Laudcare Limited

# Westbury Court

## Inspection report

Station Road,
Westbury
Wiltshire
BA13 3JD

Tel: 01373 825002
Website: www.fshc.co.uk

Date of inspection visit: 9 to 11 December 2014
Date of publication: 20/03/2015

## Ratings

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

## Overall summary

This was an unannounced inspection which took place on 9,10 and 11 December 2014.

Westbury Court is a care home registered to provide care with nursing for up to 60 people. Some people live with various forms and degrees of dementia. The home is a large purpose built building, near to the town centre of Westbury. Accommodation is provided on three floors. Individuals have their own bedrooms and there are spacious shared areas. There are no residents on the top floor. Some rooms are,currently, occupied by staff.

The home does not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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. A manager has been appointed and is in the process of registering with the CQC.

# Summary of findings

At the last inspection of 10 July 2014, we asked the provider to make improvements to ensure that people were safeguarded against the risk of all types of abuse. This action had been completed.

People said they felt safe. Staff were trained in safeguarding and understood their responsibilities and role in protecting people in their care. Any individual risks were identified and plans to manage those risks were developed. General risks were identified and assessed and the home took health and safety seriously. All incidents of unexplained bruising and accidents were recorded and investigated.

At the last inspection on 10 July 2014, we asked the provider to make improvements so that medicine was managed safely and given to people at the right times in the right quantities. This action had been partially completed but further action was needed. At this inspection the provider was not meeting the requirements of the law because they were not making sure that people were being given their medicines at the correct times.

At this inspection medication rounds were taking a long time and the timing of doses of medicines was not recorded. Medicines were stored safely and people were given medicines that had been prescribed for them.

At the last inspection on 10 July 2014 we asked the provider to make sure there were enough suitably qualified and skilled staff who were organised in a way to enable them to meet the needs of people. This action was ongoing.

The provider had a way to decide how may staff were needed to meet people's needs and keep them safe. They provided the numbers required. There were some occasions at night when there was one staff member short. The senior staff team tried to cover these shortfalls but this was not always possible if staff went sick at very short notice. The provider was advertising staffing vacancies and had decided not to offer a place to any more people until the staff team was stable.

The management team recruited staff safely to make sure they were suitable to work with vulnerable people.

At the last inspection on 10 July 2014 we asked the provider to take action to make sure that staff were appropriately supported to enable them to deliver safe care and treatment to people who lived in the home. This action was ongoing.

The management team had developed a detailed induction for care staff and regular supervision sessions were provided. Staff had more opportunities for general and specialised training and received annual appraisals, as appropriate.

At the last inspection on 10 July 2014, we asked the provider to take action to make improvements to ensure that people were safe from the risk of receiving care or treatment that was inappropriate or unsafe. This action had been partially completed and further improvements were being made.

People were offered good food and supported to eat and drink adequate amounts if they needed help. The staff team made referrals to health care professionals to ensure people's health needs were met. Staff and other professionals told us that improvements in the home had a positive effect on care.

The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. They had taken any necessary action to ensure they were working in a way which recognised and maintained people's rights. However, some staff were not fully trained in this area. We recommend that the service seek advice and guidance about providing appropriate training for staff.

At the last inspection on 10 July 2014 we asked the provider to make improvements to how they checked on the quality of care people received. This was so they could identify any areas where they needed to make changes to improve people's quality of life. This action had been completed and further improvements were being made.

# Summary of findings

The management team had a variety of ways of monitoring the quality of the care they offered. They had numerous auditing tools which were completed regularly. These were completed and necessary actions were noted but it was not always clear if and when they had been done. People, their families, staff and others were given opportunities to comment on the care provided by the home.

Records provided all necessary information but were very complicated which made it difficult to find important information quickly. We recommend that the service seek advice and guidance about developing an effective recording system.

People, staff and other professionals told us they had confidence and trust in the new manager who had made positive changes even though he had only been in post for a few weeks.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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.

