Larchwood Care Homes (South) Limited

Silver Birches

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 18 and 19 July 2016. Silver Birches is a residential care home that can accommodate up to 27 people with dementia or other mental health conditions. At the time of the inspection there were 15 people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of this service on 26, 27 and 30 March 2015 we found breaches of legal requirements in relation to people's consent to medicines, premises, supporting staff, dignity, care and welfare and clinical governance. Following the inspection the provider wrote and told us they planned to meet the requirements of the regulations by the end of August 2015. At this inspection we found the provider had met the requirements of the regulations.

Procedures were in place to ensure if people required medicines covertly then the correct legal processes would be followed to protect people's human rights. Staff had undertaken medicines training and had their competency assessed to ensure they could administer medicines safely.

People were safe as staff understood their roles and responsibilities in relation to safeguarding. Safeguarding alerts had been made to the relevant authorities as required to ensure people were safeguarded against the risk of abuse.

Processes were in place to identify and manage risks to people safely. If people experienced an accident or incident then it was documented and reviewed to check if any further action was required to ensure the person's safety.

Records demonstrated there were sufficient staff rostered to meet people's needs safely. Appropriate recruitment checks had been undertaken in relation to staff to ensure their suitability to work with people.

Most staff had undertaken training in how to care for people with dementia or this had been arranged for them. The registered manager had identified that care staff would benefit from further training on working with people whose behaviour could challenge and this was being arranged. Staff underwent a suitable induction to their role and received on going support through supervision. Staff were supported with their on going professional development.

Since the last inspection the registered manager had made improvements to the layout of the service and they had taken measures to make the environment more suitable to meet the needs of people living with dementia. Not all of the works had been completed and further time was required to fully complete this

work and to evaluate its effectiveness for people. Areas of the service were also being re-furbished and this work needed to be completed.

Staff had either undertaken training on the Mental Capacity Act 2005 or this was booked for them to attend. Legal requirements had been met where people were deprived of their liberty.

People were supported by staff to eat and drink sufficient for their needs. Staff understood that people living with dementia who are mobile may require extra calories and these were provided through additional snacks and smoothies. Lunch was a pleasant experience for people.

Staff arranged for people to be seen by a variety of health care professionals to maintain their health.

Staff understood how to uphold people's privacy and dignity. Staff were observed to interact in a caring and kindly manner with people across the course of the inspection. Staff understood the importance of making people feel valued. Staff consulted people about decisions they were able to participate in and people were supported by staff to exercise choices about their care.

A person told us "Yes, I enjoy the activities." The activities co-ordinators had established what interested people and activities were arranged to meet people's needs. An activities coordinator was seen to spend time across the inspection with different people engaging them with a range of activities to stimulate them.

We found that not all people's care plans had been reviewed as frequently as required by the provider. The registered manager had already identified this issue and was in the process of introducing a new care planning format and reviewing process for people. They were also taking action to ensure people's relatives were involved in reviewing the content of their care plans.

Staff understood who was resistant to receiving personal care and were taking reasonable steps to attempt to engage people with this aspect of their care. Staff were balancing people's rights and wishes whilst not placing them at potential risk of neglect.

People's complaints had been dealt with in accordance with the provider's policy and any required action taken. Complaints were used as an opportunity to improve the service for people.

There were processes both within the service and externally to monitor the quality of the service provided and to drive service improvement. If any improvements were required these were documented on the service improvement plan and action was taken to address the issue for people.

People's care was underpinned by a philosophy of care which staff applied in their work. The service had an open and transparent culture where staff were encouraged to speak out about any concerns they might have had.

People and staff told us there was good leadership of the service. There was a clear senior management structure and management at all levels of the service was visible and accessible.

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.

People's medicines were administered safely by competent staff. The medicines room temperature had not been consistently within safe guidelines.

People were safeguarded from the risk of abuse. Staff had received relevant training and understood their roles and responsibilities in relation to protecting people from the risk of harm.

