

Buckland Care Limited

Willow Bank House Residential 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 and 16 November 2018. The first day of our inspection visit was unannounced.

Willow Bank Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Willow Bank House is a residential care home registered to provide care to 63 people, including older people and people living with dementia. The accommodation is split across two floors within one large adapted building. There was a small unit each floor, one known as Angel Bec and the other called Raybold. At the time of our inspection, there were 38 people living at the home.

There was a registered manager in post who was present during our inspection. 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.

At our previous inspection on 8 and 15 March and 8 April 2018, we rated the service as 'Inadequate,' and it was therefore placed in 'special measures.' We identified seven breaches of the Regulations. These included the provider's failure to ensure people were protected from abuse and improper treatment, and people were provided with care in a personalised way from staff who had the support and training to carry out their roles. In addition, the provider had not ensured the premises met people's individual needs, the principles of the Mental Capacity Act 2005 were adhered to and the overall leadership and governance of the service was effective.

As a result of the inspection, we asked the provider to send us a report explaining the actions they were going to take to improve the service. We also imposed conditions on the provider's registration. These conditions meant the provider was required to tell us, monthly, about how they were auditing aspects of people's care to ensure people received high quality care. In addition, how the provider supported people's safety by tracking and analysing incidents and accidents to reduce these from happening again.

At this inspection, the provider showed us sufficient improvements had been made to the service and it was no longer rated as inadequate overall or in any of the key questions. Therefore, the service is no longer in 'special measures.' However, we found the work to improve the service was still ongoing and further time was required to evidence the improvements could be sustained in the longer term which we have reflected in the ratings.

The culture of the service was changing and staff were more confident in recognising and reporting abuse.

Staff now had faith in the management team so risks to people's safety were shared and reduced promptly. The registered manager had made improvements to the processes in place to record incidents and accidents so these were reduced from happening again. They had also improved practices in submitting notifications to us of incidents including abuse as required by law.

Staffing arrangements were now supporting people better so they received safe, effective and responsive care which met their individual needs. There had been a reduction in the number of agency staff used to improve consistency in the care people were provided. Staff were deployed in specific areas of the home to supervise people to promote people's safety and to reduce the risks of people's safety being compromised.

The systems in place to support the registered manager in monitoring medicines were mostly managed safely. The registered manager understood the improvements required to manage medicines more safely and effectively which included the recommended temperatures at which to store medicines. Staff recruitment procedures reduced the risk of employing staff unsuitable to work in a care environment.

Ongoing improvements were being made to care records so these provided more detail about people, and risks related to people's health and well-being.

The premises and equipment were clean. There were areas of the home environment which had an odour. Staff practices did not always ensure risks of infections were reduced as there were items found in a communal toilet and bathroom/shower room.

People's mealtime experience had improved and people who were at risk of malnutrition or dehydration were getting more support from staff to encourage them to eat and drink healthily.

Checks were now being undertaken to identify when people had not eaten or drank so staff could provide further encouragement. People had access to health professionals when their health needs changed but further improvements were required to ensure staff always recorded the care provided to make sure this evidenced advice given.

Staff now received better access to training and support to meet the needs of people they cared for. The management team were checking staff's knowledge and practices to assure themselves people were provided with effective care and improvements were ongoing. Staff felt more supported in their roles. Individual one to one sessions were being planned, and the registered manager was more accessible. Staff had more opportunities to discuss their work issues with management.

We saw improved responses from staff when providing support to people living with dementia, and in respecting people's privacy. Staff had improved their practices in promoting people's dignity but some people required further support so their continence needs were met better.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's choices and decisions were now promoted as we saw people spent times in different communal rooms according to their needs and not because it was easier for staff to manage people's behaviour.

The provider had made some improvements to the home environment. The management team were aware these needed to continue to ensure the home environment meets the needs of people who they had agreed to provide care for.

People had more opportunities to have fun and interesting things to do. Staff were more able to support people with gaining recreational activities which they enjoyed doing and improvements were ongoing with providing items to stimulate people's different senses.

People who lived at the home and relatives now had more opportunities to share their opinions about the care provided by the provider. Complaints were being managed according to the provider's policy and procedure. Staff felt the provider was now supporting them and the service to improve.

The provider, registered manager and their management team had worked hard to improve the service. They were improving their quality checks to make sure these supported people to receive safe, effective and responsive care. They had made a good start. They needed to ensure the improvements made would be sustained over time and when a higher number of people lived at the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People's medicines were made available to them as prescribed. The registered manager was aware further improvements were required so medicines were stored in the most effective way.

Staff practices to keep the home environment clean and the equipment people used were mostly effective. Further improvements were required to reduce the odour and the risks of infection spreading by staff practices remaining consistent.

Improvements had been made in the number of staff available to support people on each unit, and there had been a reduction in the number of agency staff used. Staff recruitment measures reduced the risk of employing unsuitable staff.

Staff knew how to support people safely to reduce the risks of harm and the management team had strategies in place to reduce incidents.

Requires Improvement



Is the service effective?

The service was not always effective.

Work was ongoing to make sure the home environment was adapted to meet the needs of all people including those living with dementia.

Further improvements were required to ensure staff consistently recorded the care provided and evidence reflected healthcare professionals' advice had always been followed.

