Prime Life Limited

Meadow View

Inspection report

Meadow View Close
Off Wharrage Road
Alcester
Warwickshire
B49 6PR

Tel: 01789766739
Website: www.prime-life.co.uk

Date of inspection visit:
14 June 2016

Date of publication:
27 July 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 14 June 2016 and was unannounced.

Meadow View is a single storey purpose built residential home which provides care to older people including people who are living with dementia. Meadow View is registered to provide care for 42 people. At the time of our inspection there were 29 people living at Meadow View. Meadow View also provides a personal care service to people living in six individual bungalows situated next to the home, registered separately by the same provider. At the time of our visit, these bungalows were unoccupied so no care provision was provided.

This service was last inspected on 9 May 2015 and we found two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. Breaches were found regarding a lack of mental capacity assessments and we found quality assurance systems were ineffective to monitor improvements. At this inspection we looked to see if the home had responded to make the required improvements in the standard of care to meet the regulations. Whilst we found some areas of improvement had been made, for example with the completion of mental capacity assessments for people who lacked capacity, we found some improvements were required in other areas of the service although not serious enough to have breached regulations.

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

People told us they felt safe living at Meadow View and staff knew how to keep people safe from the risk of abuse. However, we could not be certain that we or the local authority had been notified of all potential safeguarding incidents that occurred at the home.

Staff knew what support people required and staff provided the care in line with people's care records. Care plans contained relevant information for staff to help them provide the individual care people required. We found people received care and support from staff who had the knowledge and experience to provide care for people.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

Staff supported people's choices and understood how the Mental Capacity Act (MCA) 2005 protected people who used the service. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's wishes. Where people did not have capacity to make certain

decisions, decisions were made on people's behalf, sometimes with the support of family members. Where people did not have family or friends to help them with some of their decisions, independent mental capacity advocates provided support.

Deprivation of Liberty Safeguards (DoLS) are used to protect people where their freedom or liberties are restricted. The provider had submitted 14 DoLS applications to the authorising body which had been approved. These applications meant people's freedom was restricted and provided protection to those people. The provider said they would continue completing further DoLS applications for other people whose freedoms may be restricted to see if this was the least restrictive method.

People told us they were pleased with the service they received. People felt comfortable to raise concerns but did not always know, who to discuss them with.

Staff told us they were not always confident the provider listened to them or addressed their concerns. Staff felt supported by each other and felt there was a good team spirit. Staff felt valued by the registered manager who they said, listened to and supported them.

Staff training was being updated but there was room for improvement in how training courses were made available to staff. This was partially due to staff not always attending training courses that took place on their planned days off because staff said it was unfair. Staff continued to feel unsupported by the provider in relation to training and development. Staff said this made them feel demotivated and that their efforts went unnoticed.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received. However some required further scrutiny and evaluation to ensure improvements were made, such as ensuring we received all statutory notifications for safeguarding concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People received care from staff and staffing levels were determined according to people's needs. Where people's needs had been assessed and where risks had been identified, risk assessments advised staff how to manage these safely. Although people told us they felt safe we found allegations of potential safeguarding incidents or behaviours that was not always recognised and acted upon. People received their medicines from staff at the required times, but arrangements were not in place for people to receive 'as required' medicines overnight, for example, pain relief.

Is the service effective?

Good

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, assessments were completed that showed what help and support they needed. Support was sought from family members to see what decisions were in people's best interests. People received support from a staff team that were trained and knowledgeable to meet people's needs. People were offered meals and drinks that met their dietary needs.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive when responding to people's individual needs. Staff had a good understanding of people's personal preferences and how they wanted to spend their time. People had access to advocates who supported them to ensure their decisions were acted upon in their best interest.

Is the service responsive?

Good

The service was responsive.

Staff had a good knowledge of the needs of the people they were caring for. People felt able to speak with the registered manager and raise minor issues or concerns, but were less knowledgeable about how to raise written complaints. Complaints that had been received had been investigated and responded to, to people's satisfaction.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were pleased with the service they received. Staff felt unsupported, undervalued and lacked confidence in the provider's ability to support and listen to them when they raised concerns. We found occasions when statutory notifications had not been sent to us when required. The registered manager and staff team worked well together and people had systems that listened and acted upon their feedback to improve the service.

Meadow View

Detailed findings

Background to this inspection

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

This inspection took place on 14 June 2016, was unannounced and consisted of three inspectors.

