Care Quality Commission

Cotswold Spa Retirement Hotels Limited

Willow Court Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
NE29 9AT
Tel: 0191 296 5411
Website: www.fshc.co.uk

Date of inspection visit: 28 May and 16 June 2015
Date of publication: 30/07/2015

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?	Good

Overall summary

This inspection took place on 28 May and 16 June 2015 with the first day of the inspection unannounced. We were required to delay the second day of the inspection, as was the home was dealing with a viral outbreak and was appropriately restricting non-essential visits to the premises to contain any spread of infection.

At the last inspection carried out in July and August 2014 we found breaches of regulations relating to safeguarding, cleanliness and infection control and medicines management. This inspection was to check on action carried out at the home following that previous inspection, but also to review the overall rating of the quality of care provided at Willow Court. At this inspection we found no breaches of regulations but felt there were still elements of care that could be further developed.

The home had a registered manager who had been registered since June 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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 provider had policies and procedures designed to protect people from harm or abuse. Staff were aware of the need to safeguard people from abuse. There told us they had received training in relation to this area and were able to describe the action they would take if they had any concerns. Staff were also aware of the registered provider's whistleblowing policy and told us they would immediately raise any concerns they had about care.

The registered manager and handyman told us the premises were being redecorated and some refurbishment was taking place. We found the shower rooms and bathrooms were in need of attention and updating. On the first day of the inspection we found some areas of the home required cleaning, or there were odours in specific areas. On the second day of our inspection we saw the home was cleaner and noted work had started on bathrooms to bring them up to date and improve the overall cleanliness of the areas. Fire systems and other safety checks were carried out on a regular basis.

Most people told us there were enough staff at the home to meet people's care needs. Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found medicines were appropriately managed, recorded and stored safely.

People told us they felt staff had the right skills to support them. Staff confirmed they had access to a range of training and opportunities to update their skills, and records confirmed this. Staff also told us they had regular supervision and they received annual appraisals.

People and their relatives said the meals provided at the home were good. We spent time observing lunches at the home and noted the food to be hot and appetizing. People who required assistance were supported with their meals in a dignified and appropriate way. Kitchen staff demonstrated knowledge of people's individual dietary requirements and current guidance on nutrition. People likes and dislikes were not always recorded, although staff said they knew people well and were aware of their individual requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care. The registered manager confirmed applications had been made to the local authority safeguarding adults team to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA.

People we spoke with and their relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. Staff were able to explain how they maintained people's dignity during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. However, in some people's care records it was not always possible to identify the most recent plans for care delivery. Some activities were offered for people to participate in. The home had two activities co-ordinators who told us about a range of activities they were delivering and developing. The registered manager told us that having a job share activities post gave a wider range of activities and the provision of a male member of staff in an activities role had helped men at the home participate more.

People and relatives told us they would speak to the registered manager if they wished to raise a complaint. We saw from records complaints had been dealt with appropriately and a response offered to the person who made the original complaint.

The registered manager undertook regular checks on people's care and the environment of the home. Staff felt well supported and were positive about the registered

Summary of findings

manager's impact on care at the home and the running of the service. There were meetings with staff and relatives of people who used the service, to allow them to comment on the running of the home.

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?

Requires Improvement

Not all aspects of the service were safe.

Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse. People and their relatives told us they felt safe at the home.

Risk assessments had been undertaken in relation to people's individual needs. Fire and other safety checks had been undertaken. Medicines were handled safely and kept securely. Accidents and incidents were recorded and reviewed.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. We noted some areas of the home were not as clean as they should be and the refurbishment of shower and bathrooms was commencing to improve the facilities. We have recommended a review of the policy around maintaining pets in the home.

Is the service effective?

Good

The service was effective.

Staff told us, and records confirmed a range of training had been provided and regular supervision and annual appraisals were undertaken. One staff member told us how specific training in moving and handling had helped her identify a safety issue.

The manager conformed that applications relating to the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards had been made to the local authority for consideration.

We observed food at the home was of good quality, hot and appetizing. People who had special dietary needs were supported. The manager and handyman showed us how they were developing the environment of the home to better meet the needs of people who were living with dementia.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care they received and were well supported by staff. We observed staff supporting people appropriately and recognising them as individuals.

