Central and Cecil Housing Trust

Link House

Inspection report

15 Blenheim Road
London
SW20 9BA

Tel: 02085454920
Website: www.ccht.org.uk

Date of inspection visit:
28 September 2016

Date of publication:
01 November 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 28 September 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in August 2015. At that time we gave the service an overall rating of 'requires improvement'. We did not find the provider in breach of regulations but we identified some aspects of the care and support people received had not been caring, there were not enough activities to stimulate and engage people and the quality of records maintained by the service was inconsistent.

Link House is registered to provide accommodation and personal or nursing care to 52 older people. The service specialises in caring for older people living with dementia. At the time of this inspection there were 41 people using the service.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The previous registered manager left the service in December 2015. A new permanent home manager had been appointed in August 2016 and was in the process of submitting the appropriate registered manager application to CQC.

At this inspection we found the provider had yet to make and sustain improvements in areas of the service we identified concerns with at our last inspection. We observed instances during the lunchtime meal experience when people had not been treated with dignity and respect by staff. We found that although the service offered a range of activities at the home, people said, and we saw, there was still not enough done to engage and stimulate people, particularly on the middle floor of the home.

There had been a change in leadership at the home and at provider level since our last inspection. This meant the service did not have continuous and consistent senior management oversight until recently, to ensure required improvements were made following our last inspection. There was a new improvement plan for the service based on a senior management review of the home in August 2016. Recent changes to the senior management structure meant there was better scrutiny and challenge at provider level to ensure required improvements would be made. However it was too early to assess the effectiveness of the plan to judge how this contributed to improvements in the quality of care and support people experienced.

There was provider level support available to the home manager to ensure the service was well managed. But one aspect of this support was not as effective as it could be. The home manager was not informed when maintenance issues they reported would be resolved. This meant they could not give the necessary reassurance to people that these were being addressed. The provider was planning to make improvements to the storage of medicines at the home. But we saw no plan or timescales for when this would happen. This did not assure us the provider would take action to undertake this improvement. Senior managers said they would take action to ensure timescales were clearly notified for when intended improvements would be

made.

We found two breaches of regulations during the inspection. These were in regards to treating people with dignity and respect and good governance. You can see the action we have told the provider to take with regard to these breaches at the back of the full version of this report.

Some aspects of the environment were not supportive of people living with dementia. For example there was a lack of signage around the home that could have assisted people to orientate themselves around. This was being addressed at the time of this inspection by the home manager who was taking action to improve current signage in the home. However, people said Link House was a comfortable and safe place to live. The premises and equipment were regularly serviced and checked to ensure these did not pose unnecessary risks to people. The environment was free of hazards that could pose a risk to people's safety. Risks to people's health, safety and wellbeing had been assessed. Plans were in place to instruct staff in how to minimise these risks to keep people safe. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse.

Staffing levels were planned based on the number of people at the home and their level of dependency. We saw staff were available to support people around the home when needed. The provider's recruitment procedure was followed and appropriate checks were undertaken on staff of their suitability and fitness to work at the home. Staff received appropriate training and supervision to support them in their roles.

At this inspection we found improvements had been made to people's care records. Staff now had access to up to date information about how to support people. People's care plans reflected their choices and preferences for how support should be provided. Where people lacked capacity to make specific decisions there was involvement of their representatives and relevant care professionals to make these decisions in their best interests. People's care and support was reviewed monthly to check this continued to meet their needs.

Staff were knowledgeable about people's needs and how they wished for their support to be provided. They were encouraged to assist people to do as much for themselves as they could and wanted to do. Staff ensured people's right to privacy and to be treated with dignity when receiving personal care was respected. People were supported to maintain relationships with the people that were important to them. Staff were welcoming to visitors to the home. Relatives and friends were free to visit when they wished and regularly invited to participate in social events at the home.

People were encouraged to eat and drink sufficient amounts to support them to stay healthy and well. Staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals. People received their medicines as prescribed. These were stored securely. The provider followed current legislation and good practice for the safe management of medicines. We identified minor issues with recording and storage of medicines which senior staff were already aware of through their own audits and taking action to address.

People were aware of the change in leadership at the home. Some staff told us they felt listened to and their suggestions for how things could be improved were acted on. Staff said as the new home manager had only been in post in for a month it was too early to form an opinion about the effectiveness of their leadership skills.

