

T.D. Bailey Investments Limited

The Dulwich Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The Dulwich Care Centre is a care home with nursing. The service provides personal care and nursing care to older people with physical disabilities and those living with dementia. The service can accommodate up to 92 adults across four floors. We undertook an unannounced inspection to the service on 27 and 28 May 2015. At the time of our inspection 50 people were using the service, and one of the floors was closed. The service was operating across three floors, two providing residential care to people with dementia, and one providing people with general nursing care.

At our previous comprehensive inspection on 13 and 14 November 2014 the service was in breach of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) 2010. We undertook an inspection

on 11 February 2015 to follow up on five of the breaches, including follow up of a warning notice issued in relation to care records. We found at that inspection that the five breaches had been addressed and the service was meeting the regulations inspected. These related to managing complaints, monitoring the quality of the service, safe staffing levels, maintaining accurate care records, and adhering to their registration requirements.

At this comprehensive inspection we followed up on the three outstanding breaches relating to: involving and respecting people that use the service, care and welfare of people and supporting workers. At this inspection on 27 and 28 May 2015 we found that action had been taken to address the previous breaches.

Summary of findings

Since our previous comprehensive inspection on 13 and 14 November 2014. Management of the service had changed. The previous registered manager had left the service and a new manager was in the process of being recruited. An interim manager was in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that people were provided with safe and appropriate care. People's needs were assessed and care plans were developed which informed staff how to support the person to manage those needs. Plans were also in place to address any risks to the person, and to maintain their safety and welfare whilst at the service.

Staff treated people with dignity and respect. Staff were aware of people's individual needs, for example any communication, dietary or health needs and provided them with the appropriate support. People were safely supported by staff with their medicines.

People were involved in decisions about their care. The staff were aware of their responsibilities under the Mental Capacity Act 2005 and decisions were made in people's 'best interests' if they were assessed as not having the capacity to make decisions about their care. Relatives were involved as appropriate in people's care decisions. The management team were aware of the processes around the Deprivation of Liberty Safeguards, but further training was required to the rest of the staff team to ensure people were not unduly restricted from leaving the service.

A new activities programme had been established and group activities were regularly held. The team had started to build links in the local community and people were being supported to attend community events and activities. Some people would benefit from further one to one activities, and the service was hoping to implement this once the activities team was fully established.

People, and relatives, were asked for their feedback about the service and changes were made in response to the feedback received. The management team regularly reviewed the quality of the service and made improvements where required. Managers ensured any changes were discussed with the staff team.

Leadership and management of the service had been strengthened. Staff were being empowered and encouraged to take on additional duties. Staff were supported through supervision sessions and regular staff meetings. A full training programme had been established and staff had been supported to attend courses to develop their knowledge and skills.

There was some apprehension within the team and from relatives about what would happen when the changes occur to the management team and the permanent manager starts. Relatives felt that whilst the service had improved, some continuity and consistency was required. The staff felt that the required changes had been made and the team now focussed on embedding those changes.

We have rated this service as 'requires improvement'. We had previously rated the service as 'inadequate'. We could not rate the service as 'good' because to do so requires consistent and continual good practice over time which has not yet been achieved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Risks to people's safety were identified and managed appropriately to protect people from harm. Staff understood how to manage behaviour that challenged the service and ensured people were supported appropriately. Staff knew how to implement procedures to safeguard people from harm.

There were sufficient staff to meet people's needs. At the time of our inspection there were higher staffing levels due to the closure of Stuart suite. This enabled additional staff to be on duty to support people, staff were able to attend training courses and embed the recent changes to the service.

There were safe medicines management processes in place. Medicines were kept securely and records were kept of all medicines administered.

Requires improvement



Is the service effective?

The service was effective. A rolling training programme had been implemented at the service. Staff had updated their knowledge and skills, and there were plans to continue to develop the staff through further training.

Care was delivered in line with the requirements of the Mental Capacity Act 2005. One person was assessed as requiring a Deprivation of Liberty Safeguard (DoLS) to keep them safe. Additional referrals had been made to support a further three people. However, there was some confusion within the team about how to manage the balance between enabling people's freedom whilst maintaining their safety.