People's medicines were not always given to them at the right times and in the right quantities to keep them as healthy as possible.

Staff knew how to protect people from abuse and people felt safe living there.

Any health and safety or individual risks were identified and action was taken to keep people as safe as possible.

**Requires Improvement**

**Is the service effective?**
The service was not always effective.

Some staff understood consent, mental capacity and deprivation of liberty issues and some did not. Staff had not been fully trained in this area.

People were helped to make as many decisions and choices as they could.

People were helped to see G.P s and other health professionals to make sure they kept as healthy as possible.

The home had ways of supporting staff to enable them to offer good quality care.

**Requires Improvement**

**Is the service caring?**
The service was caring.

Staff treated people with respect and dignity at all times.

People's requests for assistance were answered as quickly as possible.

Staff responded to people with patience and understanding.

**Good**

**Is the service responsive?**
The service was not always responsive.

It was not always clear if people were listened to and care was delivered in the way that people chose and preferred.

People were offered daily activities which helped them to enjoy their life.

Staff and the management team recorded and took appropriate action when they received complaints about the home.

**Requires Improvement**

**Is the service well-led?**
The service was not always well-led.

Records were complicated and information was hard to find in people's personal files.

**Requires Improvement**

# Summary of findings

People were pleased with the new manager who was making improvements and trying to make sure that staff maintained the attitudes and values expected.

The manager regularly checked that the service was giving good care. Changes to make things better for people who live in the home had been made and development was continuing.

# Westbury Court

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 over three days on 9, 10 and 11 December 2014. The first day of the inspection was unannounced. The provider was told we were returning on the following days to complete the inspection.

The inspection was completed by two inspectors and a pharmacist inspector.

Before the inspection we looked at all the information we had collected about the service which included complaints and concerns. The home had sent us notifications about deaths and safeguarding issues. A notification is information about important events which the service is required to tell us about by law.

We looked at seven care plans, daily notes and other documentation relating to people who use the service such as medication records. In addition we looked at auditing tools and reports, health and safety documentation and a sample of staff records.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the eight people who live in the home, four relatives, five staff members, the manager, the interim manager and the area manager. We looked at all the information held about four people who lived in the home and observed the care they were offered during our visit (pathway tracking).

A tissue viability nurse, a GP surgery and local authority representatives sent us information about the home after the inspection.

Requires Improvement

# Is the service safe?

## Our findings

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse. The registered person had not made suitable arrangements to ensure people were safeguarded against the risk of abuse. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had met the requirements of the regulation.

People said they felt safe. One person told us they felt: ''very safe in the home'', another said: ''I always feel safe, staff treat me right''. A family member told us that they had never seen anything 'untoward' while regularly visiting their relative.

People were protected against the risk of all types of abuse by a variety of methods. These included providing safeguarding training for all staff which was up-dated annually. The training matrix showed that all new staff had received safeguarding training as part of the induction process and annual up-dates were given. Staff were able to tell us about the signs and symptoms of abuse and what action they would take if they suspected it was occurring. They were confident that the manager would take any necessary action to prevent any type of abuse. The home had a whistleblowing policy which staff were aware of. They told us they would approach authorities outside of the organisation if they felt it necessary to protect people in their care.

People's care plans included any necessary risk assessments. The identified areas of risk depended on the individual and included areas such as skin integrity, mobility and health needs. The home used recognised assessment tools for looking at areas such as nutrition and skin health. Generic risk assessments were completed for areas such as fire safety, food safety arrangements and new and expectant mothers.

The service conducted a series of regular health and safety checks to ensure the safety of the people who lived there, staff and visitors. We looked at a six monthly health and safety audit completed by the manager in December 2014. Health and safety checks included six monthly checks of lifts and hoists, annual testing of small electrical appliances and weekly fire systems checks. The home held a departmental health and safety meeting on a quarterly basis. Any issues about health and safety, new procedures or legislation that needed to be taken account of were discussed at these meetings.

