Leopold Nursing Home Limited

Saint Mary's Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Saint Mary's Nursing Home provides accommodation, nursing and personal care for up to 40 older people, some people are living with dementia.

There were 22 people living in the service when we inspected on 27 June 2016. This was an unannounced inspection.

We carried out an unannounced comprehensive inspection of this service on 19 January 2015. The service was rated inadequate. Breaches of legal requirements were found. These related to infection control, staffing levels, staff training and support, how people's consent was obtained, how the service met the care and welfare needs of people and governance. We undertook a focused inspection on 27 April 2015 to check that they had followed their improvement plan and to confirm that they now met legal requirements. We found that the provider had made improvements which were ongoing and needed to be sustained and embedded into practice to provide people with good quality care. Another comprehensive inspection was carried out on 28 September 2015, although some improvements had been made we found breaches of regulation that affected the well-being of people using the service, this included safety, staffing and how the provider monitored the service that people received. The overall rating for the service was 'Inadequate'. This means that it was placed into 'Special measures' by CQC. The provider had sent us reports on a monthly basis which kept us informed of the improvements they were making. This inspection of 27 June 2016 was to check that improvements had been made to provide a safe good quality service for the people living there. We found that there had been improvements made in the governance systems in place for monitoring that people receive a good quality service. However, these were not yet embedded into practice.

There was not 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. There was an acting manager in post who had started working in the service following our last inspection, they had made a registered manager application with CQC.

We found that there had been improvements made in the governance systems in place for monitoring that people receive a good quality service. However, these were not yet embedded into practice. Once embedded, these new systems would allow the provider to effectively address the identified shortfalls to prevent issues reoccurring. Feedback received regarding the new manager was positive. The manager had recognised the areas that still needed improvements, this told us that the service had independently identified shortfalls and were in the process of addressing them. The provider had employed an external consultant who was working with the manager to make the necessary improvements.

There had been some improvement made in staff training. However, further improvements were needed. This was acknowledged by the manager who was in the process of negotiating a new training provider to

ensure that all staff received up to date training. Improvements had been made in how staff were supported.

Systems were in place to ensure the safety of people who used the service, however, bed rails assessments were not completed appropriately. Following our inspection the manager told us that these had been put into place.

Improvements had been made in how the staffing numbers were calculated to meet people's needs. These would be revisited when plans to accommodate more people in the service, from one of the other provider's locations. This would also include increased staffing. We will continue to monitor how this is managed when the provider is aware of the numbers of people moving in.

People's care records were being reviewed and updated, they were more person centred and included the input from people and their representatives. This was ongoing and the manager and staff were working on ensuring all care plans were up to date, included appropriate terminology and reflected people's needs and preferences. The manager acknowledged that improvements made regarding social activities for people were ongoing and they were not yet where they wanted to be.

Improvements had been made in the infection control and environment. New systems were in place to monitor the cleanliness of the service. There was an ongoing refurbishment plan in place.

Improvements had been made in the safe management of medicines. People were provided with their prescribed medicines safely and when they needed them.

People's dietary needs were assessed and actions were taken when there were concerns about people's wellbeing relating to their nutrition and hydration. People were supported to see, when needed, health and social care professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty (DoLS) which applies to care homes. Staff had been provided with training in Mental Capacity Act 2005 (MCA) and DoLS. There were systems in place to obtain and act in accordance with people's consent to respect people's rights and choices.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff knew how to keep people safe from abuse. There were systems in place to keep people safe from harm, however further improvements were needed and the ongoing improvements needed to be embedded into practice and sustained.

The service was undergoing a refurbishment and redecoration programme.

There were sufficient staff numbers to meet people's needs. However, we will monitor how planned changes in the service are managed safely.

People were provided with their medicines when they needed them and safely.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The manager acknowledged that further improvements were needed in the provision of training to staff.

The Deprivation of Liberty Safeguards (DoLS) were implemented when required. Systems had improved to obtain and act on people's consent.

People's nutritional needs were being assessed and met.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff interacted with people in a caring manner. However,

people's privacy and dignity was not always promoted and respected.

People and their relatives were involved in making decisions about their care.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's wellbeing was assessed, planned and delivered to meet people's needs. Improvements had been made in how people's needs were assessed and met had been recorded, however, these were ongoing.

Improvements were ongoing with the activities that people could participate in.

Complaints were addressed and acted on.

Improvements were ongoing and for this rating to become good requires consistent good practice over time.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements had been made in the quality assurance system but these needed to be embedded into the service provided and sustained over time to ensure people received a good quality service.

Saint Mary's Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection of Saint Mary's Nursing Home on 27 April 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 19 January 2015 had been made. We found that improvements had been made, another comprehensive inspection was carried out 28 September 2015 we found that the service was not meeting legal requirements. This unannounced inspection on 27 June 2016 was to check that the service was meeting legal requirements and improvements made.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the previous inspection reports to help us plan what areas we were going to focus on during our inspection. We looked at other information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. The local authority had kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people.