People's wellbeing was supported, with access to general practitioners and other health professionals. Staff were aware of people's needs and responded appropriately to support them when confused or distressed.

Summary of findings

People told us care was provided whilst maintaining their dignity and respecting their right to privacy. Staff supported people to express them themselves individually.

Is the service responsive?

Requires Improvement

No all aspects of the service were responsive.

Care plans were in place that contained detail of people's individual needs. Plans were not always reviewed or it was not always possible to identify whether the most up to date information on people's care was being followed. Information about people's individual likes or dislikes was not always recorded in detail.

The home had two activities co-ordinators, one male and one female. They told us about the range of support they were offering and how they had increased participation in activities from men living at the home. Some work had been undertaken to develop activities for people living with dementia.

People were aware about how to raise any complaints or concerns. Records showed that complaints were dealt with effectively and appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager undertook a range of audits to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the registered manager and said there was teamwork in the home. Staff told us the atmosphere in the home was good and felt settled in their roles. People and their relatives said the manager was approachable.

Relatives told us there were regular meetings for people who used the service or their relatives, although people who were living at the home could not always recall them. The registered manager was looking to further develop the home to make care more person centred.

Willow Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 May and 16 June 2015 with the first day of the inspection unannounced. We were required to delay the second day of the inspection, as was the home was dealing with a viral outbreak and was appropriately restricting non-essential visits to the premises to contain any spread of infection.

The inspection team consisted of two adult social care inspectors, a specialist advisor with experience in quality and governance and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Because this was a return inspection we did not request a Provider Information Return (PIR) prior to the inspection. We reviewed recent information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with four people who used the service to obtain their views on the care and support they received. We also spoke with three relatives who were visiting the home on the day of our inspection. We talked with the registered manager, two nurses, three care workers, two activities workers (job share - who also provided care support at other times), two domestic staff and a handyman.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation after obtaining their permission. We reviewed a range of documents and records including; seven care records for people who used the service, 11 medicine administration records; five records of staff employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings of people who used the service or their relatives and a range of other quality audits and management records.

Is the service safe?

Our findings

Staff we spoke with said they had completed training in relation to safeguarding adults and the identification of abuse. They were able to describe the types of potential abuse and signs they would look out for. Training records and certificates in staff files confirmed training in this area had been completed. We asked staff about the provider's whistle blowing policy and what they would do if they had concerns about the care being delivered at the home or felt someone may be being abused. They told us they would immediately raise their concerns with the registered manager. One staff member told us how they had witnessed an event some years ago which concerned them and reported the incident. They told us they had subsequently been asked to give evidence at a hearing. Two relatives we spoke with told us they felt the care at the home was safe. Comments included, "(Relative) is absolutely safe" and "He sometimes needs two carers and they are really caring. He is in safe hands."

We saw risks to individuals were assessed and monitored. People's care plans had risk assessments relating to areas such as moving and handling, skin integrity and falls. These assessments were generally updated on a monthly basis. However, we found some risk assessments that had not been recently updated and did not reflect the care currently being delivered. This meant it was not clear if this risk was being effectively managed. Wider risk assessments were in place for the home environment and for areas such as fire safety. This established individual risks relating to people's needs were assessed and monitored and wider risks within the home were reviewed.

People had personal emergency evacuation plans (PEEPs) in their care records, detailing how they should be supported in the event of a fire or other untoward event. We saw these were largely pre-printed with blanks where the person's name could be inserted, rather than wholly individualised. We spoke with the registered manager about this. She told us this new proforma had recently been introduced by the provider to replace the more descriptive PEEPs previously used. She acknowledged the proforma limited how personalised the plans could be.

The manager told us the home was in the process of being upgraded, although this was primarily being carried out by the home's own handyman. We saw that he carried out a number of safety checks around the home, including checks on fire systems and fire doors. We noted in some cases windows on the upper floor of the home only had internal restriction devices to prevent them from opening fully. The Health and Safety Executive recommend that care homes have externally fitted devices to limit the range a window can open and prevent possible falls from height. The handyman told us, and we saw him working throughout the inspection, that he was fitting additional devices to meet the requirements of the HSE. We noted a mechanical bath had been out of order for a number of weeks. The handyman, and the registered manager confirmed, and showed us evidence, that the matter had been reported. They said the provider now had a central contractor for this type of repair and they were awaiting an engineer to call.