People's nutritional and hydration needs were met. Staff assisted people as required at mealtimes, and people were provided with diets appropriate to their needs. People were supported to have their healthcare needs met. A visiting GP assessed people's primary medical needs and referrals were made to specialist healthcare professionals as required.

Requires improvement



Is the service caring?

The service was caring. Staff spoke to people politely and respectfully. Staff were aware of people's communication needs. Staff supported people to make decisions about their care and supported them in line with those decisions.

Staff respected people's privacy and dignity. People were supported to maintain their appearance. People were in clean clothes and supported to access hairdressing and pampering services.

The service celebrated special occasions, including people's birthdays.

Requires improvement



Summary of findings

Is the service responsive?

The service was responsive. Staff supported people in line with their care needs. Staff were aware of what situations provoked anxiety for certain people. Staff provided them with reassurance and supported them to remain calm.

A new activities programme had been introduced and we saw group activities being undertaken on the day of our inspection. The service had begun to build links with the community to offer further stimulation. However, further one to one support was required for those that did not wish to participate in group activities.

The service gathered and responded to people's, and their relatives, views about the service. Plans were in place to improve the service in response to people's views. Complaints were heard and responded to appropriately.

Requires improvement



Is the service well-led?

The service was well-led. Leadership and management of the service had been strengthened. Improvements had been made to the service but feedback received was that continuity and consistency were required, and there was some apprehension as to what will happen when the management team changes and the new manager takes up post.

The staff team were supported by their managers and there was clear communication within the team about service changes.

The management team had regularly reviewed the quality of service provided and improvements were made where required. The management team discussed the findings of audits during team meetings and supervision sessions.

Requires improvement



The Dulwich Care Centre

Detailed findings

Background to this inspection

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

We undertook an unannounced inspection of this service on 27 and 28 May 2015. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we viewed the information we held about the service including any statutory notifications received. We also spoke with a representative from the local authority that funded the majority of placements at

the service. This person led on monitoring compliance with the service improvement plan which was put in place following our previous comprehensive inspection on 13 and 14 November 2014.

During our inspection we spoke with six people using the service and six people's relatives. We spoke with 18 staff, including the interim manager, the clinical nurse manager, the activities coordinator, the maintenance officer and members of the care team. We viewed nine people's care records. We undertook general observations and formal observations using the short observation framework for inspections (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. The expert by experience participated in the lunchtime meal to assess the quality of food provided. We reviewed medicines management processes. We viewed records relating to the management of the service including incident records, complaints and audits to assess the quality of the service. We viewed records relating to staff including training, supervision and appraisal records.

Is the service safe?

Our findings

At our previous comprehensive inspection of the service on 13 and 14 November 2014 we found that risks to people's safety and welfare were not consistently identified and managed. In some instances risks to a person had been identified but effective action had not been taken to reduce the risk of harm. We saw that one person using the service had lost weight but there were no plans in place to address and manage the weight loss. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that risks to people's safety and welfare were identified and appropriately managed. Assessments were undertaken to establish the risks to people of becoming malnourished, developing pressure sores and having a fall.

People had their weight monitored monthly. We saw that staff regularly monitored the food intake for people losing weight, and made referrals to a dietician when appropriate. We saw for many people, who had previously lost weight, they had either started to put weight back on or their weight had remained stable.

Prevention measures were in place for people at risk of developing pressure sores, including the use of air mattresses and pressure relieving cushions. Staff identified those people who required mobility aids to reduce the risk of falls. They supported people to use these aids to move safely around the service. Staff had assessed the individual support people needed to transfer safely, and understood how to use hoists to maintain people's safety.

Staff took appropriate action to reduce risks when people behaved in a way that challenged the service. For example, one person was known to invade other people's personal space which had led to displays of aggressive behaviour. Staff had documented this and staff supported the person appropriately, in line with their care plan, to ensure they remained safe. On the day of our inspection we observed staff quickly intervening when people were distressed and ensuring people were kept safe.

