives were able to visit at any time and we observed visitors being welcomed by staff members. The service supported families to maintain relationships. One person said, "Yes, families are made very welcome." Relatives told us they were invited to join their family members for meal times. Families were also encouraged to attend activities while they were visiting relatives. We observed a number of relatives who joined in with a music themed activity in the atrium during the inspection. A relative told us how a staff member had supported a person to shop for a card and flowers to celebrate a special occasion. The catering manager had made a celebratory cake. The relative told us how these gestures meant a great deal to the person to enable them to commemorate the event.

We reviewed arrangements to ensure peoples' personal preferences and diversity needs were being met. This was detailed in care plans and in some cases on posters on bedroom walls. For example, we saw specific details about one person's dress preferences and hair style. Bedrooms were individually decorated, with personal possessions, pictures and photographs displayed.

Is the service responsive?

Our findings

At our last comprehensive inspection of the service we found that care plans were not always accurate, clear and up to date. At this inspection we found actions had been taken to ensure information in people's care plans was current and reviewed when people's needs changed. The registered manager had identified daily records within their audits and action plan. The service was taking action to ensure records were consistently completed. We identified that not all personal hygiene records had been fully completed but overall the improvements had been made and were being monitored.

Care plans were person centred. Peoples' care records gave detailed information about their personal history and background. For example, people's previous employment, where people had lived, significant events and relationships that were important to them. All care plans contained pen portraits which provided staff with a summary information sheet about people's lives and what was important to them. For example, one record said, 'Likes watching football and old sitcoms programs.' These were also accessible in people's daily records and enabled agency staff to have an overview of people. One agency staff member said, "There's a sheet in the daily record that tells me things about people." Another agency staff member said, "When a new resident comes in we are encouraged to look at the paperwork and care plans, we spend time getting to know them." We did highlight to the registered manager that in some people's care records the latter part of their, 'About Me' document had not been fully completed. This was an additional document and all sections of the care record were fully completed.

People's preferences and choices in relation to how they wished to be supported were documented. Personal care plans included the clothes people liked to wear, their preference for a bath or shower and whether they wanted a male or female member of staff. For example we viewed care records that said, 'Likes to wear colourful clothes,' 'Prefers to wear skirts rather than trousers,' and 'Likes to have a shower once a day in the morning.' People's religious and cultural needs were identified within their care records. For example, religious services people like to attend or particularly music people enjoyed. Care records indicated where people were independent and when people required support. For example one care record said, 'Likes a hot drink and sandwiches before going to bed, able to choose when he wants to go to bed. Not able to use the call bell so in on hourly checks.' Care plans identified how people wished to express their sexuality. For example, one care record said, 'Likes to dress in a masculine style.' However, we did highlight to the registered manager other examples that showed further understanding of this section of the care plan may be required for some staff members.

Care records guided staff in how to support people in different areas of their care. For example, in one person's care plan their previous employment was described and how this was insightful into understanding the person's behaviour. Guidance included how staff could reduce the person's anxiety, by supporting them to help in administrative tasks. In another person's care plan it was documented that they often became anxious during personal care. The guidance for staff said, 'Holding a towel helps her relax, ensure the room is not noisy or overcrowded and likes classical music.'

Communication plans were detailed and personalised. Guidance was given to staff in people's preferred

communication methods. For example, one care record described how a person may indicate they are experiencing pain from their facial expressions. Another care record said, 'Not to ask too many questions or offer too many choices at one a [name of person] finds this confusing.' We observed a member of staff communicating with a person with a hearing impairment using a wipe board. We observed another member of staff asking a person if they wanted some pudding at a mealtime. When the person did not respond the staff member changed the way they had phrased the question and said, "Would you like some dessert?" To which the person replied.

Plans in relation to people's health needs were detailed. Wound dressing regimes were clear and care records contained photographs which meant staff could monitor for signs of improvement or deterioration. Clear guidance was in place for people with specific health conditions such as epilepsy or diabetes. This showed what action should be taken and when further support should be accessed. We observed staff follow the care plan guidance for a person with a particular health condition as they were displaying signs of being unwell.