Senior staff carried out a range of audits of the service to check the quality of care and support provided.

The home manager took responsibility for making improvements to the service when these were needed. People and relatives could feedback their experiences and suggestions for how the service could be improved through various forums. Some people and relatives said that they did not always know when residents and relatives meetings took place. Senior staff said they would look at ways to improve how people were better informed about these. People knew how to make a complaint if they had any issues or concerns about the service. The provider had arrangements to deal with any concerns or complaints that people had in an appropriate way.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and conditions on authorisations to deprive a person of their liberty were being met. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests, and there is no other way to look after them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing. Regular checks of the premises and equipment were carried out to ensure these were safe.

On the day of our inspection, there were enough staff to meet people's needs. Recruitment procedures were followed and appropriate checks were undertaken on staff of their suitability and fitness to work at the home.

People received their medicines as prescribed. These were stored securely.

Is the service effective?

Good

The service was effective. People said Link House was a comfortable place to live. But some aspects of the environment were not supportive of people living with dementia. The home manager was taking action to address this.

Staff received appropriate training and supervision to help them meet people's needs. They monitored people ate and drank sufficient amounts and reviewed their general health and wellbeing. They ensured people had access to appropriate support when any concerns were identified about their health and wellbeing.

Staff assessed people's ability to consent to the care and support they needed. They were aware of their responsibilities in relation to the MCA and DoLS.

Is the service caring?

Requires Improvement

Some aspects of the service were still not caring. We observed that the support provided to people was still not consistently delivered in a caring way.

However, people were generally positive about the staff that supported them and we did see some positive interactions between people and staff. Staff ensured that people's dignity

and right to privacy was maintained when receiving personal care.

Staff were welcoming to visitors to the home. Relatives and friends were free to visit when they wished.

Is the service responsive?

Requires Improvement

Some aspects of the service were still not responsive. People said, and we saw, there was still not enough for them to do to keep them sufficiently engaged and stimulated on one floor.

People's care plans were up to date and reflected their choices and preferences for how they were supported. These were reviewed regularly by senior staff. Staff said care plans helped them to deliver personalised care to people.

People were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints and issues appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were still not well led. The provider had yet to make and sustain improvements in areas of the service we identified concerns with at our last inspection.

There was a new improvement plan for the service. But it was too early to assess the effectiveness of the plan in improving outcomes for people.

People were aware a new home manager was in post. Staff said it was too early to form an opinion about the effectiveness of the new home manager.

Senior staff carried out a range of audits of the service to check the quality of care and support provided. People, relatives and staff could feedback their experiences and suggestions for how the service could be improved.

Link House

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 checked 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 September 2016 and was unannounced. The inspection team consisted of two inspectors, a medicines inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During our inspection we spoke to 11 people who lived at the home. We also spoke to six visiting relatives and friends and a healthcare visitor. We spoke to the senior staff team which consisted of the home manager, deputy manager, assistant director of care, the clinical services manager and the quality compliance manager. In addition we spoke to three registered nurses and team leaders, seven care support workers and one member of the housekeeping team.

We looked at records which included seven people's care records, 12 medicines administration records (MARs), staff training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they felt safe at Link House. One person told us, "Oh yes, I feel very safe." Another person said, "I feel perfectly safe here. I'm not in the least unhappy." And a relative told us, "The security is very stringent, so I feel [family member] is safe. It would be hard for someone to wander out."

People received their medicines as prescribed. We looked at medicines administration records (MARs). The majority of records had been completed appropriately by staff which gave assurance that people received their medicines consistently and as prescribed. Where people were prescribed medicines 'when required' (PRN) there were protocols in place which covered the reasons for giving the medicine, what to expect and what to do in the event the medicine does not have its intended benefit. Where a variable dose of a medicine was prescribed (e.g. one or two paracetamol tablets), we saw a record had been made of the actual number of dose units administered to the person.

Records maintained for people who had their medicines covertly showed the provider followed current legislation and recommended good practice in this area by seeking and obtaining appropriate authorisation and input from professionals. Medicines were administered by staff that had been suitably trained. We observed a medicines round and saw staff had a caring attitude towards the administration of medicines for people. They wore a vest during the round so that other staff knew not to disturb them to reduce the risk of errors or mistakes being made when medicines were being administered.