People's experience at meal times had improved, as had staff support for people who were at risk of not eating and or drinking sufficiently.

Staff's knowledge and practices were now checked to ensure people's needs were met.

Staff understood the importance of obtaining people's consent to care and treatment and worked within the Mental Capacity Act

Requires Improvement



and Deprivation of Liberty regulations.

Is the service caring?

The service was not always caring.

Staff were aware of how to treat people with dignity and respect but further improvements were required in managing people's continence needs.

Staff were caring to people and involved them in their care which had been promoted partly by the change in culture and staffing arrangements.

Visitors were welcomed in the home.

Requires Improvement ●

Is the service responsive?

The service was responsive.

People's needs were responded to in a timely and personalised manner.

Care plans had been updated and were now centred on the needs and preferences of each person.

People were supported to participate in fun and interesting things.

Complaints were being responded to in line with the provider's policy and procedure.

Good ●

Is the service well-led?

The service was becoming well led.

The provider had recruited to a more effective management team who had strengthened quality checking systems and this had brought about improvements since our last inspection.

The improvements were ongoing and had not been tested over a longer period for their effectiveness and with an increased number of people living at the home.

People could provide their feedback about the quality of their care.

Staff enjoyed working at the home and were supported by a management team who assisted them in their roles to provide

Requires Improvement ●

good care.

Willow Bank House Residential Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place over two days. On the first day, 15 November 2018, the inspection was unannounced and the inspection team consisted of one inspector, a specialist advisor who was a nurse with experience and knowledge in dementia and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia. On the second day, 16 November 2018, the inspection was announced and was undertaken by one inspector.

Before the inspection we looked at information available to us about the registered provider and the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We considered the action plan and subsequent monthly reports showing how incidents and accidents were analysed which is a requirement of the conditions we imposed. We looked at the information we received from members of the public and professionals who had been involved with the service. In addition, we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sought information from the local authority to obtain their views about the quality of care provided at the home. The local authority are commissioners who have responsibilities for funding care and monitoring the quality of this. We also contacted Healthwatch who are an independent consumer champion who

promote the views and experiences of people who use health and social care.

We spoke with six people who lived at the home, three relatives and a friend of a person living at the home about their care experiences. In addition, we spent time with people looking at how staff provided care to help us better understand their experiences of the care they received. Following our inspection visits we spoke with a further five relatives by telephone.

We also talked with the registered manager, deputy manager and regional manager. Additionally, we spoke with three care staff, head of care, head of housekeeping, dementia lead and entertainment manager.

We looked at three people's care records, sampled a further seven people's care records to look at specific needs and associated monitoring charts. We checked people's medicine administration records. In addition, we looked at how the provider and management team monitored the quality of the service. As part of this, we looked at four staff recruitment records, staff meetings, health and safety, and complaints records.

Following our inspection visits the registered manager sent us further information. This included the staff training planner and ideas for the adaptation of the home environment.

Is the service safe?

Our findings

At our last inspection we rated this key question as 'inadequate'. This was because we had serious concerns about people's safety. During this inspection we found the provider had made improvements so people's safety was promoted. Some of these improvements were ongoing together with other areas which required attention. We have changed the rating to 'requires improvement.'

At our last inspection we had concerns about how risks to people's health and welfare were managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We imposed a condition on the provider's registration.

Since our last inspection risks to people were now managed more effectively with people's safety promoted by the management and staff team's practices. We found the provider was meeting the requirements of Regulation 12 in line with the imposed condition.

People who lived at the home and relatives we spoke with told us they were confident in the staff's ability to support and manage any risks to their care. One person told us, "They [staff] help if I feel wobbly when I stand." We saw examples of how staff were knowledgeable about how to reduce risks to people's safety and, unlike our last inspection, staff put their knowledge into practice. One example was how people were supported to have correct footwear so risks of falling were reduced.

Staff we spoke with could tell us how they kept people safe. One example provided was how two staff always operated specialist equipment such as, a hoist to safely help people to move. We saw this practice was undertaken in a safe way on the day of our inspection and risk plans were in place to guide staff. Another example staff told us about was how they met the needs of people with dementia to minimise any distress. One staff member described how they used distraction techniques which included supporting a person with something they liked to do. We saw another staff member recognised a person's distress and the cause of this. The person was supported to receive the care they required which assisted them to feel better.

At our last inspection we found incidents where people had not received their medicines as prescribed and guidelines on the use of 'as and when required' medicines were not detailed. At this inspection we checked to see if people received their medicines as prescribed and we found they did. However, improvements were required to the storage of medicines which the registered manager was already aware of. Information provided to staff on the electronic system required developing. We noted the daily checks of the room and fridge temperatures where medicines were stored were not always being documented or monitored. In addition, the room temperatures in July 2018 were 26 degrees which is above the maximum acceptable range for medicines storage. This has the potential to put people at risk as the medicines may no longer be effective. The registered manager told us the temperatures had also been raised as an issue by the pharmacy and they were looking at options. We will look at the improvements in the storage of medicines at our next inspection.

Information provided to staff on the electronic medicines management system required developing. The electronic system as did not enable staff to record the pulse rate of a person which was being monitored prior to the administration of a specific type of medicine to ensure this was safe to be taken. The registered manager agreed to rectify this with the system provider.