We saw evidence that a range accidents and incidents were reported and recorded on the provider's electronic recording system known as DATIX. The registered manager told us each incident was required to be reviewed as part of the reporting system and that the regional manager was also required to monitor and review and incidents. This meant there were effective systems in place to monitor events at the home and review evidence to identify trends or recurring themes in relation accidents and incidents.

The manager told us there were currently 41 staff employed at the home, including nurses, care staff, domestics and ancillary staff. She said there were some vacancies, in particular the lack of a deputy manager and some hours that required filling in relation to domestic cover. She told us that maintaining levels of qualified nurses at the home had been a challenge and there had been some use of agency staff in recent months. However, she said she had just recruited two European nurses, who were working as care staff whilst awaiting registration in the United Kingdom. Once registered and fully inducted she hope this would ease the situation. She said that they had also recruited a recently qualified nurse and were looking at appropriate support to this person, to ensure they met the requirements for preceptorship in the early stages of her career.

People and staff told us they felt there were enough staff available at the home most of the time. One staff member told us there had been a recent difficult period due to a sickness outbreak at the home. However, they told us, "We

Is the service safe?

make sure that all people's needs are met, whatever the staffing." One relative told us the home could appear short staffed when two care workers were required to support one person with their personal care.

We spent time observing care at the home. We saw there was a consistent staff presence in the lounge area and there was some pleasant interaction between staff and people living at the home. We noted there were times, when other people were being supported with care, that lounge areas were supported and observed by only one care worker, who was sometimes doing paperwork, or by the activities worker. We noted buzzers, when people were requiring assistance in their rooms, did not ring for long periods of time and people's needs were responded to quickly when in the lounge or dining areas.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, notes from a formal interview process, references being taken up and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. Registration of the nursing staff was checked on a regular basis, to ensure it was up to date. All nursing staff are required to be registered with the Nursing and Midwifery Council (NMC). This verified the registered provider had appropriate recruitment and vetting processes in place. An adequate disciplinary process was in place and the registered manager was fully conversant with it. She showed us case files which showed the policy and processes were applied appropriately.

We observed the nursing staff dealing with people's medicines and saw people were given their medicines appropriately. We examined the Medicine Administration Records (MARs) and found there were no gaps in the recording of medicines and any handwritten entries were double signed to say they had been checked as being correct. A number of people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We saw three people did not have care plans detailing the circumstances when they should receive these types of medicines.

Some people were receiving covert medicines. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw this had been discussed with the person's general practitioner and family and the decision to give medicines covertly had been taken in their best interests. Storage and control of medicines was undertaken appropriately and temperatures of fridges and the general atmosphere in the medicines rooms were regularly monitored. The registered manager and nursing staff confirmed appropriate training had been undertaken in relation to the safe handling of medicines.

On the first day of the inspection we noted there were some areas of odour around the home, often associated with rooms where carpet was fitted. We also noted bathroom and shower rooms were in need of updating and repair. We saw in one shower room personal toiletries and towels had been left and the refuse bin had not been effectively emptied of soiled items. In some toilet areas there was liquid soap and paper towels but no pedal bin had been provided to dispose of the used towels. Domestic staff we spoke with told us that there were days when only one member of domestic staff was available on the unit, due to a vacancy. They said this could sometimes make it difficult to keep up to date with all the cleaning. We spoke to the manager about these issues. She told us the lack of domestic hours had caused some problems, but she was hoping to recruit to the vacant hours soon. She said she had a person who was interested and had made an application for this post. She also said the bathrooms needed "more than cleaning" but fully refurbishing. She said this was the next job to be undertaken as part of the overall refurbishment of the home. The manager told us she was in the process of undertaking a new infection control review of the home and showed us a check list she had obtained to assist her in the process.

On the second day of the inspection we saw many the issues we had highlighted had been addressed and that the home smelt fresher. We also saw work had started on the refurbishment of one the bathrooms.

We noted that the home had a "pet" duck kept outside. Staff and people living at the home told us the duck sometimes came inside the home. We spoke to the manager about this. She said when it did it was always supervised and it never made a mess. We noted the duck was allowed to wander the gardens at times and that there were droppings about the garden area. The registered manager showed us the provider had a policy on pets and animals at the home and said she did not think there was a high risk to people at the home.

Is the service safe?