Risks to people had been identified and actions taken to manage them for people and to ensure their safety.

People were supported by sufficient staff to meet their needs safely. Staff had undergone relevant recruitment checks.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Most staff had undertaken training in how to care for people with dementia or this training had been booked. Further staff training was being arranged in relation to challenging behaviours. Staff had either undertaken training on the Mental Capacity Act 2005 or this was planned.

It will take time for the service to be able to demonstrate that the additional staff training has been completed and embedded over time within staffs' practice.

Work had been undertaken to make the environment more suitable for the needs of people living with dementia. Some aspects of this work were still in the process of being completed.

It will take time for the service to be able to demonstrate that the remaining environmental improvements have been carried out and their benefit to people evaluated.

People were supported by staff to eat and drink sufficient for their needs.

Staff supported people to access health care services as required.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected and promoted.

People experienced positive, caring relationships with staff.

People were supported to express their views and to make decisions about their care where they were able to do so.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Action was being taken to introduce a new care planning format and reviewing process for people to ensure their care was reviewed regularly. Measures were being taken to ensure people's relatives were involved in reviewing the content of their care plans. It will take time to embed these changes in staffs' practice and to evaluate their effectiveness for people.

People were provided with opportunities for social interaction and stimulation.

Staff understood who could be resistant to being supported with their personal care and took reasonable actions to engage people with this aspect of their care.

The service had learnt from people's experiences, concerns and complaints and used their feedback to improve the service people received.

Is the service well-led?

Good

The service was well-led.

Effective processes were in place to monitor the quality of the service provided and to drive service improvements for people.

Staff applied the provider's philosophy of care in the way they delivered people's care.

The service was well led by the registered manager. There was a clear and visible senior management team to lead the service for people.

Silver Birches

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.

The inspection took place on 18 and 19 July 2016 and was unannounced. The inspection was completed by an inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with an advocate who had been involved with the service. During the inspection we spoke with the GP for the service and a nurse. During the inspection we spoke with two people and two relatives. As people experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) to enable us to understand their experience of the care provided. We spoke with two care staff, an activities co-ordinator, a chef, the registered manager and the general manager. Following the inspection we spoke with another nurse and a Social Services team manager.

We reviewed records which included five people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

Good

Is the service safe?

Our findings

At our inspection of 26, 27 and 30 March 2015 we found that where people lacked the capacity to consent to their medicines, and needed to be given them without their knowledge, legal requirements had not been met. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found this regulation had been met.

No-one was currently receiving their medicines covertly. However, the registered manager was able to describe to us how they would complete a Mental Capacity Act 2005 assessment prior to the administration of any covert medicines for people. The provider's impact audit of March 2016 demonstrated people had been administered covert medicines at that time. Legal processes were followed and the decision to administer medicines covertly had been approved by the person's GP and pharmacist as required. Staff understood the legal processes to follow to ensure the administration of any covert medicines was carried out in accordance with legal requirements for people's protection.

Staff told us they had undertaken medicines training and had their competency assessed, which records confirmed. A staff member was observed administering people's medicines. They were able to tell us about the checks they completed prior to administering the person's medicines to ensure they were giving the correct person the right medicine by the required route. Staff were heard to give people clear instructions about how to take their medicines, for example, if it was important that the person did not chew the medicine then they told them this information. Staff observed people to ensure they had swallowed their medicine. Once staff had administered the medicine and they signed the person's medicine administration (MAR) chart to record they had done so. People's medicines were administered competently by appropriately trained staff.

There were processes for the safe ordering and disposal of medicines. There were daily checks on the fridge and clinical room temperatures. The July 2016 temperature record for the medicines room demonstrated that up to 18 July 2016 the ambient temperature had reached 25 degrees on 15 of the 18 days. Guidance requires that the room temperature should remain below 25 degrees. We brought this to the attention of the registered manager, who took immediate action and purchased a portable air conditioning unit to cool the medicines room to the correct temperature. Following the inspection the registered manager was able to provide written evidence to demonstrate the unit had reduced the temperature of the room to a maximum of 23 degrees which was a safe level for the storage of people's medicines to ensure their effectiveness.

