

The Grange Care Centre (Eastington) Limited

The Grange Care Centre

Inspection report

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Date of inspection visit:
14 June 2017
15 June 2017

Date of publication:
07 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected The Grange Care Centre (Eastington) on the 14 and 15 June 2017. The Grange Care Centre provides accommodation and personal care to 75 older people and people living with dementia. At the time of our visit 56 people were using the service. This was an unannounced inspection.

We last inspected the home on 11,12 and 16 May 2016 and found two breaches of legal requirements. We asked the provider to take action to make improvements to the safe management of people's medicines, people's care records and their systems to improve the quality of the service people received. During this inspection we found that some improvements had been made to the safe management of people's medicine but further improvements were needed for the provider to meet the legal requirements. Although we found systems for the safe management of medicines had been put in place, nursing staff did not consistently implement the provider's medicine policies and people had not always received their medicine as prescribed. We found one continuous breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The provider had made improvements in the systems and processes in place to monitor and improve the quality of the service. The registered manager had identified, prior to our inspection, that some people's care records were still not always current. They had implemented a detailed action plan to ensure people's care records were reflective of their needs. Time was also needed for staff to consistently implement some of the registered manager's newly introduced systems in relation to the safe management of people's medicines.

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

People enjoyed living at The Grange Care Centre (Eastington). People and their relatives told us they or their relatives were safe at the service and enjoyed active and social lives. People had access to activities which were tailored to their individual needs and preferences. People felt cared for and happy.

People were supported with their ongoing healthcare needs. Care staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by staff who were supported and trained to meet people's individual needs. Staff were supported to develop and access additional training to further improve their skills. The registered manager had implemented a number of changes to the environment which had made the service more

dementia friendly. People, their relatives and staff positively discussed these changes.

People and their relatives spoke positively about the management of the service. The registered manager ensured people, their relatives and external healthcare professionals' views were listened to and acted upon. The registered manager had systems to assess, monitor and improve the quality of service people received at The Grange Care Centre.

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 always safe. People did not always receive their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people. People felt safe living at the home.

The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

Is the service effective?

Good ●

The service was effective. Care staff had access to the training and support they needed to meet people's needs. Care staff were supported to develop professionally.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their care.

People received the nutritional support they needed. People were supported and often escorted to attend healthcare appointments.

Is the service caring?

Good ●

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people's wellbeing.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People's needs were assessed and people received care that met their needs. However staff were still making improvements to people's care plans to ensure care plans would be reflective of people's current

needs.

People enjoyed living at The Grange Care Centre. People were supported with activities which reflected their individual needs and interests.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

The service was not continually well led. The registered manager had ensured there were systems in place improve the quality of service people received. They were improving the quality of the service and had identified issues found at this inspection. However time was still needed for all staff to implement these systems as required by the provider.

People and their relatives' views regarding the service were sought and acted upon.

Staff were supported to develop and take on additional responsibilities within the service.

Requires Improvement 

The Grange Care Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 June 2017 and it was unannounced. 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. The expert had experience and knowledge of caring for older people. At the time of the inspection there were 56 people living at The Grange Care Centre.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 11 people who were using the service and four people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 13 staff members; including seven care staff, three nurses, two activity co-ordinators and the registered manager. We reviewed eight people's care files, four care staff records and records relating to the general management of the service.

Is the service safe?

Our findings

At our last inspection in May 2016, we found people did not always receive their medicines as prescribed. Nursing staff did not always accurately record the support they provided people with their prescribed medicines. Nursing staff did not always keep an accurate record of people's medicine stocks. These concerns were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action. They sent us an action plan which stated how they would meet the regulations in full. At this inspection we found the registered manager had made some improvements, however some people were still not always receiving their medicines as prescribed.