We recommend a full review and risk assessment of allowing animals in the home is undertaken in relation to any hazard that pets may cause when living both inside and outside the premises.

Is the service effective?

Our findings

People we spoke with told us they felt staff who supported them had the right skills to provide their care. One person told us, "The staff are not bad at all and they know what they are doing." Records showed all staff were required to complete mandatory training. This usually took the form of ELearning. The registered manager told us training could be undertaken at work and staff could also come into the home at weekends to complete this and would be paid for the time. Some staff told us there was not always enough time to complete training when at work and they preferred to complete it when at home. Areas covered in mandatory training include: Infection control, fire safety, food hygiene, moving and handling and safeguarding.

Staff we spoke with told us they had access to a range of training and said there was currently a six week dementia awareness course being provided that most staff would be undertaking over time. One staff member told us, "Training is always on." One member of staff told us she was now the moving and handling co-ordinator for the home and had received specialist training to allow her to undertake the role. She said she was planning to deliver moving and handling training for other staff at the home and was also now in charge of moving and handling audits. She told us how her training had helped her identify that a hoist needed to be "taken off the floor" until it had been repaired. Another staff member told us that when they first started at the home they were given ample opportunity to shadow more experienced staff, to learn about the care people required. They also told us they were being supported to complete a level two qualification in care. They said, "They are very good at progressing and promoting staff."

Two nurses we spoke with confirmed they were supported to undertake training and maintain their continuous professional development that is required to uphold their nursing registration with the NMC. Members of staff confirmed they had access to regular supervision and appraisals. We looked at staff supervision records and saw a range of issues had been discussed, including personal circumstances affecting work and clinical and care matters.

Records showed staff had undertaken training in relation to the Mental Capacity Act (2005)(MCA) and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed the home was working with the local safeguarding adults team to put in place DoLS for those people who fell within the requirements of the MCA definitions. Assessments had been undertaken, or were planned for the near future. Staff we spoke with understood the concept of best interest decisions and supporting people when they were unable to make effective choices for themselves.

We saw that, where possible, people were encouraged to give their personal consent and agreement to care being delivered. Staff told us they would always ask people if they were happy with the care they were providing, or seek their permission before doing anything, whatever the individual's capacity to understand. We saw people were given choices of meals and drinks during the day. One person, who had earlier chosen a particular dish for lunch, was able to change their choice at the time of the meal. We noted some people had completed consent forms or signed their care plans to say they agreed to the care being delivered.

People were supported to eat an adequate diet and have regular drinks. We observed lunchtimes at the home and saw people were given support, where they had difficulty in eating and drinking, and that this support was provided in an appropriate and sensitive manner. Other people were encouraged to eat and given regular prompts, where they had forgotten they were eating a meal. Some people were supported to eat in their rooms. Staff supporting people on an individual basis concentrated on their needs and spoke encouragingly and caringly whilst supporting them. We saw meals were hot, looked appetizing and were well presented. Kitchen staff were aware of people's individuals needs and showed us how they prepared diets to support particular needs, such as meals for those living with diabetes or who required a soft diet.

Lounges had jugs of juice or water in them, although we noted glasses were not always available. Whilst these items were accessible, the nature of the conditions people were living with meant they were not always aware that drinks could be taken at any time. People in the lounge had glasses on the floor by their side, but again were not always immediately aware they were there unless prompted. The temperature in the home was warm. We spoke with the manager about the importance of ensuring people not only had access to drinks but were also encouraged to take them. She said she would remind staff about the issue.

Is the service effective?

One person had a percutaneous endoscopic gastrostomy (PEG) tube fitted, to support their dietary intake. A PEG is a tube that goes directly into a person's stomach where they cannot eat normally or can only take a limited amount of food orally. A relative told us this person was well supported by staff when being given food through the PEG. They told us, "He is fed through a PEG and they stay will him until he has taken all his food."