A person told us "Yes, I am safe here." Staff told us they had completed safeguarding training and records confirmed all staff were up to date with this training. Staff were able to identify the procedures they needed to follow should they suspect a person in their care had been or was at risk of abuse. Staff had access to safeguarding policies, procedures and telephone numbers in the event they were required to raise any concerns. The registered manager had referred people to the local safeguarding team where needed. They had completed safeguarding investigations as required and taken appropriate action to reduce the risk of repetition for people.

Risks to people in relation to areas such as moving and transferring, falls, weight loss and the development of pressure sores had been assessed. People's moving and handling risk assessments identified their level of independence and how many staff were required to support them if they were not independently mobile. They also identified if people required any equipment to enable their care to be provided safely such as a bathing seat or a walking aid. People's allergies were clearly recorded in the front of people's records to ensure staff were aware of them. Processes were in place to identify and manage risks to people safely.

If people experienced an accident then staff documented the site of the injury on a body map to ensure there was a record of the incident and completed an incident form, which was then reviewed by the registered manager to identify if any further action was required to keep the person safe.

There were internal key codes which prevented people from accessing the upstairs of the service or from coming downstairs unaccompanied. People had been assessed to determine if they had the capacity to use the internal key codes to enable them to use the stairs unaided. The registered manager told us people were only placed in the upstairs bedrooms if they either had the capacity to use the key codes or if they could use the call bell to request staff support when they wanted to go up or down the stairs. Processes were in place to ensure risks to people associated with the internal key codes had been assessed and managed safely for people.

Where people had been assessed as not being able to use their call bell to request staff support there was written guidance for staff to check upon them regularly if they chose to remain in their bedroom. Processes were in place to ensure people's safety if they were unable to use the call bell.

Checks had been completed as required in relation to gas, electrical, fire and water safety for the service. This ensured the building was safe for people's use.

A person told us "There are enough staff." A relative also said "Yes, there are enough staff." Staff told us there were enough staff rostered to meet people's needs safely. They said there was some use of agency staff currently, which records confirmed. The registered manager told us there were two vacancies for care staff and these posts were being recruited to. However, they used one staffing agency and tried to book the same staff to ensure consistency for people.

People's staffing needs had been assessed with the use of a dependency tool to enable the registered manager to calculate the staffing requirements for the service. Staff told us there were two staff shifts; a day shift from 08:00 until 20:00 and a night shift from 20:00 to 08:00. The registered manager told us the day shift was staffed by three care staff and the night shift by two care staff. On each shift there was a senior care staff member to co-ordinate the shift and provide guidance to staff. There was also an activities co-ordinator rostered for each weekday, domestic staff, maintenance staff and catering staff; records confirmed this level of staffing.

Staff told us they had been required to undertake full employment checks as part of their recruitment to their role. Staff files showed criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including character references, interview notes and proof of identification. Appropriate recruitment checks had been undertaken in relation to staff to ensure people's safety.

Requires Improvement

Is the service effective?

Our findings

At our inspection of 26, 27 and 30 March 2015 we found staff were not appropriately skilled or trained to care for people with dementia. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found this regulation had been met.

Staff told us they had undertaken dementia training. Records showed 13 of the 17 management, care staff and activities staff had undertaken the provider's on going training programme on dementia awareness, which consisted of theory, practical and role play. People's care plans documented how people's dementia impacted upon them, in relation to their mood, communication and confidence. There was guidance for staff to reassure a person who was particularly nervous. Staff were able to tell us what people's behaviours were thought to mean, for example, how a person might express that they wished to use the bathroom. A staff member told us "The people here are different so you have to relate to them differently." Another staff member told us they provided people with a gentle prompt such as guiding them to the sink for their wash. Senior staff described to us how they instructed new staff in the strategies used to work with a person whose behaviours were challenging. Staff were using their dementia training to inform how they worked with people.

