

K N & S Ramdany

# Holly Grange Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 December 2016. The inspection was unannounced. The service was last inspected in March 2016. At that inspection we found the service was in breach of eight regulations. The service was rated 'inadequate' and issued with 'warning notices' against regulations 12, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014. The service was placed in 'Special measures' which meant it was subject to ongoing monitoring to ensure improvements were made.

We carried out a focused inspection on 11 August 2016 to ensure the requirements of the three warning notices had been met. We found the registered manager had taken, or was in the process of taking, action to address all of the areas identified within the warning notices.

This inspection, carried out 8 and 9 December 2016, was a comprehensive inspection to follow up all of the previously identified breaches of regulations and make a judgement about the overall compliance of the service. We found the service had made sufficient improvements that it was now compliant with regulations and could come out of 'Special measures'. However, there remained a need for further developments in some areas and it was too soon to be sure that the recent improvements would be sustained. We will monitor this at subsequent inspections.

Holly Grange Residential Home is a care home without nursing that provides care for up to 19 people with needs relating to old age. Twenty four hour support is provided by a small regular team of staff. At the time of this inspection, eleven people were receiving support.

A registered manager was in place as required in the service. 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.

People felt safe and well cared for by the staff and that they were consulted and involved in decisions about their care. They confirmed their views about the service had been sought and felt the registered manager was accessible.

Health and safety checks and servicing had been carried out as required with the exception of testing of mains electrical circuits, which was overdue. The registered manager was in the process of arranging for the required testing to be carried out. Other health and safety and fire safety matters had been addressed.

Staff were aware of their responsibilities and how to keep people safe from abuse. No new safeguarding issues had arisen since the last inspection.

People's risk assessments had been improved to address identified risks to individuals and an emergency contingency plan for foreseeable emergencies was in place. People's medicines were well managed on their

behalf when they were unable to do this for themselves.

The service had a robust recruitment procedure in place. However, ongoing recruitment of permanent staff was still proving difficult and significant numbers of agency staff were needed to provide support.

Staff supported people's day to day health, nutritional and care needs effectively. People were treated with respect and the rights and dignity were supported. People's preference regarding the gender of staff providing intimate personal care were sought and respected.

Staff induction and training had been improved. The registered manager had attended training to enable him to complete competency assessments for staff working towards the 'Care Certificate'. Support and development of staff had been improved through the commencement of a new supervision and appraisal programme.

The level of activities and entertainment had been improved but there remained room for further development in this area to maximise the social and emotional support provided.

We have made a recommendation that the service consult with a reputable source for advice on developing their activities provision.

The quality and content of care plans and related documents had been improved, with more records of people's individual wishes and preferences. They were subject to monthly monitoring and review.

Communication with staff, people and their families had improved with people being more involved and informed about the changes in the service. The views of people and their relatives had been sought through a survey. The registered manager had devised a development plan for the service going forward.

The registered manager had responded positively to the support and advice of the 'Care home support team' and local authority quality monitoring team and had taken action to address the wide range of issues which arose from the inspection in March 2016. He had sought external supervision and support to meet his own needs in continuing to develop the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

To ensure people were safe, greater proactively was needed when addressing maintenance issues and in monitoring moving and handling practice.

Staffing levels were sufficient for current occupancy levels but would need to be increased as occupancy increases. Additional permanent staff needed to be recruited.

People and relatives said people were safe and well cared for.

Risk assessments were in place to assess and mitigate identified risks. Medicine management systems were effective.

A robust recruitment process was in place to help ensure the suitability of new staff.

**Requires Improvement** 

### Is the service effective?

In order to be fully effective, further improvements were needed in some areas and the improvements made needed to be sustained.

Additional training had been attended by staff and the registered manager. Care Certificate competency checks were beginning to be done.

A new programme of staff supervision and appraisal had begun and its effectiveness and continuation will be monitored.

Dietary and healthcare support was effective. People and relatives were happy the service was effective in meeting people's needs.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People and relatives felt the service and staff were caring.