Detailed incident and accident records were kept. Incident reports included unexplained bruising. A full description of the incident or accident, the investigation, if any and the actions taken were recorded. Action plans were cross referenced to care plans and risk assessments and any necessary actions added to those documents. All accidents and incidents were added to the provider's computer recording system called 'datix'. Managers at various levels of the organisation were able to access the records. The computer programme alerted the home and the organisation if records were not completed or if there were any areas of concern identified.

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. The registered person had not made suitable arrangements to ensure people were safeguarded against the risk of medicines being given unsafely. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had not met the requirements of the regulation. They had made improvements but further improvements were necessary.

Medication rounds were taking a long time. On the day of our inspection the morning medication round on the first floor took nearly four hours to complete, and by the time it had finished the next round was almost due to start again. We were told by the nurse giving medicines that day that there were no systems to prioritise people who required multiple daily doses of medicines, for example pain killers or antibiotics. The time that doses were given to people was not recorded on their charts, and this meant that there was a risk that some people could be given doses of medicines too close together. It also meant that it may not be possible for some people to receive the full prescribed dose of pain killers in a day, and doses of medicines that

# Is the service safe?

need to be spaced evenly through the day, for example antibiotics, would not be given in the best way for them to be effective. This could adversely affect people's care and welfare.

We looked at the medicines records of 27 residents. We found that these were generally well completed when people received their medicines, or appropriate reasons were recorded if regular doses were not given. We found that separate recording charts were used for application of medicated patches. However, when patches were applied or removed it was not always recorded. This could cause confusion over when patches were due to be changed.

This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines. People were not always protected against the risks associated with medicines because the provider was not ensuring that the appropriate arrangements to manage medicines safely were being followed by staff.

Lunchtime medicines were given in a safe way. Medicines were stored safely, and at appropriate temperatures to make sure they would be safe and effective. There were suitable arrangements for storage and recording of controlled drugs, and for the ordering, receipt and disposal of medicines. Medicine trolleys were secured if they were left unattended.

There was no-one who looked after their own medicines at the time of this inspection. However, we were told that people could do this if it had been assessed as safe for them. Policies and guidance were available for staff if any people wanted to look after their medicines.

Medicines in stock confirmed that people received their medicines in the way that had been prescribed for them. Topical medicines charts were available in people's rooms and care workers signed these when preparations were applied. There were regular checks and audits to make sure medicines were being managed safely. Medicines information was available for residents and staff, and detailed policies and procedures were available to guide staff on using medicines safely.

The suplying pharmacist made regular visits to the home. They told us that the staff team were now acting on the recommendations they made.

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing. The registered person did not ensure that there enough appropriately trained and skilled staff, who were effectively deployed to meet people's needs. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had made improvements and was continuing to follow plans for further improvements.

People said: ''there are usually staff around when they are needed''. On the day of the inspection we observed staff answering bells within two minutes of them ringing. One person and their relative told us there used to be delays in staff answering the bells and being taken to the toilet. However, they told us that this had really improved recently, especially at night.

The views of staff on staffing levels varied. Some told us that there were generally enough staff, especially if other staff did not call in sick at short notice. Some staff told us that the incidents of short notice sickness had reduced over recent months. One said: ''a lot of staff that kept ringing in sick are now gone''. Some staff told us that they could offer even better care: ''if we had more staff especially on the first floor''. There had been improvements since our last inspection in assisting people up in the morning at a reasonable time in line with their wishes. We found that some people were not being assisted to get up until 12:30. We noted that people's personal care, nutrition and hydration needs had been attended to during the duration of the morning, prior to staff assisting them out of bed and to dress. Some staff told us that it was normal to still have people in bed at this time stating this was either the person's choice or capacity of staff to complete all tasks.

