Bupa Care Homes (ANS) Limited

Freelands Croft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Freelands Croft Nursing Home provides accommodation and personal and nursing care for up to 64 older people who are frail or are living with dementia. Accommodation is provided over two floors with the first floor providing nursing care. At the time of our inspection 37 people were using the service.

This inspection took place on 25, 26 and 28 January 2016. It was carried out to check on the provider's progress in meeting the requirements made as a result of our inspection on 9, 10, 12 and 16 June 2015 which resulted in the service being rated Inadequate. As a consequence of this judgement the service was placed in special measures and we have taken enforcement action in response to this failure to meet required standards. We have placed a condition on the provider's registration that they must not admit any new people to Freelands Croft Nursing Home without the prior written consent of the Care Quality Commission. At the time of this inspection the provider had not requested any new admissions be made to the service.

The previous inspection report in June 2015 identified some serious concerns. Risks to people had not always been managed to ensure their safety, staff had not been supported to understand people's needs, care plans and records did not reflect the care people needed and received and the provider had not adequately monitored the quality of the service and make improvements when required to keep people safe.

The provider took action to address the concerns we found at the last inspection and submitted their service improvement plan telling us how they were addressing the areas in need of improvement. At this inspection we found the provider had made improvements to address the five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 found at the last inspection. Following this inspection the service has not been rated as inadequate for any of the five key questions and has therefore been taken out of special measures. The Interim Area Manager acknowledged that more time was needed to ensure these improvements became part of the routine practice at the service and were maintained over time before people could always be confident that they would receive good care.

A registered manager was not in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered person'. 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. The provider had recruited a new Home Manager in the past month and they had started the application process to be registered with the Care Quality Commission (CQC) to ensure the provider met their registration requirements. The provider was working at inducting the new Home Manager and supporting them to sustain these improvements.

The service had improved the operation of their quality and risk monitoring systems and routine monitoring checks and audits had been completed in the past six months. These had supported the Relief Home

Manager to identify areas of risk or quality concerns. Prompt action had been taken to address issues identified. Action plans had been monitored and were effective in driving service improvements for people. The provider was aware of areas that required further improvements and had plans in place to address these.

Staff we spoke with all knew what the concerns were and what action was required from them to improve the service. The provider was developing a culture of learning, development and problem-solving with staff empowered to find solutions to ensure people remained healthy and safe. Staff told us that they felt valued and felt able to put good care and people's experience at the heart of their work.

Improvements had been made in how risks to people's health and safety were identified and managed. People's risks and needs had been re-assessed and people and their relatives were involved in planning their care. People's treatment decisions and progress were reviewed regularly by appropriate staff to ensure the care and treatment they received remained in line with best practice standards. Staff understood how to support people to minimise risks where possible. Some improvements had been made to regularly review people's care plans however, improvements were still needed in staff reviewing people's mobility plans promptly following falls and ensuring the records informing people's weight maintenance plans were accurate.

Appropriate systems were in place to order, store, administer and dispose of people's medicine. Further improvement was needed to ensure people's medicine administration records were always completed promptly.

Following our inspection the provider had reviewed their nursing provision. They had made the decision to only provide nursing care on one floor of the service limiting their nursing beds to 32 and therefore reducing the number of nurses they required. We found there were sufficient staff that knew people's needs and preferences. The new Home Manager had identified some improvements were still needed in how staffing was co-ordinated on each shift to ensure staff knew what was expected of them and were available to people when needed.

Staff had started to receive regular support and supervision to enable them to identify solutions to problems, improve care practices and to increase their understanding of work based issues. Agency nurses had been inducted effectively to ensure they had the necessary knowledge of the provider's policies, care practices and people's needs to care for people in the service appropriately. Time was needed to ensure this would become part of the routine staff support practices in the service.

The service had improved their support to people who refused food and drink as recommended by the Speech and Language Therapist (SALT). The service had contacted the SALT for advice and had adjusted people's nutritional support to reflect their preferences whilst keeping them safe.