People were involved in day to day decisions about their care and supported to make some choices.

**Good** 

Staff understood how to behave in ways which respected people's dignity and we observed they did so in the course of their work.

People's preferences regarding the gender of staff providing intimate care were recorded on their files and respected.

### **Is the service responsive?**

Some further development was needed to ensure the service was responsive. Some recent improvements will be monitored to ensure they are sustained.

The level of activities provided was improving, but remained an area for further development.

People and relatives felt the service responded well to people's changing needs. Staff felt the service had improved but wished to be more involved in future developments.

A new, more person-centred care plan format had been introduced which better reflected individual wishes, preferences and needs.

**Requires Improvement** 

### **Is the service well-led?**

Further development was needed to ensure the service was well led. Recent improvements will be monitored to ensure they are sustained.

Communication with staff, people and their families had improved but would need to be further developed and sustained.

The registered manager had improved monitoring and auditing systems. We will monitor whether these systems are maintained going forward.

People and relatives felt the service was well led and commented positively about the registered manager. Their views about the service had been sought through a survey and residents and relatives meeting.

The registered manager had worked positively with the support of the Care home support team and local authority to address the previous issues and concerns. He had sought external advice and supervision to support him in maintaining the service in the future.

**Requires Improvement** 

# Holly Grange Residential Home

## **Detailed findings**

### Background to this inspection

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

We last inspected the service on 14, 15 and 24 March 2016. At that inspection we found the service was in breach of eight regulations. The service was rated 'inadequate' and issued with 'warning notices' against some of the breaches. The service was placed in 'Special measures' which meant it was subject to ongoing monitoring to ensure improvements were made.

As part of this process a focused inspection took place on 11 August 2016 to ensure the requirements of the three warning notices had been met. We found the registered manager had taken, or was in the process of taking, action to address all of the areas identified within the warning notices.

This inspection, carried out on 8 and 9 December 2016, was a comprehensive inspection to follow up all of the previously identified breaches of regulations and make a judgement about the overall compliance of the service. This inspection was also to assess whether the service could come out of 'special measures'. We found the service had continued to make significant progress in addressing the previous areas of concern. However, some areas still required further improvement and it was too soon to be sure that all of the initial improvements would be sustained.

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 looked at the information provided in the PIR and used this to help plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are

reports of events that the provider is required by law to inform us about.

During the inspection we spoke with three people and three relatives about their experience of the service. We observed the interactions between people and staff and saw how staff provided people's support. We had lunch with people on the first day of the inspection. We spoke with three of the staff and the registered manager. Prior to the inspection we contacted the local authority to seek their views. They raised no new concerns about the service.

We reviewed the care plans and associated records for three people, including their risk assessments and reviews, and related this to the care we observed. We examined a sample of other records to do with the home's operation including staff recruitment, supervision and support records, surveys and various monitoring and audit tools.

# Is the service safe?

## Our findings

At our inspection of 14, 15 and 24 March 2016 the provider was not meeting the requirements of Regulations 9 (Person centred care), 12, (Safe care and treatment), 15 (premises and equipment) and 18 (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Warning notices were issued with respect to the breaches of Regulations 12 and 15. The provider had failed to provide staff with sufficient guidance around medicines administration and allergies and had failed to provide sufficient staff to meet people's needs. Health and safety and fire safety issues had not been addressed and aspects of infection control practice were inadequate. Where people had been identified as at risk in some way, insufficient guidance had been provided to staff about how to minimise these risks.

The provider sent us action plans in June 2016 describing the actions he was going to take to meet the requirements in the warning notices and inspection report. The provider has also worked with the local authority Quality monitoring and NHS Care Home Support teams in order to address the identified concerns.

In August 2016 we carried out a focused inspection to check that the provider had carried out the actions necessary to comply with the Warning notices. We found the registered manager had taken, or was in the process of taking, action to comply with all of the areas identified within the warning notices.