People's relatives told us they were confident their family members were provided with the medicines they required. On this subject a relative confirmed, "[Family member] has tablets four times a day. As far as we are aware they are given on time. They [staff] always wait while [family member] takes them and check [family member's] mouth."

We checked the arrangements in place for the management of medicines and saw people's medicine was ordered in a timely way and disposed of safely. Staff told us and records confirmed only staff trained in supporting people with their medicines did this. We saw a staff member's practices assisted people to take their medicines comfortably, such as making sure people had drinks so they could swallow their medicines safely. Electronic medicine records had been completed and provided a clear record of when people had taken their medicine.

At our last inspection visit we identified the home environment was clean and well maintained by domestic staff who were knowledgeable about their roles in infection prevention and control. At this inspection we noticed further work was required as there was an odour in various parts of the home environment. The head of housekeeping told us this was due to people's incontinence which at times was linked to people's dementia care needs. The head of housekeeping was also the infection prevention and control lead and, in their role, they were already aware some people's carpets required replacing. They advised us this was an area within the management's improvement plans and we saw this was the case. We will look at how the registered manager has made further improvements as per their 'service improvement plan' at our next inspection.

In addition, we found there was a communal shower room with a toilet which had no soap or dispenser for soap. Staff told us this was an area which was used by people who lived at the home. When we identified this the head of housekeeping took immediate action to rectify this so soap was available.

Staff said disposable gloves and aprons were readily available and accessible, and we saw staff wearing these when required as they supported people's care needs. Although disposable aprons and gloves were readily accessible in communal bathroom/shower rooms and toilet areas, these could place people at potential risk, such as people ingesting these. We spoke with the head of housekeeping and the management team about the storage of gloves and aprons. They told us they would reassess the accessibility of these items to ensure potential risks to people living at the home were reduced.

There were processes in place to maintain a safe environment for people who lived at the home, visitors and staff. Records showed equipment was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists, the call bell system and the lift. However, we found items of food which were in a drawer and in an opened cupboard on top of a fridge which had not been removed. For example, a bowl of apricots which were beginning to turn black. We gave the bowl of fruit to a staff member for disposal as this was accessible to people who could potentially eat food which was out of date. In addition, in the kitchenette on the ground floor we saw there was an item in a cupboard which was left unlocked. This could place people at risk if ingested. We spoke with the registered manager about these issues and they would ensure staff were reminded about being vigilant so risks to people's welfare was not compromised.

The provider had taken measures to ensure people's safety in the event of an emergency. minimise the

impact of unexpected events. For example, each person had a personal emergency evacuation plan. This included the number of staff people who lived at the home would need support from, any equipment required and the evacuation procedure. There was also a 'grab bag' with supplies to use in the event of an emergency.

At our last inspection staff had failed to fully protect people from abuse. This was mainly because staff had no faith in the provider's whistleblowing procedures or confidence in the former management team to act in protecting people from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. We imposed a condition on the provider's registration.

At this inspection, we found the provider was meeting the requirements of Regulation 13 and in line with the condition imposed. People told us they felt safe with staff who provided care. A person told us, "[I am] quite safe. Where else would I be?" Visitors also thought people were safe. A relative told us, "I think [family member] feels safe. [Family member] has a good rapport with carers [staff]; [family member] feels safe around them." A friend of a person who lived at the home explained, "When I take [person] for a walk, [person] is always happy to come back. it wasn't the case at the previous home. I have no concerns honestly."

We saw people were at ease in the presence of staff, and freely approached them to chat or request help. Staff took an interest in what people had to say both verbally and through their body language so people were assisted to feel safe and comfortable with their needs responded to. On this subject, the registered manager stated in the Provider Information Request [PIR], 'Residents are no longer discriminated against for their behaviour e.g. no longer get sent to their room or Angel Bec [unit].' During our inspection we found this was the case.

We found staff showed a greater awareness of people's individual needs, including those people who required close monitoring. Records showed staff had completed training in abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this so people felt safe. For example, a staff member said they would observe changes in people's behaviour or signs of emotional distress which could indicate people were at risk of harm. Staff were confident people were treated with kindness and said they would immediately report any concerns to the management team. Staff knew how to contact external agencies such as the Care Quality Commission [CQC] and said they would do so if their concerns remained unresolved. The registered manager was aware of their responsibilities in reporting abuse to the local authority and the CQC.

There was a whistle blowing [reporting poor practice] policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff. Conversations with staff showed they were confident to use the procedure. A disciplinary policy and procedures to deal with concerns such as unprofessional behaviour from staff was in place. The registered manager had used these procedures where this had been deemed necessary.

At our last inspection the provider had insufficient numbers of staff effectively deployed across all units at the home to ensure people's needs were safely responded to. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. In the action plan sent to us following our inspection, the registered manager told us how they would make the required improvements to meet Regulation 18. This included assessing people's needs to help them with their decision in making sure staff were deployed effectively, in the right numbers with the right skills to meet people's diverse needs.

Following our last inspection, the local authority made an agreement with the provider to stop new people

coming to live at the home until they could be assured people were safe. This has meant there have been further reductions in the amount of people living at the home. This agreement has now been recently reviewed by the local authority. The provider is now able to take one new person into the home every two weeks because the local authority feels improvements have been made.