All prescribed medicines were stored securely in locked medicines trolleys or in fridges if they required cold storage. Controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff. Temperature readings were taken of the rooms and fridges where medicines were stored. Staff took action to ensure these stayed within the permitted range so that this did not adversely impact the effectiveness of medicines.

The provider had risk management systems in place to identify, manage and reduce the likelihood of injury or harm to people in the home. An assessment of each person using the service was carried out by senior staff to identify the specific risks posed to them from their current health care conditions and needs and the home environment. Staff were provided with information and guidance in how to reduce and manage identified risks. For instance where people were unable to move without support, people's plans instructed staff on how this should be done in a way that kept the person safe, for example, by ensuring there were enough staff available to do this and any equipment required, such as hoists, was used in an appropriate way. Identified risks were reviewed monthly by senior staff to check the measures put in place to reduce and manage these remained suitable.

The environment and equipment within the home was checked to ensure they did not pose unnecessary risks to people's health, safety and wellbeing. Records showed there was a rolling programme of maintenance and servicing in place for fire equipment, alarms, emergency lighting, call bells, water hygiene, portable appliances, hoists, the passenger lift and the gas heating system. The home manager also maintained a record of any maintenance issues required around the home which they regularly monitored

and reviewed to check that these were resolved and dealt with. We observed the environment was free of obstacles and hazards, which enabled people to move safely around the home.

Staffing levels at the home were planned based on the number of people at the home and their level of dependency to ensure there were sufficient numbers of staff to meet their needs. People and relatives were generally satisfied with the availability and accessibility of staff at the home. We observed on the day of our inspection there were enough staff on duty to enable them to respond to requests from people for support and assistance. The home manager said there were 19 staff vacancies at the home which they were actively trying to reduce through recruitment. The assistant director of care told us five new permanent members of staff had recently been recruited and would start as soon as satisfactory checks had been completed of their suitability. In the interim, vacancies were currently covered through the use of temporary agency staff and by offering additional hours to staff who wanted this. They home manager said wherever possible the same agency staff were used to cover gaps in shifts so that people experienced some continuity and consistency in the support they received.

The home manager ensured the provider's recruitment procedure was followed and appropriate checks were undertaken on staff of their suitability and fitness to work at the home. Newly appointed staff confirmed they had been required to complete an application form, provide proof of their identity and qualifications, complete written tests and attend an interview with senior managers as part of the application process. The provider carried out checks of agency staff used at the home. The home manager ensured an up to date curriculum vitae (CV) was obtained detailing agency staff's current training and skills to check they continued to be suitable to work at the home.

Staff had received training in how to safeguard adults at risk. Staff were aware and understood their duty to observe and report any concerns they had about people particularly if they thought they were at risk of abuse or harm. The provider had put in place a procedure for all staff to follow to raise any concerns they had about the safety and wellbeing of people. Records relating to safeguarding concerns about people showed senior staff worked proactively with other agencies to ensure action was taken to sufficiently protect people. This included taking appropriate action when allegations were made about the inappropriate conduct and attitudes of staff towards people they supported.

Good

Is the service effective?

Our findings

People said Link House was a comfortable place to live. A relative described the environment as "homely". One person told us, "The rooms are nice…they are good." The home was bright, open and communal spaces such as lounges and dining areas had been designed and furnished to be warm, inviting spaces for people to spend time in. There were fresh flowers around the home in communal areas to brighten spaces. The provider was redecorating bedrooms around the home and people were encouraged to choose from a colour scheme and furnishing pack to decide how their room would be redecorated. People were also encouraged to bring in their own items when they moved into Link House, such as photos and ornaments to personalise their rooms.

We noted some aspects of the environment were not supportive of people living with dementia. For example there was a lack of signage around the home that could have assisted people to orientate themselves around. The home had a garden which people told us they would have liked to spend more time in. But the garden was not particularly inviting and the garden furniture was 'tired' and needed refreshing. We discussed the lack of signage and the current state of the garden with the home manager. They told us they had already identified that improvements were needed to these aspects of the service and had started taking action to address this. For example they were improving the quality of signage at the home and looking to employ a part time gardener to update and refresh the garden and make this a more inviting place for people to want to spend time in.