At this inspection on 8 and 9 December 2016 we found the provider had taken action to address the remainder of the concerns previously identified. The service was now compliant with the above Regulations. However, some areas were in need of further improvement and some initiatives and improvements were recent and would require further time to ensure they were sustained.

People and relatives felt people were safe in the service. People said, "I feel safe here", "Oh yes I feel safe." Relatives said, "He is safe, I have no dissatisfactions," and "I feel [name] is definitely safe." Another relative commented that, "Permanent staffing levels are still an issue," although they added that, "Agency staff had been consistent and caring."

Certification and records for the required servicing and safety checks for the majority of equipment were available and showed these had been carried out as required. In house routine checks had also been documented for the fire alarm and detection system, fire doors and hot water temperatures. All of the bathing and showering facilities had been repaired and were fully operational. Hot water temperature records were documented for each bath or shower and associated hoist equipment had been serviced. The hot water temperature control valves had been serviced and temperatures were tested and recorded weekly to ensure they remained within the required range.

The certificate for annual electrical appliance testing appeared to have been dated incorrectly and the registered manager was asked to seek written confirmation of the correct date. According to the registered manager the five yearly electrical installation check had identified some necessary remedial works which had been addressed, although the certification was still awaited. A copy of the report of the electrical



installation check was provided following the inspection. It showed a number of issues requiring urgent attention. The registered manager was liaising with an electrician to address these works. The registered manager also agreed to obtain a copy of the required gas safety certification. A commode pot steriliser had been obtained and records of the cleaning of commodes were kept alongside bedroom cleaning records. Staff were seen to change protective equipment such as disposable gloves and aprons appropriately, between tasks and were able to describe the reasons for doing this, when asked.

No new safeguarding matters had arisen since the previous inspection. All permanent staff had completed a recent update of safeguarding training, provided by the local authority. They had access to the local authority 'Grey matter' on-line training resource. Staff knew how to keep people safe and understood what to do if they had any concerns about people's safety. One instance of potentially inappropriate care practice was reported during the inspection, which was passed on to the registered manager to be monitored. A relative also commented that staff practice when assisting people to transfer between chair and wheelchair was not always as good as it should be. They explained staff did not always engage with people and talk them through the process to reduce anxiety. The registered manager agreed to monitor this as part of the competency observations he was due to carry out on staff as part of the national 'Care Certificate'.

Risk assessments were in place for key aspects of care such as falls, skin integrity, nutrition and hydration or where other potential risks had been identified. The resulting risk assessments were better linked to care plans than we found at previous inspections and provided more guidance on how staff should address identified risks. Appropriate specialist equipment had been obtained to minimise risks. For example, specialist beds, mattresses and pressure relief cushions where a risk of skin breakdown had been identified.

The recruitment records for the one staff member recruited since the last inspection showed a robust process had been followed. The person was recruited from overseas and a local certificate of good conduct had been sought from their country of origin, in addition to the UK criminal records check. A full employment history was taken and references obtained. The required recruitment and training information sheets had been obtained for each of the agency staff used by the service, to provide confirmation of their suitability and relevant training.

The service accommodated 11 people out of the usual maximum of 16, which meant staffing requirements were lower than would be required at full capacity. The dependency levels described by the registered manager were relatively low. For these reasons the current staffing provision was two care staff throughout the waking day, with additional support from a domestic until 2pm plus the registered manager. A designated cook had been recruited since the last inspection. This freed up additional care staff time, previously taken up with preparing breakfast and lunch, although care staff were still responsible for some teatime food preparation. At the time of inspection the registered manager said there were two day staff vacancies and rotas showed the use of three regular external agency care staff to cover these. However, agency staff were booked on a day by day basis rather than for a set period, which could potentially reduce the consistency and continuity provided.

Night time staffing was one waking night staff and a second person on the premises sleeping in. The waking night staff duties were covered by two external agency staff at the time of inspection. The sleep-in duties were being covered by the registered manager or one of the day staff.

