

## Barchester Healthcare Homes Limited

# Bedewell Grange

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 11 September 2018 and was unannounced.

We inspected the service to follow up on the breaches and to carry out a comprehensive inspection.

At the last inspection in July 2017 the service was not meeting all of the legal requirements with regard to regulations 9, person-centred care and regulation 17, governance.

At this inspection we found improvements had been made but further improvements were required with regard to aspects of people's care. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment, regulation 12, staffing levels, regulation 18 and person-centred care, regulation 9.

Bedewell Grange 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.

Bedewell Grange accommodates a maximum of 50 older people, including people who live with dementia or a dementia related condition, in one adapted building. At the time of inspection 44 people were using the service.

A new manager was in place who was introducing some changes and improvements to the home. They had started work in September 2018 and were in the process of applying for registration with the Care Quality Commission.

People said they felt safe and they could speak to staff as they were approachable. However, we had concerns staffing levels were not sufficient or staff appropriately deployed to ensure people received safe and person-centred care.

People were not always supported to have maximum choice and control of their lives with staff supporting them in the least restrictive way possible, the policies and systems in the service did not always support this practice.

Records reflected the care provided by staff and they were regularly evaluated but we considered further improvements were required to ensure people received person-centred care when they were unable to tell staff how they wanted their care to be provided.

People were supported with eating and drinking as needed and systems were in place to ensure they received a varied diet.

Risk assessments were in place and they identified current risks to the person. Staff knew the people they were supporting well.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

Appropriate training was provided and staff were supervised and supported. Staff had an understanding of the Mental Capacity Act 2005 and best interest decision making, when people were unable to make decisions themselves.

Staff followed advice given by professionals to make sure people received the care they needed. Systems were in place for people to receive their medicines in a safe way. Communication was effective to ensure staff and relatives were kept up-to-date about any changes in people's care and support needs and the running of the service.

A complaints procedure was available. Staff and relatives said the management team were approachable. People had the opportunity to give their views about the service. There was consultation with people and family members and their views were used to improve the service. People had access to an advocate if required.

The home was clean and well-maintained for the comfort of people who used the service. The home was designed to promote the orientation and independence of people who lived with dementia.

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service were safe.

Staffing levels and staff deployment required review to ensure people received safe and effective care. People were protected from abuse as staff had received training with regard to safeguarding. Appropriate checks were carried out before staff began working with people.

Checks were carried out regularly to ensure the building was well-maintained and fit for purpose.

Risk assessments were up-to-date and identified current risks to people's health and safety. People received their medicines in a safe way.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff confirmed they were well-supported and received the training they needed.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS).

People were supported to meet their nutritional and health care needs.

**Good** ●

### Is the service caring?

The service was not always caring.

Staff were compassionate, kind and cheerful.

We observed staff did not interact with people except when they were carrying out direct care and support. Some people did not receive appropriate engagement and stimulation when in communal areas.

**Requires Improvement** ●

Information was not available in all people's records to ensure they received the person-centred care.

### **Is the service responsive?**

The service was responsive.

Staff were knowledgeable about people's needs and wishes. We advised further information should be documented about people's end-of-life wishes to complement existing information.

There were some activities and entertainment available for people.

People had information to help them complain. Complaints and any action taken were recorded.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

A manager had been very recently appointed to oversee the day-to-day management of the home. They were introducing changes to improve its running.

Staff, people and relatives told us the manager was available to give advice and support.

The home had a quality assurance programme to check on the quality of care provided. Areas of improvement that had been identified by the audits had not been actioned in a timely way. These areas had also been identified at inspection.

**Requires Improvement** ●

# Bedewell Grange

## 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 11 September 2018 and was unannounced.

The inspection was carried out by one adult social care inspector, one inspector from primary medical services and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care and the local authority safeguarding team.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We undertook general observations in communal areas and during mealtimes.

During the inspection we spoke with 16 people who lived at Bedewell Grange, six relatives, the operations manager, the manager, the deputy manager, the cook, one kitchen assistant, seven support workers including two senior support workers, the activities co-ordinator and two visiting care professionals. We looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for five people, recruitment, training and induction records for five staff, five

people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the manager had completed.

# Is the service safe?

## Our findings

People we spoke with said that they felt safe living at Bedewell Grange and in the hands of the staff who supported them. One relative commented, "I think [Name] is very safe here, the staff are all very good." However, we had concerns that staffing levels were not sufficient to ensure people were kept safe at all times.

