Caring Homes Healthcare Group Limited

Kingsclear

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 29 August 2018 and was unannounced.

Kingsclear is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kingsclear provides facilities and services for up to 97 people who require personal or nursing care. The service is purpose-built and provides accommodation and facilities over three floors. An area on the first floor provides care and support to people who are living with dementia, this area is called Windsor. Since our last inspection there has been a reduction in the number of people living at Kingsclear. On the day of the inspection there were 15 people living at the service.

At our inspection on 7 March 2018 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following receiving concerns relating to people's care people were receiving we completed a further focussed inspection of Kingsclear on 1 May 2018 looking at the areas of Safe and Well-Led. During this inspection five breaches of legal requirements were identified. Concerns identified during these inspections related to a lack of managerial oversight, risks to people's safety not always being identified and acted upon, staff not being appropriately deployed and accidents and incidents not being adequately monitored. We found that people's legal rights were not always protected as the principles of the Mental Capacity Act 2005 not being followed, training for nursing staff not being comprehensively updated, care not always being provided in a person centred manner and safeguarding concerns not always being reported to the local authority or to CQC.

Following our inspection on 1 May 2018 we issued warning notices in relation to safe care and treatment and good governance. As a result of our concerns Kingsclear was placed into Special Measures. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good. At this inspection we found improvements had been made in all areas of the service. However, continued work was required to ensure that Kingsclear was meeting all regulations. During our inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and made one recommendation.

Since our last inspection a new registered manager had been appointed who had registered with CQC. 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 registered manager had started their employment at Kingsclear seven weeks prior to our inspection.

During our inspection we found inconsistencies in the way the principles of the Mental Capacity Act 2005 were applied. Following the inspection, the registered manager forwarded evidence that these concerns had been fully addressed. We have made a recommendation that systems used to assess people's capacity and

ensure best interest decisions are recorded and embedded into practice.

There were sufficient staff who were appropriately deployed to meet people's needs safely. People's needs were responded to in a timely manner and staff had time to spend with people. Staff had received the training they required to meet people's needs. Staff were provided with an induction, regular training and supervision to ensure they had the skills they required for their role. Safe recruitment processes were in place to ensure people received support from suitable staff.

Risks to people's safety and well-being were assessed and control measures were in place to help minimise risks. Staff were aware of how to support people to manage risks safely. Accidents and incidents were recorded and monitored to identify any trends and minimise the risk of them happening again. Staff were aware of their responsibilities in safeguarding people from potential abuse and any concerns were appropriately reported. People lived in a safe and well-maintained environment. The provider had a contingency plan in place to ensure that people's needs would continue to be met in the event of an emergency or if the building could not be used.

Safe medicines practices were followed and people received their medicines in accordance with their prescriptions. Medicines were safely stored securely; sufficient stocks were available and appropriate guidance was followed by staff. People's healthcare needs were known to staff and appropriate referrals were made to healthcare professionals where required. Healthcare professionals confirmed that improvements in the management of people's healthcare had been made.

People were supported by staff who knew their needs well and provided personalised care. However, records relating to people's care needs were not consistently updated to ensure staff had the guidance they required when providing people's care. We have made a recommendation in relation to this. People and their relatives told us that staff were caring and treated them with kindness. Staff supported people to maintain their independence and respected people's privacy and dignity. People told us they enjoyed the food provided and choices were available. People's nutritional needs were met. People's weight was monitored and appropriate action taken where significant changes were identified.

There was a range of activities available for people to take part in and people received the support they required to be involved. In addition to planned activities, staff spent time with people individually. Resident meetings were held regularly and people and their relatives were able to make suggestions regarding the running of the service and the food and activities provided.

The provider had a complaints policy and the registered manager maintained a complaints log which showed that concerns had been addressed and responses given. Quality assurance processes were in place and regular audits of the quality of the service completed. The registered manager had taken action to rectify shortfalls identified in the service. Staff told us they felt supported by the management team and were able to discuss any concerns openly. The registered manager had had a positive impact on the culture of the service. Both staff and people reported improvements since they had been in post and this was noted during our inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 safe.

There were sufficient numbers skilled staff deployed to support people in a safe way.

Staff knew how to recognise and report any potential abuse. Any concerns had been shared with the appropriate authorities.

Potential risks to people were identified and measures were in place to minimise them. Accidents and incidents were reported and action taken to minimise risks.