The registered manager reported ongoing difficulties with care staff recruitment although one potential applicant was due for interview the week after the inspection. Although staffing levels were sufficient for the current occupancy and dependency levels, the registered manager needed to continue with efforts to recruit permanent care staff.

The service had an appropriate system for managing people's medicines on their behalf. Records were satisfactory, were monitored daily and audited fortnightly. One person sometimes refused their medicines. The service had worked with the GP to provide some of these in alternative forms which the person was happier to take. The community psychiatric team had previously been consulted and a referral had been made to the 'memory clinic' for a dementia assessment. The registered manager said there had been no reported medicines errors since the last inspection. No gaps were found in the current records.

Improvements had been made in as required (PRN), medicines guidance to staff. At the time of this inspection only one person was prescribed a medicine on a PRN basis. Known allergies were recorded on a laminated sheet with each person's medicines administration record, their photograph and details of how they like to take medicines. For example, whether they preferred to take medicines from a spoon or their hand and the drink they wished to take them with.

The registered manager had prepared an appropriate emergency contingency plan to provide staff with guidance on what to do in the event of foreseeable emergencies. Emergency contact numbers and details of the location for any necessary evacuation were provided, together with checklists to be followed in specific situations.

## Is the service effective?

### Our findings

At our inspection of 14, 15 and 24 March 2016 the provider was not meeting the requirements of Regulation 11 (Need for consent) and 18 (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not provided staff with sufficient induction and training and not all staff had attended an appraisal of their performance and development. The registered manager had insufficient knowledge of the law around consent and issues relating to the Mental Capacity Act 2005, or Deprivation of Liberty Safeguards in order to fully safeguard people's rights. People's wishes and preferences around their care were not always sought or recorded to enable staff to deliver person-centred care.

The provider sent us action plans in June 2016 describing the action he was going to take to meet the requirements in the inspection report. The provider had worked with the local authority Quality Monitoring and NHS 'Care Home Support' teams in order to address the identified concerns.

At this inspection on 8 and 9 December 2016 we found the provider had taken action to address the concerns previously identified. The service was now compliant with the above Regulations. However, some areas were in need of further improvement and some improvements were only recently established and would require further time to ensure they were sustained.

People and relatives were happy with the care and healthcare provided by the service. One person said, "The staff are alright, no problems," and added, "It would be better if we had more permanent staff." Other comments included, "The staff are well trained, I'm well looked after," and, "I get on with all the staff, including the agency. The agency [staff] are not quite the same but they do the best they can." The person also added, "Some are better than others, more careful."

A relative said, "[name] has been very ill, but has made a good recovery. The home has been fantastic, couldn't be better. I can't fault them." They added that staff had, "Liaised with the GP on my behalf." Another relative told us they liked the flexibility of staff. They gave the example of when the person's lunch had been saved for them to have on return from a hospital appointment.

Regarding the permanent staff, a relative said, "They take the time and trouble to speak to everyone". They were also happy staff arranged routine healthcare appointments such as with a visiting dentist. One relative commented staff were good at keeping them informed and said, "They always let me know about any issues."

We observed the way staff approached people and provided support. Staff did offer people a choice of drink at lunch and people could decide whether they wished to take part in the activities provided. We saw staff took care when transferring people and talked them through what they were doing to reassure them. When wheeling people in wheelchairs, staff ensured the person's feet were on the footplates and took care when moving them through the building. Staff were aware of people's individual wishes and needs.

Since the last inspection the registered manager had introduced a range of improvements and changes

designed to improve the effectiveness of the service for the people supported. These included improvements to staff induction, training, support and development. Communication between staff was also being improved.

The registered manager had ensured the care certificate induction process had been completed on-line by the three permanent care staff and had also completed the process himself. He had also attended training to enable him to carry out the associated competency assessments. He had begun to carry out the necessary practice observations under the guidance of the 'Care home support team'. The observations seen were detailed and provided good evidence with regard to competency and care approach. Some additional distance learning training modules were being completed by care staff, for example on 'equality and inclusion'.