Two staff members told us that completing E-learning when they were being counted in the care staff numbers sometimes caused a shortage of staff. Senior care staff told us that care staff were only released to pursue training if it was appropriate and safe to do so.

There had been some staff changes since our last visit in June 2014 that had a positive impact for the people using the service. The home had created the roles of unit managers (one for each floor) to improve communication and effective deployment of staff. There was an increase of Registered General Nurses (RGNs') from one to two during

Requires Improvement

# Is the service safe?

the day. Currently, RGNs were mostly agency staff but the home had taken action to recruit qualified nursing staff. Overseas nurses were offered short term accommodation and acted as care assistants whilst awaiting their British registration. They were using the time as an induction and to familiarise themselves with people and their needs. The manager was assessing their competencies and arranging any necessary specialised training needed.

Staffing levels were calculated from a CHESS (Care Home Equation for Safe Staffing) dependency tool used by the provider. The manager told us that the tool had identified that seven care staff were needed to cover the early shift, but stated the service aimed to have at least eight. We looked at staff rotas that covered 28 days. These identified two RGNs' for each day and one through the night. There was a variation in the number of care staff. For example based on the 28 days 17% of shifts had the minimum number as identified by the provider's dependency tool. Whereas 46% had the providers target of eight whilst 35% was above the aimed target. We identified similar figures for the afternoon shifts worked by care staff. However the rota identified 35% of the nights within the 28 day timeframe had a decrease of one care staff. The shortfall had been identified on the rota due to staff absence that had not been covered by agency or existing staff.

The rota had also identified a staff team of housekeepers, kitchen staff, activity coordinators and administrator who all played a valuable part in meeting the needs of the people who lived there.

Staff records showed that appropriate disciplinary procedures were followed, necessary disciplinary action was taken and recorded on personnel records.

The manager of the home, the previous interim home manager and the area manager we spoke with told us there were further staff vacancies being advertised and that the provider had voluntarily stopped further admissions to the home until staff numbers improved.

People were supported by staff who had been recruited safely. There was a robust recruitment procedure which included the taking up of references, police checks and the checking of people's identity prior to appointment. Application forms were completed and interviews held. Application forms had a full work history recorded.

Requires Improvement

# Is the service effective?

## Our findings

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services. The registered person did not make sure that people's needs were being met effectively. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had met the requirements of the regulation. They had made improvements and were continuing to follow plans for further improvements.

People told us: ''the food is good''. They said they discussed the menus at meetings and put forward their ideas of how to improve the dining experience. Minutes of a residents meeting noted suggestions made by people. The menus were balanced and included healthy fresh food. Nutritional assessments, weight, food and fluid charts were provided for individuals, if necessary. Charts were generally completed accurately but some were blank. The fluid and food charts included a 'target' amount for the person's daily intake and what action staff should take if targets were not met. Charts were monitored by a registered nurse on a daily basis. The home used recognised nutritional assessments which were reviewed every month. People's daily charts, which were kept in their rooms and were completed accurately. People were referred to nutritional specialists as appropriate.

People were assisted to eat their meals by care staff, if required. Staff encouraged people to eat their meal and offered them alternatives if they were reluctant to eat what they had chosen earlier. Kitchen staff and care staff worked as a team to ensure everyone was getting the support they needed to eat their meal. Staff tried hard to persuade people to eat but respected people's wishes if they were adamant that they did not want to. They made arrangements to offer people food at a different time in one instance. Staff interacted with people positively, for example, asking if people were comfortable and explaining what the food was. They treated people with respect, used quiet calm voices and behaved professionally. Examples included responding patiently when they were verbally abused and answering repeated questions respectfully. However, there were two incidence of staff discussing another staff member negatively (in front of people) and one of a staff member 'clattering' cutlery noisily to show their displeasure that another member of staff was not available to assist them.