People received their medicines as prescribed.

Recruitment processes included checks so that only suitable staff were employed.

People lived in a clean environment and safe infection control practices were followed.

Is the service effective?

Good

The service was effective.

People's legal rights were upheld as the principles of the Mental Capacity Act (2005) were followed. We have made a recommendation to ensure that systems used are embedded into practice.

People's healthcare needs were assessed and monitored and advice was sought from healthcare professionals when required.

People's dietary needs were met and a choice of foods was available.

People were supported by staff who received on-going training and supervision.

People lived in an environment which was suited to their needs.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness.

People's privacy and dignity was respected.

Visitors were made to feel welcome to the service.

People were supported to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans lacked detail and guidance for staff to follow. We have made a recommendation regarding this.

People's needs were responded to in a person-centred manner and staff knew people well.

People had access to a range of activities.

There was a complaints policy in place and complaints were investigated and responded to in a timely manner.

Is the service well-led?

Requires Improvement

The service was well-led.

The new registered manager had made a positive impact on the running of the service.

Audits were completed and concerns highlighted were addressed.

The registered manager was working to an action plan to ensure the service continued to develop.

People, staff and relatives were consulted about the running of the service.

Kingsclear

Detailed findings

Background to this inspection

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

The inspection took place on 29 August 2018 and was unannounced. The inspection was carried out by two inspectors and a specialist advisor who had a background in nursing.

Before the inspection the provider completed a Provider Information Return (PIR). 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with a range of people about the service; this included five people who lived at Kingsclear, two relatives, a visitor and two professionals who had regular contact with the service. During and following the inspection we spoke with seven staff members, the registered manager and regional manager.

We looked at care records of seven people who lived at the service and training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition, we checked the building to ensure it was clean, hygienic and a safe place for people to live.

Requires Improvement

Is the service safe?

Our findings

At our inspections in March and May 2018 we found concerns regarding the safety of people's care. Staff were not appropriately deployed which had led to people not always receiving their care in a timely manner and some staff feeling under pressure. Risks associated with people's health and behaviours were not adequately assessed and monitored and safeguarding concerns had not been shared with the local authority safeguarding team. At this inspection we found that improvements had been made in these areas. The registered manager told us that improving systems relating to people's safety had been their first priority and systems were now in place to assess and mitigate risks. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People and their relative told us they felt there were enough staff to support them and they did not have to wait for assistance. One person told us, "There's always someone about and you can just press the bell if not." Another person told us staff were, "Always prompt" when they used their call bell. One relative told us that increased staffing levels and a reduction in the use of agency staff had led to an improvement in their family member's experience of care. The relative said, "We notice that temporary staff are less engaging so that [improvement in consistency of staffing] is a good thing for us."

There were sufficient, skilled staff to meet people's needs. Since our last inspection a stable staff team had been recruited and inducted into the service. Rotas showed that this had led to people receiving care from consistent staff. The registered manager and regional manager told us that although the number of people living at Kingsclear had reduced, they had maintained staffing levels in order to provide people with consistency and to retain the staff they had recruited. Staff told us they felt there were enough staff on each shift to meet people's needs. One staff member said, "There's always enough staff. We can spend time with people over and above providing their care." We observed that staff were always available in communal areas to offer support to people when required. Staff communicated well with each other regarding where they were going and what they were doing. During our inspection we observed people's needs were met promptly and staff had time to spend with people socially.

Risks to people's safety were identified and measures implemented to keep people safe. Risk assessments had been completed in areas including skin integrity, nutrition and hydration and mobility. Where concerns had been identified, systems were in place to monitor risks and these were regularly reviewed. For example, where people had been assessed as being at risk of malnutrition or dehydration, food and fluid charts were in place to monitor their daily intake. These were reviewed daily and staff informed during handover whether the desired levels of nutrition or fluid intake had not been achieved. Where people were at risk of pressure sores, specialist mattresses and cushions were provided and guidance on caring for people's skin was available to staff. Where people had existing skin conditions, care plans were in place to ensure these were closely monitored and that appropriate care was provided.

Accidents and incidents were closely monitored and action taken to minimise the risk of them happening

again. Reports of accidents and incidents were completed in detail and reviewed by the registered manager to ensure appropriate action was taken. The information was then transferred onto the provider's central monitoring system which meant that all accidents and incidents could be reviewed by the provider at any time. The central system also enabled the registered manager and regional manager to analyse any emerging trends. These were discussed on a monthly basis to check that all appropriate action had been taken and that any safety measures taken were proving effective.