Staff were aware of the incident reporting process. All incidents were reviewed by the management team to ensure appropriate action was taken to ensure the person's

welfare and reduce future risks. Incidents were categorised so the management team could track the number and type of incidents that occurred at the service. This was used to identify if there were any trends in the number of incidents occurring to a person or at a specific time.

Staff were able to recognise signs and symptoms that abuse may have occurred, and were clear that they would report all concerns to their seniors. They told us they were aware of whistleblowing procedures if they felt their manager was not taking appropriate action. Processes had been clarified and simplified to improve the reporting process for safeguarding concerns, and the service now had a named person from the local authority's safeguarding team with whom they discussed any safeguarding concerns. Records showed staff had cooperated with the local authority to investigate previous safeguarding concerns raised. Protection plans had been put in place, where required, to minimise the risk of further abuse to people.

There were sufficient staff on duty. One person's relative told us, "There are enough staff on duty now." The manager collected information each day about people's needs and any changes in their health. They used this information to calculate people's dependency levels and the number of staff required to adequately support people. Staff regularly reviewed people's dependency levels and any changes were communicated to the management team who ensured staffing levels reflected the change.

We saw there were sufficient staff on duty to meet people's needs. People's requests were answered quickly and staff were available to support people as required. The manager told us that at the time of our inspection there were higher staffing levels than required to meet people's needs. They said this was due to one of the floors at the service being closed. They said this gave staff more time to undertake training, ensured new staff got to know people's needs and enabled the staff team to bond and develop. Staff told us they now had enough staff, and this meant they could, "dedicate time to people and listen more."

We saw that safe medicines practices were in place. Each person was supported to receive their medicines as prescribed. Staff recorded on a medicine administration record (MAR) each time a person was given their medicines. These records also recorded whether a person had been given their 'when required' medicine so staff were able to track whether the person required this medicine frequently.

Is the service safe?

For example, one person had a fracture and it was thought that some of the behaviour they displayed that challenged the service could be when the person was in pain. The staff were reminded to always ask the person if they wanted their pain relief medicine so they received this as required to manage their pain. People who required short term medicines, such as antibiotics, were given these as prescribed and this was recorded on the MAR.

One person received their medicine covertly. This was because they were assessed, by health care professionals involved in their care, as not having the capacity to understand why they required the medicine to manage their health and that their health would decline if they did not take their medicines. We saw that appropriate processes were in place with clear instruction to staff about when and how to administer this person's medicines. Some people at the service required insulin to be administered to manage their diabetes. There were clear instruction to staff as to how much insulin was to be administered and when, so each person received the appropriate amount for their needs.

There were processes in place to manage controlled drugs to ensure these were stored and administered safely. Appropriate records of the stocks of controlled drugs were kept and these were administered in line with people's prescriptions.

Some people required topical creams to be administered. There were processes in place to instruct staff how, where and when to apply these creams. The creams administered were recorded on a topical MAR and we saw these were completed appropriately.

The service had been in liaison with their local pharmacist and had invited them in to undertake audits and review the medicine management processes at the service. The home had taken on board the suggestions from the pharmacist to improve practice. For example, staff had introduced a system of daily stock checks of all loose medicines kept at the service.

A safe environment was provided. Regular checks were undertaken to ensure a safe environment, including checking fire alarms, emergency lighting and practicing fire evacuation drills. Checks were undertaken to ensure water temperatures were safe and minimise the risk of legionella disease developing. Checks were undertaken on room temperatures to ensure they were a comfortable temperature for people. Checks were also undertaken to ensure equipment was safe and appropriate to people's needs, including ensuring people had access to working and appropriate beds, hoists, and mobility aids to meet their needs. Call bells were tested as part of the 'resident of the day' programme and any maintenance work required was addressed promptly.

Is the service effective?