At this inspection we found there was evidence that some nursing staff were not always acting in accordance with the proper and safe recording of medicines. For example, two people had not always received their medicines as prescribed, however nursing staff had recorded that they had administered these medicines. Nurses would therefore not know from people's medicine administration records whether they had received their medicines as prescribed which increased the risk of medicine errors occurring.

Nursing staff did not always ensure people received their medicines as prescribed as nurses had not been aware that people's medicines were in stock. For example, one person had not received their prescribed medicines for four days as staff had recorded this medicine was not available in the home. However, when we checked the stock of this prescribed medicine, we found that the person's medicine had been in stock during this time, although it had not been administered. Following the inspection the medicine had been displaced which meant nursing staff were able to find it. The registered manager had identified actions from this concern to ensure the risk is not repeated.

Nursing staff did not always administer prescribed medicines from people's own medicine stock. For example two people had received 'as required' pain relief medicines. When we checked the stock of these medicines we found that people had received the medicine, however on two occasions this was from other people's stocks of medicines. This meant it may be difficult for nurses and the registered manager to accurately audit stock levels of these medicines and increased the risk of medicine errors occurring.

People did not always receive their medicines as prescribed. These concerns were a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the May 2016 inspection, a new registered manager had been recruited to the home. Nurses informed us that improvements made by the registered manager had had a positive impact on the administration of people's prescribed medicines. The registered manager had reducing the amount of people's prescribed medicines held in stock and introduced stock checking systems to ensure people's medicines would always be available. We discussed the ongoing medicine concerns we had found with the registered manager. They told us they will be taking additional actions to reduce the risk of future occurrences. These included having discussions with nursing staff and carrying out assessments of nurses' competency to ensure all nurses understood and implemented the provider's medicine policies appropriately.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

We observed one nurse assisting people with their prescribed medicines. The nurse clearly communicated what the medicines were for and asked if the person wanted to take them. After one tablet the person refused to take any further doses. The nurse encouraged the person and agreed to come back later. We observed the nurse return and finish administering the person's medicines. The person was in control throughout, offered choice by the nurse and given a drink with all their medicines.

People felt safe living at the service. Comments included: "No problems, I'm very happy" and "I feel safe". Relatives told us they felt their relatives were safe. Comments included: "Safe? Yes, [relative] fell out of bed last night. I couldn't have had a better response – an immediate change of care plan"; "Staff are exceptional, they know exactly what she needs, never any doubts" and "Yes, secure, a lot of people living here".

People were protected from the risk of abuse. Care and nursing staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would go straight to the manager". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I can go to CQC or the adult helpdesk. I've never seen anything like that (abuse) here". Care and nursing staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans was kept alongside fire safety documents in the event of an emergency.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had been assessed as being at risk of falls when mobilising, and their care plan had clear detailed information on how they should be assisted with their mobility, including how they should be supported to walk with close supervision for short distances if they felt able to. It detailed where care staff should take extra caution when assisting them with their mobility. Additionally one person's relative spoke positively about how staff assisted people to reposition. They told us, "They all seem competent with hoists."

People and their relatives told us there were enough care and nursing staff to meet their needs and they were able to seek the attention of care staff when required. Comments included: "I think there are enough staff" and "If I need someone they come quickly". Relatives told us they did not have any concerns regarding staffing within the home.

Care and nursing staff felt there were enough staff to meet people's day to day needs. Comments included: "It's fine. Sickness hasn't happened recently and we have good agency staff"; "There are six of us on shift which is a really good number, we're always around. [Staff] have sick days, however [staffs] are willing to cover, we're never left without" and "We have the staff we need to provide people with personalised care". The registered manager discussed how they arranged staffing at the service and had identified the amount of staff required to ensure people were cared for safely.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day. People enjoyed sitting with staff in communal areas of the home and discussing current events or assisting them with manicures.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Is the service effective?

Our findings

People were supported by care and nursing staff who had received effective training and support to meet their needs. People and their relatives felt care and nursing staff were skilled and trained. Comments included: "The staff are protective of residents" and "Staff are exceptional, they know exactly what she needs, never any doubts."