Safeguarding concerns were identified and reported to the local authority. System were in place to ensure that any concerns regarding potential abuse were reported appropriately. Staff received training in safeguarding and were able to describe the different types of abuse, signs they should look for which may give cause for concern and reporting procedures. Staff were also aware of whistle-blowing procedures and had easy access to contact details for the local authority safeguarding team. One staff member told us, "I couldn't think anything was happening to any of them and do nothing. I'd have to report it and know something was being done. (Registered manager) is always reminding us what we need to do if see anything." Safeguarding records confirmed that any concerns had been reported in a detailed and timely manner.

Staff employed were subject to robust recruitment checks to ensure they were suitable to work in the service. We reviewed three staff files and found the provider had completed pre-employment checks included obtaining references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also included application forms listing previous employment and evidence of face to face interviews taking place.

People's medicines were managed, stored and administered safely. People told us that their medicines were administered safely and at regular times. One person said, "They come [to administer medicines] at the same time each day." Medicines were stored securely in locked cabinets and fridges. Temperatures of storage areas were monitored daily to ensure that medicines were stored within safe limits. Each person had a medicine administration record (MAR) in place which contained an up to date photograph and details of any allergies. Where people were prescribed PRN medicines (as and when required) guidance was available for staff regarding how and when these should be administered. Staff showed kindness to people when supporting them with their medicines and took time to explain what they were doing. Topical creams were recorded where prescribed by the person's GP. Whilst the majority of people's topical creams were signed for when administered, we found some gaps in administration for two people. Senior staff assured us that this would be brought to the attention of staff and additional checks implemented.

People were cared for in a clean and well-maintained environment. The housekeeping team worked to a cleaning schedule which was completed on a daily basis. All areas of the service were cleaned to a high standard and people told us this was important to them. One person told us, "It's very clean. They come in and clean my room. The laundry situation is very good. They take away your laundry and do it. It's part of the service." The provider's PIR stated, "All
staff undergo infection control training to minimise the risk of introducing/spreading infection within the home." We found this to be the case. Staff were aware of infection control procedures and we saw that gloves and aprons were available for them to use. The laundry area was well organised to ensure that clean and soiled items were separated to minimise the risk of cross infection.

Regular servicing of equipment was planned and completed. Records showed that fire and moving and handling equipment was serviced within the required timescales to ensure it remained safe. Maintenance staff completed checks of the environment and any maintenance concerns were addressed promptly. The

provider had developed a contingency plan which gave guidance to staff on the action to take in the event of an emergency. The plan included responsibilities, contact details and an action plan to ensure that people would continue to receive their care should the building not be safe for use.

Good

Is the service effective?

Our findings

At our inspection in March 2018 we found that people's rights were not always protected as the principles of the Mental Capacity Act 2005 were not consistently followed. At this inspection we found that although some improvements had been made, additional work was required.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection we found that the principles of the MCA had not been implemented consistently throughout the service. Record showed that DoLS applications had been submitted for everyone living in Windsor unit. The restrictions stated within applications included the use of key-padded doors, 24-hour supervision and the use of electronic sensor equipment. However, care records did not contain capacity assessments to demonstrate people did not have the capacity to agree to these specific measures and no best interest decisions had been recorded to show that less restrictive options had been considered. We spoke with the unit manager who told us the completion of capacity assessments and best interest decisions was part of their on-going plan of improvements. In other areas we found that the principles of the MCA had been followed and people's rights were protected. Where people received their medicines covertly (without their knowledge or permission) appropriate safeguards had been put in place. Capacity assessments had been completed and healthcare professionals had been involved in the decision-making process to ensure this was in the person's best interests. Information regarding the covert administration of medicines was contained within people's DoLS applications where appropriate. Following the inspection, the registered manager forwarded evidence to show that capacity assessments and best interest decisions had been fully completed for all the people concerned. This meant that people's legal rights had been considered and protected. Capacity assessments were specific to the decisions being made and best interest decisions had considered people's preferences, the views of those who knew the person best and how staff could support the person in the least restrictive way possible.

We recommend that the principles of the MCA are consistently followed and that systems are embedded into practice.