The registered manager told us she and the handyman had developed a plan to improve the environment of the home, as part of the overall refurbishment plan. She said she wanted the home to be more visually accessible to people living with dementia. She told us the plan was only funded through the home's budget and was not part of the provider's wider estates budget. We saw work had already been undertaken to change the colour of walls in the home away from cream, so that different areas were identifiable by different colours. Items of interest had also been added to walls in corridors. These were both tactile and a prompt to recall holidays or other events in people's past. The handyman showed us how one room have been converted into a hairdressing salon. He told us how he had converted the environment, including a hairdressing sink and a counter to look like a salon environment. He had also sourced an old barber's chair, which could be raised and lowered, to make the room more like a barber's for men living at the home. He also talked about his plans for one of the bathroom, which included retiling but also incorporating pictures of Whitley Bay in the past to promote people's memories of the seaside when bathing.

The manager told us a local company had recently done some work on the garden area providing and planting donated flowers, plus giving the home a set of garden furniture. We saw the area was a good space, but more could be done to make the area more interesting and more accessible to people living at the home. One of the activity workers told us he hoped to use the garden for an entertainer who was due to visit the home, to try and encourage people outside.

Is the service caring?

Our findings

People we spoke with told us they were happy with the support provided and were involved in their care, where possible. Comments from people included, "The care is very good and the carers are too" and "They are lovely here; quite good and quite helpful." One person who had just returned from an outside activity commented, "Oh it was a lovely trip out; but it is so nice to come home to this place. I love it here and wouldn't be anywhere else."

We spent time observing how staff interacted and treated people who used the service. Staff approached and dealt with people in a kind, attentive, caring and understanding way. They dealt with people equally, whether they were aware of their surroundings or not, and spoke to them appropriately. One staff member told us, "The home is quite friendly and relaxed; not regimented like some. I like to sit and have a coffee with the residents. The people who live here come first every time." During our observations we witnessed one lady became distressed, for no obvious reason. A member of staff, who was sitting in the lounge area got up and went to the person. They crouched down next to them, called them by their name and spoke quietly and reassuringly to them. They also held the person's hand whilst speaking to them. When they person had calmed down the care worker gave the person a reassuring hug.

In another incident we observed, we saw a person, who liked to remain in their room until the late morning, was worried they had missed the opportunity to socialise with their friends in the lounge area. Staff were kind and friendly with them, reassuring them they had not missed anything and holding their hand whilst they escorted them to the lounge. We saw this had a positive and calming effect on the person.

We witnessed other staff interacted with people whilst going about their daily business. Domestic staff, the handyman and administration staff all took time to speak with people when walking around the home, or whilst carrying out their duties. People who were confused were reassured and, if necessary, they were taken or directed to a member of the care staff for support.

Staff and the registered manager told us no one at the home had any particular cultural or religious requirements. Staff told us, and a notice on the board confirmed a minister called at the home on a regular basis to offer spiritual support to anyone who requested it.

Because of the nature of their condition not everyone living at the home had been able to fully participate in the planning and reviewing of their care. In some reviews of care plans we saw people had been asked how they felt about the care they had received and asked if there was anything they wished to change. One person was quoted as saying they enjoyed staying at the home and that all the staff were nice. We saw on a day to day basis staff checked that people were happy; using phrases such as, "Is this alright for you?" or "How can we help you?" We also saw that where people could not directly contribute to reviews of their care then relatives had been asked for their opinion, or asked to confirm what the person had indicated in the past. One relative told us, "I've been involved in the care planning and sometimes staff can communicate with him better than I can." However, another relative told us, I've not been involved in my (relative's) care plan and she has not because of her memory." Two other relatives we spoke with confirmed they had contributed to the planning and review of care.

We saw people's wellbeing was monitored and maintained. People's care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. We noted a number of professionals were in and out of the home whilst we visiting, including community and specialist nurses.

The registered manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required such a service.

People and their relatives told us they felt people were treated with dignity and respect. People said their privacy was respected and staff would knock on their door before entering. Relatives we spoke with confirmed this. We saw that staff had supported one person who wished to express their sexuality by providing a private environment for them. Relatives also told us they could visit any time that they liked and there were no restrictions on them supporting their relatives. They said they were always made to feel

Is the service caring?

welcome. People's likes, dislikes and preferences were recorded in their care plans, although the detail was sometimes minimal. People's preference for a male or female care worker was recorded.

People who were mobile were able to walk around the home with few restrictions on where they went. We saw staff welcomed people sitting with them whilst they were working and were happy for them to sit with them in the office, providing confidentiality was not compromised.

Is the service responsive?