The registered manager told us that on 11 July 2016 they had also requested challenging behaviour training for staff to further develop their skills in supporting people, which records confirmed and they were waiting for this to be arranged. Time will be required for staff to complete and embed the planned challenging behaviour training into their practice.

Staff told us they had received an induction to their role when they commenced work. The provider had introduced the Care Certificate for new care staff and existing staff were completing a self-assessment to identify if they had any further areas training needs. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. People were supported by staff who received an appropriate induction to their role.

Staff told us they felt supported in their role and received regular supervision which records confirmed. The registered manager told us they were in the process of arranging appraisals for staff to enable them to reflect upon their work over the past year and to identify areas for their development. Nine of the 15 management and care staff had either completed or were in the process of undertaking a Qualifications and Credit Framework (QCF) qualification in Health and Social Care to support their on going professional development. The three chefs all held a QCF level three in catering. People were cared for by staff who were appropriately supported with their professional development.

At our inspection of 26, 27 and 30 March 2015 we found the environment was not suitable to care for people who had been diagnosed with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found this regulation had been met.

Since the last inspection the registered manager had made improvements to the layout of the service for people and had taken measures to make the environment more suitable to meet the needs of people living with dementia. Additional lounge areas had been created to provide people with more communal spaces within which they could choose to sit and have physical space from each other. One of the lounges had been decorated to create a homely 'front room,' staff told us people liked to sit in these quiet areas. Further work was planned to theme the main lounge in a 'Hollywood' style following consultation with people who had said this was how they wanted it decorated. Bright, bold signage had been provided in the corridors to support people to find their bedroom and the bathrooms. People's bedroom doors were designed as front doors with door knockers and they had been painted in different colours to differentiate them. The corridors had been brightly painted and work was underway to 'theme' them. For example, one of the corridors had been painted in seaside colours and items were in the process of being fitted to the wall for people to provide them with visual stimulation and items they could touch. There was a fiddle board in the main corridor which contained items people could also touch and fiddle with. There were 'Twiddle muffs' located around the service. These are muffs which have buttons and items sewn on for people who are restless to touch. People were observed to pick them up and enjoy examining them. An area of another corridor contained a fruit and vegetable stall and a flower stall. This enabled people to identify more clearly where they were within the service. The dining room had been re-decorated to create a more homely feel for people. The requirements of the regulation had been met but further time was required to complete all of the works that were underway and to evaluate their effectiveness in providing a safe and stimulating environment for people living with dementia.

A programme of refurbishment of the service was also being completed. At the time of the inspection one of the upstairs wings had been closed for refurbishment which included decorating and replacing the carpets. Plans were in place to then refurbish the remaining downstairs bedrooms for people. Further time was required to complete all of the works to ensure the environment was well maintained and suitable for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the 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.

A person told us "Staff seek my permission." A relative told us "We are consulted about decisions she cannot make." Staff told us they constantly sought people's consent for their care. Staff were heard to seek people's consent before they provided their care. Staff asked a person if they were ready for their breakfast and checked with another person whether they wished to go to the lounge after their lunch.

Eight of the 17 management, care and activities staff had undertaken training on the MCA 2005. The provider was aware that not all staff had completed this required training and arrangements had been made for them to do so by the end of August 2016. Staff who had undertaken this training were able to demonstrate their understanding of the principles of the Act and its use in their daily work with people. Further time was required for all staff to complete their MCA training.

The registered manager had submitted DoLS applications for all of the people who were accommodated.

The applications had been supported by a MCA assessment which demonstrated: the person lacked the capacity to consent to their care and treatment; that they were under constant supervision; and that relevant people had been consulted as part of the best interest decision to submit the application. Legal requirements had been met in relation to the submission of DoLS applications for people.