At this inspection, we found the provider was meeting the requirements of Regulation 18. People's visitors told us staff were available to support people. On this subject, a relative told us, "We visit three to four times a week, not at set times, and there's always enough staff. To be fair all the residents [people who lived at the home] seem happier." A person's visitor also said, "There's always staff here when I come. [My friend] is well looked after."

Staff we spoke with told us they believed there were sufficient numbers of staff to meet people's needs and the registered manager always ensured shifts were covered.

We saw staff supported people so their safety was not compromised. For example, when people required staff to assist them this was provided so risks were reduced to their welfare. Staff were seen to use equipment, such as hoists, to assist people when moving. Staff spoke with people to explain what was happening and provided reassurance. People who walked independently with aids were patiently encouraged to rise from sitting to standing positions safely. These examples showed how the staffing arrangements now had a positive impact on people's safety and welfare.

We found the registered manager had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. Following our last inspection the management team had taken some decisions which had had a positive impact on people's safety and needs being met. For example, on Angel Bec the numbers of people we saw in the lounge area had reduced to four and two staff were consistently available. People were provided with the right support at the right time. We did not witness any incidents similar to those seen at our last inspection, where over 10 people were frequently left in the lounge area without staff support.

The registered manager had recruited new staff to assist in their improvement plans to meet the needs of people so risks were reduced. For example, a head of care and dementia lead were now in post. The registered manager and deputy manager were also both regularly involved in supporting people who lived at the home when required. These practices supported staff to consistently improve their knowledge so they could reflect this in their care practices.

The registered manager had also recruited a number of care staff following our last inspection which had reduced the need for agency staff. This was appreciated by people who lived at the home and their relatives as it had improved consistency of care provided and ensured people were cared for by staff who were familiar to them. However, the registered manager told us they would call on agency staff to provide cover for any absences if this was required.

There were reductions in the amount of people living at the home. Therefore, we were not able to fully determine at this inspection whether the improvements in staffing arrangements would work effectively when the numbers of people increased.

Staff were recruited safely because the provider had arrangements in place to check staff were of good character before they started working at the home. A staff member described how a Disclosure and Barring Service (DBS) check had been completed before they began to work at the home. References had also formed part of the provider's recruitment processes. Staff records we looked at confirmed this was the case.

Is the service effective?

Our findings

At our last inspection we rated this key question as 'inadequate'. This was because the provider's systems and processes failed to ensure people were provided with effective care and support. Although at this inspection improvements had been made these needed to be progressed further. We have changed the rating to 'requires improvement.'

We looked at how people's individual needs were met by the adaptation, design and decoration of premises. It was clear that equipment had been serviced regularly, was clean and appeared safe. There were various places where people could meet in private with their visitors or spend time in the different areas of the home environment. For example, we saw some people liked to spend time in the corridor areas sitting in the comfy chairs which had been made available.

We saw work was progressing so the adaptation, design and decoration of the home environment met the needs of people living with dementia. For example, as the doors to people's personal rooms had been painted to support them in distinguishing these and promote independence. There were also some sensory items on display in a corridor area for people to pick up, such as a necklace of beads. Furthermore, the registered manager informed us in the PIR, 'The garden has been opened up - gardens adjacent to Angel Bec and the main lounge, this has been fenced to minimise risk.' Staff told us and we saw people were now able to safely access the garden areas.

The management team acknowledged there was still work to do so the home environment supported people's needs. This included the lounge areas, such as Angel Bec, where there was a lack of items to provide people with stimulation and there was a lack of directional signage in corridor areas to further aid people's orientation around their home environment.

The dementia lead had ideas for the home environment, such as creating areas of interest in corridor areas and placing memory boxes for people to personalise outside their door. We will look at the progress made to ensure the home environment meets the needs of people living with dementia at our next inspection.

Since our last inspection improvements had been made in the recording and monitoring of people's eating and drinking. Where people had been identified as losing weight or at risk of dehydration, staff had involved appropriate healthcare professionals to gain advice.

However, we identified a person who was nutritionally at risk and on the advice of external healthcare professionals they were to have snacks between meals. Although this information had been shared with staff at meetings, monitoring charts still did not evidence the advice was being followed. The management team told us staff were offering the person snacks but not recording this. However, records showed either the person was not being supported to eat enough or staff were not accurately recording it and therefore required improvement. The management team gave assurances they would remind staff to record the care provided.

People told us they liked their meals and were provided with choices about what they ate and drank. A person said, "The food is alright; I eat it all up. You get a choice here." Relatives were confident their family members had choices of meals and enjoyed their food. Talking about this subject a relative commented, "They [staff] give a two-plate choice, they show them [people who lived at the home] the food first."

Following our last inspection, the management and staff team had worked hard to improve people's dining experience. People had a choice of meals and could eat in the dining room or their own room, according to their preference; their relatives were also welcome to support them at meal times. The menu was displayed in words and pictures to support people's understanding of the options. Tables in the main dining room were laid with items such as cutlery and, flowers and background music playing was playing, which encouraged people to recognise lunch as a social occasion. There was a calm atmosphere and the meal was not rushed. People who needed assistance to eat were supported by staff sitting next to them, speaking words of encouragement and supporting each person at their own pace. For people who needed a soft meal, the meat and vegetables were pureed separately to ensure people could savour different flavours.