People had a health journal which noted their health and medication needs. Not all the journals were fully completed as they were being introduced as a more effective recording method. Records noted healthcare appointments and any necessary follow up actions. Referrals were made to other professionals such as GPs, tissue viability nurses and the mental health team. Visits by chiropodists, district nurses and G.Ps were recorded. Information received from health professionals noted that people's health needs were met although there was sometimes a short delay in seeking assistance. They told us that the staff of the home co-operated with them to ensure a good standard of healthcare for people. They also commented that some staff did not have an in-depth knowledge of people's healthcare needs but that this was improving. A visiting professional told us that care was: ''really improving''.

Some staff members were able to fully explain people's health needs and who was responsible for providing healthcare whilst others were not. For example one staff member was not aware that a person should be using specific pressure area care equipment. Nursing staff told us that they would offer medical care to everyone who lived in the home but only had ongoing responsibility for those people assessed as needing nursing care. Staff were not always clear about which people had been assessed as needing residential care and which needed nursing care. However, this was noted on plans of care. We saw that flow mattresses, which minimised the risk of pressure damage, were inflated to the right setting for the person's weight.

Staff told us things were improving. They gave us examples of better communication via staff meetings, detailed handovers and discussions with the new manager. A specific example was given by a staff member who told us that a hoist was now used for someone who used to use a 'handling belt'. Their risk assessment had been up-dated and they were now 'handled' much more safely. They told us the improvements had a positive effect on the care they were able to give people.

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers.

Requires Improvement

# Is the service effective?

The registered person did not supervise and support staff to enable them to effectively meet the needs of people in their care. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had met the requirements of the regulations. They had made improvements and there were plans in place for further improvement.

The home had developed a detailed induction for new care staff. Although this consisted of a vast quantity of material it was often completed within a few days. The management team told us this was then consolidated over the following 12 weeks. This was done by e-learning, face to face learning and learning from more experienced colleagues. Staff told us that they completed an induction when they first began work. There was a separate induction process for registered nurses. Nurses were set a series of tasks and their competence was tested by a senior qualified staff member over a 12 week period. Staff records showed that senior staff checked that new staff had completed their inductions in a timely way.

Care staff told us that they had increased opportunities for training. They gave examples of core training such as safeguarding, moving and handling and first aid. They also said that they received specialised training such as dementia care, handling complaints and concerns and record keeping. Training records supported this information.

Staff told us and some records showed that they received regular supervision from senior staff members. However, formal supervisions were not always recorded. Those staff who had been in post for over 12 months received an annual appraisal. Staff members' developmental, performance and training needs were identified during supervision sessions.

People's capacity needs including their legal status were assessed on admission and included in care plans. They were an integral part of each specific care plan such as emotional well-being and communication. Plans included documents showing if people had a power of attorney for care and welfare, DoLS paperwork and best interests meetings. DoLS referrals had been made for those people who were not able to leave the home without support.

Training records showed that staff had not received generalised Mental Capacity Act 2005 training. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. Thirty nine of the 47 care staff had received Deprivation of Liberty Safeguards (DoLS) training. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. The manager, senior staff and some care staff demonstrated their understanding of consent, mental capacity and DoLS. However, although most staff could describe the principles of consent and mental capacity they told us they had not received formal training in this area.

Plans of care included how people gave consent and how staff should support them to make decisions. We saw staff giving people choices and encouraging them to make decisions for themselves.

The home did not, generally, offer a service to people whose behaviour may cause themselves or others harm or distress. However, if people did develop long or short term behaviours that were distressing, the home referred them to the community psychiatric team. There were no people with identified challenging behaviours on the day of the inspection.

**We recommend that the service seek advice and guidance from a reputable source with regard to appropriate training for staff.**

Good

# Is the service caring?

## Our findings

People who lived in the home and their relatives told us: ''this is a good place''. Another said: ''I'm very happy here''. They told us that the staff were very caring and ''treat us well''. One person said: ''if you can't be in your home this is as good as you can get''. Staff interacted positively with people at all times. People were treated with respect and dignity. Examples included closing doors when they were completing personal care tasks and quietly asking people whether they needed assistance.