Our findings

People told us staff responded to their requests for help. During our inspection we noted call bells did not ring for long periods before they were silenced. Relatives told us they felt the care provided was person centred and addressed people's needs. One relative told us, "This is the second place he has been to and I can't fault it."

We found people's care plans were detailed and contained a range of information about the individual. However, it was often difficult to locate the most up to date records because of the range of old records that were also stored in the files. People's care plans contained a monthly evaluation of their dependency. There were also assessments of people's nutrition, mobility and emotional/ psychological needs. We saw care plans had been developed to address people's specific needs and individual likes and choices were included in their care plans. For example, we saw one person whose actions were causing concerns had been regularly observed to provide information for a future review of care with a consultant psychiatrist.

We found care plans were in various formats which made information difficult to follow and ascertain what was the most up to date information that should be followed. For example, we saw in one person's care records, as part of a nutritional assessment, it was noted they needed to be weighed weekly to monitor the risk of over eating. However, the person's care records suggested they were being weighed monthly and a loss of weight was noted. But there was little information as to how this weight loss was being monitored, or whether it was appropriate. This meant it was not clear whether staff were effectively monitoring the person's weight and whether action had been or needed to be taken.

Records intended to promote person centred care sometimes contained limited information. For example, sections detailing people's likes and dislikes were either not completed or poorly filled in. This meant it was difficult to assess if people's individual likes and dislikes were always being considered in the delivery of care. We also found that not all people had personal profiles detailing their history and background. Where people did have these profiles they were not always well completed. For example, for one person, in the section 'What does a good day look like for me?' was simply written, "Things that go on that day." We spoke with staff about this. They said they tended to know what people liked or did not like, as they got to know them. One staff member told us, "If I don't know I'll ask them. And if they can't tell me I'll ask their relative or friends." This meant it was not always clear if people's personal likes and dislikes were known and incorporated into their individual care.

However, we also saw staff respond to one person's needs in a way that reflected their identified preferences. For example, one person's care records advised staff to play a particular type of music if the person became anxious or distressed. We saw staff put this into practice and noted it had an immediate calming effect on the person. We spoke with the registered manager about the care plans. She told us the provider was introducing a new care plan format that had been trialled in other care homes. She said all care records would be transferred over to the new format in the coming months.

Whilst we were undertaking the inspection the home was visited by a Community Psychiatric Nurse (CPN), who worked with the local mental health team. The CPN was working with the staff to carry out depression assessment reviews on all the people who were living at the home at that time. People's propensity to depression was assessed and then decisions or recommendation would be made about additional possible input or changes in medicines, to better support the person and manage any depressive symptoms. Staff also told us a consultant psychiatrist regularly visited the home to carry out reviews. Care staff told us they were often asked their opinion about the health and wellbeing of a person, as part of these reviews.

The registered manager told us the home had two activities co-ordinators who job shared the role. She said there was one male and one female activities co-ordinator and since the appointment of the male worker they had noticed an improvement in participation by men living at the home. The registered manager told us, "This means we have two lots of ideas and approaches to planning activities. It can often be tricky to get male residents involved in social activities. Having a male activities co-ordinator has helped us with that a lot."

We spoke to both the activities co-ordinators who told us they had started to put together a programme of activities that they hoped would improve the range available to the people living at the home. The male activity worker told us how he had recently taken a gentleman to a local pub

Is the service responsive?

where he had enjoyed, “His first pint and packet of crisps for a number of years.” He told us, “There are activities for people seven days a week. People often like the most simple of things, such as going to the pub for a pint and a game of pool, or helping in the garden.” The co-odinators also talked about how they tried to offer activities that were individual to people. For example, one person who had shown a considerable degree of social isolation and was at risk of depression had been encouraged to go out for a walk in an area they had lived most of their life. By encouraging them to recall and talk about the places they remembered the person’s emotional condition improved considerably.

Activities staff also told us about memory work they did with people who were living with dementia and also sensory work. The home had recently been given tactile cloth sheets. These are pieces of material with different textures sewn on to them, such as velvet or satin. The sheets also contain buttons, zips and Velcro fastening. These gave people who were living with dementia simple activities and stimulation whilst they were sat down.

Activity staff told us they had received additional training to help them in their new roles. One activities co-ordinator told us, “We’ve had helpful, robust training to be able to work with people with dementia and our activities programme reflects this. This particularly helps with communication. We have learned how to interpret if someone likes or dislikes an activity through non-verbal communication.”