We spoke with eight people who used the service and five people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to five people's care. We spoke with the manager, the quality manager, a consultant and eight members of staff, including catering, administration, domestic, maintenance, nursing and care staff. We also spoke with three visiting professionals. We looked at records relating to the

management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Our last inspection of 28 September 2015 found that improvements were needed in how the provider ensured that there were sufficient staff numbers to meet people's needs safely and how the service ensured people's safety, including infection control. The provider had sent us, on a monthly basis, reports on the improvements they were making and how these were progressing. During this inspection of 27 June 2016, we found improvements had been made. However, further improvements were needed, including how the use of bed rails are assessed and the ongoing refurbishment of the service. The improvements the service had made needed to be embedded into practice and sustained to ensure people are provided with safe care at all times.

People's records included risk assessments which identified how the assessed risks in their daily living were minimised. This included risks associated with moving and handling, nutrition, falls and pressure ulcers. Where people were at risk of developing pressure ulcers there were systems in place to minimise the risks. This included support to reposition to reduce the risks of pressure ulcers developing and the use of pressure relief equipment. A tool was used by staff to monitor the risks of pressure ulcers developing and when action should be taken to minimise these risks. These tools had been developed and were used to monitor other risks, such as moisture lesions. However, we saw records which did not clearly identify why people were using bed rails. The records were inconsistent in the care records we looked at, for example one provided very little information, another raised concerns that the bed rails could be used to prevent the person from independently mobilising. The manager told us that this was not the case but it was how the document had been recorded on. One person told us that they had bed rails on their bed but did not feel that they needed them. They added that they had told staff and they had told them that it was nothing to do with them and it was because of health and safety. The manager told us that they were in the process of developing these and reviewing all of the bed rails assessments to ensure that they identified the reasons for the use to minimise the risks to people, for example by falling out of bed. Following our inspection the manager told us that these had been put into place. This meant that risks were minimised.

Improvements had been made in the infection control in the service. One person's relative said, "In the past I could smell urine. If it was mentioned the carpets would be cleaned, but you don't get that smell at all now, I haven't noticed it for a long time, they're definitely on top of it." Another person's relative commented, "I think, apart from the decorating, the service seems clean." Another person's relative told us, "The only niggle is the cleanliness of the chairs, upgrading of furniture would be an improvement, but they [staff] did clean it [chair] straight away."

We looked around the service and found that some decoration had taken place and there were further plans to redecorate. A refurbishment plan was displayed on a notice board in the service which could be viewed by people using the service and visitors. We saw that some empty bedrooms were in the process of being redecorated. The manager told us about the plans to bring furniture from another of the provider's locations, which was closing. This would be good quality furniture to replace older furniture in Saint Marys Nursing Home. The areas that were found to be a risk to people at our last inspection had been addressed, this included a wardrobe in a person's bedroom.

The service was clean and there were no offensive odours. The laundry room had been cleaned and decorated with tiles on the walls, which made them easier to keep clean and reduce the risks of cross infection. The kitchen had also been retiled and new equipment had been purchased. The manager told us that a shower on the top floor of the service was broken and plans were in place to have this repaired. We were not provided with a date for this. Following our visit we received information from a person's representative about the shower not working and how this had affected the person having a shower because they did not like to go to other floors. We wrote to the manager to ask what date the shower was due to be repaired. They responded and advised that this was booked for the week commencing 11 July 2016.

We noted that there were two radiators on the first floor which did not have covers to minimise the risks of people touching the hot surface of the radiators when on. We spoke with the manager about this but they did not provide any information of when this would be addressed. There were also some areas on the upper floors which were dimly lit, which could be a risk for people when independently mobilising around the service. The manager told us that light bulbs were in the process of being replaced. In one person's bedroom we saw that there was layer of dust on the top of the skirting boards. We saw a staff member cleaning around the sink area in the room and they said that when their time was finished, another domestic staff member would be coming back later.

A new system had been introduced to monitor the infection control and safety of the service. Where shortfalls were identified action plans were in place to address them. These needed to be embedded into practice and improvements sustained. We noted some areas for improvement, for example a bin had not been emptied in a person's bedroom and there were used gloves which had fallen onto the floor. Not all the paper towel dispensers in bathrooms and toilets had been filled.

One person told us that they felt that there were enough staff to meet their needs. A person's relative said, "There is normally staff about, it's not often there isn't." Another relative commented, "There is always a nurse here, I've not noticed it being under staffed." A visiting health professional said, "There does seem to be enough staff."

Staff told us that they felt that there were enough staff working in the service to meet people's needs. One staff member said "We never feel the work load, we have enough staff."

The manager told us how the service was staffed. This was confirmed in the records seen and our observations of the staffing levels on the day of our inspection. Since our last inspection there had been a lounge duty system to ensure that staff were available and visible in case people needed assistance. One person said, "They've instigated a new system where there are lounge duties. Staff are placed on lounge duty. If you look there is someone around through the day supper time as well." Another person told us that there were new staff working in the service, "It's always different carers, they're all new."