People had the choice of two main meals for their lunch; these comprised of a meat or fish option and a vegetarian dish. People also had the choice of a jacket potato, salad or omelette if they did not like either of the options available. The meals provided looked and smelt appetising and people appeared to enjoy them. There was a good level of friendly 'banter' in the dining room between people and staff and people had an enjoyable lunchtime experience.

Fourteen of the 17 management care and activities staff had undertaken training in nutrition to ensure they had an understanding of people's nutritional requirements. At lunchtime staff were observant of who was eating well and provided support and encouragement to people who required assistance to eat their meal. People who ate in their rooms were served lunch on a red tray to ensure staff were aware of who was eating alone in their bedroom. No-one currently required a food or fluid chart; however, records demonstrated people had been placed on these in the past if required. Staff weighed people monthly and their Malnutrition Universal Screening Tool (MUST) score was then calculated. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. The registered manager showed us the guidance they had compiled for staff to assist them when completing people's MUST's.

Staff were observed to offer people drinks and snacks across the course of the inspection. At break times staff offered people a 'Snack basket' this contained a range of finger foods which people who experience dementia find easier to manage. The items in the basket included fruit, biscuits and snack bars. The chef told us that in addition to the snack basket people were offered fruit smoothies in the afternoon to boost their calorie intake. People who experience dementia will burn up additional calories if they are very mobile. Staff understood the need to offer people regular food and drink to ensure they remained hydrated and received enough food for their needs.

A relative told us "A GP is sorted if needed, they always call them out." People's records demonstrated that in addition to the GP who held a weekly clinic at the service, people had seen dentists, social workers, opticians, psychiatrists, chiropodists, community psychiatric nurses, incontinence nurses and district nurses. Staff told us they sat in on GP and nurse consultations at the service to ensure they understood what was required for the person's health care.

Good

Is the service caring?

Our findings

At our inspection of 26, 27 and 30 March 2015 we found people's dignity was not always respected. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found this regulation had been met.

A person told us "Staff use the knocker (on their bedroom door) and call out." Staff were observed to knock on people's bedroom doors and wait for a response before they entered. Staff were able to describe the measures they undertook to ensure people's privacy and dignity were maintained during the provision of their personal care, such as closing the door and keeping people covered. Staff ensured people's rights to privacy were upheld.

A person told us "It's a nice place to live, staff are good." Another said "Staff are lovely they are kind and very nice to me." A relative confirmed "Staff are caring"

Staff were observed to interact in a caring and kindly manner with people across the course of the inspection. Staff smiled at people as they spoke with them, this reassured people who may not have fully understood what they were saying that their intentions were kindly. Staff also used touch where appropriate touching a person on the arm as they spoke with them. When wiping people' hands with a wet wipe before lunch, staff were observed to do this gently. Staff cared about people's welfare and were observant to changes in people's mood. They were heard asking people what was the matter. Staff were able to tell us what the signs were that some people were not happy and what the potential causes for this might be and how they responded to people in these situations. People were cared for by staff who were concerned about their welfare.

Staff showed an interest in people and chatted with them as they provided their care. For example, a staff member chatted to a person about whether they would like to have their nails done. When a person had their hair styled by the hairdresser, a staff member complimented them about how nice they looked. The person smiled in response and appreciated the staff's validation of their appearance; it made them feel good about themselves. Staff understood the importance of making people feel valued.

People's care plans reflected their preferences for the provision of their care. For example, they provided information about what time people liked to get up, whether they preferred a bath or a shower and for ladies whether they preferred to wear make-up. One person's records noted they liked to have their breakfast in their room and we saw this was where it was served to them. People's care records provided staff with guidance about offering people choices wherever possible.

Staff consulted people about decisions they were able to participate in. People were able to bring their own furniture with which to furnish their bedroom. Staff were heard to ask people if they would like to wear a protective cover when eating their lunch and explained to them why they might want to wear one. This helped people to understand and provided them with relevant information upon which to base their decision. Staff told us they offered people a choice of two sets of clothes to enable them to decide what they

wished to wear. Staff provided people with information telling them what they were doing and why, to aid people's understanding.