Our observations during the inspection showed staffing numbers were insufficient and staff deployment was ineffective to provide safe and person-centred care to people in all parts of the home over the 24 hour period. There were 44 people living at the home at the time of inspection. The manager told us 20 people on the top floor were supported by four support workers including a senior support worker. However, the weekly staff allocation sheets showed the numbers of staff fluctuated and were not consistently maintained on both floors each day.

On the top floor we observed all people were receiving their medicines and having breakfast at 10:30am and it was not because all people had chosen to have a long-lie. A relative said, "There are not enough staff and they are always busy." One staff member told us, "We are running late as it takes so long to get people up." Another staff member said, "We don't always get a break, we're too busy." Another staff member commented, "We have very little time to talk to people, it tends to be when we are supporting them." During the inspection we observed care was task-centred and as staff were busy they only engaged with people when they provided support to them apart from the ten minutes in the afternoon when they sat with people and talked with them. We observed on the day of inspection a staff member who had just started work at the home that day was left unsupervised with people in the dining room during part of the lunchtime meal as staff were busy elsewhere. We discussed this with the manager as we were concerned the staff member may not be aware of all the dietary and care and support needs of people who may require some assistance.

On the ground floor 24 people were supported by three support workers including a senior support worker, who was also the deputy manager. The senior support workers were not always available to provide direct care as they were responsible for the running of the floor, medicines management and dealing with health care appointments and liaising with visitors and professionals. One relative commented, "It is always short staffed after 5pm." Staff members told us on the ground floor eight people were at high risk of falling, four people displayed behaviour that challenged and six people required two staff members for their moving and assisting needs. This meant when staff were busy supporting people other people were left unsupervised. Staffing rosters showed staffing numbers were not consistently maintained on each floor over seven days of the week.

Overnight staffing levels were four support workers including one senior support worker. We had concerns staffing levels and systems were not all in place to ensure people received safe care over the 24 hour period. Incident reports showed that between 4 October 2017 and 6 September 2018, 12 incidents had been reported where people fell and most sustained serious injuries. Nine people broke a limb including the femur, collar bone or elbow. One person suffered a head injury.

The manager told us an assessment tool was used to calculate the number of staffing hours required. Each person was assessed for their dependency in a number of daily activities of living. The dependency formula was then used to work out the required staffing numbers. We were informed the tool calculated that the service was overstaffed. However, we considered from our observations and analysis of staffing rosters that staffing levels should be reviewed to ensure there were sufficient staff to meet people's needs at all times and that staff were appropriately deployed around the home.

These were breaches of Regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments were in place and they were recorded in people's care records. The documents provided staff with a description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. For example, the risk of choking. One staff member told us, "The majority of people at risk of falls have been referred to the falls team."

Staff were clear about the procedures they would follow should they suspect abuse. They could explain the steps they would take to report such concerns if they arose. They expressed confidence that the management team would respond to and address any concerns appropriately. One staff member told us, "I would raise any concerns with the manager." The safeguarding log recorded instances where an allegation had been made and these had been appropriately raised. Recent safeguarding records showed improvements had been made to record keeping as reports were available and outcomes of safeguarding investigations were now captured within the log. They showed if any action was required as a result of a safeguarding.

Records showed if there were any concerns about a change in a person's behaviour a referral would be made to the mental health team and the positive behaviour support team. Staff told us they followed the instructions and guidance of the behavioural team for example, to complete behavioural charts if a person displayed distressed behaviour. One staff member said, "The behavioural team came in to talk to staff about strategies." This specialist advice, combined with the staff's knowledge of the person, helped reduce the anxiety and distress of the person because the cause of distress was then known.

Regular analysis of incidents and accidents took place. The manager told us accidents and incidents were monitored. Individual incidents were analysed and a monthly analysis was carried out to look for any trends. They told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring. For example, due to some recent medicines errors the manager told us senior staff were to receive medicines training to refresh their knowledge. The training was planned but had not yet taken place.

Medicines were given as prescribed. We observed part of a medicines round. We saw staff who were responsible for administering medicines checked people's medicines on the medicine administration records (MARs) and medicine labels to ensure people were receiving the correct medicine. Staff who administered the medicines explained to people what medicine they were taking and why. People were offered a drink to take with their tablets and the staff remained with the person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Medicines were stored securely within the medicines trollies and treatment rooms. Medicines which required cool storage were kept in a fridge within the locked treatment rooms. A system was in place to record and monitor fridge temperatures daily to ensure refrigerated medicines were kept at a suitable

temperature. However, we noted daily temperature readings were not available for all days in both treatment rooms. We discussed this with the manager who told us it would be addressed. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse.