On this occasion, we had not asked the provider to send us 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. However, we offered the registered manager the opportunity to share information they felt was relevant, such as what they did well, what could be improved and areas they wanted to develop in the future.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service we spent time during the visit observing people in the communal lounge and dining areas. This was to see how people spent their time, how staff involved people and how staff provided care and support to people when required.

We spoke with eight people who lived at the home to get their experiences of what it was like living at Meadow View. We spoke with one visiting relative, the associate director, five care staff and two senior staff (these are defined in the report as staff) and a cook.

We also spoke with a visiting Independent mental capacity advocate who supported a person who had limited capacity to make decisions about their care. We looked at four people's care records and other records including quality assurance checks, medicines, complaints and incident and accident records.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us they and their family members felt safe living at Meadow View. Some people were able to explain to us they felt safe because there were enough staff around if they needed assistance. One person told us, "I feel very safe, there are people (staff) about at night. There is always somebody to help me." Another person said, "People (staff) are constantly looking around to see if you are okay, observation I suppose." When we asked this person if they felt safe with staff they responded, "Perfectly safe, they are all very good."

We asked staff how people at the home remained safe and protected from instances of abuse. All staff spoken with understood what abuse was and how to keep people safe. One staff member told us, "I would report concerns straight away and make the abuser leave; I know the manager tells the local safeguarding team. We have numbers as well for safeguarding and the CQC; there is also a whistleblowing number." Another staff member supported this by saying, "We have a policy. If they didn't act I would whistle blow." Staff we spoke with said they felt confident to raise concerns where any allegations of abuse were seen or heard. Staff completed training in safeguarding people. The registered manager said any allegations of abuse would be reported immediately and referred to the provider, local authority and to CQC.

From speaking with staff and the registered manager, we found they knew how to report allegations of abuse and previous safeguarding notifications to us showed the provider had acted as required. However, during our visit we identified occasions when people had been pushed by others which had not been reported to the local authority or ourselves as potential safeguarding incidents. It is important such incidents are reported to keep people and others safe when they demonstrate behaviours that can cause distress or injury. For example, on 2 May 2016 a person had fallen in their room. This person said another person living at the home, pushed them. The same person on 23 April 2016, said a person living at the home had pushed them over. A third occasion on 23 December 2015 occurred when another person grabbed the person's arm, causing a skin tear injury that required hospital treatment.

The registered manager agreed to check their records and let us know the outcome as they thought these incidents had been reported to safeguarding and a notification sent to CQC, however our records did not show this. We contacted the registered manager following our visit and they said, "I have looked and nothing suggests we have referred it." The registered manager told us they had contacted the safeguarding team to make the referral. The registered manager said the safeguarding team were satisfied with the actions they had taken, and would not take the matter any further.

At our last visit we found people's bedroom doors automatically locked behind them when they left their rooms, and they had to ask staff to let them back in. During this visit, we saw staff let people in when they wanted. However, some people had to walk a distance to get staff, especially if they had forgotten something, as staff were usually in the main area of the home. During our visit we saw a number of doors were propped open by footstools, door stops and other items. When people wanted to leave their room, we saw people bent over, trying to move heavy awkward objects, with the weight of the door resting on their body. A high number of people were at risk of falls, and this practice had potential to place people at

increased risk. This was also a restriction on their freedom of movement within the home as they could not come and go as they pleased. The associate director said these were fire doors and as such, needed to be closed, however people were getting around this by propping them open. We asked the associate director to look into how this could be managed safely, such as ways to allow doors to be opened by people, whether the door handles and locks in place were appropriate for people living with dementia and for the provider to seek advice from the Fire Authority.

People told us they had their medicines when needed. We looked at five medicine administration records (MAR) and found they had been administered and signed for at the appropriate time. Staff told us a photograph of the person was on file, which reduced the possibility of giving medicines to the wrong person. Staff completed training which meant their knowledge was kept up to date. Staff told us they had been competency assessed by the registered manager during observed practice, to ensure they continued to administer medicines safely. We saw medicines were stored and disposed of safely. The MARs were checked regularly to make sure people received their medicines as prescribed.

However, we looked at one person's MAR who had a prescribed cream that was to be applied to their legs twice daily to reduce skin tissue breakdown. Records indicated that in the last 13 days it had only been applied seven times in the morning and three times at night. The person who was at high risk of skin damage was unable to confirm whether or not the creams had been applied and staff were unsure. The registered manager assured us they would ensure the person had their cream applied in line with their prescription.