Care staff told us they felt they had the training they needed or could access this training on request. Comments included: "I have the skills I need. [Training manager] has been good at helping me identify what I need"; "Training has been fantastic" and "I'm up to date with all my training." A recently employed member of staff discussed how they were supported by the registered manager and staff when they started working at The Grange Care Centre. They told us, "They have given me a lot of support, time to get to know people. My senior staff gave me a good induction." They also told us how the registered manager was supporting them to become a registered nurse in the UK. They said, "They are giving me time to study. They are very supportive for my future."

Staff told us they could request additional training and qualifications including diplomas in health and social care and management in care and felt supported to develop in their role. One member of staff told us, "I was supported to think about my training needs. I am able to request training; the management have been great at supporting me." One member of care staff discussed how they had requested access to CHAPS training (A nursing assistance course where care staff learn skills and competencies to assist with nursing duties), they told us that the registered manager was looking into this. They said "It'll help the nurses out and progress our knowledge. They're willing to pay for it." The registered manager informed us that if care staff can demonstrate a reason for the training their request would be acted upon.

Care staff had access to supervisions (one to one meeting) and appraisals with the registered manager. All staff told us they had regular supervision sessions which were helpful and that they felt supported. Staff's comments included "The staff lead is really good and they do my supervision"; "Definitely have support and I'm always able to ask" and "I'm happy that I get the support and supervision I need."

The registered manager and nursing staff ensured people's capacity to consent to their care had been recorded in accordance with the Mental Capacity Act 2005. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where staff were concerned that a person did not have the mental capacity to make a specific decision, they had completed a mental capacity assessment. These assessments clearly documented if the person had the capacity to make the decision. For example, one person's mental capacity had been assessed in relation to decisions about their finances. The person was assessed as not having the mental capacity to make financial decisions and the registered manager had involved local authority to support them to ensure the person's legal rights regarding financial decisions were being protected. Where people had mental capacity they were involved in planning their care and had

signed to show they consented to their care.

One person was unable to leave The Grange Care Centre without supervision, as they were at risk of harm and neglect if they left the service. The registered manager had made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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). This application had been approved as the care they received in The Grange Care Centre had been assessed by healthcare professionals to be in the person's best interest. We observed care staff supporting this person to go for walks outside of the home, which reflected their personal choices.

Care staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. Comments included: "We offer choice every day, its second nature. We know what people like and how to help them make a choice"; "We can't assume people don't have capacity and we can't stop people making decisions. We explain things; help them make a decision" and "We support people with day to day choices, even if they don't have capacity to make big life decisions."

We observed and people told us they were always offered choice and were in control of their care. One person required a healthy balanced diet to meet their healthcare needs; however they liked full choice of a menu. Care staff told us how they supported this person to enjoy a diet of their choice and encouraged the person to have a healthy diet, however staff respected their choice as they had the capacity to make a decision regarding their dietary needs.

Staff explored causes and triggers of people's anxiety to find ways to support them without the need for sedation. For example, one member of care staff told us how they identified if one person was anxious or required support with their personal care. They told us of the visual indicators which indicated their change in mood and how they reassured the person. The registered manager told us they wanted to promote a culture where people's anxieties were managed through natural solutions instead of the use of medicines. We saw where people had been prescribed anti-psychotic medicines to be used as required were being used sparingly and as a last resort. Nursing staff clearly recorded when they had supported people with these medicines.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, some people had required the support of speech and language therapists due to the risk of choking.

Where people were at risk of choking or malnutrition they were provided a diet which protected them from these risks such as soft meals and thickened fluids. Care staff knew which people needed this support. For example, one person was assessed as being at risk of choking. There was clear guidance in place for staff to support this person with their meal. Guidance had been sought from speech and language therapists and this was clearly referenced within their care plan. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People spoke positively about the food and drinks they received in the home. Comments included: "Good meals every day"; "The puddings are lovely" and "Food is a bit better than adequate, with a reasonable choice. Quite good since the new chef." The chef told us, ""They can have whatever they want, it is there need not mine, they have good portion sizes, not stingy with good meat and fresh fruit and veg."