However, we also noted people living at the home often spent considerable time sat in the main lounge area. This was quite cramped and warm. People were sat in a wide circle, which meant it was difficult to interact socially. We also noted the home had a number of double sofa chairs. This meant people, who were unrelated, were often sat in close proximity to each other. We saw on a number of occasions people falling asleep across other people or minor altercation taking place as a person invaded the personal space of the person they were sat next to; because they were not immediately aware of their surroundings.

People and relatives we spoke with told us they would have no hesitation in making a complaint, if necessary. They told us they would speak to one of the staff or the registered manager. All the people we spoke with told us they had not had cause to make a complaint. Information about how to make a complaint was available throughout the building. The registered manager maintained records of any formal complaints received. We saw the issue of the complaint had been recorded; there was evidence that the matter had been investigated and a response offered.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since June 2015, although she had been working at the home for the previous eight months. She was present during both days of inspection and assisted us with the inspection.

People and their relatives told us they felt the registered manager was approachable and they were able to speak with her, if necessary. One person told us, "The manager is very good. She listens and knows what she is talking about." Another person described her as being "very amenable" and said they would have no hesitation about raising matters with her.

We saw there were adequate systems in place concerning the audit and governance of the home. There were checks on the building and environment, meals and a range of other areas. We saw evidence of monthly review on people's records; ensuring that Waterlow scores (skin integrity) checks had been undertaken along with reviews of mobility assessments and the use of bedrails. However, it was not immediately clear how this information was used to improve or develop care at the home. Safety records, such as gas/electrical safety, Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment and portable appliance testing (PAT) of small electrical equipment were up to date.

There was also a regular medicines audit, although this seemed to concentrate on the number of medicines given or stocked, rather than a wider review of the system, such as the reasons for doses being omitted. A local pharmacy visited to home on a regular basis to further audit the provision and safe handling of medicines.

The provider had a range of policies and procedures in place. The registered manager told us there was currently a review of these and policies were gradually being updated. She said that he felt she was now getting to grips with audits and reviews at the home. She said there were still things to be done but progress was being made and she was hopeful for the future.

Staff told us there were regular staff meetings and they felt they could raise issues and that the manager would take any concerns on board. All the relatives we spoke with told us they were aware of the residents'/ relatives' meetings taking place at the home and said they had attended them in the past. None of the people who lived at the home we spoke with could recall attending these meetings.

Staff told us they felt very positive about how the home had improved over recent months and were constructive regarding the support and the leadership of the registered manager. Comments from staff members included, "(Manager) seems okay. I find her alright" and "(Manager) seems okay to me. You can have a laugh and a joke with her and she is very supportive." Another staff member told us, "We work around the residents. We have time for the residents which you don't always get at some homes."

Staff also told us they felt well supported by the manager and said she was helpful if they had any issues. Comments from staff included, "I have a good relationship with my manager. I have some health problems over the past year and have been well supported" and "The manager is very supportive." They also told us that if the registered manager did need to raise any issues she would do it appropriately. One staff member commented, "She doesn't come out and shout. She'll take you to one side and does it privately. And then that's it; it's dealt with."

Staff said they were happy working at the home. They said they enjoyed their jobs and the staff worked well together. Comments from staff included, "It's a good staff team; we work well as a team"; "I feel settled here" and "It's lovely here. I enjoy working here; it's better than my previous job." One staff member told us, "We have a good rapport with families. It's rewarding making a contribution to families." The registered manager told us she had been impressed with the care staff since she arrived at the home. She told us, "The care workers are brilliant. Most have been here a long time so know the residents. They are very amenable, willing and caring. They welcomed me with open arms when I arrived."

With the exception of the care records, where we found it difficult to source the most up to date information, day to day records were up to date and contained good detail of the care delivered or support offered.

The manager told us the most challenging part of the role, since starting at the home, had been getting to grips with the computer monitoring systems and trying to attract good quality nursing staff to the home. She felt she was making progress in both these areas. She also felt

Is the service well-led?

supporting relatives had also provided a challenge. She told us, “Relatives need caring for as much as residents.”

She told us she wanted the home to gain the provider’s dementia accreditation and develop a much more person centred approach at the home. She said they should be looking to, “Treat people as if they are our relatives.”