People were invited to wear clothes protectors, to keep food from spilling onto their clothes. Staff asked people which meal they would like in words and by showing them both options on separate plates. Staff were attentive to whether people ate well or not. When one person declined to eat, through their body language, on Angel Bec, we saw staff gave them time and a while later with staff support they ate their meal.

People told us they had confidence in the staff in meeting their needs. One person said, "They [staff] help me when I need it." Another person told us, "They [staff] are kind as they make sure I am warm." Relatives were positive about staff's knowledge in meeting their family member's needs. One relative said, "They [staff] certainly know what they are doing as it shows in the care they [staff] give."

We looked at how the provider supported staff during their induction and in gaining the skills and knowledge necessary to be effective in their work. New staff undertook the Care Certificate, which included being able to understand and work within the fundamental standards of care as recommended for all health and social care staff. During this inspection staff members told us they worked with experienced staff during their induction period, to make sure they had the confidence and skills to work independently with people. A staff member told us, "I watched staff during my induction. I learnt a lot. I know people's needs now."

The registered manager had progressed staff training since our last inspection to ensure staff had received their refresher training to meet the provider's expectations. Staff told us their training helped them to understand and support people in meeting their particular needs. Staff felt supported in their roles and told us they had opportunities to discuss their practice which helped them to improve the quality of care they gave to people. A staff member talked about how they had found training in challenging behaviour to be particularly useful for distraction methods to assist their knowledge in supporting people in the most beneficial way.

We saw different examples of staff putting their training into practice when supporting people living with dementia which had positive impacts on people's sense of wellbeing. There were other areas of staff practices where staff did not always put their knowledge from training into practice, such as leaving towels and personal toiletry item in a communal bathroom which posed a risk of spreading infections. The management team told us they would remind staff about their practices.

Prior to people moving into the home, the management team met with them, their relatives and community professionals involved in their care. This enabled staff to develop care plans to achieve positive outcomes for people and to ensure people's needs could be met. We saw technology and equipment was used to

support people's needs, such as sensor mats where people were at risk of falls. The management team had recognised people could be discriminated against if the planning or the delivery of people's care did not consider people's protected characteristics, such as their abilities and sexual preferences.

Suitable arrangements had been made to ensure people received effective and coordinated care when they were referred to or moved between services. For example, information was shared with medical staff when people were taken to hospital. In addition, we saw staff continually passed information to each other about how people's days were progressing and they shared if they had concerns over people. Staff worked together as a team to ensure that people's needs were met. For example, the head of housekeeping supported people as they passed by during different times in the day.

People were supported to live healthier lives by receiving on-going healthcare support. We heard from people who lived at the home and relatives how staff supported people with their healthcare needs. A person told us, "There is a doctor." A relative commented, "If ever [family member] is poorly they call the doctor straight away. On Tuesday [family member] wasn't well and they [staff] told us immediately and got the doctor who arrived that afternoon. The chiropodist comes regularly. An optician came three months ago."

Staff showed a detailed knowledge of the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly. Care plans showed that healthcare professionals had been involved in people's care when needed. For example, records showed people were supported to access healthcare as they would have done if they lived at home. This was supported by one person who said they had been provided with ear drops to meet their current health needs. Another person had been prescribed creams to meet their sore skin needs which had been identified by staff.

At our last inspection decisions had not been made in people's best interests and the least restrictive practices were not adopted. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We imposed a condition on the provider's registration. During this inspection we found improvements had been made and the provider was meeting the requirements of Regulation 11 in line with the condition imposed.

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 an assessment shows a person lacks 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

At the previous inspection people's needs had not been assessed to show their best interests had been considered in line with the MCA and practices were the least restrictive. For example, people were taken to Angel Bec because it helped staff manage their needs. However, there was no consideration about the coded access which stopped people from entering or leaving Angel Bec without staff assistance. At this inspection we found this practice had stopped and the management team were working in people's best interests and in the least restrictive way as set out in the MCA.

Staff demonstrated their understanding of the MCA as supporting people to make choices. A staff member showed us the MCA aide memoir they had in their pocket which they could refer to. Another staff member explained, "Mental capacity is about people making choices. Everyone has the right to make their own decisions." A person confirmed, "I can choose what I want to wear."

Throughout our inspection we saw staff seeking consent and approval before supporting people, such as providing support with personal care and meals. We heard staff members checking people's choices before providing care, such as asking, "[Persons name], can I tempt you with a bit more pudding?" The staff member then waited for a response before acting. This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. A staff member talked about gaining people's consent. They said, "I never assume residents [people who lived at the home] are consenting so I explain and give them choices. I support residents to make a decision like what they want to wear and where to sit."

DoLS applications had been made on a case by case basis, following an appropriate assessment of each person's capacity and care arrangements. Some people had an authorised DoLS in place because their freedom of movement had been restricted in their best interests. For example, a person had a DoLS in place because they lived at a home with a locked door had been authorised with conditions which stated their family must be involved in their care plan and reviews of care. The person's care records noted this was being complied with.

Is the service caring?

Our findings

At our last inspection we rated this key question as 'inadequate'. At this inspection improvements had been made but further progress was needed. To reflect this, we have changed the rating to 'requires improvements.'