The provider's medicines policy included written guidance for the use of "when required" medicines, and when these should be administered to people who showed signs of agitation and distress. 'When required' medicines are those given only when needed such as for pain relief. A staff member told us, "You can tell by their face if a person is in pain if they can't tell you verbally."

Staff personnel files showed that a robust recruitment system was in place. This helped to ensure only suitable people were employed to care for vulnerable adults. The service ensured only fit and proper persons were employed to care for people.

The building was clean and with a good standard of hygiene. Protective equipment such as plastic gloves and aprons were available for staff and were worn appropriately to reduce the spread of infection.

Arrangements were in place for the on-going maintenance of the building and a maintenance person was employed. Routine safety checks and repairs were carried out, such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. Records also showed that equipment used at the home was regularly checked and serviced, for example, the hoists and specialist baths.

## Is the service effective?

### Our findings

The staff training records showed and staff told us they had received training to meet people's needs and training in safe working practices. One staff member told us, "We get plenty of training." Another staff member said, "We do e-learning and face-to-face training." Other staff comments included, "We do refresher courses to up-date our training", "We get training when we first start and then updates."

The staff training matrix showed that courses took place to ensure staff had the knowledge to meet people's care and treatment needs. Staff training courses included, equality and diversity, customer care, dysphagia (swallowing difficulties), mental capacity, nutrition and end of life care. Training was planned to take place in October 2018 about dementia care and distressed reaction training. The provider's PIR showed that 22 staff members had studied the Skills for Care, Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.)

Staff members were able to describe their role and responsibilities. Newer staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. This ensured they had the basic knowledge needed to work with people. We discussed with the manager and operational manager that a new employee should be appointed one mentor, staff member who was responsible for their induction and signing it off rather than different staff members. The manager and operational manager told us that this would be addressed.

Staff commented and records confirmed they received regular supervision from one of the home's management team every two or three months. One staff member said, "I have supervision every three months with the senior or deputy." Another staff member told us, "We have supervision three monthly unless something needs to be addressed more urgently."

Staff told us communication was effective to keep them up-to-date with people's changing needs. A handover session took place, between staff, to discuss people's needs when staff changed duty, at the beginning and end of each shift. One staff member told us, "There is a new arrangement where all staff attend the handover, this has improved communication." Another member of staff commented, "All support staff attend the handover in the morning when we come in." A third member of staff said, "There is improved communication between senior staff" and "Communication is getting better."

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

Systems were in place to ensure people received varied meals at regular times." People received drinks in between meals and the tea trolley provided drinks and biscuits. We spoke with the assistant cook who was aware of people's different nutritional needs and special diets were catered for. Written information was

also available in the kitchen about people's nutrition and records captured any changes that had been communicated about people's dietary requirements. The assistant cook told us people's dietary requirements such as if they were vegetarian or required a culturally specific diet were checked before admission to ensure they were catered for appropriately. They explained about how people who needed to increase weight and to be strengthened would be offered a fortified diet and they explained how they would be offered milkshakes, butter, cream and full fat milk as part of their diet. One relative commented, "The kitchen staff have made a low-fat diet for [Name], the recent diet was chips all the time." Another relative said, "The home now supplies yoghurts." A staff member told us, "If a person is losing weight they are weighed weekly and referred to a dietician or the speech and language therapy team."

We observed the lunch time meals in the dining rooms. Food was well-presented and looked appetising. A choice of main meal was available at each meal. People were offered regular drinks throughout the day in addition to the main meal. People and relatives were positive about the food saying there was enough to eat. One relative told us, "The food looks good." Menus were displayed about the meals available each day. People were offered a choice of meal and drinks and most staff showed the various food options to help people choose by sight or smell. People sat at tables that were set with tablecloths and people were offered protective aprons but napkins were not available. Some people preferred to remain in their bedrooms to eat.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been authorised by the relevant local authority.

Mental capacity assessments were in place for some decisions. Records showed where relatives were lawfully acting on behalf of people using the service. This included where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare or finances when the person no longer had mental capacity.

People were supported to access community health services to have their healthcare needs met. Their care records showed they had input from different health professionals. For example, the GP, district nurse, tissue viability nurse and the behavioural team. One visiting professional commented, "Staff are quick to get medical advice when it is needed." A relative told us, "Medical attention is requested promptly."