The registered manager had devised a training monitoring spreadsheet to record the dates staff completed elements of training and subsequent updates. The record showed significant progress had been made since the previous inspection. Most core training had been completed by the permanent staff, with the exception of a food hygiene update. The more recently recruited cook was working through his core training. Some competency assessments remained to be completed.

The general induction to the service, the premises and emergency procedures was completed verbally but had not been recorded for the cook, recruited since the last inspection. The registered manager agreed to reintroduce the written record of this process which had been used in the past. Agency staff had signed the 'Berkshire Care Association' Agency competency sheet as part of induction to confirm they had the skills and training to perform their role.

A new supervision format, designed in consultation with the 'Care home support team and the local authority, had been introduced. The registered manager told us all staff had attended supervision in either November or December 2016. His intention was for staff to have bi-monthly supervisions going forward. This will be monitored at subsequent inspections.

The registered manager had ensured the permanent staff had all attended an annual appraisal in the previous 12 months. A new improved appraisal format had been devised with the support of the 'Care home support team' to provide an improved focus on staff development in future. The effectiveness of this will be monitored at subsequent inspections.

Staff felt communication within the team between management and staff could at times be better as well as between agency and permanent staff. Staff felt they would like to be more fully involved in the changes and developments in the service.

The issue of handover recording was still under discussion. The registered manager said he had tried formats suggested by the 'Care home support team' and the local authority but had not found they worked satisfactorily. He was reintroducing an adapted version of the previous diary-based system. The intention was that key events, tasks and appointments would be recorded in brief and more detail would be put in individual care notes. Each person's wellbeing was discussed on each occasion. It remained to be seen whether the system would provide sufficient information, without unnecessary duplication. This will be monitored at subsequent inspections.

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.

The registered manager told us no monitoring or other safety devices such as raised bed-sides were in use at the time of this inspection. This meant there were no current records of consent or best interest discussion required for such devices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called Deprivation of Liberties Safeguards (DoLS). We checked the service was working within the principles of the MCA and found this to be the case.

Two people were currently subject to general DoLS restrictions and one further application had been made. The registered manager said the remaining people receiving support had day to day capacity and were able to consent to such things as the door security. Four people had appointed others as power of attorney (POA). Copies of POA were present on some files. However, it was not clear in every case whether this was in respect of care, finance, or both areas and the registered manager agreed to seek additional clarification.

People's wishes regarding the gender of staff providing personal care, were now clearly stated within their care files, and the registered manager confirmed these were respected. People's consent to their care plan was also recorded on the files we saw. Staff described how they always sought people's consent before providing support and we saw this was done where we observed them work with people.

Three people had been assessed as at risk with regard to hydration or nutrition. All had been referred to the dietitian, two of whom had been seen with one awaiting an appointment. In addition to nutritional risk assessments, monitoring charts were used to provide information about intake, together with regular weight checks (weekly for two people), to monitor changes. The speech and language therapy team were consulted for one person, to assess whether they were experiencing swallowing difficulties, but this was found not to be the case.

People and relatives were broadly satisfied with the food provided. One person said, "The food is OK but I find the meat hard sometimes". Another person was not keen on the amount of spices used by the new chef. One person and a relative commented that a choice of meals wasn't routinely offered to people, while another relative told us a choice of lunch was offered each morning. There were theoretically two meal alternatives offered at each meal. On the first day of inspection we saw the second option was not noted on the menu board and at lunch, everyone we saw was given the first option. It was therefore not clear whether people had been offered a choice. One person refused the meal saying they didn't want it and was offered and accepted scrambled eggs on toast. On the second day we saw both options were listed on the board. The registered manager agreed to ensure people were actively offered a choice at each meal. This will be monitored at future inspections.

Some people were not able to cut the meat provided for lunch on day one of the inspection. Staff offered assistance where they saw people struggling, and cut it up for them. Adapted crockery and cutlery was available where necessary to enable people to eat as independently as possible.