Staff understood their responsibility to follow the Mental Capacity Act 2005 (MCA) code of practice to protect people's human rights. Best interest decisions were being made to agree restrictions in people's care plans, with input from family who knew people; however it had not always been recorded how the decision had been made that these restrictions did not deprive a person of their liberty. We have made a recommendation about the recording of mental capacity assessments and best interest decisions to evidence how restrictions placed on people to keep them safe, had been considered not to meet the requirements of Deprivation of Liberty Safeguards (DoLS).

Appropriate systems were in place to check care equipment remained safe for use and available when

needed. Further improvements were needed to ensure these checks were always recorded.

Staff demonstrated kindness and compassion. There was a clear consistent approach when people became distressed and staff, picked up on people's attempts to communicate and engaged with them in a caring manner.

People and their relatives were given opportunities to provide feedback about the service and raise their concerns. They had access to the complaints policy and monthly resident and relatives meetings had been held to keep people informed of the progress made against the service improvement plan.

Relatives and staff told us they had seen improvements in the service especially in relation to staff consistency. However, they consistently told us these would need to be sustained before they would be satisfied that the service was consistently providing good quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had appropriate arrangements in place to safely manage people's medicines. Some improvements were still needed to ensure people's medicine administration records were completed promptly.

There were policies and procedures on safeguarding people from possible abuse. Staff knew what to do if they suspected any abuse had occurred.

People were protected from risks to their health and safety. Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Staff were provided in sufficient numbers to meet people's needs. The provider was still working at improving the coordination of shifts so staff would be available when needed.

Staff were provided in sufficient numbers to meet people's needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received training to support them in their role. Staff supervision and appraisals had started taking place and time was still needed to ensure this became part of the routine staff support practices.

People's decision specific mental capacity assessments were not always recorded in people's care plans. It was not always clear to staff and professionals how best interest decision makers had considered restrictions placed on people did not deprive them of their liberty.

People had access to sufficient food and drink of their choice. Staff knew how to support people during meal times. Some improvements were still needed in the recording of people's

nutrition support.

People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, respect and with dignity.

People were consulted about their care and were able to exercise choice in how they spent their time.

Staff promoted people's privacy and people were supported to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's needs were comprehensively assessed and reviewed. Care plans were more individualised and reflected people's preferences.

The service was still making changes to the activities programme for people to ensure it met the social and recreational needs of people living with dementia.

The provider sought the views of people and relatives about the standard of care at the service and used their feedback to make improvements.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements to the management and running of the service were evident and staff had a better understanding of their roles and responsibilities.

The provider had utilised their quality assurance and risk management systems to effectively drive improvements to the service. Some time was still needed to ensure these improvements would be consistent and sustained over time.

The provider was building a culture of accountability and openness. Staff felt valued and able to put good care and people's experience at the heart of their work. at the heart of their work.	

Freelands Croft Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory function. 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 25, 26 and 28 January 2016 and was unannounced. The inspection team consisted of two adult social care 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 by experience had experience of older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We requested a Provider Information Return (PIR) and this was completed by the provider before our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with 16 people using the service and five relatives. We spoke with the Interim Area Manager, the Quality Assurance Manager, the Relief Home Manager, the new Home Manager, the Deputy Manager, administrator, one nurse, two activities organisers, the chef, six senior care workers and three care workers. We spoke with the specialist community nurse for nursing homes as well as the senior community nurse assessor who had worked with the service.

We reviewed five people's care records and documentation in relation to the management of the service.

This included staff training and recruitment records, quality auditing processes and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our inspection in June 2015 we identified, people did not always receive the appropriate care and support they required to keep them safe. People were not always protected from the risk and harm from falls and equipment was not routinely checked to ensure it was used safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and the requirements of Regulation 12 were now met.

Care plans now included details of risks to people and the action staff needed to take to mitigate those risks. These included the risk of falls, mobility needs and maintaining a safe environment for people. Moving and handling risk assessments had clear instructions on how to safely move and handle people.

When people were at high risk of falls or had experienced multiple falls their risk management plans were discussed with the specialist community nurse for nursing homes to agree an appropriate plan to reduce the risk. Records showed these included referring people to the GP or specialist falls clinic if appropriate. All staff we spoke with knew who was at risk of falling and the support they needed to move safely in the service.