Staff told us, there were no trained staff at night to administer medicines. The registered manager explained that no one in the home was currently prescribed medicines past 8.00pm so these were administered by staff who worked on the day shift. They were planning to train night staff, in case medicines were required at night so they could be given safely.

There was also no system to administer pain relief or other 'as required' medicines to people at night. We asked how night staff supported people who for example, had a headache and wanted pain relief. One staff member said, "It has never happened, but they would have to wait until morning." Another staff member raised this with us as it concerned them, especially as they worked night shifts. We asked them 'what happens then if someone is in pain', they replied, "Some people have asked when they are in pain, but we can't respond." Staff said there were no protocols for them to follow if people needed additional medicines for pain relief at night. Following our inspection we spoke with the registered manager about the action they had taken. They told us they were writing out to the GP surgeries to check doctors were satisfied people could receive 'over the counter' medicines to help manage pain relief. The registered manager said, if medicines were required, night staff could contact the on call emergency number and they, or trained staff could administer those medicines. They told us they would inform staff what the procedures were once they had been agreed so staff knew how to support and care for people safely.

We found there were enough staff to meet people's needs. People told us there were enough staff available to meet their needs and they did not have to wait long when they asked staff for help or support. One person said staff were, "Very quick" when they rang their call bell. Another said they felt there were enough staff but added, "I sometimes think they are a bit rushed at certain times." When we asked a visitor whether staff responded quickly they replied, "From when I have been here, I would say yes."

Staff said they felt staffing levels met people's needs. Comments staff made were, "We have enough staff to provide care and bank staff cover gaps" and "We have enough staff but we are not full. I love Meadow View, we all support each other, and the staff are here because we care." Staff told us they had time to support

people throughout the day, to eat, drink or to spend time with. One staff member told us, "We are a really good team here, we help each other." Other staff felt the staff team worked well together which helped ensure the shift ran effectively because staff communicated well and knew what each other was doing.

The registered manager said staffing levels supported people's needs, especially as the home was not at full occupancy. They said if occupancy increased, staffing levels would be reviewed. From 08:00am to 8:00pm there were six care staff plus one senior staff member on duty. The senior staff were responsible for managing the shift, medicines and supporting staff. In addition, there were two cooks and housekeeping staff. The registered manager said they had bank staff to rely on when unexpected absences occurred, plus they stepped in to help out. The registered manager said, "At one point over the weekend we did not have a cook, so I came in to do it." They said this relieved care staff from cooking which may have impacted on the delivery of care for those shifts.

The registered manager told us they reviewed people's dependency and how many staff were needed to provide safe care according to people's needs. They told us they also relied on theirs and staff's experience of people's needs to staff to current care requirements. We found there was a consistent staff team which made sure people received continuity of care from staff who knew people well.

Care records contained risk assessments to identify any potential risks to people's health and wellbeing and plans were in place to safely manage those risks. Risk assessments were reviewed regularly to ensure that any changes in risk were identified and managed. Staff were aware of people at risk, such as people at risk of falling. We saw people had their walking aids close to hand throughout the day. We saw several occasions when staff reminded people to use their walking aids before mobilising and walked with people to ensure they remained safe. We heard one staff member say to a person they were supporting, "You need to take your frame with you, walk with your frame." Staff spoken with understood the risks associated with people's individual care needs and their knowledge of people and their risks, helped keep people safe because they knew what support they needed.

Good

Is the service effective?

Our findings

At our last inspection in May 2015, we found a breach of the regulations because the provider had not assessed people's mental capacity and did not always record decisions that were in people's best interests. At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 provider had made some improvements since our last visit. The provider had identified those people who lacked capacity and records supported why they lacked capacity. Looking at examples of records, we found they were decision specific and showed what people could and could not consent to because of their limited understanding. For example, one person's records detailed that they were able to make decisions around what to wear and eat and drink and what activity they would like to do, however found it difficult to make more complex decisions. There was a separate MCA assessment for the keypad to exit the home and living in the home, that demonstrated how people were protected from potential risks, such as leaving the home unsupervised.