Staff had received training to enable them to meet the needs of people they supported. Records showed they undertook training in topics the provider considered mandatory to their roles. This included training in; moving and handling, health and safety, emergency first aid, fire safety, food and nutrition, infection control and an introduction to dementia. Staff told us they received training often to support them in their roles. Comments we received included; "the training is very good"; "I always learn something new" and "even if you've done it before it's worth doing again as things change." New staff were required to complete an induction programme and shadow experienced members of staff before supporting people independently. Senior staff monitored training and arranged refresher updates when required so that staff's knowledge and skills remained up to date.

People were cared for by staff that were well supported in their roles. Staff had opportunities to discuss their work based practice and any issues or concerns they had about this through supervision (one to one meetings) with their line manager. They also had an annual appraisal of their work performance which assessed how they had met their objectives and targets and their on-going learning and development needs. One member of staff said about their appraisal, "It's definitely worth having and we do discuss development." Another told us, "We get to ask for training. I'm hoping to do my next diploma this year."

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

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Senior staff carried out assessments to gauge people's ability to consent to the care and support they needed. People's care plans prompted staff, wherever possible, to seek people's consent before they provided any care and support. Where staff identified people lacked capacity to make decisions about specific aspects of their care and support, they followed an established procedure through which family members, healthcare professionals and others involved in people's care came together to make decisions that were in people's best interests. Staff had been trained in the MCA and DoLS and were aware of their responsibilities in relation to the Act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we looked at showed the provider was complying with the conditions applied to the authorisations.

People were supported to eat and drink sufficient amounts to meet their needs. People were satisfied with the food and drink they were offered at the home. Comments we received included; "the food is excellent…I couldn't fault it, and I like my food"; "yes, I enjoy the food very much…there is a good variety" and, "the food is pretty good…nothing to complain about." We observed throughout the day people were regularly offered drinks. During the morning, people were given individual plates of fresh fruit. One person commented to us, "This is lovely. I love to eat fruit and this is rather delicious."

People's nutritional needs were assessed and used to inform an individualised eating and drinking plan for them. The majority of plans provided guidance to staff on the support people required to eat and drink. However we did note on one record there was limited information for one person about how to encourage them to eat when they were reluctant to do so. We raised this with senior staff who told us they would review this immediately to make sure there was sufficient detail for staff to follow in this instance. Plans were reviewed monthly by senior staff to identify any issues that people may have with eating and drinking. Where concerns had been identified staff sought advice from external specialists such as dieticians and speech and languages therapists about how people could be appropriately supported to eat and drink sufficient amounts. Staff monitored people's food and fluid intake to check that people were eating and drinking enough to meet their needs.

Staff supported people to keep healthy and well. Staff maintained daily records of the care and support provided to people which contained their observations and notes about people's general health and wellbeing. At each shift handover, senior staff updated staff coming on duty about any issues or concerns they needed to be aware of concerning people's health and wellbeing. Monthly health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Records showed staff took prompt action to ensure people received appropriate care and support from their GP when they became unwell.

Requires Improvement

Is the service caring?

Our findings

People were generally positive about the staff that supported them at Link House. One person said, "The staff are ok. I know they are here to help me if I need them." Another person told us, "They all seem quite pleasant and they don't antagonise me in any way." A relative said, "The staff seem very kind and caring, very patient…it can't be easy at times, as they are under a lot of pressure." And a regular visitor to the home told us, "I come in every week and always see good, kind interactions from the staff."

At our last inspection of the service in August 2015 when answering the key question 'is the service caring?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found on a number of occasions, the care and support people received was not as caring as it should have been.

At this inspection we found people still experienced inconsistency in the way staff cared for and supported them. We spent time observing the lunchtime service on the top and middle floor of the home. On the middle floor we saw very little interaction between staff and people. When staff brought in people's meals there was little attempt made to engage in conversation with people. Similarly when staff came to take plates away and bring in dessert they said very little. Over the course of thirty minutes we only heard staff speak on four occasions and this was limited to; "you want a drink?"; "finished?"; "hello, hello (as the staff member brought in the dessert)" and "did you enjoy your lunch?" (However the staff member did not wait for people to answer and left the room). Although the provider stated in their literature for the home that staff sit and eat lunch with people at mealtimes to create a positive, social experience, this did not happen. During the meal the radio was playing but it appeared the choice of station was more suited to staff's preferences than to those of people in the dining room. We saw one person did not have lunch as they had been asleep in the corner of the room since mid-morning, and no real effort was made to wake them. One person said about the mealtime experience, "That lunch today is normal. There's more noise at a Trappist monastery than at mealtimes here."