People's dietary needs and preferences were documented and known by care, nursing and catering staff within the home. The home's chef knew what food people liked and which foods were required to meet people's nutritional needs. The chef and care staff were informed when people had lost weight or if their dietary needs had changed. People's care plans documented their dietary needs, such as a pureed or soft diet. One member of care staff spoke confidently how they assisted one person with their drinks. They told us how they had soya milk in their drinks and understood the reason for this.

Following our last inspection in May 2016, the registered manager had made many changes to the environment of the home, with the aim of making the home dementia friendly. At the time of the inspection, redecoration work was still ongoing, however a number of changes had occurred, which people, their relatives and the staff were generally positive about. The registered manager had turned two units into one which enabled people who walked with purpose to have more space to move around and an area of the home which was previously bare had been decorated to look like a post office. Additionally another room in the home had been turned into a pub, with a bar and pub games. Staff and relatives spoke positively about this change and the impact it had on people's well-being. One member of staff told us, "It has reduced people becoming anxious, they can move around without hitting a closed door."

The registered manager explained their aim was to decorate the home like a village. This included decorating people's bedroom doors to resemble front doors with brick work decorations around the door. They were in the process of replacing all the carpets within the home to ensure the environment was dementia friendly. Additionally people living in the home had access to a large secure courtyard. We observed people enjoying the courtyard, including people who walked with purpose.

Is the service caring?

Our findings

People had positive views on the caring nature of the service. Comments included: "I'm very happy"; "I love it here" and "The nurses are kind, exceptional people." One person's relative told us, "The residents are of paramount importance, all I've seen is really good care." Another relative said, "I can't say enough of staff, kindness, consideration, exceptional. The staff are protective of residents when they go down, they have impressed me with their concern."

People enjoyed positive relationships with care and nursing staff, activity co-ordinators and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person requested pain relief medicine; these were provided quickly by a nurse and administered safely. The person told us they were happy with the support they received.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, people enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other. Two people had formed a firm friendship in the home and they enjoyed talking with each other as well as the inspectors throughout one of the days of our inspection.

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. Staff spoke confidently about people and what was important to them. One staff member told us how they assisted someone with their day to day needs and talked with them about their interests. They explained how they supported the person to enjoy going for walks. They said the person likes spending time outside and enjoys the sun.

People told us their dignity was respected by all staff at the home. Comments included: "They treat me well" and "They always seem to respect the residents." Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "I make sure that people know what I'm doing, I always discuss it, make them comfortable" and "Make sure curtains and doors are shut. When assisting people make sure they're covered up and not exposed."

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. People were asked what colour they wanted their bedroom doors and their bedrooms to be decorated. For example the registered manager and staff told us about how they supported one person to move rooms; they agreed a colour for the room which reduced their anxieties regarding moving rooms.

People where possible were supported to make decisions around their care and treatment. For example,

one person's care plan clearly documented their views and also their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans.

Is the service responsive?

Our findings

At our last inspection in May 2016 we found that people's care plans and risk assessments did not always reflect the needs of people. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection completed in June 2017 we found improvements had been made and the provider was now meeting the requirements of this regulation. However, some time was needed to ensure all people's care plans included all of their care needs and the support staff provided to them.

Some of the care plans we reviewed had been updated and provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care, anxiety and nutrition. Where people's care plans had been updated there was clear personalised information regarding that person, including their life history and preferences. For example, one person's care plan provided clear details for how they should be supported with their personal care, what they liked to do by themselves. The care plans provided staff with guidance on the person's dietary preferences and how they should be supported with day to day choices.