The service had improved their post falls safety practices. People were monitored for 24-48 hours following a fall to ensure staff would identify any possible post fall complications that would require an urgent referral to the medical team. The GP and specialist community nurse for nursing homes were informed of each fall and guidance sought to ensure all had been done to manage each person's risk of and resulting harm from falls. Some improvement was still needed to ensure people's mobility care plans were consistently updated when guidance was received or when people's mobility support changed for example, when new equipment like sensor boxes were being used.

People were assessed for the risk of developing pressure sores to their skin due to immobility. Care plans informed staff of the measures being taken to reduce the risk of pressure sores, such as the provision of pressure relieving air mattresses and how often the person needed to be repositioned by staff. Charts were completed by staff when they assisted people to re-position themselves. The size and type of pressure injuries were monitored and recorded. Records showed the staff liaised with the tissue viability service when this was needed and the service had reduced the number of people experiencing pressure sores.

Improvements had been made to support staff to promptly identify when equipment was not safe to use so they could make the necessary adjustments required to keep people safe. Records showed daily checks of syringe drivers, nebulisers, suction machines and air mattresses had been introduced. Staff understood how they were to complete these checks. Some improvements were still needed to ensure air mattress settings checks were consistently recorded every day. The Interim Area Manager had introduced a daily monitoring check after each shift for shift leaders to monitor that these records had been completed. Time was still needed for these shift checks to become part of daily practice.

There were effective protocols in place to identify and protect people from harm when safety incidents

occurred and staff contributed positively to an incident reporting culture that provided opportunities for continual learning. We found learning from incident investigations was disseminated to staff in a timely fashion. Staff were able to tell us in detail about improvements in practice that had occurred as a result to prevent errors reoccurring, for example; in relation to medicine management. One staff member told us "The medicines are more time consuming now, but more thorough. We are checking them all the time."

At our inspection in June 2015 we identified, there was insufficient nursing staff deployed with the skills, experience and knowledge of people's needs and the support they needed to stay safe. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and Regulation 18 was now met.

Following our inspection in June 2015 the provider had reviewed their nursing provision. They had made the decision to only provide nursing care on one floor of the service limiting their nursing beds to 32 and therefore reducing the number of nurses they required. The Interim Area Manager told us ''This has made a big change. We now have a consistent nursing team that can safely provide nursing care on the top floor''. The ground floor accommodated people who did not require nursing care and this floor was overseen by senior care workers.

Staff were consistently positive about the new staffing arrangements. Comments included '""There's a much better mix of staff in ages and experience. It's much more balanced. They complement each other and it's much more stable for everyone", '""Good now" and ''More than enough''. Relatives also told us staffing levels had improved. One relative said ''Now the cooking staff sometimes come to serve meals, which helps''.

The Interim Area Manager had completed the provider's tool for determining how many staff were required for each shift. This was primarily based on people's individual needs and dependency. The staffing levels at the time of our inspection reflected the outcome of this tool. The Relief Home Manager and Interim Are Manager kept staffing levels under review. The service had consistently been overstaffed to ensure staff would have the time to complete the service improvement actions. When new staff were completing their induction the Relief Home Manager had made enough staff available who knew people's needs on each shift.

The provider had continued to recruit new staff; eight care staff and two nurses had been recruited since our last inspection. The agency nurses used were consistent and had worked at the service for some months. Care staff had to work both days and nights and they told us this ensured people always received care from staff that knew them. They were complimentary about the nurses and felt the stability and consistency of the current nursing team had provided people with continuity of care.

From our observations there seemed to have been sufficient staff numbers; for example, we did not notice any people left waiting to be attended to, and on the occasions when we heard the call alarms these were responded to quickly. The new Home Manager had identified some improvements were still needed in how staffing was co-ordinated on each shift to ensure staff knew what was expected of them and were available to people when needed. We saw he was working with staff during lunch time to improve the running of each shift.

At our inspection in June 2015 we identified, people's medication administration records were not always accurately completed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and Regulation 17 was now met.

Medicines were stored safely in locked fridges, cupboards or trolleys. Medicine fridge and room temperature records demonstrated that medicines had been stored within the required temperature range.