The chef had prepared a picture board to show people the available breakfast options. They told us they were planning to build on this and to introduce pictures of all of the main meals to support people to make their lunch choices. Staff went to each person and asked them the night before what they wanted for lunch. Staff told us people were always free to change their mind about their meal. We saw one person did not like their meal when it arrived and asked for something else and this was provided. People were supported by staff to exercise choices about their care.

Staff were seen to bend down to speak with people who were sat down or to sit next to them where possible to ensure they were on the same level to communicate with them. Staff ensured they communicated with people in manner which enhanced their ability to understand what was being communicated.

People were supported to be as independent as possible. Care plans noted if people could carry out tasks for themselves and their personal care records documented if the person had completed a task for themselves or with assistance from staff. A staff member was observed to involve a person in laying the tables for lunch. They provided the person with simple, short instructions which they were able to follow; this gave the person a sense of purpose. Staff appreciated that people needed to be encouraged and supported to retain their independence.

Requires Improvement

Is the service responsive?

Our findings

At our inspection of 26, 27 and 30 March 2015 we found people were left without social interaction or stimulation. The activities provided were not focussed on meeting the needs of people with dementia. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found that we found this regulation had been met.

A person told us "Yes, I enjoy the activities" and a relative commented that "The activities co-ordinators are always doing something." A person told us "Staff understand what I want." A relative told us there had been up's and downs in the service in the past. However now they said "I know she is properly looked after." Another told us "I am very happy with the care. Mum is well looked after here."

One of the activities co-ordinators told us they had completed a form with people or their representatives entitled 'Getting to know you.' This was to seek information from people about their personal history, hobbies and interests in order to provide staff with information about the individual and to help plan activities for them.

There was a weekly activities board which provided people with information about what was happening within the service in a pictorial format to support people's understanding. This showed there were a range of activities such as table top activities –which included skittles; there were also garden based activities, gardening, pampering, reminiscence, exercise, ball games, dancing, art and craft, singing and films. In addition the hairdresser visited weekly; there was a monthly entertainer and the local church visited every Friday. The service had also formed a link with the local dementia café and intended to take people to participate.

The activities co-ordinator told us that due to people's short attention span most of the activities were conducted on a one to one basis, depending on who was ready to engage in an activity and how long they wished to participate. The co-ordinator was seen to spend time across the inspection with different people engaging them with a range of activities. One person liked colouring so they sat with them encouraging them, supporting them to choose their colours and congratulating them on their work. Another person was supported to go and pick flowers in the garden. Care staff encouraged people who did not want to join in an activity to observe others doing so, in order that they could see what was happening. People were provided with social interaction and stimulation.

The GP told us standards in the service had improved, but they still felt there was a level of inconsistency in people's care depending on which staff were on duty this was confirmed by a second nurse. A Social Services team manager told us the service could be improved further but they had no specific concerns about the care people received.

A person told us "Staff understand what I want." A relative told us there had been up's and downs in the service in the past. However now they said "I know she is properly looked after." Another relative told us "I am very happy with the care. Mum is well looked after here."

People's care plans were required to be reviewed on a monthly basis by staff. We found that not all people's care plans had been reviewed as frequently as required and there were gaps in some people's reviews of their records. This meant that potentially people's records might not have been updated with all of the information relevant to providing their care. We raised this with the registered manager. They told us they had identified through an audit in April 2016 that the current care plans were designed for people receiving nursing care and not suitable for people living a residential care home and that staff had struggled to complete them fully, which records confirmed. In response they had designed new, more appropriate care plans. They told us that they and three care staff had undertaken training in the new care planning and record keeping on 1 July 2016 to support them in completing the new care plan format for people, this was confirmed by records. Staff told us they now felt more confident since their training, plans were in place to ensure the remaining staff completed this training by the end of August 2016. Staff were in the process of introducing the new care plans for people. The registered manager told us they were also introducing a 'Resident of the day.' This was to ensure peoples' care plans would be reviewed on a set date each month. It had been identified that there were issues with people's care plans and action was being taken to address this for people. However, further time is required to complete this work and to evaluate the effectiveness of the new care planning and review process for people.