A new system had been introduced to calculate the numbers of staff required based on the dependency levels of the people who used the service. The other of the provider's locations was closing, the people from this location may be moving to Saint Mary's Nursing Home. The manager told us that once these numbers were confirmed then the staffing levels would be calculated and they may be employing some staff, including nurses, from the closing location to ensure that there were sufficient staff in place to meet people's needs. When this information was in place the management team were planning to complete a plan for phasing people and staff to move over. One person told us about their concerns when this happened, "I think the staff are really pushed now. I think they'd be more pushed with more people coming in." We will be monitoring this and will receive feedback from the local authority who would be involved in

the transfer of their customers where required.

Since our last inspection there was a system in place which identified the staff numbers on duty, their qualifications and if the nurses were registered with the Nursing and Midwifery Council and their pin numbers, where appropriate. This provided people and visitors with information about who was on duty each day, including the nursing staff who were registered to practice in this country.

Records showed that checks were made on staff to make sure that they were suitable to work in care and were of good character. This safeguarded people who used the service from being cared for and supported by staff who were not suitable and safe to work in care.

People told us that they felt safe in the service. One person said, "I am reassured by the fact that I am here. The staff are very, very good, and I think they treat everyone the same." Another person told us that they felt safe, "Because they [staff] look after me well, look after me right, and are caring. You've only got to ask and they do it."

Staff understood their responsibilities to ensure that people were protected from abuse and they told us that they would have no hesitation in reporting concerns. The manager told us that all staff had received safeguarding training in March 2016. Since our last inspection the safeguarding policy and procedure had been reviewed and updated. This, along with the whistleblowing procedure was displayed in the service which could be accessed by staff, people and visitors to the service.

The security in the home maintained people's safety. The main entrance was secured by a locked entry system and there was CCTV camera in the manager's office where they could view who was at the door. Access to the stairs was secured by a keypad locking system, with the code on view for people who had capacity to enable them to move around freely. A lift was available providing access to all three floors.

Notices posted around the service provided information for people and their visitors regarding the actions they should take in case of a fire. Records showed that checks on fire safety equipment were regularly undertaken to ensure that they were fit for purpose and in good order. One person told us about a recent fire drill and evacuation, "The last fire test we had, we had a full one. [Manager] got involved and took someone down the stairs."

Hoists had been serviced to ensure that they were fit for purpose and safe to use. Records showed that slings were also checked and they were washed on a weekly basis, this meant the risks of these becoming soiled and of bacteria growth were minimised.

People told us that they were satisfied with the arrangements for how they received their medicines. One person said, "Sometimes I'm here in the lounge and sometimes I'm in my room. They do bring them [medicines] roughly the same time each round. They come up with a little dish, then I tip them out onto my table, take the big ones first with water." Another person commented, "They [staff] just pop them down [medicines] and I take them, with water or lemonade…They [staff] just hover around until I take them." One person's relative told us, "They [staff] brought the tablets in a little cup and helped [person] to take it, with water." We observed part of the midday medicines administration round and saw that people were provided with their medicines safely.

Records showed that medicines were provided to people at the prescribed times. Improvements had been made in the completion of 'body' map records, which supported nurses 'rotating' where they placed prescribed skin patches to reduce skin irritation. Medicines were stored securely so they were kept safe but

available to people when they were needed. We had received feedback from the local authority about the way that the service managed their medicines. We saw that the service had acted on recommendations, for example recording in the medicines administration records folder the ways that people preferred to take their medicines, including with water.

Requires Improvement

Is the service effective?

Our findings

Our last inspection of 28 September 2015 found that improvements were needed in staff training and supervision. The provider had written to us to tell us the improvements they were making and kept us updated on a monthly basis how these were progressing. During this inspection of 27 June 2016, we found improvements had been made. These improvements needed to be embedded and sustained over time to ensure people were provided with a consistently effective service. The manager told us that they were planning on making further improvements in the provision of staff training.

Some improvements had been made in the training that staff had been provided with and there were plans in place to provide more. Training in moving and handling and infection control had been booked for the month after our inspection. The manager told us that they continued to make these improvements, including the completion of a clear record of the training that had been provided previously. The current records and system did not give a clear picture of if all staff had received the required training and when this was. The manager told us that they were in the process of negotiating with training providers to deliver a full training programme, on a continuous basis, to all staff working in the service to ensure that the training was up to date and all staff had received the training they needed to meet people's needs effectively. All new staff were to work through the care certificate as part of their induction. This is a set of standards that staff are assessed upon to ensure that are adhering to them.

People told us that the staff had the skills to meet their needs. One person said, "The nurses are excellent. They are all well trained." Another told us, "The staff are very good, they all seem to work together." One person's relative commented, "I feel that the staff do have the skills to support their needs." However, another person said that the staff needed to be asked to do things rather that noticing themselves that things needed doing.