However some people's current needs had not always been recorded and their care plans did not always provide clear guidance for care staff to follow. For example, one person was receiving personalised care regarding their nutritional needs, however the support staff provided this person had not been recorded. Additionally, staff told us about one person whose independence to manage aspects of their personal care had increased since changing room to live on a different unit in the home. However these changes had not been recorded on the person's care files, therefore care staff did not have current guidance on the person's needs and the support they required to increase their independence.

Where staff had reviewed and recorded changes in people's monthly care assessment these had not always informed the care plan. For example, one person's relative raised concerns that they had identified an issue with their loved ones personal hygiene. There was no record of how the person was to be assisted with this need.

Some of the care plans we reviewed had been updated and provided a clear record of the support people needed with all aspects of their individual needs. This included support around moving and handling, medicines, dementia care, anxiety and nutrition. Where people's care plans had been updated there was clear personalised information regarding that person, including their life history and preferences.

We discussed our concerns regarding people's care assessments and records with the registered manager and nursing staff. The registered manager had identified concerns regarding people's records prior to our inspection and had a detailed plan of action to ensure people's care and risk assessments were current and reflective of their needs. They had identified key workers for each person living at the home. A key worker is a member of the care team who will be responsible for recording and updating people's care plans. The registered manager was meeting with staff through meetings and supervisions to discuss their expectations

and provide clear guidance. We were satisfied that the registered manager had a clear plan of action in place to address these concerns in a proactive and sustainable manner.

People's relatives told us they were informed of any changes in their relative's needs. For example, one relative spoke confidently that staff would contact them if their relative was unwell. They said, "The let me know, they react quickly."

Staff responded well when people's needs changed. Where people's needs changed the registered manager and care staff ensured the advice of healthcare professionals were sought. For example, one person had an increased history of falls. The registered manager had provided care staff clear information so that they were able to identify changes in their health and wellbeing and the actions they wished to take.

People spoke positively about life in the home and told us there was always something to do. People enjoyed having discussions between themselves and reading newspapers and magazines throughout the day. Care staff also read with people and assisted them with manicures. People also told us they enjoyed time spent with the care staff and their relatives.

People had access to activities, events and interests which they enjoyed. We spoke with both of the home's activity co-ordinators who told us about the activities and events planned at The Grange Care Centre. They told us activities were provided in groups and for people to enjoy one to one activities if they were unable to enjoy group activities. Activities were provided in accordance with individual preference and ability. Trips outside the home were available and people were supported to access the home's grounds by care staff. A monthly religious service for people was held in the home and people from the church went in to assist people with their religious needs.

On the second day of the inspection people enjoyed an external entertainer as part of the home's 'Alzheimer's Society cup-cake day'. People enjoyed dancing with staff and singing along to the music. We saw people enjoying cakes. The home encouraged people's relatives to attend events at the home and visit their loved ones with their pets. The registered manager had allocated part of the home to become the activities centre. This area alongside the home's salon had been decorated and there were further plans to develop an outside courtyard into a beach scene and to turn a corridor into an indoor garden.

The home used social media to advertise events and enable people's relatives to see their loved ones enjoying events within the home. People's consent had been sought to put photos on Facebook. Staff and relatives told us this was a good way for them to see when people had been on excursions and when events had occurred at the home such as Ladies Day whilst Royal Ascot racing was being held.

People knew how to make a complaint if they were unhappy with the service being provided. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. One relative discussed how they had raised concerns about some changes to the layout of the home, they said, "I was critical to the manager because of the change to the dining room." They however now felt that the change had had a benefit on the home and staff "came shining through".

The registered manager kept a record of complaints and compliments they received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. The registered manager used people's concerns and complaints to improve the service people received regardless if the complaint was upheld. For example, when concerns were raised in relation to communication, the registered manager took effective action and implemented a new procedure to reduce concerns.

Is the service well-led?