We saw people and people's relatives if they wished were included in care plans and reviews. Evidence in people's care records showed that relatives were regularly consulted about people's care. One relative said, "I was involved in the care plan and if it changes." Another relative said, "Care is delivered as agreed." The service facilitated access to an independent advocate. However, documentation was blank in regards to if people's advocates had been involved in the care planning process.

People and relatives spoke positively about the activities provided by the service. One person said, "We do a lot of things." Another person said, "I like to join in." Another person said, "Yes I do enjoy taking part in activities." One person commented that they felt there could be more to do in the day as some activities they struggled with due to their dexterity. Information about activities was displayed around the service in an accessible format. We saw that activities for the forthcoming week included flexercise, pamper sessions, a trip to a garden centre and a religious service. We observed that activity co-ordinators were enthusiastic, motivated. Staff engaged with people in supportive and individual ways. We observed people involved in making Valentine's Day cards, planning for Shrove Tuesday, sensory activities and encouraging movement to music. When there was a singing session taking place, people were laughing, smiling and enjoying themselves. The service had planned for people to share a romantic meal with their partner to celebrate Valentine's Day, if they wished. People could book a table in the atrium area, where a restaurant would be created. This showed the service was considering and supporting people's relationships. There were displays around the service that showed previous activities that had taken place especially over the Christmas period. These included a Christmas jumper day, an elf day, decorating the Christmas tree and carol singing.

Décor and design of the environment had been considered in line with people's support needs. There was clear signage on rooms and doors, with pictures used. People had memory/comfort boxes and photographs outside their rooms to aid people in identifying their room and had items available that may reassure them. The service was light and airy with plenty of space for people to move around safely. Each area of the service was decorated differently, with homemade decorations, photographs and objects to view and touch. For example, we noted a painting of animal with a wool tail to touch, an indoor garden to smell and musical instruments with pictures of famous older singers. A memory room contained war memorabilia and a baby's crib and doll. There was a safe and secure garden available for people, with bright furniture. The atrium area of the service had been designed as a place people could spend time. There was a book swap service, fish to look at, music playing with choices for people to select, comfortable chairs and other objects of interest such as musical instruments. We did highlight to the registered manager that in one area of the service the information regarding the day, date, staff and meal options was from the previous day at lunchtime and this

could be confusing to people.

The service had received 10 complaints since March 2017. Complaints had been investigated, an apology given where appropriate and resolutions sought. Records detailed that people and relatives were satisfied with the outcome. People and relatives told us they would feel comfortable raising any concerns or complaints with staff or the service. One person said, "I have not had to make a complaint. There are staff you get to know and you would just have a chat with them." A relative said, "I would speak to the manager first." Another relative said, "Yes, I know how to complain. I have made a few and am always able to speak to somebody about them."

Regular meetings were held with people and family members. The service had responded to relatives' feedback and increased the frequency of these meetings to bi-monthly. We saw these meetings were well attended and involved people in how the service was run. The service encouraged people and relatives to share their opinions and give feedback. One person said, "Yes I go to the meetings, they ask you about changes to the home. They say they'll do it and they do." Information was communicated to people and relatives for example about upcoming activities, maintenance issues and changes in the organisation. People and relatives were consulted and engaged in proposals and ideas about the service. For example, the name of the service changing and training for family member in dementia awareness.

The service supported people, families and staff members in relation to end of life care. People's preferences and choices were detailed in care plans if they wished. We observed the service marked when people had passed away with actions such as, placing a table with a card and flowers outside a person room. In the atrium area a memory tree was being created with pictures, so people's lives could be celebrated and remembered. The service had facilitated an informal memorial service for a person who enjoyed music, fashion and dance.

Is the service well-led?

Our findings

At our last comprehensive inspection of the service we found that the provider was not notifying us all of incidents of abuse or alleged abuse in relation to people. The service was now identifying and reporting all incidents of abuse or alleged abuse as required. The service had worked with the local authority, the Commission and other relevant agencies where necessary to ensure effective measures were put in place to keep people safe. Actions taken were reviewed to monitor their effectiveness.