Staff told us that they were provided with the training that they needed to meet people's needs. One staff member said, "I have done health and safety training, food hygiene, moving and handling, fire, first aid." Another commented, "There is mandatory training every six months. My moving and handling is up to date."

There was a new system in place which tracked staff supervision and when their next one to one supervision was due. Staff supervision meetings provide staff with a forum to discuss the ways that they worked, concerns and to receive feedback about their work practice. We saw a staff member receiving supervision from another staff member. They told us that these were done every three months and more frequently when they first started working. Another staff member said, "The nurse in charge does supervision, they will observe."

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

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

The manager and staff understood when DoLS referrals needed to be made and had made them in line with guidance to ensure that any restriction on people were lawful. Staff had received training in MCA and DoLS. The staff meeting minutes from June 2016 showed that the staff were updated about DoLs and associated procedures. One person's relative told us that they were aware of the DoLS in place for their relative and they had been involved with this.

People told us that their consent was always sought before care or treatment was provided, which was confirmed in our observations. For example staff asked for people's permission before they were supported with their personal care. One person said, "Yes I think the nurses do explain what they are going to do, and what they have to do."

Records showed that people or, where appropriate, their relatives had signed consent forms to show they had agreed with aspects of their care, including the use of bed rails, having their photograph taken and consent for other professionals to view their care records. There were assessments in place to show that people's capacity had been assessed. However, one person's records did not have one. We asked the manager about this and this was sent to us following our visit with an explanation that it had been filed elsewhere, this had now been placed in the person's records. We saw one person making choices of their meal with prompting from staff, however their care records stated, "Lacks capacity to decide on meal."

People told us that they were offered choices of meals and the quality of food was good. One person said, "Meal times were a bone of contention a year ago but not now. If they come round with the menu and if I don't like anything, within reason they will do what I want. Like last night, I had beans on toast." Another said about the food, "Marvellous. I feel it is home cooked, everything is done on site. The meal is served on a hot plate and we can have fresh fruit anytime, you just ask. The night before they [staff] say 'dinner tomorrow is 'this' or 'that', there is always two hot ones [meals], and normally a salad as well." They added, "There is always enough, I do know one person who asks for more, and gets it." One person's relative told us, "The food is very nice, they have a choice every day." Another person's relative said, "In my opinion I think the food is A1, for someone of [age] and putting weight on it must be good. We get invited to join them for fish and chips on Fridays." Another relative commented, "They have a variety of desserts, brownies, puddings, always something different."

We observed members of staff taking lunch to people, who had chosen to stay in their bedrooms, on trays but noted that the desserts (jelly and ice cream) were being delivered at the same time, and on the same tray, as their hot main course. This meant that by the time the person was ready to eat their dessert the ice cream would have melted.

We saw that where people required assistance to eat and drink, this was done at their own pace. However, the lunch time experience in the dining room could have been improved. It was noisy with loud exchanges between staff and a staff member and a person using the service. A decision half way through the meal to put some music on did not provide a calm atmosphere for people to eat their meal in a peaceful environment.

We saw that action was taken by staff when a person refused to eat their meal but had eaten their dessert.

The member of staff explained this to their relative who asked if they could offer them a second helping of desert, to which they agreed and later returned to say that the person had eaten this. A member of the catering staff told us that to support this person, "We made up a jug of complan [fortified milk drink], thankfully [person] likes it. We also make up fortified milk shake with carnation, milk powder and full fat milk."

People were offered choices of drinks throughout the day and glasses of cold drinks in front of people were regularly replenished. People who chose to remain in their bedrooms had access to covered jugs of fresh water. One person told us, "There's lemon squash, orange juice, but I always prefer water, I drink a lot of water." Another person told us that there were daily rounds of hot drinks but said that no one had brought hot drinks to their bedroom, "The other day." One person's relative said, "The water is always covered and topped up."

A member of the catering staff understood people's specific meals and the action they had taken in response to feedback from other professionals, including a dietician. This included providing fortified milk shakes to increase people's calorie intake. One person's family were bringing in meals to support the person's cultural needs. A member of the catering staff was aware of this and told us about which food provided in the service the person did eat and they ensured that this was offered. They explained how they provided people with appropriate foods when they required a diabetic diet, "We always make a sugar free option for desert, sugar free custard, sweetener not sugar. We send around fresh fruit on the trolley in the afternoon and people have bowls [of fruit] in their rooms if required."

Where there were concerns with people's diet and hydration records were in place to monitor the amount of food and drink they had each day. This allowed the staff to monitor if people had enough to eat and drink. People were weighed regularly and when there had been issues, such as weight loss, the staff had sought support and guidance from a dietician. One person's relative said, "Only a few weeks ago they put [person] on the 'build ups' [to increase calorie intake], they had the dietician in fairly recently." One staff member told us, "If someone is going downhill we get the dietitians in." Care plans contained details of people's dietary needs. Risk assessments were in place which guided staff on how to support people who were at risk of not eating or drinking enough. This told us that people's dietary needs were assessed and there were systems in place to meet them.