At our last inspection we found the provider had not made sure standards of care were high for people, and staff did not always maintain a caring approach when supporting people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found the provider was meeting the requirements of Regulation 9. People overall, spoke positively about staff and felt they were caring and supported people to maintain their dignity. One relative described how the initiative to resolve missing laundry had made improvements and their family members clothes were now returned. Another relative said there had been no incidents of the family member wearing other people's clothes which had happened before the new management came into post. In addition, the practice of having a box in the entrance hall containing items, such as 'missing spectacles' and other personal items had now ceased.

However, some relatives spoke about the odour in the home environment and how at times their family members clothes did not smell fresh which was not dignified. One relative said, "There is a smell as you walk through the home and on, [family member's] clothes. It shows a lack of duty of care." Another relative described how their family members room had an odour. We spoke with the management team about the concerns shared with us. The management team already had plans to continue with the improvements to the home environment. These included new flooring and ensure cleaning was as effective as it could be.

People, overall, spoke positively about staff and felt they were caring and treated them or their family member with kindness. One person said, "They [staff] are always polite and nice to me." Another person told us, "I am happy, the staff are good to me". Relatives we spoke with were similarly positive about how caring staff were. One relative commented, "They [staff] are very caring with [family member]". Another relative said, "They [staff] know [family member] and [family member] knows them, the staff are lovely."

We saw staff were caring towards people. Staff smiled, spoke reassuringly, and supported people at their own pace. For example, we saw a member of staff supported a person with their meal. They did not rush the person, and ensured they spoke with the person in a reassuring manner.

We found people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. People told us they could make decisions about their food. One person told us, "I've chosen my meal today with a little bit of help." Another person said, "I choose what I want to eat and I get this." Peoples visitors also confirmed their family members were provided with everyday choices. A relative explained, "If [family member] doesn't want a shower [family member] doesn't have to. I've seen [family member] have a lie in, they [staff] don't make [family member] get up. [Family member] has a shower or a bath when [family member] wants".

Staff told us how they supported people living with dementia to make choices about their lives. They did this

by simplifying the choices for people. So instead of asking a person what would you like to wear, they would ask if they would like to wear a skirt or trousers. In addition, they would show the person the clothes to help them make a decision. Giving people living with dementia a limited choice helps them to make decisions for themselves.

We saw staff knew about significant key events which were important to people in their lives, such as birthdays and took the lead from people as to how they wished to celebrate their day. Ongoing improvements were being made to ensure people's care records included information about their life history, family relationships and important events and religious beliefs. Staff told us religious services were held at the home to assist people to follow their individual faiths.

People's independence was promoted and encouraged where appropriate and according to their abilities. We heard staff ask a person if they would like to be supported with their drink and staff recognised from the person's facial expressions and body language they could manage. When one person declined to have lunch at the first, they had changed their mind after a short time and ate their lunch independently.

Staff knew how to support people to maintain their privacy. Relatives were also positive about how staff made sure their approaches respected people's privacy. One relative commented, "They [staff] always wash and shower [family member] privately. I have to leave [family members] room".

Staff encouraged people to maintain relationships important to them. We saw visitors were welcomed on the day of our inspection by staff and relatives told us they could visit when they wished and felt welcomed into the home. A relative commented, "I visit regularly, weekly, they [staff] always welcome me."

We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff were aware of the need for confidentiality and their responsibility to protect people's personal information in line with legal requirements and held meetings to discuss people's needs in private.

Is the service responsive?

Our findings

At our last inspection the 'Responsive' key question was rated as 'Requires Improvement'. At this inspection, we found the provider had made improvements to ensure people received personalised care which reflected their needs. The rating for this key question is now 'Good'.

At our last inspection, we found the provider's systems, lack of consistent records and staff practices were not responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager sent us, they confirmed the actions they would be taking to meet this regulation. This included the rewriting of people's care plans so they held personalised information including developing people's life histories to promote responsive care.

At this inspection, we found the provider was meeting the requirements of Regulation 9. People we spoke with told us the staff supported them in a way which was responsive to their particular needs. One person told us, "I like it here. They [staff] look after you." Another person said, "I'm happy enough here. They [staff] look after me alright."

Relatives we spoke with were positive in their responses to us about how their family members were well settled and happy living at the home. We also read comments from relatives which included, 'On the whole [we] thought the home had improved and their [family member] appeared happier and more settled. How nice it was to see the interactions between staff and residents and what a pleasant surprise it was and how the home appeared more relaxed.'

People had electronic care and risk plans which had improved since our last inspection. We found the care and risks plans provided staff with guidance about people's individual needs and unlike our last inspection, they matched the care we saw people received. People's care records also described people's previous occupations or hobbies particularly to help staff understand certain behaviours. For example, a person's notes described they worked for the main part of their life as a care assistant so they may continue to think they are at work. Staff told us the person is often found tidying up and to respond to the person's needs staff supported them to do small jobs around their home, such as setting the tables. On this subject a staff member told us, "You have to know the residents [people who lived at the home] really well as some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."

Relatives we spoke with told us they had been involved in their family member's care. A relative told us staff always contacted them when their family member was unwell which they were appreciative of. In addition, we saw in people's care records staff had communicated with people's relatives when there had been fluctuations in their health.