The home was well-maintained, spacious, bright and airy. There was a well-tended, enclosed garden for people to enjoy. The communal areas and hallways of the home had decorations, themed areas and pictures of interest and sitting areas were available around the home. There was appropriate signage around the building to help maintain people's orientation.

## Is the service caring?

### Our findings

During the inspection there was a pleasant atmosphere in the home. Staff appeared to have a good relationship with people. One person told us, "We get a good giggle here." Another person said, "It is a very happy place." A third person commented, "There are consistent staff here, no changes, I can't fault any of the staff here."

We had concerns that some of the systems such as staff deployment and staffing levels did not encourage people to receive person-centred care.

We observed appropriate interaction between people and staff. However, care was task-centred rather than person-centred. Although planned group activities took place, we observed the people who didn't attend the activity were not engaged or stimulated. At other times of day people sat sleeping and were unoccupied and not engaged apart from at meal times or when care was provided. In some lounges the television was turned on but it was not loud enough if people wanted to watch and listen to a programme. This was addressed by a manager at the time of inspection. In other areas contemporary 'pop' music was playing loudly and there did not appear to be any interest or recognition from people to show it was appropriate and people were listening and engaging with it. We noted staff were visible in communal areas but throughout our observations they were engaged in completing paperwork.

Staff told us they spent time with people on a one-to-one basis in the afternoon for ten minutes. One staff member said, "The new manager has introduced a new initiative where we stop what we are doing and spend ten minutes at three o'clock talking to people." Another staff member said, "I spend five minutes talking with a person and this means I can spend time with two people in the ten minutes." We observed this did happen in the afternoon. However, at other times during the inspection people were not engaged or stimulated. After the inspection the manager told us this area of care had improved as staff had more time to spend with people. Record completion had reduced as the staff shift pattern had altered and one staff team worked with people during the day on a longer shift. Therefore, records were completed fewer times during the day.

We observed due to staffing levels and staff deployment people did not always have the opportunity to make their own choices over their daily lifestyle. For instance, we observed on the top floor people were being served breakfast at 10.30am as staff were busy assisting people to get up from when they came on duty. Recent staff meeting minutes showed it was discussed that some people, who required two members of staff to assist them to get up, were in bed for 13 hours due to staff being busy assisting other people. People then had to wait until staff were free to serve breakfast and give out medicines. On the ground floor and first floor people were taken to the dining room at 12:00pm although they were not served lunch until 12:30pm and 12:45 respectively. In the meantime, we observed some people became restless and agitated as they waited. One person told us, "Lunch was boring there was too much waiting around." People did not all say they could go to bed when they wanted although some people said that staff respected their wishes. One person commented, "It is okay here, but I want to go to bed early and they [staff] do not let me." Another person said, "I have a bath or shower when the support worker comes and tells me." And, "I can

have a bath at other times if I ask. A bath is much nicer."

People were supported by staff who were kind, caring and respectful. Staff modified their tone and volume to meet the needs of individuals. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, supportive and encouraging.

These were breaches of Regulations 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's privacy and dignity were mostly respected. However, we overheard a private telephone conversation that discussed the health needs of a person that took place in the corridor and could be overheard because the telephone was located on the corridor wall. This was discussed with the manager who told us it would be addressed as another telephone for staff use was available in a private area. Other examples where staff had not respected people's dignity during the lunch time meal were discussed and the manager told us they would be addressed. We observed that people looked clean, tidy and well presented. We observed staff knocked on people's doors before entering their rooms, including those who had open doors.

Written information was available that showed people of importance in a person's life. Relatives were involved in discussions about their family member's care and support needs and they could approach staff at any time. A relative commented, "I come in to visit every day." Another relative told us, "Staff will tell me how [Name] is or if there are any problems."

Information was not available for all people about their likes, dislikes and preferred routines. Pen pictures were available in some people's bedrooms on "Getting to know me" boards that included this information so staff had immediate access to help provide more individual care to people. Information was available for some people about their communication and level of understanding but it was not available for all people who may require it. The information was important to help ensure staff provided person-centred care when the person was unable to tell staff about their routines and how they wanted their care to be delivered. We discussed this with the registered manager who told us it would be addressed.