People told us that they were supported to see health care professionals if they needed to. One person said, "I have got my own doctor, he prescribed antibiotics and I started them the next day. They [staff] would call my GP straight away," if needed. One person's relative said, "[Person] does have the doctor in." Another person's relative commented, "They have their eyes tested here, the chiropodist calls quite regularly, I pay weekly for a hairdresser and their nails always seem to be done nicely."

However, a health professional told us that they had called the service to let them know that they were visiting to see a person but they were not out of bed and dressed, so they would have to arrange another appointment. They added that this, "Happens all the time." We spoke with the manager who was not aware of this and that they had not received any complaints about this happening. The health professional also told us that the service did not always act on their recommendations. For example, they had arranged for a chair to be made higher for one person but then they saw that the person was sitting in the wrong chair. They told us that the staff told them they would do what was asked but this did not always happen and were concerned that the staff did not always understand what they were saying. This may be a risk of people not receiving effective care if advice from health professionals was not understood and/or acted on.

Records showed where people had been provided with support from other professionals. Care plans

contained records of doctors and other health professional visits. Referrals to dietitians, continence team and ophthalmologist were also seen.

Requires Improvement

Is the service caring?

Our findings

Our last inspection of 28 September 2015 found that improvements were needed in how staff interacted with people in a caring manner, how people's privacy was respected and how people's care records included their life history and how people and their representatives had been involved in their care planning. The provider had written to us to tell us the improvements they were making and kept us updated on a monthly basis how these were progressing. During this inspection of 27 June 2016, we found improvements had been made. However we found that further improvements were needed in how staff interacted with each other in a way that was respectful to people.

We saw a lot the doors which previously did not have locks on had been addressed to ensure people's privacy was respected. People were assisted with personal care when they needed it and we saw that people's privacy and dignity was respected when they were being supported. This included staff speaking with people in a way that could not be overheard by others. Bedroom doors were knocked on before staff entered and toilet and bathroom doors were closed when people were being supported with their personal care needs. There were signs that staff could use to put on doors when they were supporting people with personal care which stated that they were not to be disturbed. One staff member said, "The main thing is we give them privacy when doing personal care."

However, we saw an interaction between a member of the management team and a staff member which was not respectful. The member of the management team was in the dining room at lunch time, they asked a staff member, "How is number [person's bedroom number] today?" The other staff member responded, "I have not seen [gender of person] today." Then the member of the management team responded, "Lucky you, eh?" This interaction could be heard by all the people and other staff, the communication was not respectful and could set a bad example to other staff about how they communicated with each other in the presence of other people. Apart from this interaction we found that staff spoke about people in a respectful and compassionate way, when speaking with us and speaking with each other, including the handover meeting. They knew about people and how their needs were met.

People told us that the staff treated them with respect. One person said, "I know all of the staff here. They are very good." Another person commented, "Staff are very good, always do what they need to do." Another said, "They are lovely, they will do anything you ask." Another person told us, "Every one of the staff here are trying to do their best, all very good hearted." One person's relative said, "[Person] seems quite happy here. The staff are excellent, very kind." Another person's relative commented, "[Person] is well cared for here. They have always been fine here. Very caring." Another said, "What I see in here is that the staff are very, very good."

However, we did receive some comments from people about staff not being so respectful and difficulties they had with being understood. One person said, "Some of the nurses leave much to be desired…nurses can be quite rude. I think the management should go in to their character more. Some of them [staff] are very nice." Another person said, "If I ask them to get something they will bring the wrong thing, it takes so much energy explaining." One visiting professional said, "Communication is an ongoing problem. The most

consistent comment I've picked up is the number of different languages, people don't understand what staff are saying to them."

Staff spoke with people in a caring manner which people responded positively to, such as smiling. We saw staff engaging with people, treating them kindly and with dignity and respect. Staff knew people well and communicated with them about things they were interested in. One person said, "I see them [staff] all the time, they know me well." One staff member sat with a person as they looked out to the sea and talked about the boats and ships that passed by. The person clearly enjoyed this interaction and talked with the staff member about what they had seen. One person, when we asked them if staff talked to them, said "You don't normally see the staff talking to people."

People told us that their independence was promoted and respected. We saw a person being encouraged to stand by staff and reassured as they walked across the room. One staff member told us how they encouraged independence, "Give them the chance to do it if they can."

People told us that they felt that their views were listened to and acted on. One person said, "They [staff] do listen, I feel sometimes they do listen and sometimes they don't come back. They overlook things, it happens quite a lot here, get distracted and then they forget." Another person said, "They [staff] normally come into my room about half past seven and ask me if I want to get up. They will open the wardrobe door and pick something out and say do I like it." One staff member told us how they respected people's choices, "Would you like this [item of clothing]? We give them choice."