We saw some personalised and thoughtful touches to responding to people's needs. One example was how staff had been provided with a small chair so they would be at eye level whilst sitting and speaking with the

person. Another example was how the entertainments manager wanted to ensure people had opportunities to have fun whatever their needs. On one recent occasion they had organised a trip to the beach. In doing so the entertainments manager arranged for sand to be delivered in the car park which became the beach. In addition, people had access to an ice cream van, fish and chip van and deck chairs. The entertainments manager said the day was a big success and the majority of people could take part.

A further example was how a person had not had their own possessions in their room, such as clothes due to their behavioural needs. However, as part of the ongoing improvements in personalised care the person now has their own clothes in their room, curtains and running water, which had previously been removed. A staff member described how the person had wall and ceiling decorations which reflected the person's past life.

There had been significant improvements made in ensuring people's individual needs were effectively responded to. For example, changes had been made so people who spent time on Angel Bec or Raybold did so because this is where their needs could be effectively met. We saw staff were always on hand to support people on both Angel Bec and Raybold, unlike our last inspection where there were over 10 people sharing the space on Angel Bec. Staff were attentive to people's needs and the atmosphere was relaxed. A relative was positive about their family member's care on Angel Bec. They told us, "I only come in here (Angel Bec). There's always a carer [staff] here. They vary them every week. There used to be ten people in here and it was chaos. Now there's only four people." Another relative said, "The care is very good now they make it a home and don't restrict them."

Staff handover meetings between shifts were undertaken daily and we saw information about people's needs and the changes in these were shared. The management team had also introduced daily meetings with the head of each department. At these meetings information was shared as another way to improve communication to support people in having their needs met in a consistent manner. In addition, a system known as 'resident of the day' had been introduced to further assist in checking whether people were receiving care in the way they needed and wanted.

We found people had information presented to them in an accessible manner. For example, food choices were available in picture format for people living with dementia which could make it hard for them to understand words. People's communication needs were recorded in their care plans and the registered manager confirmed in the PIR, "If a person has difficulty with communication we would contact the relevant professional to support them to enable them to communicate more effectively. This could include hearing test and supply with hearing aid and the care plan would identify what support they need with the aid."

People could take part in fun and interesting things. We saw photographs of people doing things like craft activities. People who lived at the home and relatives told us people were offered and participated in a range of things to do which included reminiscing, chair exercises and puzzles. One person told us, "They [staff] do lots of things here. I do some of them." Another person said, "We do games and things, [like] throwing balls." Local school children came into the home to celebrate with people who lived at the home in events such as Christmas carols and Easter.

People's visitors also told us there were things for people to do for interest. A person's friend told us, "[Person] has no interests. They [staff] do ball games; they do a lot in the afternoon. They do one to one's as well. There's a lot more going on than previously." A relative commented, "[Family member] is not really big on hobbies. [Family member] enjoys the activities; I have seen them."

The entertainments manager was passionate about their role and showed a good understanding of

dementia. They told us how groups don't always work for some people as they can become upset, frustrated, overwhelmed or irritated by too much noise. The entertainments manager said in these instances they would support people with a, "one to one activity which usually work best as you can tailor the activity to an individual's interests and abilities." They went on to say, "Some people like tactile activities hand massage and nail care."

People's social wellbeing needs were discussed regularly. These discussions helped staff identify new, interesting things for people to do, such as outings based around people's likes and dislikes. One staff member told us, "[Person's name] likes to go out with staff for a walk." In the minutes from the regular meetings held with people there was evidence of people making suggestions for things they would like to do. For example, one person said they would like more quizzes and another person wanted to make jewellery. These requests were being addressed.

Suitable provision had been made so that people could be supported at the end of their life to have a comfortable, dignified and pain-free death. When people neared the end of their lives their wishes regarding resuscitation were sought. Where people or their relatives together with clinicians had made involved in making decisions not to resuscitate, appropriate information was recorded in the person's care plan to ensure their wishes were respected. This is good practice and follows the NHS end of life programme which cites several factors which contribute to poor end of life care being delivered in care homes. These include end of life care not being discussed with the person who lives at the home and/or their relatives with a subsequent lack of advanced care planning.

A staff member told us how they worked with people at the end of their lives to help them have a comfortable pain free death. For example, by working with other healthcare professionals to ensure pain relief was available when needed. In addition, they supported relatives to spend as much time as they wanted with the person ensuring that they were comfortable and providing food so that they did not have to leave. A relative had written a letter of thanks about their experience. In this they, thanked staff for the, 'care and dedication that [family member] had been given especially in the last few weeks. The letter went on to say, 'It has been a difficult time and the staff have been excellent, caring and thoughtful.'

The provider had a complaints procedure which was accessible by people, their relatives and others interested in the service. People told us they had no complaints to make but would speak with staff if they did. One person told us, "[I have] nothing to moan about. They keep me warm; what more do I want." Another person said, "I have no complaints at all. It's very good here." Some people who lived at the home would need support to raise their concerns. Talking about this subject, staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy.

Relative's who we spoke with told us that they would raise any concerns or complaints they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. A relative gave us an example of a complaint they had made which the management team had listened to and resolved. We looked at the complaints procedure which showed how people would make a complaint and what would be done to resolve it.

Is the service well-led?