We found staff followed the principles of the Act when providing people with support and respected the rights of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices and staff received training in the Mental Capacity Act 2005 (MCA). People we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions. Staff gave us examples of how they sought consent and how they made sure people had consented before any care was provided. One staff member said, "People are given the choice what time they want to get up, we have to give choice to people, it's their life." Another staff member said, "If people can't make informed decisions, staff can make best interest decisions for day to day things but sometimes the managers, families and healthcare professionals need to make bigger decisions." They said where this was the case, people were given that support.

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).The registered manager understood their responsibilities under the legislation. They had identified 14 people who had some restrictions on their liberty as they were restricted from leaving the home on their own and had submitted the appropriate applications to the authorising authority. The registered manager said they would continue to consider and submit DoLS applications for people as required, to ensure people's freedoms were not being unnecessarily restricted.

Due to people's health needs, most were unable to tell us whether they thought staff had the skills to meet

their health and care needs. However, comments indicated they were happy with the level of care they received. One person told us, "If I needed them they would be there and they would be very efficient." Another person said, "I think they are very reliable", whilst a third said, "They all seem well schooled in handling people. They have to cope with various little quirks people have, they have a calming influence." A visitor told us, "From what I have seen they all seem perfectly capable in what they are doing."

Staff told us they had received training to support them in ensuring people's health and safety needs were met. This included essential training such as moving and handling, health and safety and safeguarding. One staff member said the induction they received equipped them to carry out their role effectively and they felt supported by their immediate team. They said, "I had a good mentor, she was very supportive and she would tell me I could call her anytime, even if it was 1:00am." Other staff said the training helped them support people effectively. A typical comment was, "They offer lots of training."

Staff said they had supervision meetings and staff meetings which gave them an opportunity to discuss their training needs and how they were feeling with the registered manager or senior staff. One staff member said they found this useful because, "It's where we discuss attendance, ability and attitude, the manager (registered) asks how we are and what we might need help with." One staff member told us they had seen improvements in the training they received. They said, "Since the last inspection, there has been a huge improvement, we know when training is coming up." A staff member told us they, "Carried out 60 second updates with staff which was basically a quick knowledge check and ensured staff were up to date with things, for example medications." Staff told us they found these helpful.

People were happy with the quality of food provided in the home. One person told us, "It is good." Another person explained, "There is usually a choice of two (options). I have heard people ask if they could have something else and it didn't seem too much trouble." A visitor told us, "At lunch time they ask them what they want, there are usually two options. The food looks lovely, very nice and it smells delicious."

At lunchtime we saw people were shown two options that were available that day, either cottage pie or pork casserole. One person told us they enjoyed the meals and said, "They are always nicely served up, not thrown on the plate any old how." Everyone in the dining room was able to eat independently. Staff were aware of people who needed encouragement to eat their meals. One person was not eating very much and a staff member went over, explained what was on their plate and said, "Would you like me to help you? Would you like me to help you with a carrot or a sprout or a suede?" Another person was becoming anxious and didn't want to eat because they were worried about missing their hair appointment later in the afternoon. A staff member explained and took their meal away so they could eat it after their hair had been done. People were offered orange or blackcurrant juice to drink and were shown the jugs as a visual prompt.

We found some areas where the mealtime experience could be improved. For example, condiments could be put on tables as people had to ask for salt so it was reliant on them remembering to ask, which for some people, would present challenges. Smaller jugs of drinks on tables would help promote people's independence as they could pour their own drinks rather than relying on staff. We suggested this to the registered manager who said they would look to introduce this.

People told us that staff would call for a doctor if they needed one. One person told us, "They have a doctor on call." Records showed people received care and treatment from other health care professionals such as their GP, speech and language therapists (SALT), dieticians, occupational therapists and district nurses. For example, we saw records and risk assessments that showed a person who was at risk of falling, had been assessed by an occupational therapist. Following assessment, chair risers were used to make it easier for the person to get out of their chair. Staff told us they followed any advice or guidance given by other health care

professionals to ensure people continued to receive care and support that met their needs.

Good

Is the service caring?

Our findings

People told us staff were helpful, kind and considerate when they provided their care. People's comments included, "They (staff) are kind enough, yes, very good. I think very well of them", "They (staff) are very good, nothing to grumble about", "I find them very caring indeed" and, "They (staff) are very, very good and very kind to me, all of them." One person told us that when they had fallen some time ago, "They (staff) were very reassuring." A visitor said they found staff were courteous and welcoming when they visited the home. They told us, "It is pleasant, all the staff are lovely and everybody always seems quite happy." When we asked one person what the best thing about living at Meadow View was, they responded, "The community spirit."