People told us that they were involved in the planning of their care. One person said, "I have seen my care plan a couple of times, they [staff] let me read it." One person's relative commented, "Yes they [staff] have involved me, just recently they told me what they are doing." Another relative said, "Staff are more than happy to try anything. They have written it in their care plan. I have asked and sat and looked at their care plan…from what I can see it has been updated." However, another person's relative said, "They [staff] don't talk about [person's] care plan." Another told us that they had not been asked about their views about the care that their relative was provided with.

People's relatives told us about how they had been involved in end of life discussions. One person's relative said, "We had spoken about [resuscitation] and the form was done. They [staff] have spoken to me and said the doctor is coming again, to arrange for [person] to be comfortable and pain free." Another person's relative commented, "They asked me about resuscitation, I asked the family and we made a decision and the GP signed the certificate. I have told the staff what has got to happen, burial, funeral directors."

People's records had been reviewed and updated and included their likes and dislikes and their decisions about end of life care. These included people's wishes for the care, treatment and support they wanted at the end of their life. Improvements had been made in the life histories that were in place. These provided staff with information about the person, their lives and interests. Improvements had been made in how people and, where appropriate, their relatives had been involved in their care planning. For example, one person's care plan showed that it had been discussed with their next of kin. A member of the management team told us how they had worked with a person's family and completed the 'This is me' document with the information they had received and they were reviewing the care documents and putting it in the file to reflect what they had been told. This included a detailed history of the person, their preferences and what was important to the person. These were not all present in the care records we looked at but we were assured that the service were working through them to complete these for all people.

Some improvements had been made to the environment to make it dementia friendly, such as signage on

bathroom and toilet doors. However, further improvements could be made, such as the dim lighting in some corridors could be confusing to people living with dementia as they mobilised around the service. Signage were on some people's bedroom doors, but these were not personalised to assist the person to independently recognise their bedroom door, such as photographs or memory boxes.

Requires Improvement

Is the service responsive?

Our findings

Our last inspection of 28 September 2015 found that improvements were needed in how the provider planned and recorded people's person centred care and how people's social needs were met. The provider had written to us to tell us the improvements they were making and kept us updated on a monthly basis how these were progressing. During this inspection of 27 June 2016, we found improvements had been made, however, these were ongoing and needed to be further improved and embedded into practice.

We received varied comments from people about their personalised care and how the service responded to their needs. One person told us that the service had not ordered their incontinence pads, which caused them concern. They had spoken with staff about this and was told that they had now been ordered. We noted that one person had their call bell within reach, however, their relatives told us that when they had previously visited this had not been there. The service were monitoring the time that it took staff to respond to call bells, this was evident in an incident form that we saw. The consultant working for the service told us how they had completed an early morning visit to the service to check that call bells were responded to in a timely manner.

We received comments from people about how the staff responded to their calls for assistance. One person said, "Whenever I'm in my room I do use the cord quite a lot. They [staff] come as soon as they can. They will normally tell you if they're going to be a few minutes or whatever. The worst is having to wait for a commode, it's when they're very busy, usually before and after meals." One person's relative commented, "I have used the call bell a couple of times, it was always when I arrived that they [person] needed the toilet, a couple of times I've had to go and look for someone. They will always come, they might say, 'I'm just doing something and will be back,' not a long wait." Whilst we were there the relative attempted to use the person's call bell but the press button extension cord did not work, so they pressed the wall mounted alarm instead. A member of staff appeared two minutes later, they quickly found another staff member to assist the person and said that they would get another cord to ensure that the person could call for assistance when they needed it. It was not clear how long the cord had not worked, however, records showed that call bells were checked and that they were in working order.

People's records had been reviewed and updated. There was now more information which included how the person was supported in all aspects of their care, physical and emotional and taking into account their preferences and conditions. For example, details were in place to support one person who was at risk of falls and another person's records included information of how staff were to support them when they were distressed. The manager told us that these improvements were ongoing and they were working through all the records to ensure they were up to date and person centred. We looked at a care plan which had been reviewed, which was more personalised to the person. However, further improvements were needed with the use of language which could be viewed as negative, such as one document template had a section titled, "Managing non-compliance." One person's care plan described the person as, "Not cooperative, wants to stay in room." The manager told us that the records were being reviewed and this would include looking at the terminology used and educating staff with the appropriate ways of recording. They stated, "The residents are the heart of everything." There were improved systems in place to update and review the

care records on a regular basis.

Some improvements had been made in daily records, however these were not consistent. The improvements were ongoing and needed to be embedded into practice to ensure that all staff recorded people's wellbeing, including their mood and how they presented themselves. This would provide staff with an ongoing record where they could track any changes in people's conditions. One person's daily records showed that they had increased the number of times they had used the call bells and that the staff were monitoring them for safety. This showed that the staff had identified that the person was unsettled and had taken action to check on them.