Our findings

At our last inspection we rated this key question as 'inadequate.' At this inspection we have changed the rating to 'requires improvement.' The provider had made improvements to ensure they deployed appropriate systems and processes to assess, monitor and improve the quality and safety of the care people received, and promote a caring culture. However, this rating reflects improvements were ongoing and it will take time to see improvements embedded in practice and the areas of improvement sustained to achieve a rating of 'Good'.

At our last inspection, the provider had not ensured they had effective and strong systems in place to monitor and improve the quality and safety of the service people received. This included the management not encouraging, promoting and listening to feedback to drive and sustain improvements in the service. In addition, the staff were not provided with all the knowledge and skills they required to provide safe, effective and responsive care for people who lived at the home. Furthermore, there was a culture whereby the staff were fearful of recrimination which meant they did not escalate their concerns. We found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration.

At this inspection, we found the provider was now meeting the requirements of Regulation 17. The provider had recruited to prominent management positions and this had made a difference in implementing strong quality checking systems. We found changes were ongoing to bring about improvements as noted throughout this report and within the registered manager's 'service improvement plan'. These included making sure there was a culture whereby staff were supported and had the knowledge they required to provide high standards of care and to promote people's safety.

The register provider had recruited a registered manager in April 2018 who supported this inspection. The registered manager was aware that at our last inspection the provider was also in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not sent us statutory notifications for important and serious incidents.

At this inspection we found the registered manager was aware of their role and responsibilities. This included the requirement to send in statutory notifications to the Care Quality Commission [CQC]. However, there was one statutory notification of a serious injury which had not been reported to us. The registered manager had completed the statutory notification but had not then sent this. The registered manager apologised and explained this was a genuine oversight on their part. We saw all other statutory notifications had been submitted which was an improvement made since our last inspection to show the provider was now meeting the requirements of Regulation 18.

The registered manager was supported in their role by a deputy manager and a regional manager who had also come into post. The registered manager told us they were proud of how the management team provided good role models for staff and they had a good rapport with relatives. In addition, the registered manager and the regional manager had ambitions to provide outstanding dementia care.

We saw and heard how the management team had a vision and strategy to provide positive care for people, and to make the immediate improvements required as a result of our last inspection. For example, the management team had made improvements so people's needs were monitored, responded to and met in a safe way. This included ensuring there were sufficient staff who had been provided with the training and support required to effectively and safely meet people's needs. We saw these improvements had a particular impact in relation to the safety of people who spent their time on Angel Bec.

The registered manager and provider maintained a suite of audits and a 'service improvement plan' to assist them to identify further areas of improvements so they could act. However, the management team were already aware ongoing improvements were required in some areas as noted in this report and their 'service improvement plan'. For example, ensuring staff always recorded the care they provided to ensure people's needs were met effectively and assist with monitoring any changes. Another example, was to ensure staff were reminded of their responsibilities in maintaining a home environment where there were no odours and items were not left which could impact on people's health and safety. This practice of the management team's quality checking arrangements was important in identifying where people's needs were not adequately met.

The registered manager and deputy manager had a good knowledge of people who lived at the home, and how to meet their needs. This knowledge had been gained by the registered manager and deputy manager working directly with people living at the home and they were visible and approachable to all. For example, the registered manager was undertaking daily walks around the home to observe care delivery and to assist them in identifying areas where improvements were needed. They also had daily meetings with senior staff to discuss any concerns with people's care and to assist staff in talking about any areas where improvements were needed. These practices provided the registered manager with an ongoing insight and overview of people's care and staff practices.

The deputy manager told us about their commitment to make improvements within the service. This included the deputy manager leading by example as they worked alongside staff to support people with their needs. We saw examples of the deputy manager's caring approaches, such as providing a person with a blanket when they felt chilly and sharing treats with people in a spontaneous way. A person told us how they enjoyed little treats of chocolate and they expressed delight as they ate these.

We received positive comments from people regarding the management of the service. One person told us, "The manager is very nice..." Another person said, "I like it here; they look after you. We have some meetings; they ask us about the food."

Relatives told us they had noticed improvements since the new management team had been in place. One relative commented, "It's a lot more calmer than before in here. I see the manager when I come; she always says hello." Another relative said, "The manager is hands on and, always around. I do think it's definitely been turned around." A further relative on the subject of improvements told us, "I think it has improved since [registered manager] has been there 100%. Everything seems more organised. Staff seem more confident and trained. It is a comfort to us."

Relatives were complimentary about the improvements made and felt they were involved in decision making. For example, people's clothes were going missing. In response to this the management team acted and initiated a button system to resolve people's laundry going missing. A relative gave us another example, "At the relatives' meeting in response to the questionnaire, we did food tasting it was excellent. They suggested we come and have a meal."

We saw the registered manager was ensuring staff had all the relevant training they required and had an employee of the month scheme to celebrate staff's achievements. All the staff we spoke with were happy with the support they received from the registered manager. One staff member said, "We have staff meetings and can make suggestions." Another staff member said, "I have always felt supported. I can go to [registered manager] about anything and she always includes us, for example how people are supported. It is a team effort."

During our inspection we saw that staff were comfortable when communicating with the registered manager, and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw team meeting minutes that showed staff were involved in discussions and had input to any issues raised.

We saw the registered manager was transparent and open to all stakeholders and agencies. They had worked openly with the local authority. The registered manager had been working closely with the local authority since our last inspection, to address concerns which had been raised in the past and drive improvement.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.