People and relatives were happy with the healthcare support provided by the service. One relative was happy the service was working to manage their family member's weight gain. The registered manager had arranged for a visiting dental service to come and each person had been offered an appointment, although only six people had taken this up. One relative praised staff for successfully persuading a person to wear

their dentures again. Appropriate records were on file regarding people's medical conditions. For example, in the case of diabetes where additional information and guidance was provided to inform staff of how to support the person. Where people were assessed at risk of skin breakdown, appropriate pressure relief equipment was obtained and used and any skin deterioration noted and monitored via body maps. Health records showed people had access to external healthcare professionals when required and the service had taken appropriate specialist advice.

# Is the service caring?

## Our findings

At our inspection of 14, 15 and 24 March 2016, the provider was not meeting the requirements of Regulation 10 (Dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had sometimes received personal care from male staff, against their known wishes. People's preferences regarding the gender of staff providing personal care support had not always been sought. Some care records contained language which was disrespectful of people's dignity and staff did not always respect people's dignity when entering bedrooms.

The provider sent us action plans in June 2016 describing the action he was going to take to meet the requirements in the inspection report. The provider had worked with the local authority Quality monitoring and NHS 'Care Home Support' teams in order to address the identified concerns.

At this inspection on 8 and 9 December 2016, we found the provider had taken action to address the concerns previously identified. The service was now compliant with Regulation 10.

People and relatives were happy staff were caring and supported people's dignity. One person told us, "They look after my dignity, no problem." Another said, "They look after my dignity."

Relatives said of the staff, "They take the time and trouble to speak to everyone." and, "Overall care is good." Another visiting relative told us, "The care is good. A small place suits [name] and it's close to my home for visits. There is some humour and banter and dignity is looked after."

We saw people were encouraged to make some decisions and choices, such as whether to take part in activities and which drink to have with their lunch. However, there remained room for further development in areas such as the active offering of meal choices to people. Staff talked about respecting people's dignity and described ways in which this was done. For example by keeping people as covered as possible during personal care and encouraging them to do as much as they were able and wanted to, for themselves, rather than taking over.

The service had liaised with the 'Care home support team', the local authority and the local care association to obtain advice and support on developing the effectiveness of staff on providing for people's dignity and privacy. As part of this the registered manager and permanent staff had attended training workshops on person centred care, communication and documentation. Staff had gained and demonstrated through their daily practice a better understanding of how to respect people's dignity and privacy.

The service had made and maintained improvements around dignity and privacy. For example, each person's file now made specific reference to whether they had any preference regarding the gender of staff providing their personal care. Written reminders to staff to knock on the door have also been placed on people's bedroom door name labels. The registered manager and 'Care home support team' have led discussions with staff around dignity. The registered manager had carried out audits of the content of people's care notes in order to monitor that appropriate language was used which respected people's

dignity. A new self-audit format was being introduced, which checked both the appropriateness of content and the secure storage of people's information. The intention was for staff to audit the files with the process overseen by the registered manager. The process was intended to also identify any other shortfalls and gaps in the information within people's files.

The registered manager said he had observed an improvement in staff seeking consent and involving people in day-to-day decisions, following input from the 'Care home support team'. We saw adapted crockery was available to support people to continue feeding themselves and staff also assisted people, to do so by cutting up their food when required, without providing additional support which they did not need.

People's spiritual needs were provided for through visiting clergy, for those who wished to take part. People had no stated individual dietary needs at the time of inspection. The registered manager said these would be met if they arose.

People each had advance care plans on file which identified (where they wished to discuss this), their preferences at end of life. For example, whether the person wished to remain in the service if at all possible and whether they wished to be resuscitated in the event they stopped breathing.



## Is the service responsive?

### Our findings

At our inspection of 14, 15 and 24 March 2016 we identified some areas where additional improvements and development were necessary. Since that inspection the provider had worked with the local authority Quality monitoring and NHS 'Care Home Support' teams in order to address the identified concerns.