The registered manager had an overview in place to monitor people's DoLS applications and authorisations. We found four DoLS notification which had not been sent to the Commission as required. These had mainly been authorised prior to the current registered manager starting in post. These were immediately sent after the inspection along with an updated DoLS tracker. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas they planned to improve upon.

The service previously had inconsistent management. The current registered manager started in post in April 2017. People, relatives and staff spoke positively about how the service was now led and managed. A staff member said, "I can't praise the registered manager highly enough. She has turned everything around." A relative said, "It has improved with the new manager." Another relative said, "The manager is approachable and very nice." An agency staff member said, "I love working at The Granary, it is very well managed home."

We observed the registered manager was available and responsive to people. One person was upset about a particular forthcoming event. The registered manager reassured the person and talked about what the service was doing to support them. One person said, "Yes I know the manager and she is nice."

Systems were in place to monitor and review the quality of the service. The registered manager and provider completed bi-monthly audits. These included monitoring medicines, care records, the environment and complaints. The registered manager had also identified areas for improvement for the forthcoming year which included daily record documentation, a newsletter for people and families and observations in regards to staff's dementia practice.

At our last comprehensive inspection there were limited opportunities for staff to contribute to improvements and ideas for the service. Team meetings were now occurring regularly. These were well attended by staff members and minutes were circulated. We saw these meetings were used to embed staff knowledge and understanding. For example by discussing the fire procedures and the management and recording of incidents and accidents.

Different systems were in place to communicate with staff members. A staff noticeboard gave details and information to staff about training, support available and forthcoming meetings. Staff received a verbal and written handover at the beginning of each shift. The handover documentation was concise yet detailed giving key information about people's needs. This was particularly relevant to ensure agency staff had key

information about people readily available. It highlighted changes that staff needed to be aware of for example, allergies, DoLS status and people preferences about how they took their medicines. We saw it was noted that one person had started a course of antibiotics. A diary on each floor detailed appointments and plans for people, such as a hospital appointment or social event.

We spoke with staff members and agency staff members. They were all positive about working within the service. One person told us, "There's nothing bad about working here", and an agency staff member stated, "Even though there are places nearer my home in Bristol, I would rather travel here to work. I feel the same as the permanent staff when I'm here."

Relatives spoke positively about the communication they received from the service. Relatives told us they felt well informed. One relative said, "The communication is good." Another relative said, "The staff always phone me if they need to." Communication records were kept with family members. For example if a person had sustained an adverse incident. Letters were sent to families and friends so people were informed about upcoming events and changes within the service.

A survey had been conducted in June 2017, one with people and one with relatives. The results of the survey had been communicated to people and relatives through meetings. The minutes were sent to people and relatives. Actions taken explained and recorded. For example around noise levels, laundry and activities. We were told that keyworkers discussed individual feedback and areas that may require further information with people. However, this was not recorded anywhere. A provider survey had been conducted with staff members in 2017. The service had a score of 64% overall. The survey showed that staff felt the organisation and staff reflected the company's values of wellness, happiness and kindness and that staff enjoyed their work life. Areas such as support staff received and sharing ideas were highlighted as areas for development. An action plan had been produced. This had been updated when actions had been completed. For example, new methods of communication had been introduced such as text messages and a folder with important updates on each unit. When actions taken had not had the desired effect these had been reviewed to see what further improvements could be made. For example, training for supervisors on delivering effective supervision sessions with staff members.

The service was building links with the local community. Local religious organisations provided services for people. A local school had visited to give a carol service for people. Fundraising activities had taken place to raise money for a national dementia charity. The service had facilitated a memory walk and cake sale. The service had developed links with the charity to provide training for family and friends about living with and understanding dementia. Relatives spoke enthusiastically about this and how this would benefit them and the support they gave their family members.

The service had worked with one person and their family member to develop a training video for staff and families, which was to be used across the organisation. The material highlighted people's and families experiences of living and supporting a loved one with dementia. It had been discussed at a recent staff meeting. Staff had commented on how powerful this was and how the reflections from this supported their development, understanding and support of people living with dementia.