Staff were able to explain how they protected people's dignity and how important it was to respect people and their differences. Examples given included respecting people's choices and making sure they were 'nicely' dressed in their preferred style.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Family members told us: ''we always feel welcome whenever we visit''. Staff were knowledgeable about the needs of people and had developed good relationships with them. Staff told us: ''the staff that are here really care''.

Staff responded quickly to people if they asked for or showed that they needed assistance. During lunchtime staff were able to identify when people needed help even when they did not or could not ask for it. They asked people respectfully if they would like help, They were patient with people who needed assistance but who were resistant to receiving it. For example when an individual could not eat with a fork they provided a spoon and then spent over five minutes gently persuading them to use it. People told us that staff were: ''very kind and considerate''.

We saw staff frequently visiting people in their rooms to attend to their needs. Throughout the visit we saw staff were positive and caring. They laughed and joked, appropriately, with people and their attitude created a relaxed and pleasant atmosphere.

Care plans noted people's spiritual and cultural needs. Church services were held in the home for those who wished to participate. All staff had received equality and diversity training. Some care plans included end of life care wishes. Some end of life plans of care were not detailed and it was not clear who had been involved in their development. Do not resuscitate forms were completed appropriately. They noted the discussions the G.P had with individuals, families and any other relevant parties.

Requires Improvement

# Is the service responsive?

## Our findings

People had a full assessment of their needs prior to moving into the home. They and their families were involved in the assessment process. A care plan was written, with the individuals, from the information included in the assessment. Care plans were reviewed by the key worker and the individual monthly.

People were involved in their care planning, if they were able and chose to be. Care plans were looked at by key workers every month. People's views on their care, if they were able to express them, were sometimes noted on the reviews. It was not always clear how much input people had with regard to the review process. Family members told us that they were involved in reviewing plans of care and their views were listened to.

Each person had individualised plans which included areas which described people's tastes, preferences and choices about how they wished to be supported. However, these were not always completed. Staff who had worked in the home for a length of time told us that they knew what people liked and newer staff would either ask the individual or seek advice from more experienced staff.

We saw that staff responded to people's needs quickly. For example a person told us that their catheter bag was full and asked us if we could "release the water". We observed their call bell was not near them to enable them to call for assistance. We rang the bell for the person and staff responded within two minutes of the bell sounding. Staff were caring towards the person as they realised the person's call bell had fallen out of reach and positioned the bell securely should the person need further assistance.

People and their relatives told us the: ''activities girls are excellent''. They said they organised group and individual activities and kept people stimulated and involved. People had access to a variety of activities such a board and table games, church services, music groups, PAT dogs and crafts. The December activity schedule showed that people were supported to celebrate special occasions such as Christmas. Time for one to one and group activities was scheduled in for December. People could choose to participate in activities or had access their room or other areas of the home where they could watch television or listen to music.

People and their relatives told us they knew how to make a complaint and wouldn't hesitate to do so, if necessary. The home had a comprehensive complaints procedure available to people and their families. Staff told us they were provided with training in how to respond to complaints and concerns received. Concerns were recorded in a book held by the administrator. The record included what action had been taken to address the concern. Since the last inspection it had become the usual practice for complainants to discuss their complaints with the manager of the home. The home had received five complaints since August 2014. The complaint, action taken, resolution and how to ensure the complaint did not recur were recorded on the computer system 'datix' and were reviewed by senior managers regularly.

Requires Improvement

# Is the service well-led?

## Our findings

At our inspection of 10 July 2014 the provider was not meeting the requirements of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision. The registered person did not use effective quality monitoring systems to identify any areas of care or management that needed improvement. The provider sent us an action plan on 18 August 2014 describing how they were going to make improvements to meet the requirements by 31 October 2014. This date was later revised to 30 November 2014. At this inspection the provider had met the requirements if the regulation. They had made improvements and were continuing to follow plans for further improvements.