We saw people were relaxed with each other and in staff's company. Staff engaged people in conversations as they provided care and support. At lunch time, when they had served everyone their meals, staff sat with people to eat their own lunch. This was used as an opportunity to chat with the people sitting around them, although some staff were clearly more comfortable doing this than others.

Where possible people were encouraged to maintain as much independence as possible. This was reflected in people's care records which informed staff what people were able to do for themselves in areas such as personal care. We were told of one person who liked to wash their own cups and plates up in their room. Staff provided them with a tea towel so they could continue to do so.

People told us staff treated them with dignity and respect, and our observations showed that staff were respectful of people's needs and feelings. For example, one person was restless after eating their main course at lunch time and a staff member said to them, "Are you going to come back and have a bit of pudding after a little walk" and walked off with the person to reassure them.
Another person, for unknown reasons became upset and said, "I just want to go to my room and sit there." A staff member went over to them and said, "Do you want me to show you where your room is" and held the person's hand as they helped them to their room. Staff were attentive and patient with people, and did not rush them.

Staff had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke to people quietly and discreetly. When people needed personal care, staff supported people without delay, quietly and efficiently. We saw staff knocked on people's doors and waited for people to respond before they entered people's rooms. One person told us staff "always" knocked on their bedroom door before entering. Staff told us they protected people's privacy and dignity by making sure all doors, windows and curtains were closed and people were covered up as much as possible when supported with personal care. Staff said this was important because some bedrooms had windows that overlooked a central garden area that was occasionally occupied by people.

Staff were respectful and caring about people's relationships with others who lived in the home. We were told that one person's best friend had recently passed away and they had been supported by staff, to attend their funeral. One staff member explained this person was particularly vulnerable at the time of our visit because, "[Person] is a bit lost at the moment and is looking for a new friend." During our visit, the registered

manager told us which people we would be best to not talk with, for fear of causing them distress or anxiety which we respected.

People's relatives and friends were able to visit throughout the day, without restriction. One visitor told us, "They (staff) always know about the family, when they have visited and what they have done with [person]." They went on to say, "They all seem to know us and we always get coffee and join them for elevenses in the morning." They also said, "We are asked sometimes if we would like to stay for lunch." On the day of our visit one visiting relative enjoyed lunch with their family member.

People were referred to independent advocates when a need was identified. During our inspection visit, we spoke with an independent mental capacity advocate (IMCA). (IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are usually instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person). The IMCA we spoke with was pleased with the support the person they represented received. Part of the management of their approved DoLS, was for staff to encourage the person to go out and be more socially included. They told us this was happening.

Speaking with staff showed us they cared about the people living at Meadow View, as well as caring for each other within the staff team. One staff member really enjoyed working at the home and told us how staff's attitudes benefitted people in the home. They said staff wanted to help people, they wanted to support them and look after them as best as possible. They said, "We are a lovely staff group, they are enthusiastic. I see them dancing and singing with the residents. The staff are so willing." Another staff member said, "I love my job, I hope when I get old and can't take care of myself I will get staff like they have here. It's a great place to work."

Good

Is the service responsive?

Our findings

People felt staff responded to their needs and they did not wait too long, for assistance. One person told us they felt settled living at the home and they explained why. They said, "I like it here, I feel safe because I am never alone, I can use my buzzer and they are always checking on me." People felt at ease asking for help and when they needed help, staff were on hand to provide it.

During our visit, staff were responsive to people's needs throughout the day. One visitor told us staff responded well when people became anxious or distressed saying, "They know them (people) so they know how to calm them down and bring them out of it." They went on to say, "They (staff) seem to know a lot about [person's] family. They definitely know about [person] so I think it would be the same for the others." One person told us, "When I am a bit wobbly all I want is a cup of tea and half a digestive and that settles me." When asked if staff knew that they responded, "As a rule yes but today was a bit hectic and I had to wait a while."

Most people were not able to explain how their care was planned and could not remember whether they had a written care plan, although one person confirmed they did. When asked if the plan was ever discussed with them they said, "Yes, I thought that was a yearly thing." This person confirmed their care needs were met by staff. Care plans were evaluated each month to ensure they continued to reflect people's needs.