Our findings

At our last inspection in May 2016 we found that the registered manager and provider did not have effective systems to assess, monitor and improve the quality of the service people received. This was breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us of the actions they would complete to meet this. At this inspection completed in June 2017 we found improvements had been made and the provider was now meeting the requirements of this regulation. During this inspection we found that further work was needed to ensure the effectiveness and sustainability of the new systems and processes.

There had been a change in registered manager since our May 2016 inspection. The new registered manager had a clear vision for the service with a focus on providing high quality dementia care. They had made a number of changes to the environment of the home and more were planned as part of the registered manager's environment action plan. The changes they had incorporated had improved the wellbeing of people who walked with purpose and could become anxious. This change had occurred to allow people to have free access to a large enclosed courtyard. People and their relatives were generally positive about the changes that had occurred within the home. One relative told us, "I think the place looks a lot brighter, it looks good."

The registered manager had implemented action plans in response to our last inspection. They were open regarding the progress that had been made and the newly introduced systems that still required some time to embed like the new care plan format. There had been improvements in the systems and processes in place to monitor and improve the quality of the service in relation to people's care assessments and medicine management. Records showed that these systems were on the whole effective in identify areas for improvement and bringing about change. For example, the registered manager was carrying out medicine competency assessments on nursing staff and had discussed concerns regarding medicine administration times to ensure staff had the required knowledge and skill. Although we found systems for the safe management of medicines had been put in place, some time was needed for all nursing staff to consistently implement the provider's medicine policies to ensure people would always receive their medicine as prescribed.

The registered manager carried out monthly audits in relation to key activities within the home such as mealtime observations, health and safety and infection control. Where issues had been identified in the audits, actions were recorded as having been taken and this was supported by our findings. For example, following shortfalls identified regarding the home's kitchen, the registered manager had implemented a clear action plan and carried out a detailed supervision with the home's chef.

The registered manager also carried out monthly audits in relation to incidents and accidents and health and safety. People were protected from risk as the managers ensured lessons were learnt from any incident and accidents to protect them from further harm. They used this information to identify any trends around accidents and incidents.

The provider carried out their own quality assurance visit of the service. Prior to our inspection a representative of the provider carried out a quality check of the service. This audit identified shortfalls around the quality of service people had received. The registered manager and the provider had identified a clear action plan in response to this audit.

Everyone we spoke with was complimentary about the registered manager. When asked people knew who the manager was and felt they were approachable. One person told us, "I can talk to the manager." One relative told us, "There is clear leadership at ground level." The registered manager interacted with people and their relatives throughout the day and people enjoyed talking to them. Since starting in post the registered manager had carried out relatives meetings to discuss changes to the home and seek people's feedback. Additionally they had arranged for surveys to be carried out and for an open surgery (for relatives to discuss any issues without need for an appointment). Some surveys had been returned by relatives prior to our inspection and we found that all responses were positive.

People and their relatives felt that there was a strong culture of leadership within the home, and spoke confidently about the nurses and senior care staff. Comments included: "There is a good attitude towards the way the place is managed. Quite exceptional people, new and younger people (staff) taken with them. The team leaders are very nice people I like and admire them"; "Staff very well led by senior staff" and "Staff would go to the team leader."

The registered manager had implemented a daily meeting for all staff working at the home. The aim of the meeting was to ensure key areas such as people's needs, admissions and any concerns were communicated to all staff teams. At each meeting different staff members would be nominated to attend, to ensure all staff had the ability to develop and express their views. During our inspection we attended one meeting where staff talked openly about the home and current events.

The registered manager arranged team meetings for all staff and used the home's staff login system to ensure important messages were conveyed to staff. Team meeting minutes were available which clearly documented the topics of discussion, such as changes to the home's environment and CQC checks. The registered manager also worked some nursing shifts in the home as well as a night shift to enable them to work with the majority of staff and understand their views and needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People did not always receive their medicines as prescribed. Regulation 12 (f)(g).