On the top floor of the home there was better interaction between staff and people. People were served food that looked appetising and was hot when served. However people were not told what their meal was when presented with it. This was confusing as there were two options for the main meal, lasagne and chicken pie, but people were not given a choice about this. We saw people that ate the chicken pie left a lot of their meal, but staff did not attempt to find out the reasons why and offer the alternative. We tasted the pie and found the crust was undercooked. One person was served a sausage sandwich for their lunch. A staff member sat with the person and supported them to eat and offered lots of verbal encouragement to do so. However they were unsuccessful in getting the person to eat their sandwich but they did eat all of their dessert. We looked at this person's eating and drinking plan and saw it had been recorded on there that they did not like sandwiches. When we spoke to a senior member of staff they confirmed the person did not like sandwiches but could not offer an explanation as to why they were given this for their meal.

A senior member of staff told us people had picked the lunchtime meal they were served, the day before which accounted for why people were given the meals they were, as this had been their choice. However

people were not helpfully reminded of their choice, which they may have forgotten about, when given their meal. We also noted people were asked for their lunchtime choices for the following day before they had eaten that day's lunch. This could have been confusing and disorientating for people particularly with short term memory issues.

These issues amounted to a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Many people living at the home were living with dementia. The assistant director of care told us a dementia care specialist had been commissioned to support staff to improve the way they interacted and communicated with people so that they better understood people's choices and preferences for their care and support. Staff told us they had been provided training to help them understand what life could be like for people living with dementia which they said had been useful and helpful. We noted staff did not use specialist means of communication such as visual prompt cards to support people who were less able to vocalise their needs. However we observed staff on the whole seemed to be able to anticipate what people needed or wanted. In our discussions with staff, the majority appeared to know people well and were able to tell us how people's specific needs should be met.

We did see more positive and caring interactions between people and staff during other parts of the day. For example when activities took place, staff were friendly, energetic and supported people to take part. We observed a one to one activity with one person and the staff member supporting them was kind, patient and funny which prompted the person to laugh and enjoy themselves. During an organised group activity on the ground floor people were encouraged to participate and sing along and dance to music so that no one was left out. On one occasion we saw one person became anxious and upset with another person and a staff member acted quickly to help calm and diffuse the situation.

Staff treated people with dignity and respect when supporting them with personal aspects of their care. We saw them knock on people's doors and ask for permission before entering their rooms. People's doors were kept closed when staff were providing them with care so that their privacy was protected. We observed staff took care to ensure they were not overheard when talking about people, for example, during shift handovers. Staff told us the various ways they ensured people were afforded privacy and dignity when being supported with their care. This included respecting people's choices if they did not want to receive this at that time.

People appeared neat and tidy and dressed in fresh, clean clothes. However two people told us they had experienced problems with their clothing going missing. One person felt when they had raised this with staff this had not been dealt with. We discussed their concerns with the home manager who told us they were working with the person to alleviate their concerns about their clothing, which were not missing but being laundered.

People's friends and relatives were encouraged to visit them regularly. People said they were given privacy when friends and family came to see them. One person said, "My family can come whenever they like. We can go to my room and chat there." A relative told us, "We visit often, and don't always announce our visits. It's never been a problem. They have always been welcoming." We saw when visitors arrived at the home they were welcomed by staff. Staff were aware of the friends and family that were important to the people they supported and knew when visits would likely happen.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of the service in August 2015 when answering the key question 'is the service responsive?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found some of the people using the service were not sufficiently engaged in activities to reduce the risks to them of social isolation.

At this inspection some people said there was still not enough for them to do to keep them sufficiently engaged and stimulated. There was information about the daily and weekly activities on display on all floors of the home. But people said there was no structure to the activities offered at the home and that these could change at any time and with little notice. One person said, "I can get my nails done and I like the massage lady but otherwise most times I sit. I can draw and colour. But mostly I sit." Another person told us, "Some afternoons, there's nothing to do. We just sit and watch TV. The nurses do get you doing things now and then, like skittles this morning. To be fair, some of the people don't want to do anything, but some of us do." And another person said, "I want to go out and talk to people more. I like communicating with others. I'm interested in what's going on, but there's not enough to do."