People and their relatives told us that there were no restrictions on the times that people could have visitors. One person's relative said, "I'm not aware of any restrictions in visiting. I know there would be no problems." This showed that people were supported to maintain relationships with the people who were important to them and reduce their isolation.

The manager acknowledged that they were not where they needed to be with both the provision and recording of activities that were provided. However, a care staff member had taken on the role as an activities coordinator, they had recently attended training in the provision of suitable activities for people using the service, and they and the team were looking at ways to improve people's experiences in the service. They were looking at providing more activities for individuals and smaller groups and to incorporate meaningful interaction in people's daily living. The manager showed us an area in the grounds where they were planning to develop a sensory garden. There was a reminiscence box in the dining area with a notice reminding staff to use it, no one did during our visit.

People told us that they had seen some changes but also had inconsistent experiences. One person told us that they liked to crochet, "One of the nurses here asked me to teach [staff member] to crochet, but I haven't seen [staff member] since." Another person commented, "There are more activities going on now. There is a dedicated activities person who has been on a course. We have had music in here. There is colouring and painting we can do whenever we want. Sometimes if people want it in their rooms they will take it up for them." They also said, "At Christmas time we went to [local garden centre] on a coach trip. We had Christmas dinner, mince pies and all that." Another person said about activities, "No, they don't happen at all really. I would love to sit out there with others doing arts and crafts. I would enjoy quizzes, bingo and the olden days, I'm very interested in what people did in the nineteen-thirties…People living here don't really talk to each other, nobody I can have a proper chat with," they went on to add that they liked living in the service and enjoyed the quietness. One person's relative told us, "They [staff] will come and talk to [person], staff tried a word search with them today…The staff haven't asked me about their interests now, not recently…They [activities] never seem to happen. Bingo, I've only ever known it once. There's various other things they do, exercises when someone comes in, but I've not seen anything else. I just feel they sit in their chairs without any stimulation." One person said about activities, "It is not very good, at least I can speak to [other person.] There is not much to do." We spoke with the manager about this and they told us that the person often refused to take part in activities offered and they received visitors daily. One staff member said, "One person doesn't like to come down but we ask if they want to come to entertainment. We've got enough staff to do activities in rooms as well."

There was an activities programme displayed in the service and there were photographs of people participating in activities, such as a visit from tank to the service.

There were four separate lounge areas, all of which were of open plan and not separated with doors. There were televisions on, two of which were on loud and in two areas right next to each other, and when the staff

put music on in the dining area this added to the noise in the service. This could be disorientating and confusing for people living with dementia. One person told us that they liked to watch what was on television.

We saw a staff member playing snakes and ladders with one person, then with another later in the day. There was lots of laughing and the enthusiasm of the staff member caused the people laugh. Another person told us that they had never seen this happening before. When we spoke with the manager about this they said that this staff member was new. We also saw a staff member throwing and catching a ball with a person. Another person walked around the service and told us that they enjoyed doing this. A staff member walked with another person and said, "Which way shall we go, this way or that way?"

There was a complaints procedure in place which was displayed in the service so that people and visitors knew how to raise a concern if needed and their concerns were addressed. People told us that they would make a complaint if they needed to. We saw one person talking with the manager about their bed, they told us, "I think [they] will sort things out." One person's relative said, "I can't fault the [staff], only minor niggles and they sort it out straight away. Anything I asked them to do it was done, I can't fault them at all." Another person's relative commented, "I would talk to [manager], they have really been open and happy to discuss any issues, open to any comments, and they have all been dealt with straight away."

Records of complaints showed that they were responded to and addressed in a timely manner. The outcomes of complaints were used to improve the service, for example speaking with staff about how they should improve the service they were providing. The manager told us that they were in the process of developing a system to monitor potential trends in complaints and concerns to further improve people's experience of the service.

Requires Improvement

Is the service well-led?

Our findings

Our last inspection of 28 September 2015 found that improvements were needed in how the provider monitored and assessed the service provided. The provider had written to us to tell us the improvements they were making and kept us updated on a monthly basis how these were progressing. During this inspection of 27 June 2016, we found improvements had been made. There had been significant improvements made in the governance of the service, but for these to filter into the overall care provided they needed to become embedded into practice. The manager acknowledged this and told us that the improvements were intended to not be quick wins that would not benefit the service overall, but these were to be long term improvements.

There was a new manager and quality manager in place. There was also a full time administrator who assisted the manager in their quality analysis. The provider had also employed an external consultant to advise and assist with the improvements in the service. The manager was open with us about the improvements they had made, how some were ongoing and the improvements they needed to implement. There were plans in place for the ongoing improvements and the future development of the service, which included action plans which were reviewed as the service developed. We spoke with the consultant who told us that the service were responsive to their suggestions to improve the service and were working hard to improve.