At our inspection in March 2018 we found that clinical staff were not receiving the training they required to carry out their roles. At this inspection we found these concerns had been addressed and that nurses were now completing competency training in areas including catheter care, compressions bandaging and end of life care. The service had worked alongside the community nursing service to gain experience and have their competency assessed. This had led to positive partnership working and sharing of best practice. Nursing staff we spoke to told us they felt supported by the management team and were able to approach them to

discuss any concerns.

All staff received on-going training in areas relevant to their role. On starting their employment staff completed training including moving and handling, dementia, safeguarding, infection control and fire safety. Systems were in place to update training at regular intervals to ensure staff knowledge was in line with best practice. Staff told us that they found the training useful and informative. One staff member said, "I've recently done all my refresher training. I've done it all before here and in (previous employment) but it gives you a reminder and things do change. We've done dementia training, 'Living in my World'. It was very insightful. It's changed the way I deal with things. I don't correct people when they say things now. They're in their world at that moment so I need to go along with them. Otherwise it's confusing for them." Supervision records showed that training was discussed as part of this process. Staff told us that they were now receiving regular supervision and were able to speak openly about any concerns with their line manager. One staff member told us, "Having (registered manager and unit manager) who understand the job and being able to talk to them has made our life so much easier. We have supervision but we can talk to them anytime."

People had regular access to healthcare professionals. One person told us, "There's no reluctance on the part of staff to call the doctor if you need to see one." Records showed that people's healthcare needs were monitored by staff and any concerns reported to relevant professionals for review. In addition to weekly GP visits, a bi-monthly review of people's care was jointly undertaken by the GP and consultant psychiatrist to ensure a holistic view of people's needs. Other professionals involved in people's care included the community nursing team, dieticians, falls team and opticians. People's healthcare appointments were clearly documented to enable the person's health reviews to be monitored. Health professionals told us that information received from the service was clear and that staff followed advice and guidance provided. One visiting healthcare professional told us, "Things have improved; early warning signs of problems are reported, referrals are made and weights are monitored carefully. The basic stuff is being done better. The new nursing staff are really good."

People told us they were provided with a choice of meals and that any concerns they had were listened to. A new chef had recently been appointed and people were complimentary about the changes they had made. One person told us, "Lunch was very good. The new chef is working well." We observed that people were shown the choice of meal on the menu and alternatives were also offered. One person said, "They are always willing to let you try something before you decide." People were supported by attentive staff who checked that they were enjoying their food. Where people required assistance to eat their meal, staff sat beside them, maintaining the person's dignity and supporting them at the person's own pace. There was a friendly, relaxed atmosphere in both dining areas and staff maintained good, positive communication with people. We heard staff frequently asking people if they were enjoying their meals, if they were happy with their meal choices, if they wanted anything else or if they needed any support. Staff encouraged people to eat and people were offered alternatives if staff noticed people had not eaten much of the meal they had chosen. For example, one person was offered soup, another was offered a sandwich and a third person was offered bacon and egg as staff knew they enjoyed this. Records showed that people's weight was monitored regularly and any significant variances discussed with the GP and other health professionals as appropriate. High calorie options were available to people who were at risk of malnutrition and additional calories provided in smoothies and milkshakes. People were offered a choice of drinks and snacks throughout the day.

The environment was designed to meet the needs of people living at Kingsclear. All areas of the service were accessible to people. Corridors and doors were wide and spacious to allow easy access to people with mobility aids and lifts were available. Aids and adaptions were available such as specialist baths, wet rooms, handrails and hoists. People's names were displayed clearly on their doors and memory boxes outside

people's rooms contained personal items to help orientate people to their rooms. Changes had been made within the communal area of Windsor unit to support the needs of people living with dementia. An orientation board and clock were in place to help people recognise the day, date and time. The furniture had been rearranged to create an environment where people could sit together but also have some quiet time if they preferred.

Since our last inspection of Kingsclear in May 2018, the provider had taken the decision not to accept any new referrals to the service. The registered manager and regional manager told us this time had been needed to ensure that the staff team were working effectively and that systems were in place to meet people's needs. They told us that when completing assessments for people they would ensure that staff had the skills required to meet their needs before discussing them moving to Kingsclear. The registered manager told us, "We can't overstretch ourselves. We don't want to be in a position where we let people down." We will monitor the systems in place to assess people's needs prior them moving into Kingsclear.