Some improvements had been made in the records to show when people had taken or refused their medicine. Where written changes were made to people's medicine administration records (MAR) these were double signed as per best practice guidance. When people stopped taking prescribed medicines there was an explanation for this and it had been signed by the nurse making the change. The service's daily medicine audit showed staff did not always consistently sign people's MARs promptly after they had administered medicine. The Relief Home Manager was monitoring this recording practice closely and told us some improvements were still needed to ensure MAR charts were always completed.

There was a record of decision making when people were given medicines covertly, for example hidden in food. Information was available to staff to ensure "When required medicines" were given in a timely and consistent way by the staff.

Following our inspection in June 2015 the service had reported several medicine errors. Action had been taken to prevent these errors from re-occurring. Additional supervision, staff medicine training and competency assessments had been completed. Daily MAR audits were introduced and a senior staff member supervised all pain patch administration. The service still needed to complete their medicines improvement plan to ensure best medicine practices were embedded in the daily medicine tasks.

The provider had systems to help protect people from the risk of abuse. All of the staff we spoke with knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they had never witnessed anything of concern in the home. One member of staff said "We are always checking if people might have bruises and reporting any concerns''. Training records showed all staff received annual refresher training in safeguarding to make sure they were up to date with the latest information. Safeguarding and Whistleblowing policies were also available for staff to refer to. The provider ensured agency staff received copies of these policies as part of their induction. Whistleblowing is a way in which staff can report misconduct or concerns they have within their workplace.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the service. Identification checks and conduct references from previous employers were verified before applicants were offered employment. Criminal record checks provided assurance that applicants were suitable to safely support people in the service. All required recruitment information had been checked by a manager before applicants were offered a role. However, they had not always completed the provider's employment history quality check and if there had been gaps in an applicant's employment record this might not have been identified and explored during interview. Recruitment practices protected people as far as possible from staff who were known to be unsuitable to work with people using this service.

Requires Improvement

Is the service effective?

Our findings

At our inspection in June 2015, we identified staff had not always received appropriate support and supervision to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvement in this area and Regulation 18 was now met.

Records of supervision were maintained and showed staff had received at least one supervision session since our previous inspection and regular team meetings had been held. Staff told us they had felt better supported over the past six months and their supervision had given them the opportunity to increase their understanding of work based issues. One staff member told us ''Supervisions are now more regular. We get the opportunity to discuss anything we might find difficult''. Some annual appraisal meetings had taken place and the others were scheduled to take place to identify and address staff training and development needs. The service had completed some structured supervision and appraisal sessions with staff, however, time was needed to ensure this would become part of the routine staff support practices in the service.

Records showed staff had undertaken a range of training in areas considered mandatory by the provider. For example, dementia care, safeguarding, moving and handling, medication, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Plans were in place for new staff to receive their training as part of their induction. Staff spoke positively about the training they received. One staff member told us they had received additional training in the past two months to support them in their senior role. Records showed new nurses had started the provider's competency programme. These still needed to be completed to ensure all nurses had received the support they required to evidence their competency to meet people's identified needs.

Following our inspection in June 2015 the provider reviewed its agency nurse induction information. We saw this was more comprehensive and provided agency nurses with information relating to the service's evacuation, medication and safeguarding procedures. Agency nurses were invited to attend team meetings to discuss any concerns. The provider had reviewed the agencies they used and was now only using an agency that provided their nurses with regular support and supervision to ensure they maintained their competency and knowledge.

At our inspection in June 2015, we identified people who lived with diabetes were not always supported in line with nationally recognised guidelines to manage their health risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvement in this area and Regulation 12 was now met.

Following our inspection the service had reviewed people's diabetes care with the community diabetes nurse to ensure they were supported to adequately manage their blood glucose levels. Though staff were able to describe how they would recognise if people's blood sugars became unstable and the action they would take, this was not recorded in all people's care plans. Some improvement was still needed to ensure diabetes care plans always included all the information staff required to effectively meet people's diabetes

needs. Specialist input had been sought to evaluate people's diabetes care and it was evident that people's care had been adjusted to ensure they consistently received diabetes care in line with nationally recognised guidelines and the provider's policy.