Our findings

At our previous comprehensive inspection on 13 and 14 November 2014 we found that staff did not have the knowledge and skills to effectively meet people's needs. Staff were not consistently supported to update their skills and knowledge and they were not always adequately supported through regular supervision. We found that staff did not have the skills and knowledge to prevent pressure ulcers, support people in line with Mental Capacity Act 2005, support people's psychological needs, and support people living with dementia. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff had the skills and knowledge to meet people's needs, and staff were supported to update their knowledge through completion of training courses and regular supervision. New staff were provided with a full induction, in line with the Skills for Care common induction standards. The management team told us the induction for new staff was currently being updated inline with the Care Certificate. New nurses were supported and coached by the clinical nurse manager, who gave them additional one to one support and educated them on why certain procedures had to be carried out to maintain a person's health and welfare. For example, discussions were had about rotating injection sites for people requiring insulin to be administered

Competency checks were undertaken to ensure staff were sufficiently skilled and knowledgeable before providing support to people unsupervised. A newly appointed staff member told us they had received good support and training from the team. They said this had allowed them to get to know the people they were caring for and understand their role and responsibilities.

A full training programme had been introduced. We saw that since our previous comprehensive inspection on 13 and 14 November 2015 a range of training courses had been delivered, this included training on; manual handling, safeguarding adults, the Mental Capacity Act 2005, infection control, food safety, fire safety, dignity in care, medicine administration, person centred planning, catheter care, recording and dementia awareness. One staff member told us they had received training in moving

and handling, safeguarding and dementia awareness. They said this training had "made the job easier." The training programme ensured staff continued to develop their knowledge and skills. The next set of training courses focussed on: enhanced safeguarding adults, enhanced dementia awareness, working with people that exhibit behaviour that challenges and equality and diversity.

The majority of staff had received supervision within the last two months. One staff member told us they found the supervision sessions useful, and it enabled them to work with their supervisor to provide good quality care to people. Some of the supervisors were still waiting to be trained and therefore there was a slight delay in ensuring all staff were supervised every two months. Staff that had been at the service for longer than a year had also received an annual appraisal focussing on their performance over the previous year and setting objectives for the upcoming year.

Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. It was clear in people's records who had been assessed as not having the capacity to make certain decisions, and how these should be made for the person in their 'best interests'.

One person was assessed as not having capacity regarding their safety in the community and in order to maintain their safety a Deprivation of Liberty Safeguard (DoLS) had been put in place. The service had made referrals and were waiting for assessments to be undertaken for three people as to whether DoLS would be required to keep them safe. We saw that there was some confusion within the staff team about how to support people who wished to leave the service on occasions and we saw there was one incident when a person, who was not subject to DoLS, was stopped by staff from leaving the building. We discussed this with the management team and they told us they would have further discussions with the staff team about what was required to enable people to have their freedom whilst maintaining their safety. Further training on MCA and DoLS had been scheduled.

Since our previous comprehensive inspection a new chef had been employed. The food at the service had been reviewed and improved. One person's relative told us they had tried the new food and "it was excellent." We saw that food arrived on the floors hot and staff offered people a choice of meals. Good portion sizes were provided and

Is the service effective?

people appeared to enjoy their meal, eating everything offered to them. Snacks were provided in between meals. One person told us, “I think the home is getting better and I’ve never complained about the food.”

People were supported to maintain their independence at meal times. The management team had asked staff to provide a list of adaptive cutlery and crockery that people required to have additional independence. We saw that some people were provided with two handled mugs to enable them to drink independently. Staff offered people choice as to whether they wanted assistance with meals, and the amount of assistance they required. People requiring full assistance from staff received this appropriately. Staff were polite, patient and took cues from the person as to how much they wanted to eat and at what speed.

One person’s relative told us that the person’s hydration was better now. Staff were aware of who required their fluid intake to be closely monitored to ensure they had sufficient to drink. People’s care records showed they were being provided with drinks throughout the day. Water and juice were available in the communal lounges, and staff supported people to access this as required. We saw on Windsor suite that people were given glasses of water at lunchtime, however, we saw only one person was encouraged to drink this. We observed on Hanover suite that no drinks were served with lunch until one person asked for one. The staff provided them with a drink and then offered a drink to the other residents in the dining room.

There was clear communication around people’s dietary needs. The care staff told us that whatever they requested for a person was supplied by the chef and there had not been any mistakes. This meant that people that required a soft diet received this, and those requiring a low sugar diet, due to having diabetes, were provided with this.