Good

Is the service caring?

Our findings

At our inspection in March 2018 we made a recommendation that the provider support staff in developing their understanding of confidentiality and effective communication. At this inspection we found that staff communicated with people in a respectful manner and respected people's confidentiality.

People gave us positive feedback about how staff supported them. One person described staff as, "Very pleasant. Caring." Another person said, "The regular ones are very good." A third person told us, "They are very helpful and cheerful, always smiling. I have a laugh with them."

Staff supported people in a kind and considerate manner. We observed people and staff chatting in a relaxed and friendly manner. Conversation demonstrated that staff knew people well. Staff understood people's communication styles and took time to provide reassurance to people if they needed it. Staff approached one person who was walking around communal areas. The staff member used the person's name and waited for them to respond and to gain eye contact. They asked the person if they would like a drink and provided several options. Whilst supporting the person with their drink they chatted about their family and what activities were happening during the day. The person became visibly more relaxed and exchanged smiles with the staff member. At lunchtime a member of hospitality staff sat chatting and laughing with people for fifteen minutes after they had finished their meal. This created a relaxed atmosphere and encouraged people to talk to each other.

People were able to express their views and were involved in their care. People told us they were able to make choices regarding their day to day care such as what time they got up, went to bed, how they spent their time and their personal care. We observed one person being supported to the communal lounge. They staff member asked the person, "Would you like to sit in your usual chair or somewhere else today?" When the person was seated the member of staff added, "I'll go and get you that cup of coffee now like I promised." Throughout our inspection staff were seen to offer people choices and gain their consent prior to providing care. One staff member told us, "We must always offer everyone a choice. We know what people like but they might still fancy something different now and then."

People were encouraged to maintain their independence and their dignity and privacy were respected. People were seen to have the equipment they required to maintain their mobility and staff encouraged people to move around the building where appropriate. Staff were seen to knock on people's doors before entering and all personal care was conducted in private. One person who was sitting in the lounge in their nightwear was reluctant to be supported with their personal care. Staff approached the person discreetly and used gentle encouragement to persuade the person, "I'm sure you'll feel so much better when it's done. If you go to your room and start getting ready I can come and help you." The person took the staff member's hand and accepted their support. We observed that people's hair was neatly styled, men were supported to shave and women's nails were filed and painted. One relative described how their relative required specific support with their personal care. They told us that staff provided this and added, "It's all about dignity."

There were no restrictions on the times people could receive visitors. The provider's PIR stated, 'We

encourage visitors to the home and hope we provide them with a welcoming and caring environment. We have a dedicated bistro in the main entrance where all visitors are free to help themselves to various cold and hot drinks as well as pastries and cakes.' Relatives told us they were greeted warmly by staff when visiting and made to feel welcome. One relative told us, "We visit three, four, five times a week. We can come anytime." They added, "The staff are very polite and engaging with us. They talk about Mum as though they know her really well." There were a number of areas throughout the building where people could meet with their relatives in private if they wished to do so. One relative had stated on the service questionnaire, 'What is really lovely is how welcome we as a family are made when we visit. It's like a home from home.'

People's religious beliefs were respected. The registered manager told us that there were regular visits from a local church minister and another person received weekly visits from a priest for holy communion. The registered manager said, "We've asked people about their religion and no one has expressed any other wishes at the moment but if they do we can arrange what they want. One person does attend the local church each week."

Requires Improvement

Is the service responsive?

Our findings

At our inspection in March 2018 we found that people's needs were not always responded to, that staff did not always know people well and that there was a lack of person-centred activities available to people. At this inspection we found that improvements had been made. However, further improvements to people's care records were required.

People were supported by staff who knew and responded to their needs well. One person told us, "Anything you want, they will get for you." Relatives told us that staff were now more responsive to their family member's needs. One relative said, "They get her out of bed more now and so she interacts with people. She is more coherent."