We observed the level and quality of activities on the middle floor of the home was not as good as in other parts of the home. We saw staff did not appear to have time to spend with people as they were busy with tasks. This meant there were long periods of time in which people were left to sit in the communal lounge with little to do other than to watch television. On the top floor there was more interaction. We saw a range of group based activities taking place in the lounge area including card games, colouring and a ball game. One to one activities were also undertaken with people. For example one person who enjoyed doing domestic chores, was helping a staff member to fold clothing. Another person was in the kitchen area was washing dishes which they enjoyed doing. Music was being played at an appropriate volume in the lounge and people's body language suggested they were listening and enjoying it. The general atmosphere in this part of the home was calm and relaxed. Staff were observant and attentive to people's needs and offered support, encouragement and distraction when this was needed.

On the ground floor there were more group based activities taking place including a group sing a long and dancing session. Staff were offering people support and encouragement to join in. There were also regular visitors to the home that undertook organised activities such as musical entertainers, a massage aromatherapist and religious services. The provider arranged social events and occasions such as a summer garden party and friends and families were invited to attend. Staff were preparing for a major celebration to take place in the home in the days following our inspection which would include a celebration buffet, live music and special guests. Senior staff told us about initiatives that had already taken place in the home to aid stimulation and engagement particularly for people living with dementia. One of these was the 'Green Candle' project developed by a national social enterprise which used dance and music to encourage people to interact and participate. Staff said this project had been successful and well received but acknowledged that more could be done to ensure people's participation in the project was captured through photographs and memory books, to aid people's memories and recollection of taking part.

Staff told us it was their responsibility to undertake activities at the home. We discussed with senior staff, the feedback we received from people and staff and our own observations about the level of interaction and engagement in the home. They took on board our feedback and said they would continue to look at ways to improve people's experiences. They told us deputy managers from all of the provider's homes were now meeting monthly to specifically discuss how the quality of people's lives could be improved through participation in meaningful activities tailored to meet their specific needs.

Since our last inspection the provider had introduced a new format for care records. Most people's records had been updated into this new format. Records we looked at showed each person had a current personalised plan which instructed staff on how the care and support they needed should be provided. People had been involved in planning their care as their records contained a detailed life history and information about their preferences, likes, dislikes and their daily routines. Relatives were also involved in the planning of people's care and support. They provided important information to staff where people did not have the capacity or ability to state their specific choices and wishes.

Plans contained information for staff about how and when support should be provided to people to meet their specific needs. Staff were prompted to ensure people could do as much for themselves as they could and wanted to do. People's care and support needs were evaluated and reviewed monthly. This was done through the 'resident of the day' programme. People's support plans were updated when any changes had been identified to the level of care and support they required. Staff told us people's plans gave them the information they needed to provide care and support that was personalised. One staff member said, "All [people] have a care plan which tells us how to work with them as individuals." Another staff member told us, "Each person has a red folder in their bedroom which gives a pen picture of who they are and what they like." And another staff member said, "Each person has a life story and treasure or memory box which helps you see people as individuals. Everyone's had a life before coming here and it's important to recognise this."

People said if they had any issues or concerns they felt they would be able to raise these with senior staff. One person said, "I wouldn't like to complain, I prefer a quiet life, but I'd know who to go to. I'm sure they would listen to me." A relative told us they had initially been worried about raising minor concerns but had found the staff friendly when they did. They said, "I wouldn't have called it complaining, but they were very keen to hear what I had to say."

There were arrangements in place to respond to people's concerns and complaints if these should arise. The provider had a complaints procedure which was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service. The complaints procedure set out how people's complaints would be dealt with and by whom. We looked at complaints dealt with by the service. In the most recent example the home manager had carried out an investigation into the circumstances surrounding the complaint and provided a written response to the concerns raised. The person who had complained responded by thanking the home manager for investigating the complaint and stated the matter had been resolved to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service in August 2015 when answering the key question 'is the service well led?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because we found the quality of records maintained by the service was inconsistent and not all contained accurate and up to date information about people's care and support needs.