People were supported to have their health needs met. Staff were able to request the GP to visit people to ensure their primary medical needs were met. Referrals were made to other healthcare professionals to ensure any further assistance required was provided. For example, to a dietician, speech and language therapist, psychiatrist and mental health teams. We saw that some people were receiving additional support from a dietician as they had been losing weight. Other people had seen a speech and language therapist, who had recommended particular diets as the people were at risk of choking. One person was at risk of developing recurrent urinary tract infections. Staff were instructed to orientate the person to where the toilet was and ensure the person had regular fluids to minimise the risk of the person developing another infection. We saw from the person’s records that they had received regular fluids and there was no current sign of an infection. One person’s relative told us, “[The person’s] been having physio with exercises to get out of a chair and can now hold a drink again.”

Is the service caring?

Our findings

At our previous comprehensive inspection on 13 and 14 November 2014 we found that people were not always treated with compassion and their privacy and dignity was not maintained. We found that staff did not always take the time to support and reassure people if they were anxious. People told us staff had “no time for people” and had “no manners.” People’s personal care needs were not consistently met in the privacy of their own rooms or the bathroom. People were not supported in a timely manner to ensure they were appropriately dressed and in clean clothes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found people were treated with compassion and their privacy and dignity was maintained. We observed staff speaking to people politely, offering people choice and asking them what they wanted to do. In the majority we observed staff supporting people appropriately. They did not rush people to undertake tasks and checked that the person was okay. However, we also observed a couple of instances where staff moved a person in their wheelchair without first asking the person or informing them what they were doing.

One person told us the staff were “easy going” and that they “make you feel special.” They felt able to go and speak with staff as and when they wanted to. They said staff were able to provide them with one to one support when they needed it.

Staff were aware of people’s communication needs. We saw that instructions were included in people’s care records about how staff were to communicate with them to ensure they understood what was being said. For example, some people required staff to speak slowly and use short sentences, so they were able to process the information more easily. We saw that one person communicated in a language that was not English and had limited knowledge of the English language. Their care plan stated that staff were to use pictures to aid communication. However, this was not in place at the time of our inspection.

People, and/or their family, were involved in the development of their care plans. Records showed some people’s capacity fluctuated in regards to making decisions about the long term care they required, and their family had been involved in making these decisions on their behalf. Staff told us they offered people choices and encouraged to make their own decisions in relation to daily life activities, such as what they wanted to wear and what meals they wished to have. If people had the capacity to make a decision, staff respected the person’s decision even if it was not in the person’s best interest. For example, one person was known to refuse personal care. Staff encouraged the person to manage their own personal care, and we saw on occasions that this was achieved.

Since our previous comprehensive inspection people appeared to be more settled and comfortable at the service. The service had a relaxed and calm atmosphere. One person’s relative told us, “It’s only recently that [the person] has started getting up like this again. [They] had stopped getting up at all and would spend all day in their nightclothes and on some occasions [they] even locked themselves in their room.” We observed staff and people interacting, and sharing a laugh and joke together.

Staff respected people’s privacy and supported them to maintain their dignity. We saw privacy screens in use and observed staff knocking before entering people’s rooms. Information was included in people’s care records about how to support them during personal care to ensure the person was comfortable and the support was not too evasive. People were well dressed and clean. People told us they had recently had the hairdresser in to the service and there was been a pampering day.

Staff responded to people’s requests to tailor their room and make it more homely. We saw a person’s relative ask the maintenance officer to help them put some pictures up to decorate the person’s room, and they were quick to help.

The service celebrated people’s birthdays and put on a party for them which friends and family were invited to. One person’s relative told us, “A group of us came for [the person’s] birthday last week. [The manager] had organised a band and flowers. In the afternoon [the person] was taken to a tea dance and [the person] relaxed and had a lovely time.”

Is the service responsive?

Our findings

At our previous comprehensive inspection on 13 and 14 November 2014 we found that people's care needs were not always met. We found that staff were not always proactive in meeting people's personal care needs. We also found that people's emotional and psychological needs were not consistently met, and care plans were not in place to identify how staff were to support people with their mental health needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people's care needs were met, including their psychological needs. Staff were knowledgeable about people's care needs and what support they required from staff. Staff told us they were aware that they were to document all the support and care provided to people. We saw the support provided was in line with people's care records.