Care plans contained information sheets about people's medical conditions so staff had the information they needed to respond to changes in people's health. One person's care plan stated they had a hearing aid in their left ear and were prescribed glasses but often refused to wear them. We checked this person and found their hearing aid was in place and although they were not wearing their glasses, they had them in a case with them. Care plans contained some information about people, such as their backgrounds and their likes and dislikes. One person's care plan said their favourite food was marmalade sandwiches and when we went to talk with them at tea time they showed us they were eating marmalade sandwiches.

Staff knew about the people they supported. We spoke with one member of staff about the needs of a person whose care plan we had looked at. They demonstrated a good understanding of the person's needs and what they were able to do for themselves. They gave us brief details about the person's background which matched the care records. Staff said they read care plans. One staff member said, "We make time to read the care plans, we are keyworkers to people, I am to three residents. Everything we need to know is in the care plan." They explained, "We update care plans every month or if there have been changes, we tell the manager if there are any changes." Another staff member said, "It takes time getting to know new people, so to help, we have a 'getting to know you' section in the care plan." They said, "We involve the family if the person can't tell us. We learn something new about people every day." Staff said they had a handover which updated them with how people were feeling. Staff said they found this informative. A senior staff member said, "We have a handover book and I go through that at shift change and do a verbal handover to staff."

On the day of our visit there was a visiting "Pets for Parties" activity when people were introduced to various animals, spiders and birds. This included meerkats, owls and tarantulas. People were asked, and then taken

to participate in small groups. It was clear some people really enjoyed the experience. Later, we saw some ladies enjoyed having their nails painted and their hair done by the visiting hairdresser. Some people preferred to sit quietly looking at the various daily newspapers that were scattered around the dining room.

People had some opportunities to participate in trips outside the home. The day before our visit 11 people had enjoyed a visit to a village in the Cotswolds. One person told us, "We did go out yesterday, a gang of us in the bus and that was nice. They do take us out occasionally." However, some people told us they sometimes got bored. When asked if they had enough to do during the day one person responded, "Not a lot really. You get bored. You watch television and it is all repeats." Another person said, "The only thing that bores me is the television." The registered manager recognised that there needed to be further investment so they could be more responsive to people's social needs. They explained, "I think the level of care is very good but the time for socialising could be improved. We need more of an activities co-ordinator for each home. I think it would be a bonus to have someone who is just for that role. There would be more time for one to one stimulation rather than just group activities." There were no plans to have a dedicated activities person, but the registered manager said they would see what could be achieved within the current staff team.

All of the people we spoke with said they had not made any complaints about the service they received. However, some people were not really clear about who they could talk with if they had any worries or concerns. Information that told people how and who to complain to, was displayed in the communal reception area, but this was away from where people spent most of their time. A typical response when asked if they knew who to talk to was, "Not really." The registered manager said they had an open door, plus they regularly walked around the home so people had an opportunity to speak with them. Also, regular meetings with people provided opportunities for people to share their concerns.

We looked at how written complaints were managed by the service. Records showed the provider had received 10 formal complaints in the last 12 months. The registered manager said these complaints were resolved to people's satisfaction and records showed what action had been taken. The provider completed a regular review of complaints which ensured complaints were dealt with in line with the provider's complaints policy.

Requires Improvement

Is the service well-led?

Our findings

Speaking with people and relatives, it was clear they were pleased with the quality of care people received, and the staff team who provided it. At our last inspection visit, we found a breach of the regulations because the quality assurance systems were not consistently effective. We found a breach of the regulations in consent, because people were not always supported in line with the Mental Capacity Act (MCA). We also had concerns regarding staffing levels, staff access to training and accuracy of care records. At this inspection visit we found some improvements had been made. From speaking with the registered manager and staff, however, we still found other issues similar to those we identified last time and where further on-going improvements were required. For example, around staff training, staff morale and whether people were restricted from accessing their rooms and the environment they lived in. We also found potential safeguarding incidents that had not been referred to the relevant authorities.

Following our last visit, we checked to see what improvements were made to the environment and décor of the home, to make it more dementia friendly. The layout of the home and the decoration continued to present challenges to people living with dementia. One visitor told us, "[Person] used to get lost. She knows where her bedroom is now but she didn't for a while." Although the corridors were airy and spacious, there was little to stimulate and engage people's attention as they walked around the home. The geographical layout of the home and colour scheme meant corridors looked the same. Long corridors had limited points of interest, such as tactile items people could touch, smell or engage with as they walked around the home. For people living with dementia, this is important as it helps stimulate the senses and memory.The associate director and registered manager agreed there was room for improvement and said a planned environment audit by the provider, would address any issues or concerns.