At our inspection in June 2015, we identified people did not always receive the support they needed to ensure their nutritional and hydration needs were met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities). At this inspection we found the provider had made improvement in this area and Regulation 14 was now met.

People's nutritional needs had been assessed. Referrals were made to health professionals where people were at risk of malnutrition and the guidance received from the GP or dietician was recorded in people's care plans. People's weight was monitored and staff were aware of those people who had lost weight and what action was needed to support them. Staff were required to scrutinize people's weight records to identify if their weight losses or gains seemed significant so that actions could be taken to address weight concerns. The Deputy Manager told us improvements were still needed to ensure staff checked that people's weight records were accurate especially if there was a significant change in people's weight from one month to another. One relative told us they were not sure why their loved one's food intake was not being monitored. Another person at risk of weight loss did not have a food monitoring chart in place. We discussed this with the Interim Area Manager and she explained this had been discussed with the dietician and it was agreed a food monitoring chart would not be required. Further improvements were needed in recording how decisions were made about the monitoring arrangements of people's food intake so that these decisions could be kept under review and shared with relatives when needed.

Staff provided examples of adjustments made to support people with soft or pureed food to eat enough when they experienced difficulty chewing or swallowing. People at increased risk of choking were referred to the Speech and Language Therapist (SALT) for an assessment when needed. The service had improved their support to people who refused food and drink as recommended by the SALT. Records showed they had again contacted the SALT for advice and had adjusted people's nutritional support to reflect their preferences whilst keeping them safe.

We saw people were supported appropriately during lunch time in line with the guidance recorded in their care plans. People were asked for their preferences and shown the options available to support them to choose what they would like to eat. Staff monitored people had enough to eat and drink and responded where people needed, or, asked for assistance. Though staff knew the amount of fluids they should support people to drink, this was not always recorded on the fluid charts so new staff would know from these records whether people had drank enough. Drinks and snacks were available throughout the day. Special diets were catered for such as soft, enriched, pureed and we saw these were attractively presented. People's dietary requirements and allergies were displayed in the kitchen and the chef was familiar with people's needs and preferences.

There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from podiatry, the tissue viability team, dementia nurse, dentist, optometrists as well as mental health input. People were supported to attend their hospital appointments. People benefited from regular health reviews and support form a local GP practice.

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

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

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider trained staff in the requirements of MCA and DoLS and they understood their responsibilities under the Act. At the time of our inspection no one was subject to the Deprivation of Liberty Safeguard (DoLS) and the DoLS team was processing eight applications for people living at Freeland's Croft Nursing Home.

People's capacity to make decisions about their care arrangements where included in their general assessment and care plans indicated the support people would require when needing to make specific care decisions. Records showed where decisions had to be made for example, about the use of covert medicine, falls monitoring boxes or people's diabetes management these were made in people's best interests if they lacked the capacity to make these decisions independently. Though mental capacity assessments had been undertaken to show people lacked the capacity to make decisions about their care improvements were needed to ensure these were t always decision specific. Staff could describe how they considered whether restrictions in people's care plans for example; not being able to leave the service unsupervised had been evaluated to determine if these constituted a deprivation of liberty. However, these discussions had not always been recorded to evidence why it was decided not to make a DoLS application. The Interim Area Director told us they would again review their decisions relating to DoLS and ensure these were recorded.

We recommend the provider utilises the advice and guidance based on current best practice from a reputable source, on how to record the mental capacity assessments and best interest decisions relating to restrictions that lead to DoLS applications not being required.

Good

Is the service caring?

Our findings

People and relatives told us they liked the staff at Freelands Croft Nursing Home. Their comments included, ''I have nothing but praise for the carers'', ''I like it here'', ''The staff are lovely, very good with her, and kind'' and ''They talk to me''.

Interactions between people and staff were good humoured and caring. Throughout the inspection, staff showed care and concern for people's wellbeing. People appeared relaxed, comfortable and responded positively to staff when asked what they wanted to do or eat. Staff gave people time to respond to their questions, used short sentences and encouraged people to concentrate so that they could make their wishes known. We observed the new manager was present in the communal areas to observe and monitor how staff interacted with people.