At this inspection on 8 and 9 December 2016 we found that the provider had made further improvements which have impacted positively in the area of service responsiveness. However, some areas would benefit further development and some initiatives and improvements were relatively recent and would require further time to ensure they were sustained.

People and relatives felt the service responded well to people's changing needs. One person told us, "I join in with the activities," while others chose not to. One relative explained various ways in which the service had been responsive. They said staff had offered a person various different supplements until they identified the ones they liked, which helped ensure they obtained the nutrition they needed. They said a specialist bed had been obtained to meet the person's needs and physiotherapy appointments had been arranged to maintain their mobility. Staff had also successfully encouraged the person to join the group more often, to avoid the risk of isolation. Relatives felt the service kept them well informed about people's welfare and any significant changes or concerns. One said, "They always let me know re any issues."

One relative described how they had visited services in the area and had chosen this service with their family member. A relative told us, "There is always choice available, they [staff] offer choice each morning. One relative said people's individual wishes were accommodated. They gave the example of the person's bedroom door being open as they preferred this.

The registered manager had reviewed all care plans and associated records. In consultation with the 'care home support team' a new care plan format had been introduced. The format included a number of standard phrases regarding support needs with tick-boxes for those which applied. Additional details regarding people's individual needs were then added, as well as information about their wishes and preferences regarding how these were met. For example, people's preferred times for getting up and going to bed and how they liked to be supported. One care plan contained good information for staff on how to offer the person reassurance at night. The care plans were subject to monthly review and updates and a dependency profile was maintained for each person to indicate overall trends and changes in needs. The ongoing maintenance of these improved records will be monitored at subsequent inspections.

Individual activity records were being kept. The records indicated a general improvement in the number of activities offered. A volunteer visited twice a week to lead bingo or light exercise sessions. Two pupils from a local school visited weekly to lead a quiz or other activity. People's facial expressions brightened upon their arrival and the quiz appeared to be popular. The registered manager said a local school choir was coming in soon to sing for people. A staff member had recently set up a cinema afternoon with the chairs arranged in rows, the lights dimmed and popcorn provided. This had reportedly proved popular. Very few outings or activities outside the service had been offered recently, although some people were taken out by family at

times.

We recommend that the service seek advice and guidance from a reputable source, about the effective provision of activities to enhance people's daily lives.

People and relatives were aware of the complaints procedure. One person said they had, "Not had to complain, but [the registered manager] would sort it out." Another said they had, "Not had any complaints." A relative told us they "Would feel happy to approach the manager if there were any issues and he would sort it out." They had not had to make any complaints and their relative had been moved to a ground floor bedroom, after discussion, as their needs increased. Another relative said their family member, "Would say if they had any concerns."

The complaints procedure was posted in the entrance hall of the service. It included the contact details of the local authority, the Care Quality Commission and the Local Government Ombudsman, should people wish to raise any concerns with them. A comments box had been located there which enabled people to raise anything they wished anonymously. No new complaints or suggestions for improvement had been received since the last inspection.

## Is the service well-led?

### Our findings

At our inspection of 14, 15 and 24 March 2016, the provider was not meeting the requirements of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and had breached Regulation 18 of the Registration Regulation 2009 (Notification of other incidents). A Warning notice was issued in respect of the breaches of Regulation 17. The registered manager had not acted to address identified issues and had failed to monitor the service effectively to identify potential issues. He had failed to address his responsibilities under health and safety legislation and had failed to notify the Care Quality Commission of a notifiable event. Care and other records often lacked sufficient information or were not kept up to date.

The provider sent us action plans in June 2016 describing the actions he was going to take to meet the requirements in the warning notice and inspection report. The provider has also worked with the local authority Quality monitoring and NHS Care Home Support teams in order to address the identified concerns.

In August 2016 we carried out a focused inspection to check that the provider had carried out the actions necessary to comply with the Warning notice. We found the registered manager had taken, or was in the process of taking, action to comply with all of the areas identified within the warning notice.