There had been improved systems in place to monitor and assess the service provision. For example analysis of falls, incidents and accidents. The ways that staff completed incident and accident forms had been improved and were more detailed, each form had been reviewed by the manager and further information added to what action had been taken after the event to support the person. These had been analysed to track any patterns, such as time of day, person using the service and location. Since the system had been introduced the manager told us that they had not yet identified any trends, which was confirmed in the records we reviewed, but in the future if patterns were noted then actions would be taken to reduce similar risks. The manager told us that people's care records were reviewed and updated if it was identified that risks, for example of falls, increased.

Improvements had been made in staff supervision, audits and monitoring in infection control and health and safety. Where shortfalls were identified action plans were in place to minimise risks and address the shortfalls. There were further plans in place to improve areas including staff training. We saw records of mattress audits where they were checked for quality and cleanliness. We could see that these records had been monitored by the service's management team, because there was a post it note identifying where further action was required, such as including the date on one record. A system had been introduced, 'look and listen observations' where interactions with people and staff were observed in their usual work practice and provided with, for example further training, if this was needed.

Ongoing improvements, which had started to be made but were not yet completed, included areas such as social activities for people and care planning documents. Staff had taken on lead roles, including areas such as infection control, pressure ulcer prevention and dementia. These roles were being developed.

Ongoing improvements were underway with updating and reviewing the service's policies and procedures.

We had received feedback from the local authority and the Clinical Commissioning Group who had identified the improvements made in the service, where recommendations had been made to improve practice these had been listened to and implemented. This included information provided in people's medicines records.

The service had kept updated with the requirements of their registration and conditions imposed. The current rating for the service was displayed in a prominent position in the entry hall to the service. A system had been developed to display the staff on duty at each time and their qualifications.

People and relatives were complimentary about the approach of the manager. One person said, "Engaging, pleasing manner. People feel they can sit and talk to [manager]. [Manager] is very hands on." Another person commented when the manager was talking with other people, "[Manager] is like that with everyone, [manager] sort of befriends everybody." Another person said, "I think [manager] is an organiser," and, "[Manager] had had several long conversations with me." One person's relative said that if they had concerns, "[Manager] is the one I would go to. I know that [manager] address what I ask and that [manager] would look into it."

People told us they could see that improvements had been made. One person said, "They have instigated a lot of changes…Very much better. The workforce is more settled, they have come together. It is a happier ship now." Another person commented, "My overall impression is that the mechanical things have happened. They have painted steps, decorated rooms, they are on the electrics, they still need to get me hot water as it is very intermittent." The manager told us that they were in the process of addressing this. One person's relative said, "I think it is really doing well now, certainly changed for the better. The staff have had training, anything they can change and they will do it."

People were given the opportunity to share their views of the service provided in satisfaction questionnaires. The most recent questionnaires were being returned to the service and the manager told us that these would be analysed and areas for improvement identified once they had all been received.

People were asked for their views about the service in meetings. One person said, "We had a residents meeting three weeks ago. A lot more people come than before, about half the home. There is an itinerary on the board." However, another person said, "I have never been asked to join in. Oh I'd like to be, I do like to know what's going on." One person's relative commented, "I have been to a relative's/resident's meeting. They [staff] were pleased that I raised several questions. They are open to any comments that I make and there are positive outcomes." Another person's relative said "I have missed two or three meetings. They [staff] do come to me and tell me when a meeting is coming up."

The manager told us that they had plans to add information to a notice board to advise people what they had done in response to their comments.

Staff told us that there was an open culture in the service and that the manager was supportive. One staff member said that the management were, "Really approachable, they will take the next step. Always very good and supportive," they added that the providers, "Quite often come here. I know them, they come frequently."

Staff told us about the improvements in the service. One staff member said, "When I first came here there was a lot to do, it was antiquated. There have been improvements." This was acknowledged by the service's

management team who told us that the service had not kept up to date with good practice and requirements, however, this was now improving. Another staff member commented, "It's different, it's changed for the better, the care, number of staff, equipment, everything has been changed." Another said, "I am really glad to work here."

Staff meeting minutes showed that they were encouraged to share their suggestions about improving the service. The minutes of June 2016 showed that staff were kept up to date with the improvements being made in the service and the ways that they worked. This included how breaks were managed by the nurse on duty, how to ensure people's privacy, lead roles and record keeping. They were advised of the introduction of employee of the month, which gave staff recognition of their work. The staff were told that they could approach the management team at any time and were encouraged to complete staff surveys, anonymously if they preferred, about their views of the service.

To improve communication with the staff team a communication book had been developed which kept staff updated with any changes in the service. Staff were required to sign the book when they had read any feedback to ensure that they had all received the same information. The manager told us that they were also planning to introduce a mobile telephone system to provide staff with updates. Improvements had been made in how the staff provided and received handover from one shift to the next. The documentation of the handover had improved and staff were required to sign to show they had received the handover. We observed a handover where staff provided the oncoming staff with an update with what had happened during the morning and about people's wellbeing.