We found improvements in the way staff supported people when they became distressed. When people living with dementia asked questions to make sense of their day or became anxious staff had a consistent approach. Staff knew people well and understood people's behaviour. They responded promptly and patiently with answers to their questions and offered reassurances. We found staff identified promptly when people were becoming distressed and offered reassurance and comfort in a timely manner.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them, for example; people were encouraged to manage their personal hygiene and appearance. Care plans included details of those areas people were independent in. Staff told us how they aimed to support people to maintain or develop their independence.

Staff told us they respected people's wishes on how they spent their time and the activities they liked to be involved in. When people chose to spend time in their rooms we saw people's tables were near them and their glasses, remote controls and books were within easy reach. For those people who had specific preferences their care plans noted what they liked to have at hand when in their rooms.

People had been involved in decisions about the décor of their rooms and were surrounded by objects they held dear. We observed laughter and banter between people and staff. The language heard and recorded in care records was appropriate and respectful. Staff used touch to support people to understand instructions, we saw this was done appropriately and people seemed comfortable and reassured through physical contact with staff. Contact was unrushed, with smiles and kindly gestures, such as when asking where people would like to sit or when people appeared not to understand what was asked of them.

Family and friends were encouraged to visit whenever they wanted and staff supported people, who wanted to have regular and frequent contact with relatives. Relatives were encouraged to support people during lunch time if they wanted to.

Staff explained to us that an important part of their job was to treat people with dignity and respect. Our observations confirmed that staff respected people's privacy and dignity. Staff used people's preferred

names and spoke with them in a kind and patient manner. If people required support with personal care tasks this was done discreetly, behind closed doors to ensure their dignity was maintained. When staff spoke with people using wheelchairs they showed respect by crouching or sitting down so that people could have a conversation at eye level.

Requires Improvement

Is the service responsive?

Our findings

Relatives said although they had seen improvements in the service they were still not confident that all staff knew people's needs and would consistently receive care that met their needs and preferences. For example, one relative told us 'Despite always giving a time, every time we come to take her out she's never ready to come out. Everything seems OK, but then you get worried that they're not understanding she has asthma''.

At our inspection in June 2015, we identified people's assessments had not always been used to inform the planning and delivery of their care. People could therefore not always be assured they would receive person centred care appropriate to their needs and preferences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in this area and Regulation 9 was now met. However, we noted some of the care plans were still in need of improvement.

Following our inspection the service had completed their reassessment of all people's needs and rewritten care plans in the new format. These were more personalised with information about people's life history, interests and care needs. Details about people's interests and social needs were assessed and recorded. Where known people's new care plans provided their clinical histories and how people's health had deteriorated or improved over time to support staff when planning people's care. We saw consistency was still needed across care plans in how for example, diabetes care plans were written and decisions were recorded.

We found improvements had been made in routinely reviewing people's care plans to ensure the information remained current. The service used the 'resident of the day programme' and each person was assigned a specific day in the month when their care plan would routinely be reviewed. This process involved the person, staff and any family members. Records showed the 'resident of the day'' reviews took place daily. When instructions were received from health professionals we saw people's care plans were reviewed promptly so that staff could have up to date information about people's changing needs. For example, the dentist had instructed staff to support one person to brush their teeth. This information was incorporated in their care plan and staff could describe how they would support this person with their oral care. Care plan audits showed improvements were still needed to ensure every person's care plan included all the information required by the provider.

The Quality Assurance Manager was aware that some care plans needed further improvements. They had completed care plan audits monthly and these effectively identified the concerns we found. She told us ''Staff are getting better at writing care plans but we are still working on consistency and ensuring staff make the improvements noted in the care plan audit promptly''. The new manager was also reviewing the shift handover sheet to determine if this was effective in providing key information to staff at each shift as it had not always been kept up to date.

We heard many examples of how staff supported people in accordance with their preferences. This included

supporting people flexibly with their medicines, keeping people company when they could not sleep at night and giving people the choice to remain in the rooms they were comfortable in when the nursing floor was established.