The registered manager said following our last visit, they felt disappointed with our findings. They said, "I was gutted, I agreed with some of it, we weren't fully staffed." They said staffing levels had improved, they now had a full time senior staff member and an additional computer meant it was easier to ensure records were continually updated.

The registered manager said they had a strong staff team who they described as, "Dedicated." They told us the, "Care is very good" and people were supported by staff, who cared. Speaking with staff showed us they respected the registered manager who they found to be a good listener, supportive and approachable. Comments staff made to us were, "[Registered manager] is very supportive, we can go and chat and they will resolve any problems, I am happy", "We get good support from the senior carers and the manager (registered), we are a good team and we laugh together."

Staff told us they had regular supervision meetings with the registered manager and senior staff. Staff said if they had issues or concerns, they felt confident to raise them, and the registered manager listened. Staff said they felt supported by each other and shared a good team spirit. However, this was despite how they felt treated by the provider. All staff we spoke with said they felt the provider did not respect or recognise their contributions, and some staff said, made them hesitant to develop their personal ambitions or take on additional responsibilities. For example, some staff said when opportunities came up to deputise or take

additional responsibility, they did not want to do it because there was no incentive. Staff said it was not just about finances, but personal recognition of their achievements. One comment made was, "In this job you always go the extra mile because you care. When you go the extra, extra mile for the company it would be nice to be recognised."

Another staff member said, "I love the team and the manager (registered) but the company lets us down. We care to the best of our ability but we aren't cared for. We don't get the praise we deserve" and "They offer lots of training, but we have to come in on our days off." Other staff confirmed this. A typical comment was, "I feel very unappreciated (by provider), they tell us we are their most valued asset, no staff I know feel that but we do from the manager (registered) and seniors."

We asked for clarification about training to understand why staff felt demotivated. Staff told us that if training was not provided on a day when they worked, they had to attend training on their days off, without payment. All staff said they felt this was unfair. One member of staff said, "I don't agree with it, my days off are precious, it's a lot to ask to come into work and not get paid for it, I feel pressured like I have no choice."

We asked staff if they felt able to voice their concerns to the provider. We were told 14 staff failed to attend a training course, which prompted the provider to visit the home in May 2016 and a meeting was held to discuss staff training arrangements. Staff said they felt the May 2016 meeting had an uncomfortable feel and they were told at the end of the meeting, "We could leave if we weren't happy, that doesn't make me feel valued."

The registered manager explained what they were proud of within the home and the efforts they had personally made to ensure people received a good service. The registered manager and staff had made efforts to participate in events in the local community. For example, they had recently had a stall in the local Sunday market in the town to raise funds for entertainers and trips out for the people who lived in the home. We were told the funds raised had supported people to go on a day trip the day before our inspection. Other fund raising events were planned to raise funds.

The registered manager and staff told us what had improved since our last visit. They said, "Care plans, continuous reports, people involved in activities. I think also we are being mindful of the residents we have got when we have potential new people. I think that is looked at more, whether we can meet new people's needs with the residents we have already got." They went on to say the paperwork had improved "immensely." Other staff felt the 60 second learning sets were useful and reminded them of good practice techniques and skills.

There were systems to hear about the views of the quality of the service from families and suggestions or ideas to improve this and benefit people who lived at the home. For example, regular meetings were held for people who lived at the home to attend. The next planned meeting was June 2016. Relatives meetings were held which provided opportunities for family members to share their views about the service. The associate director told us the provider sent annual quality surveys and was in the process of sending this year's survey out to invite feedback and suggestions. We were told analysis of feedback would be made and any suggestions would be considered. They confirmed actions from last year's results had been taken.

We looked at the provider's system of checks and audits to see how people's views and feedback influenced the service they received, and what learning was taken to help minimise potential risks to people. For example, daily records showed incidents and accidents had been analysed for trends or emerging patterns. Where appropriate, people received the support they needed, such as equipment to help reduce further incidents. The registered manager completed regular audits in medicines, infection control and the provider

also completed their own programme of audits that ensured action was being taken, when improvements were identified.