Staff were aware of people's care needs and preferences. Staff were able to describe the care they provided to people and the reasons they responded to people's needs in particular ways. Staff had been supported by the community mental health team to change their approach when working with one person who sometimes made remarks which could be offensive. Staff were able to describe the approach they should take to minimise the person's behaviours whilst still offering support and reassurance. They reported that incidents of this nature had reduced since using this approach and that the person was less anxious. Staff told us that due to the reduction in the number of people living at Kingsclear, they had been able to spend more time getting to know people and their families. One staff member told us, "We've done reviews for everyone and used it as an opportunity to find out information from families. For instance (person's name) has lived abroad a lot. We've got pictures of those places now so we can go through them together and remember happy times. It's about person-centred care, we know (person's name) likes a particular breakfast now so we buy that in." We observed that the pictures of places discussed were available to the person and staff were aware of the person's breakfast choices. Another staff member was able to describe in detail a person's family life, past occupation and hobbies. They told us the person had always liked walking and spending time in the kitchen. They said, "I go for walks outside with her. I try to encourage her in the kitchen when I'm making coffee and we stand together. It always makes her smile." We observed this was the case during the inspection.

Although we observed people received responsive care, records were not always reflective of people's needs. At our last inspection we found that staff were not always able to access the electronic care plans in place and that information was not consistently updated as required. The provider took the decision that paper records would be implemented to ensure that information was always accessible. However, the registered manager and unit manager informed us that when transferring the information, they found that care plans did not accurately reflect people's needs. The registered manager told us, "We've needed to start again with most of them. We want to get it right. We've met with people and families for reviews and we want to make sure everything is right. We're not quite there with everyone yet, it takes time because we want to involve everyone, staff as well." Where care plans had been updated we found that they contained detailed, person centred information regarding people's needs and how they wanted their care to be provided. However, where people's care plans were still in the process of being updated there was little guidance available for staff to refer to if required. This was of particular concern where people had specific

health conditions which staff needed to be aware of such as diabetes and Parkinson's. We discussed this concern with the registered manager who provided evidence following the inspection that care plans for people in these areas had been completed.

Records regarding the care people wanted at the end of their life were in place. However, only basic information was recorded and no personalised information was available for staff to follow. The registered manager told us that they had recently completed clinical training to support people nearing the end of their lives such as the administration of anticipatory medicines. They acknowledged that end of life care plans would benefit from additional detail and confirmed this formed part of their on-going action plan.

We recommend that work to ensure people's care records reflect their needs and future wishes continues to ensure that staff have the guidance they require to provide person-centred support.

People told us they had access to a range of activities which they enjoyed. One person told us, "There's lots of things to do. I join in the ones I fancy. We have singers in occasionally and we join in." Another person told us that the activities coordinator showed enthusiasm for their role. The person said, "You can see her enthusiasm. She really tries to motivate people to join in." A third person told us, "The activities have picked up a lot." People we spoke to had a copy of the activities programme for the week ahead to help them choose which activities they would like to attend. This was produced in both a written and pictorial format. Activities provided included discussion groups, tai chi, quizzes, music, exercises, baking, massage and visiting entertainers. Activities took place in communal areas or the bistro which allowed people from all areas of the service to join in. During the morning of the inspection we observed a discussion group sitting with coffee and cakes looking through newspaper articles to generate discussion. There was a lively atmosphere with people and staff joining in and laughing together.

Staff on Windsor unit told us they had also recognised that some people living with dementia found it difficult to join in group activities for long periods of time. They told us, "We have been buying appropriate resources so that people can just join in things when they feel like it or sit and watch an old film or musical together." A table had been placed in the communal lounge which contained a range of different books, games and puzzles. We observed staff and people use these throughout the day. In addition, the activities room next to the communal lounge had games set up ready for people to use should they wish to spend their time in a quieter area.

The complaints policy was displayed and people were aware of how to raise a concern. The complaints policy contained details of how a complaint could be used, timescales for receiving a response and further action which could be considered should the person not be satisfied with the response. The registered manager maintained a complaint log which showed that complaints had been investigated and responded to within the timescales set. For example, where complaints regarding the quality of food had been received changes to the menu had been made, a hydration station introduced and fruit and pastries made readily available. The positive comments received regarding the quality of the food demonstrated that the changes made had addressed people's concerns.

Requires Improvement

Is the service well-led?

Our findings

At our inspections in March and May 2018 we found there was a lack of managerial oversight of the service. The management team were not aware of risks to people's safety, care records were not easily available to staff and statutory notifications relating to people's safety and well-being were not being submitted to the CQC as required. At this inspection we found that improvements had been made. A new registered manager was now in post and systems to monitor and review the quality of the service people received were in place. Although improvements have been made, the rating for this domain remains as requires improvement to ensure that systems now in place are embedded into practice. We will continue to monitor the service to ensure that these improvements are sustained.