Each person had received an assessment of their needs, and plans had been developed to inform staff how people were to be supported and cared for. People's care records included information about their emotions and information relating to any triggers to anxiety, and how the person was to be reassured. For example, one person was known to get frustrated when they struggled to communicate their wishes and this was sometimes expressed through aggressive behaviour. There was clear instruction to staff about how to support the person to get their wishes and voice heard. One person's relative told us that since our previous inspection the person had become "calmer, less anxious and fearful."

One person's relative told us they were pleased with the information they were now getting from staff. They told us staff were able to tell them exactly when the person was last supported with their personal care and assisted to go to the toilet. We observed staff promptly attending to people when they needed support with their personal care.

At our previous comprehensive inspection on 13 and 14 November 2014 we found that there were few activities taking place and there was no stimulation or engagement for the people using the service. This was a breach of

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This equates to a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that staff engaged people in activities and the local community. We observed activities being delivered on each floor. Staff were engaging people in quizzes, games, puzzles and sing along sessions. One person's relative told us, "Now that there are more activities and [the person] is more included, their life is better."

The new activities coordinators had built links with community projects and were supporting people to participate in community events. One person told us they were "very busy" at the service and said in relation to the activities in the community that it was "nice to get out and meet other people." People had been supported to attend the local library, go to tea dances and go to church. The activities coordinator had also arranged for performers and entertainers to come to the service to provide stimulation and engagement for people unable to or did not wish to leave the service. This included celebrating events such as religious holidays and historical events. The activities coordinator told us the management team was open to their suggestions to improve the activities on offer and stimulate people. They told us, "Meeting [people's] needs is the most important thing."

Staff were aware of people's preferences in relation to whether they liked to spend time with a group or preferred time on their own. Some people did not like to participate in group activities and would prefer more one to one engagement. One person told us after our discussion, "It's nice to talk to someone like you. It would be nice if someone else did. It would break the monotony." The manager told us the activities team was developing some one-to-one activities, and this was something they hoped to increase. We saw one person who preferred to spend time one to one with staff, rather than as a group, being provided with this through engagement with the maintenance officer. The person was supporting the maintenance officer to undertake some daily tasks and we overheard them engaging in conversations in line with the person's interests.

Some people's care records lacked information about people's likes and dislikes. For some people there was little information about a person's previous occupation and hobbies. We felt that some activities could be further

Is the service responsive?

tailored to individuals. For example, one person's relative told us the person used to play the piano and perhaps they could be supported and encouraged to play the piano at the service. This person used to be a Sunday school teacher and enjoyed attending church and participating in activities related to their faith. The person's relative told us there were services at Christmas and Easter but they felt there should be more to support the person to practise their faith. Another person's relative said, "It would be nice if they bothered to find out a bit more about Mum. She looks out of the window all the time but [the staff] never take her into the garden even though this was somewhere she spent most of her time when she lived at home. She loved gardening."

One person told us, "The [staff] are very good. I was disappointed when I was first here, but not now, if I've had any complaints, they've listened." Another person said they had no worries, and felt they could speak with the staff if they had any concerns.

A process was in place to ensure all complaints were investigated and responded to. A tracker was used to review all complaints and to ensure appropriate action was taken. This also ensured complaints were responded to in a timely manner and any trends were identified. We saw that concerns raised through previous complaints had been

addressed. For example, there were complaints from relatives that people's clothes were getting lost when they were laundered. The service had reviewed the laundry process, and now all items of clothing that were not labelled were required to be identified by staff on a daily basis to ensure they were returned to the right person.

People using the service and their relatives were asked to give their feedback about the service through completion of a satisfaction survey. We saw that, of the 25 people who responded, the majority were satisfied with the care and support provided. People said they knew how to use a call bell and staff responded to any calls promptly. However, some people responded that staff did not explain things prior to doing them. The management team were addressing this through their observation audits. The management team had already planned to deliver further training to staff and relaunch the 'resident of the day' programme to address other areas of improvement identified from the feedback including supporting people to be involved in care decisions.