At this inspection we found the provider had yet to make and sustain improvements in areas of the service we identified concerns with at our last inspection. Support for people was still not always delivered in a caring way and there was still not enough in the way of activities to engage and stimulate all of the people living in the home. We discussed with senior managers the reasons why there were still inconsistencies in the areas that we had expected to see improvements in.

The service had experienced a change in leadership since the last inspection. The previous registered manager left in December 2015. A new home manager was appointed but did not start at the service until August 2016. In the interim an acting home manager was in post. There had also been changes at provider level to the senior management structure and a new team had been appointed during this period including the assistant director of care, clinical services manager and the quality compliance manager. As a result of these changes the service did not have continuous and consistent senior management oversight until recently, to ensure required improvements were made following our last inspection. The new quality compliance manager carried out a full audit and review of the service in August 2016 and identified gaps and shortfalls at the service that required action and improvement. A comprehensive improvement plan had been developed and the new home manager had assumed responsibility for ensuring all the required actions were met.

The home manager showed us the improvement plan. They told us they met weekly with the quality manager and other home managers from the organisation, to discuss progress in meeting the required actions. They said this was a useful process as it helped them, as part of their induction, to understand the current level of quality of the service and what needed to be done to improve this to meet required quality standards. Although it was clear from reviewing the plan that steps were being taken to make improvements at the service, it was too early to assess the effectiveness of action taken to date, to judge how this had improved the quality of care and support people experienced.

There was provider level support available to the home manager to ensure the service was well managed. However we identified that one aspect of this support was not as effective as it should have been. The home manager maintained a record of all maintenance issues required around the home. It was clear the home manager had taken appropriate steps to report issues identified to the relevant department that dealt with maintenance in the provider's organisation. But we saw they were not routinely advised when they could expect these to be resolved. One issue that was waiting to be addressed was the lack of hot water in some parts of the home that had been reported in August 2016. At the time of this inspection this was not fully resolved and the home manager said they could not find out when the issue would be completely fixed. This meant the home manager could not give the necessary reassurance to people that this issue would be

resolved.

We were also told that the provider was planning to create a new climate controlled storage room for medicines. However we could not see from records maintained a plan or timescales for when this would happen. This did not assure us that this identified improvement would be made.

These issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did find that the quality of records maintained about people's care and support needs had improved. These were now more accurate, up to date and reflective of people's specific care and support needs. The home manager carried out a monthly audit of a sample of people's care records to ensure these were being maintained to the required standard. A senior manager from the provider's organisation also undertook a quarterly audit of the home through which the quality of care records was reviewed. Any issues identified through their audit were raised with the home manager who agreed a plan of action for how shortfalls would be addressed. A staff member told us the quality manager was often in the home reviewing records to check how these were being maintained. A range of other audits were also carried of the service to check quality standards. For example we saw evidence of several recent audits carried out by the provider and the community pharmacy which looked at safe storage of medicines, room and fridge temperatures, controlled drugs and stock quantities.

People were aware of the change in leadership at the home. The majority of staff spoke positively about the management of the home. Those that did said they felt listened to and their suggestions for how things could be improved were acted on. One staff member told us they had suggested a change in flooring in one part of the home to something more practical and this was acted on. Staff that were less positive were concerned that they hadn't yet got to know the new manager and their vision for the service. One staff member said, "I'm not convinced managers always listen and I don't always feel appreciated." However staff also said as the new home manager had only been in post in for a month it was too early to form an opinion about the effectiveness of their leadership skills.

People, relatives and staff were encouraged to provide feedback about their experiences and suggestions for how the service could be improved. People and their relatives were sent annual surveys in which they were asked to rate their satisfaction with the care and support provided. Records showed meetings took place at the home with people and relatives, where they were encouraged to raise issues and to give their suggestions for improvements. We received some comments from people and relatives that they didn't always know if these took place. Senior staff said they would look at ways to improve how people were better informed about these. Staff said they could share their views and ideas for how the service could be improved at staff team meetings, which minutes of recent meetings supported.

The service was required to have a registered manager in post as part of a condition for the provider to be registered with the CQC. The new home manager confirmed they were in the process of submitting their application to CQC to become the registered manager for the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect We observed instances when people were not treated with dignity and respect by staff (Regulation 10 (1))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance This service had not had continuous and consistent senior management oversight to ensure required improvements were made at the service (Regulation 17(2)(a))