People, relatives and staff told us that the registered manager had made a positive difference to the service. One person told us, "With the new manager, things have been looked at and addressed quite quickly. She seems to be putting new systems in place to improve things." One relative told us, "She seems to be dealing with things. She seems genuinely caring. She's not authoritarian." One staff member said, "She is always around. I feel I can go to her. She is approachable." A second staff member told us, "She's got an open-door policy."

There was a positive culture developing in the service. The registered manager and provider had implemented an action plan which recognised the need to change the culture of the service. The registered manager told us, "When I arrived it was as though staff didn't know where they were going. We've worked really hard but have also had a period of reflection which has been of benefit for staff." Whilst implementing systems within the service, the registered manager and senior staff had ensured that staff understood the reasons and their own responsibilities in following processes. Staff told us that through this communication they were now working together as a team and had a greater understanding of their role. A recent staff survey had been completed to gain staff views. One staff member had commented, 'The structure and organisation of the home has improved dramatically. There's a good atmosphere and team work."

Team building sessions had also been held to support the team to work together. The registered manager told us, "The team were quite fractured when I arrived. We've been doing some mind mapping to help staff recognise what we do well and how we can improve in other areas." The work done by staff was displayed in the foyer of the service which demonstrated a transparent approach to sharing and acknowledging what the service had achieved and what they continued to work towards. People and their relatives told us that the change in the culture of the service had had a positive impact on the care they received. One person told us, "I definitely think there are signs of improvement and a willingness to put things right. The person who is managing the home now is visible. She pops in [to see the person in their room]." One relative told us, "We've seen a big improvement. When we leave here we are so much happier."

Staff were involved in the development of the service. Staff we spoke with told us they felt valued and were able to discuss and ideas or concerns with the registered manager or unit manager. One staff member told us, "We talked about how things were allocated in the morning. (Registered manager) has made things more organised. I used to feel as though I was running around putting out fires but now we all have our

responsibilities. I can now do my job and know others are being cared for so it reduces the stress. I feel so much happier about it." Another staff member told us, "We can raise anything and (registered manager) listens. I can't think that anybody would be worried about going to speak to her. We talked about how nursing responsibilities were divided to enable all the jobs to be done. It's working really well." A third staff member said, "I've noticed that we all say thank you to each other now. It's more honest and transparent now."

Quality audits were used to monitor the improvements in the service and to identify any further areas of development. On a monthly basis the registered manager and management team completed audits in areas including medicines, accidents and incidents, housekeeping, mealtimes, call bells and maintenance. Audits showed that where concerns were identified these were addressed immediately or delegated for action to the most appropriate staff member. The registered manager also conducted observational audits with regards to dignity and night care to assure themselves that the standard of care expected was being met. On a monthly basis the regional manager completed an audit which included an analysis of records, health and safety, nutrition and staff training. The registered manager and regional manager discussed the findings of audits each month and considered these in line with the action plan in place. The registered manager and regional manager showed us their list of priorities for the service which they were in the process of addressing. They acknowledged that people's care plans and other documentation required further work as they had been concentrating their efforts on ensuring people's safety and clinical care was prioritised. They were able to clearly describe their on-going plans to ensure people received person centred care and that systems were in place for when the service began to grow and develop.

We recommend the provider and registered manager continue to develop and monitor systems and processes to ensure people receive safe, effective, person centred care.

People's views of the service were sought and acted upon. Resident and relatives' meetings had been held regularly to ensure people were informed of any changes and developments within the service. Meeting minutes showed that the provider had openly discussed the difficulties the service had experienced and informed people how they were responding to concerns. For example, where concerns regarding the quality of the food had been shared, a new chef had been employed who had met with people to discuss their needs. People told us this had led to improvements in the food provided. The provider had recently sent feedback questionnaires to people and their relatives. They informed us that results would be collated and an action plan developed as required. The questionnaires which had been returned at the point of our inspection showed the majority of feedback was positive. One relative had commented,'(Name) is always very happy here and always tells us how nice the staff are and how good the food is.'

Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. The registered manager had implemented additional daily checks to ensure that any notification required were forwarded to the CQC in a timely manner. Our records showed that statutory notifications were now being sent correctly to the CQC, including safeguarding concerns or incidents. We saw that the last CQC inspection report and rating was on display in the reception area of the service as is required of providers.