People who lived with dementia were encouraged to make some choices and be involved in decision making. Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as showing two items of clothing. One staff member told us, "It depends on the individual approach some people liked to be shown choices rather than asked." This encouraged the person to maintain some involvement and control in their care. Staff told us they also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain. However, we considered some improvements could be made to information so it was accessible and people were kept orientated and involved. Orientation boards were not up-to-date advertising activities and the correct day of the week and other information to keep people informed and involved. Pictorial menus were not available if people no longer read or interpreted the spoken word. We discussed this with the manager who told us it would be addressed.

There was information displayed in the home about advocacy services and how to contact them. The deputy manager told us two people had the involvement of an advocate. Advocates can represent the views for people who are not able to express their wishes.

## Is the service responsive?

### Our findings

At the last inspection in July 2017 we made a breach of regulation 9 person-centred care as care records did not always reflect the appropriate care and treatment needs of people. At this inspection we found improvements had been made and the service was no longer in breach of this requirement with regard to record keeping.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a more personalised service.

Staff completed a daily accountability record for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans. Charts were also completed to record any staff intervention with a person. For example, for recording the food and fluid intake of some people and when personal hygiene was attended to and other interventions to ensure peoples' daily routines were met. These records were used to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs.

Care plans were developed from assessments that outlined how people's needs were to be met. For example, with regard to nutrition, personal care, communication and moving and assisting needs. Records showed that monthly assessments of peoples' needs took place with evidence of evaluation that reflected any changes that had taken place. Evaluations included information about people's progress and well-being. Reviews of peoples' care and support needs took place with relevant people. A relative commented, "Meetings happen about care."

Care plans were in place that provided details for staff about how the person's care needs were to be met. Care plans detailed what the person was able to do to take part in their care and to maintain some independence. For example, one personal hygiene care plan stated, "Staff are to put toothpaste on [Name]'s toothbrush and they will clean their teeth, give them a cup of water to rinse their mouth." A nutrition care plan documented, "[Name] is able to eat and drink independently and requires no adapted cutlery." "[Name] sometimes requires prompts to eat their meals."

Records showed the relevant people were involved in decisions about a person's end of life care choices when they could no longer make the decision for themselves. People's care plans detailed the 'do not attempt cardio pulmonary resuscitation' (DNACPR) directive that was in place for some people with regard to their health care needs. We advised the manager although health care information was available about people's end-of-life wishes, other information was not available so their wishes could be met at this important time. For example, if there were any spiritual or cultural preferences during the final days, the type of service and arrangements after their death. The manager told us that this would be addressed.

An activities person was employed who worked 25 hours a week across the home. They were not on duty on the day of inspection so an activities person from another home came to provide activities during the

inspection. A record of activities was maintained and people were offered the opportunity to be involved, if they wished. Activities included, sing-along, pottery, pet therapy, computer virtual orientation and baking. The manager told us they had introduced activities and forms of engagement to keep people, who lived with dementia on the top floor engaged and stimulated. We saw a clothing rack and clothing for people to simulate laundry tasks, people were encouraged to remain involved in household activities. There were boxes that contained items of interest for people to look through and engage with staff. However, recent audits had highlighted they were not being used, some audits showed that when the activities person was not available planned activities did not take place. Some people's comments and our observations also showed people were not always engaged and occupied when they wanted to be. One person commented, "I am unhappy here, there is nothing to do." Another person told us, "I go to sing-alongs but they are few and far between." We discussed the amount of activities provision with the manager and queried if sufficient hours were allocated when staff were so busy. People confirmed seasonal entertainment, parties and organised trips took place. Events were advertised and included a monthly coffee morning, tea parties, pie and pea supper and bingo. The home kept hens as part of a community project 'hen power', where research had shown it was beneficial for people to keep them involved. A monthly church service took place and the hairdresser also visited weekly. The home had access to a minibus so people could go on trips. The driver had left recently but we were told a member of support staff was being cleared to be able to drive the bus.

Minutes were available that showed resident and relative meetings took place. Meeting minutes showed people were kept informed and consulted about menus, activities and entertainments. Minutes showed staff responded to people's requests and suggestions. For example, wine to be served at the Sunday evening meal, variation to the hot meals, arrangements for a buffet lunch so people could watch the May Royal Wedding without having to move to the dining room. Meeting minutes also showed that a sensory room was to be planned in the home to help some people with relaxation and some people who lived with dementia to remain engaged.

People knew how to complain. The complaints procedure was on display in the entrance to the home. A record of complaints was maintained and eight complaints had been received since the last inspection. Compliments and cards of appreciation were available from people and relatives thanking staff for the care provided.