Meetings were held with people and their relatives to discuss the changes and improvements being made. This included updating people on changes to the staffing team and the increase in the choice of activities available to them.

Is the service well-led?

Our findings

People were aware of who the management team were and one person said the manager “always pops up to say hello.” One person’s relative told us the new management team “listened” and that they were making positive changes to the service. One relative said the service needed more continuity and there was some apprehension from relatives and staff about what will happen when the management team changes and the permanent manager starts.

The leadership at the service had been further strengthened by the introduction of a clinical nurse manager, and clinical leads for each floor. The clinical leads provided support to the care staff working on each floor and were working on developing a cohesive staff team. A management development programme was in the process of being delivered to support the new clinical leads to manage their floors and the staff that reported to them. This programme covered time management, change management, team building and managing poor performance.

The new management team were in the process of up-skilling and empowering the staff by giving them more responsibility for tasks that needed to be completed. For example, plans were in place to give the suite leads the responsibility of managing the staff rotas to ensure their floors were appropriately staffed to meet people’s needs, and to undertake some checks on the quality of the service provided to people.

Staff told us they felt supported by their managers. They said their manager spoke to them during their daily walk round the service to check if there was anything they required to enable them to provide care in line with people’s needs. Staff told us they had regular supervision and meetings with their managers. These meetings emphasised the importance of treating people with respect, maintaining their dignity and providing them with choice. Staff said the management team regularly observed the care provided and informed staff if there was anything they could do better.

Staff told us they had the freedom to implement changes with the support from the management team. Staff we spoke to felt recent changes had been made which had ensured safe and appropriate care was delivered to people,

but the focus was now about sustaining those improvements. Staff told us their own priorities were in line with the priorities of the management team, and that these focussed on ensuring people received the individual support and care they required.

Staff said they felt comfortable approaching any member of the management team and felt able to ask questions and ask for help when needed. One staff member told us in regards to their manager, “They’re always there to talk to. She gives you the time.”

Staff meetings were held to aid communication within the team. Meetings were held at different levels depending on the purpose of the meeting, including heads of department meetings and floor level meetings. The heads of department meetings were used to discuss any staffing issues and to identify any performance concerns that required monitoring. We saw that floor specific meetings and care staff meetings were used to discuss day to day clinical concerns and any changes in the support people required. The management team visited the service during weekends and at night to ensure all staff were supported and provided with up to date information about any service level changes.

Systems had been implemented to review and improve the quality of the service. New forms and processes were being introduced to reduce the risk of human error and ensure people received high quality care. For example, there were regular reviews of the quality of people’s care records and staff’s knowledge. A form had been introduced to monitor the service’s compliance with people’s diabetic needs. For example, records were checked to ensure they clearly stated the amount of insulin people required and their blood glucose readings. A form had been introduced which was used during handover to the night staff to ensure these staff were aware of any new tasks they needed to carry out, any changes in the frequency of their checks on people’s welfare at night and any equipment changes. This ensured all staff had up to date information about people’s needs and to fully manage risks to people’s safety and welfare.

Daily and monthly statistics were obtained on any infections, wounds, weight loss and any incidents. Managers used this information to identify any trends and to ensure appropriate action was taken in response to any concerns.

Is the service well-led?

The management team undertook audits to review all aspects of care delivery and identify any improvements that were required to assure high quality care was delivered. Action was taken promptly in response. For example, a care record audit had ensured body maps and weights were updated. Audits were undertaken of medicines management processes and improvements were made in line with advice from the community pharmacist. For example, in response to the previous medicines audits staff were reminded of the importance of recording why 'when required' medicine was given on the back of the medicine administration record.

Observational audits were undertaken to review the interactions between staff and people. We saw the most recent audit identified that some staff were moving people to the dining room early which meant people were waiting a long time for their food. The management team told us they were taking action to rectify this. Records showed managers were continuing to remind staff about positive interactions with people during group supervision sessions.

The management team were aware of their responsibilities in relation to their registration with us and adhered to the requirements of their registration, including submission of statutory notifications.