The provider had taken action to implement the guidance provided by the specialist Admiral Dementia Nurse. The specialist Admiral Dementia Nurse visited the service regularly to audit the service's performance against national dementia guidelines including the design guidance for dementia-friendly health and social care environments. The Admiral Dementia Nurse completed an audit in October 2015 and identified that the service had made improvements in meeting the needs of people living with dementia. Memory boxes had been created with objects of special meaning for people to refer to, staff had completed dementia training and the service had ordered black toilet seats to support people to find the bathroom independently. Another activities staff member had been recruited and the service was still reviewing the current activities programme to ensure it met the social and recreational needs of people living with dementia.

Therefore although improvements had been made to the way people's needs were assessed and planned for, further work was required to ensure these improvements were fully implemented and reflected in daily practice.

People and their relatives were given the opportunity to provide feedback about the service. A monthly residents and relatives meeting had been held since our inspection in June 2015. This was to inform people and relatives of the inspection outcome and keep them updated of the improvements the provider was making. It was also an opportunity for people and relatives to raise any concerns and make suggestions for service improvements. One relative told us ''I went to a relatives meeting last week; the Area Director was there and did one to ones with everyone who wanted to''. The Interim Area Manager told us these meetings had been helpful in informing the service where improvements were still needed or whether improvements had resulted in better outcomes for people.

A satisfaction survey was completed in September 2015. This indicated that people and relatives felt some further improvements were needed for example, in the time staff took to respond to people's calls for assistance. The Relief Home Manager had devised an action plan to address the concerns raised. She had monitored the call bell response records and minutes showed she had discussed any calls that were not answered within two minutes at the weekly Heads of Department meetings. An annual staff survey was also completed in September 2015 and had an 88% return rate. The results indicated staff's satisfaction had improved from the previous year and a working party was being set up with staff representatives to drive the improvements identified. People, relatives and staff were consulted about their experience of the service and their feedback was used to improve the service.

People were given information about the service, which included the complaints procedure. All complaints were logged, investigated and responded to in line with the provider's complaints policy. The service had not received any complaints relating to the quality of the service since our previous inspection. Some concerns had been received relating to a proposed fee increase and the provider had written to all relatives and people in response to their concerns.

Requires Improvement

Is the service well-led?

Our findings

Our previous inspection in June 2015 identified the service had systems in place to monitor, asses and improve the quality of the service but these had not been operated effectively. People were at risk as the provider had not always identified unsafe care and had not taken prompt action to address shortfalls in the care people received. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and Regulation 17 Good governance was now met. There were, however, areas where the manager and provider still needed to complete their service improvement plans for example, in medicine management, recording of care and care plan writing. The Interim Area Manager explained that a few more cycles of routine auditing was needed to ensure staff consistently followed procedures, improvements were sustained and people consistently received good care.

Relatives and staff told us they had seen improvements in the service especially in relation to staff consistency. One relative told us ''It has been up and down with many changes. But I have high hopes now, the quality of staff and the way they are working together now''. Another said ''I have hope, but we have been here before''. Relatives and staff were relieved that a permanent manager had been appointed. They consistently told us though they had seen improvements, these would need to be sustained before they would be satisfied that the service was providing good quality care.

The provider was committed to improving the quality and safety of the service and had devised a service improvement plan (SIP) to address the concerns we found at our previous inspection. The Interim Area Manager was overseeing the SIP and spent time at the service every week. She understood and implemented the principles of good quality assurance to drive improvements and develop good nursing practice. Quarterly service audits were completed by the Quality Assurance Manager with the service's management team. The last audit in October 2015 showed that the service was rated amber and had improved since the red rating in March 2015. The October 2015 audit identified for example, that further improvements were needed to ensure all staff received the provider's mandatory training. Records showed the Relief Home Manager had taken action and had arranged for staff to receive the provider's mandatory training. We attended the daily risk meeting and found progress made against the SIP was discussed and outstanding tasks, for example, care plan reviews were allocated and monitored. At this inspection we found areas previously in breach of Regulations were now being met which demonstrated that the provider's action plans had been effective in addressing previous shortfalls.