# Is the service well-led?

## Our findings

A manager was in post who had been appointed to work at the home in September 2018. They were in the process of applying to be registered with the Care Quality Commission.

Improvements had been made to service provision and action had been taken to achieve compliance with the breaches since the last inspection. However, further improvements were required in the identified areas such as staffing levels and staff deployment and systems to ensure person-centred care, activities provision and orientation which were discussed at the inspection.

Auditing and governance processes were in place to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. They showed action that was required as a result of previous audits where deficits were identified. The staff meeting minutes for August 2018 showed the need for staff to ensure that action was taken was emphasised as some deficits were not actioned in a timely way. Weekly checks included for the nurse call system, fire checks and for the safe maintenance of the premises. Monthly audits included checks on staff training, medicines management, dining experience, accidents and incidents, infection control, nutrition, skin integrity, falls and mobility, health and safety and accidents and incidents. Other audits included for health and safety and infection control. The manager told us about the 'resident of the day scheme' where a person's care records, their bedroom, likes and dislikes and other aspects of their care were checked.

The manager told us monthly visits were carried out by the regional manager or quality manager to speak to people and the staff regarding the standards in the home. They also audited a sample of records, such as care plans, complaints, accidents and incidents, medicines records, risk assessments, safeguarding and staff files. These audits were carried out to ensure the care and safety of people who used the service and to check that appropriate action was taken as required. We noted that identified actions in audits were not always actioned in a timely way. We noted areas for improvement from a recent audit were discussed at a staff meeting to remind staff where action needed to be taken.

The manager was very enthusiastic and in the brief time she had worked at the home had introduced some immediate changes to improve its running and to promote the well-being of people who used the service, especially the needs of people who lived with dementia. A daily meeting took place with heads of department to discuss the priorities for the day. The manager carried out a daily walk around the home to meet with people and staff and check the environment. They had also made efforts to improve communication within the home as all staff now attended the handovers that took place each day at the beginning of each shift to discuss people's needs. After the inspection the manager told us they had changed the staff shift pattern so staff worked longer days rather than shorter shifts. The manager told us this had improved staff availability to spend time with people as daily accountability records, that staff were required to complete each shift, were now completed once a day rather than every time different staff went off duty.

Staff and people were all very positive about the manager's leadership and had respect for them. One

person told us, "The new manager is absolutely fabulous." Another person commented, "I have seen a big difference since the new manager started." A relative said, "The manager is approachable." Another relative said, "Each time [Name] has asked about anything, it has been dealt with straight away." A staff member commented, "I feel the new manager listens to us." Another staff member said, "The manager is very approachable." A third staff member said, "The manager is already making improvements. For example, recruiting more staff, reviewing shift patterns and attending handover meetings." Other staff members' comments included, "Staff morale has improved and the atmosphere is much better", "There are changes all the time but they are positive", "The manager does ask us our views" and "Things are great."

The manager and provider's management team assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The manager and staff were open to working with us in a co-operative and transparent way.

The atmosphere in the service was warm, welcoming and open. A variety of information about the running of the service was displayed to keep people informed and aware and this included the complaints procedure, safeguarding, advocacy and forthcoming events.

A staff member told us, "Staff meetings do happen." Staff meeting minutes from August and recent audits showed some of the areas identified at inspection had already been identified but work was still in progress. Some areas such as task-centred care was still evident at inspection.

The provider had introduced initiatives across its services to ensure good leadership and help ensure people received a more quality service. The provider's PIR stated, "We are members of the National association for providers of activities for older people (NAPA). Barchester has recently introduced Barchester employee of the month where residents and families can nominate staff for a monthly award for good practice and we are now promoting the New Quality First Initiative and Barchester Unique programme. We have conferences bi-annually across the business., audits completed by senior managers, quality improvement reviews and Regulations visits annually."

The provider monitored the quality of service provision through information collected from comments, compliments/complaints and survey questionnaires that were sent out annually to people who used the service and relatives. Results from the last provider survey in 2017 were advertised. "You said, we did" advertised actions that had been taken for example, in response to people's comments for example, about the laundry provision. The report showed results from November 2017 were predominantly positive achieving an overall performance score of 874 out of a possible 1000.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Systems were not in place for people to receive person-centred care that met all of their needs.  Regulation 9(1)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not all in place to mitigate risks to ensure people were kept safe people at all times.  Regulation 12(2)
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staffing levels and staff deployment were not sufficient and effective to ensure people received safe and person-centred care.  Regulation 18(1)