The home does not have a registered manager. The last registered manager left their post on 5 May 2014. The home had appointed a manager subsequently but they had stayed in post for a short time and left in August 2014. An interim manager had been in post since August 2014 and a new permanent manager had been appointed on 17 November 2014. The new manager was experienced and knowledgeable and had applied for registration on the 9 December 2014.

People, staff and relatives told us that the new manager was approachable and had made a positive difference to the home although they had only been in post for a few weeks. The manager was offering people help with eating their meal during the lunch time period. They were also involved with discussions with people and staff throughout our inspection. People, staff and external professionals were very positive about the new manager. They told us they had confidence and trust in them and positive changes were being made. Staff told us that staff morale was higher than it had been for over six months.

The home held residents and relatives meetings regularly. The last residents meeting was held on the 4 November 2014 and 14 people attended. The home had introduced a "you said you want, we said we'd do" book so that people could easily identify what actions the provider had taken as a result of their ideas and suggestions.

The home had introduced a 'resident of the day' system to monitor all aspects of an individual's care. The resident of the day monitoring system had identified areas of care plans that were incomplete and there were written instructions for staff to rectify any omissions. It was not always clear if the necessary actions had been taken.

There were a variety of staff meetings held monthly these included a heads of department and clinical and seniors meeting. The home had introduced daily focus meetings for all staff to make sure everyone knew what they should be doing and where they were deployed. Focus meetings reminded staff to complete daily charts, lock medicines trolleys and access training.

The home had a variety of internal reviewing and monitoring systems to ensure the quality of care they offered people was maintained and improved. Care quality indicators were reviewed monthly. They included pressure ulcers, nutrition, infections, and bed rail use and staff supervision. The records of the monthly reviews contained explanations of what was being done about any areas of concern. A daily walk around sheet was completed by the manager to identify any day-to-day issues that might be arising.

A provider quality monitoring visit had been completed in October 2014. Actions required as a result of the visit were recorded but it was not clear who was responsible for taking the action and if they had been completed.

Changes made as a result of the quality assurance and monitoring and reviewing systems included providing jugs of water, sherry with meals and displays of lost property.

The manager was aware of the culture within the home and was improving staff's understanding of the 'vision' and 'values' of the home. For example some staff told us people should be up and dressed by 11.30 am. The manager knew that some staff held this belief but discussions in the staff meetings and with individual staff were being held to make sure staff understood person centred care and that people should get up at the times they chose. Overall, staff were positive and caring towards the people in their care.

The manager, staff and people who lived in the home knew what roles staff held and understood what responsibilities this entailed. The manager told us they were given the authority to make decisions to ensure the safety and comfort of the people who live in the home. Examples included accessing additional staff and ordering emergency repairs, as necessary.

Requires Improvement

# Is the service well-led?

People's needs were accurately reflected in detailed plans of care. Care plans were generally detailed and contained all necessary information. However, the home used a complex recording system. This made it difficult to cross reference important information and 'track' any changes to the care plan.

We found there were duplications of records to monitor and record how people's needs were being met. These included food, fluid, positioning charts and information detailed within daily reports. However these were not always complete. Body maps were not used at all times when required to identify injury. There was a risk of lack of accuracy of information used to inform health or social care assessments due to disorganisation and quality control of records kept. However it was evident from discussions with people and the variation of records used when pieced together, to evidence that people's needs were being met.

Information was not always readily accessible to staff in event of emergencies. The management team told us that the provider was currently developing a simplified care planning and recording system which was to be operational during the early part of 2015. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date.

**We recommend that the service seek advice and guidance from a reputable source about effective recording systems that can be used to assist staff with giving good quality care to people.**

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines<br><br>**The registered person had not made suitable arrangements to ensure people were safeguarded against the risk of medicines being given unsafely.** |

This section is primarily information for the provider

# Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.