The provider's quality monitoring systems had been reintroduced to the service to support the Relief Home Manager and staff to continually evaluate the risks and measure the quality of the service. We found these systems were effective and had informed the provider of potential risks to people's health and safety and possible regulatory breaches. For example, the service's incident reporting system had alerted the Relief Home Manager to medicine management concerns when she noted several medicine errors had been reported. A medicine audit was completed and the Interim Area Manager undertook several investigations to determine the cause of these errors. Prompt action was taken to address these medicine concerns and monitoring arrangements were put in place. The service kept the monitoring tools under review to ensure

they remained effective. For example, the daily MAR audit sheet had been altered to include a section where staff would record the action taken to ensure people were safe when they found gaps following the daily MAR audit. Regular checks and audits had supported the Relief Home Manager to identify areas of risk or quality concerns and these were used to continually drive service improvement for people.

There was a system of governance which staff understood and could explain. Nursing decisions were reviewed and monitored to ensure care was being provided in line with best practice standards. This included a daily risk meeting, weekly clinical review meetings as well as a monthly Home Manager Quality Metrics which monitored any risks and trends across the home. Records showed and staff told us these clinical meetings took place routinely now with structured standard agendas, minutes and action logs for staff to refer to. Clinical meetings were regularly attended by the specialist community nurse for nursing homes for nursing homes who supported the service with complex treatment decisions and worked with nurses to evaluate their falls, wound and nutrition plans. Staff spoke positively about these meetings and told us it supported them to remain familiar with the provider's policies and helped to clarify their responsibilities. One staff member told us ''The weekly risk meetings are really helpful. If I have any concerns about people on my floor maybe losing weight or having red skin we discuss together what we are going to do. We then agree what I will do and what the nurse will do or if we need to refer to a specialist''. People's treatment decisions and progress were reviewed regularly by appropriate staff to ensure the care and treatment they received remained in line with best practice standards.

The specialist community nurse for nursing homes told us she had seen improvements in nurses' confidence in making treatment decisions and taking the appropriate action when people become unwell. She spoke of staff acquiring an increased ability to problem solve and reflect on their practice to ensure people receiving the care they need. Staff's problem-solving ability was evident when they described how they implemented the provider's Maintenance of Skin Integrity and Pressure Ulcer Management policy. The provider was developing a culture of learning, development and problem-solving with staff empowered to find solutions to ensure people remained healthy and safe.

We found some improvements had been made in the records kept in relation to people's care. The Interim Area Manager confirmed time was still needed to ensure records for example, relating to people's food and fluid intake, repositioning, topical cream administration and air mattress checks were always completed. The service was working on ensuring these records were checked at the end of each shift and action taken when gaps were identified.

The Interim Area Manager told us ''We are building a culture of accountability and openness. Staff are realising when a mistake is made, they need to report it and we can then put it right''. We found a great degree of openness with staff on all levels. Staff told us that they felt valued and felt able to put good care and people's experience at the heart of their work. The provider had shared the inspection report and improvement plan with all staff, people and relatives. Staff we spoke with all knew what the concerns were and what action was required from them to improve the service. There was a system of delegation where heads of departments and staff who took a lead role in specific areas, such as the falls champion, had responsibility for making decisions during their shift. The new Home Manager told us work was still needed to empower nurses to lead the shift so that tasks would be coordinated and monitored effectively. We saw the new Home Manager had started working alongside senior staff and nurses to support them to plan and oversee each shift.

The service did not have a registered manager in place at the time of our inspection. The provider had recently appointed a new Home Manager and a Relief Home Manager was overseeing the service till the new manager had completed their induction. Staff and relatives were complimentary about the new manager

and comments included ''He spends time with us on the floor'', ''He shows us how to do things better'' and ''He is really approachable''. The new Home Manager had started the application process to be registered with the Care Quality Commission (CQC) to ensure the provider met their registration requirements. 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. The service is required by a condition of its registration to have a registered manager.

The Relief Home Manager understood the provider's reporting responsibilities and had notified CQC of relevant events and incidences. This had supported CQC to monitor if appropriate action had been taken to keep people safe and whether all appropriate agencies had been informed by the Relief Home Manager. When we arrived at the service the current CQC inspection rating for the service was displayed as required by the Regulations. The rating was also displayed on the provider's website to inform the public of the inspection outcome.