At this inspection on 8 and 9 December 2016 we found that the provider had taken action to address the concerns previously identified. The service was now compliant with Regulations 17 and 18. However, some initiatives and improvements were recent and would require further time to ensure they were sustained.

The registered manager held a residents and relatives meeting in October 2016, on the advice of the 'Care homes association', to share the improvements which had been made within the service. This was evidence of a positive and open approach regarding the service. The minutes showed and a relative who attended, confirmed, the relatives meeting had been positive and everyone had been given an opportunity to express their opinions. Another relative praised the registered manager and said he had been a good advisor on occasions.

Feedback from the 'Care home support team' was positive regarding the engagement of staff and management in the changes and developments in the service. The local authority were happy with the progress made to date, on their action plan and improvements.

Since the previous inspection the registered manager had sought supervision support from an external source to provide him with opportunities for ongoing discussion about managing the service. One supervision had taken place at the time of this inspection.

A group discussion/team meeting had taken place with staff in August 2016. The minutes showed a range of subjects had been discussed, including people, recording, provision of snacks and refreshments and training. Another meeting had taken place in September with a representative of the local care homes

association. The meeting in October had discussed the feedback from the residents and relatives meeting and upcoming training. The registered manager had also met with staff to discuss the completion of food and fluid charts. The minutes of these meetings, together with other actions, demonstrated a more proactive approach to the development of the service. This will continue to be monitored at subsequent inspections.

We saw improvements had been made in terms of various areas of concern at the last inspection. For example, audit systems, staff training, supervision and appraisal, care plans and records had significantly improved.

The care practice observations starting as part of the introduction of the 'Care Certificate' were beginning to provide good opportunities for the registered manager to monitor the degree to which staff put into practice the ethos of the service. It was too soon to judge the impact of this on the service and this would be monitored at future inspections.

The registered manager needed to involve staff more in the changes and developments in the service in order to ensure they fully understood the reason for these and how they could influence the service's future development. Staff felt the service was continuing to develop and improve although some felt they should be more involved in discussions about changes.

The registered manager had begun using a monthly audit tool developed with the support of the 'Care home support team'. Development of the format was continuing to ensure it worked effectively for the service. For example it now included health and safety checks as well as reference to the new care plan audit process.

The registered manager checked and countersigned various records completed by the staff. For example, he checked cleaning records and daily notes. He had initialled the cleaning records to confirm this. We will monitor this at future inspection to ensure an appropriate oversight of key tasks and safety checks is maintained. A member of staff or management, carried out a weekly infection control audit. This referred appropriately to an infection one person had acquired and how it had been successfully treated and contained. A care plan audit process had also been developed to monitor the content and appropriate storage of people's care records. We will monitor the effectiveness of this process at subsequent inspections.

The registered manager had established other proactive monitoring systems which had been absent at the previous inspection. For example temperature monitoring records for hot water outlets and records of room cleaning. We saw these had been completed since being set up but will continue to monitor their completion at future inspections to ensure systems are maintained. A range of health and safety and fire safety works had also been satisfactorily addressed since the previous inspection. A new training record was in place and was an effective tool to enable the registered manager to maintain an overview of staff training.

A service development plan had been completed, covering the period from November 2016 to November 2017. The format included details of the actions taken and when items were completed. We will monitor the effectiveness of this new development planning process at future inspections.

Overall, the improved quality assurance process helped ensure more effective maintenance and improvement of the quality of the service people received.

Since the previous inspection the registered manager had notified us of relevant incidents as required.

A survey of people's views about the service had been carried out in June 2016 and one for visitors and relatives in October/November 2016. Feedback was positive about the service. The report noted the action taken to address the few issues raised. For example in response to some issues raised about the food, a dedicated cook had been employed. No recent survey had been carried out to seek the views of visiting professionals.

We checked service user care plans, daily notes and related records and found the level of detail had continued to improve. The language used was respectful and appropriate. An accurate staff rota for the current week was available on request. Feedback from the local authority and 'Care home support team' was positive, regarding records improvements.