A relative told us "We are involved in mum's care." Another relative said "They talk to us about her care." Although people's records demonstrated their relatives had been consulted in relation to the decision to make a DoLS application for people. Their care plans lacked written evidence to demonstrate that they or their representatives had participated in regular on going reviews of their care. The registered manager told us they had informed people's relatives that they would be asked to come in and review and discuss their relatives new care plan format at the relative's meeting held on 7 July 2016. This had been followed up with a written invitation to all people's relatives which was sent to them on 18 July 2016. The registered manager was taking action to ensure people's relatives were involved in reviewing the content of their new care plans. However, further time will be required to embed this practice.

The majority of people were seen to be clean and well presented. Some people were very independent and resistant to receiving personal care from staff. Their care plans instructed staff on what action to take in these situations, for example, encouraging them to change their clothes. Records showed staff were attempting to engage people with their personal care on a daily basis, however, some people regularly refused to accept their support. Staff told us that if people were resistant to assistance with personal care then they would respect their wishes, wait a while and then offer again or sometimes people would respond better to another member of staff. There was a discussion at the staff meeting on 6 July 2016 about how to provide good personal care to people. The registered manager told us staff also involved people's families in these situations. Staff had sought advice from the community mental health team where required. If the person actually needed nursing care then this had been arranged with the relevant professionals. However, some people despite all of these measures still did not want to accept staff assistance. Staff understood who was resistant to personal care and were taking reasonable actions to try and engage people with this aspect of their care. Where people refused to engage with personal care it was difficult for staff to always ensure they were in clean clothes or to be able to assure themselves that people's skin was in a good condition if they refused to have their skin examined. Staff were balancing people's rights and wishes whilst not placing them at potential risk of neglect.

A person told us "Yes, I would speak up if I wasn't happy." A person's relative told us "We have relatives meetings now. I could complain if I wanted to." The provider's complaints process was available to people and their representatives. This clearly set out how people could make a verbal or written complaint and how their complaint would be dealt with.

The complaints log showed six written complaints and one verbal complaint had been received in 2016. Records demonstrated that where people had made a complaint it had been logged, investigated and responded to. Where the registered manager had identified that staff supervision or further guidance was required as a result of their investigation into the complaint this had been arranged. Where required, people or their relatives had been provided with an apology. People's complaints had been dealt with in accordance with the provider's policy and any required action taken in order to use complaints as an opportunity to improve the service for people.

A relatives meeting had been held on 7 July 2016. Records showed relatives had reported that the activities had much improved and how much people were enjoying them. General feedback was that the service had vastly improved and that it felt more homely following the improvements. However, issues had been raised in relation to the cleaning of the service. In response the registered manager held a meeting with the Head of Housekeeping on 14 July 2016 to address this for people. It was agreed people's bedroom's would be deep cleaned on the same day they were 'Resident of the day.' Processes were in place to seek feedback on the service and to use this to improve the service people received.

Good

Is the service well-led?

Our findings

At our inspection of 26, 27 and 30 March 2015 we found the service did not have effective systems in place to monitor, assess and drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection on 18 and 19 July 2016 we found this regulation had been met.

The registered manager completed a weekly report for the provider. This covered service occupancy, complaints, safeguarding's, whistleblowing's and training. The report demonstrated what issues had been identified within the service and what action was being taken to address them for people. For example, action was being taken in response to a complaint, to make access to the rear garden for people from one of the exits safer. A range of other aspects of the service were audited by the registered manager on a monthly basis. These included infections, wounds, accidents, falls, incidents, medications, catheters, people's weight, and pressure injuries. There were quarterly audits of mattresses, pillows and pressure cushions. Internal processes were in place to enable the registered manager to identify and address any trends that might indicate action was required for people to improve the quality of their care or to keep them safe.

The regional manager also completed a six monthly impact report which was last completed in March 2016. This assessed aspects of the service such as quality, health and safety, infection control, safeguarding, medicines and records. Any areas that were identified as requiring attention from these audits were then incorporated into the service development plan. This identified what action was required, by whom and by when. Records demonstrated what areas of the action plan had been completed. For example, refurbishment of the service was progressing and this was reflected in the weekly report. The new signage had been installed as identified in the service improvement plan. An infection control audit had been completed as required on 18 June 2016 and there was an action plan in place to address the issues identified by 5 August 2016. There were effective processes in place to monitor the quality and safety of the service for people and to drive service improvements.

A laundry survey was circulated to people's relatives in February 2016 and five responses were returned, they were all positive. The registered manager had circulated feedback forms to people's relatives at the relatives meeting held on 7 July 2016. Two forms had been received to date and these were both very positive. People's relatives had fed back that they had seen a lot of improvements in the service with the new management. Plans were in place to complete a quality assurance survey with people. Processes were in place to seek people and their representative's views as part of the quality assurance procedures.

Relatives told us the registered manager listened and responded to feedback and we saw an example of this. We gave the registered manager feedback on how staff could further improve the standard of record keeping to ensure all records were dated and they immediately accepted the feedback and told us they would be looking at this with their senior care staff. The registered manager was open to feedback and keen to improve the service for people.

The provider had a philosophy of care for the service; the aim was to provide people with a home that was

safe, comfortable and secure and to meet people's needs and wishes. Staff told us they learnt about the provider's values and philosophy of care during their induction. Staff were observed to uphold the provider's philosophy of care in the course of their work with people.

A staff member told us it was a "Happy place to work" and another commented that it had a "Friendly atmosphere." Staff told us there was a "Good team." Staff said there had been lots of changes to the environment, people were happier and "Things are getting done." Staff were aware of the whistleblowing procedures and how to use them if they had any concerns about the safety of people in the service. Staff told us there were regular staff meetings where they could raise any issues; the last staff meeting had been held on 6 July 2016. The registered manager told us they kept people's families up to date with developments at the service through the provision of a weekly email; there was also a quarterly newsletter. People were cared for in a service where there was an open culture. The registered manager had worked with staff to develop an atmosphere where staff felt listened to and that they could use the processes in place to speak up for people if required.

A person told us "Yes, it's well-run," another person said "The manager is nice." A relative told us that the new registered manager was "A breath of fresh air to the service." They said "She is approachable, she talks to you and she gets things done. The manager delivers what she promises." Another relative told us "Since the new management has been in place it has been good" and that "The regional manager is accessible." A staff member also told us the service was "Very well-led" and another said the manager was always coming out of the office.

The old office was not centrally located within the service. The registered manager told us that as it was a large room they had converted it into an additional lounge for peoples' use and established a new office for themselves in the heart of the service. This enabled them to see what was happening in the service throughout the day. The door was constantly open and staff and people were observed to pop in and out to see the registered manager as they wished. The registered manager told us they walked the floor daily to check what was happening for people. They kept a record of their daily checks and noted any work that needed to be completed such as replacing the tablecloths and shampooing the cushions, these tasks had been completed. People and staff felt comfortable with approaching the registered manager who was accessible to them.

In addition to the registered manager there was a care lead and senior care staff. If required staff also had access to nurses who worked at the provider's two nursing homes that were located on the same site. There was a general manager who was based on-site in another of the provider's services. The registered manager told us they came over to the service on a daily basis. There was also a regional manager who visited the site two or three times a week. There was a good level of senior management cover for the service and they were visible and accessible.