

Tamaris Healthcare (England) Limited

Riverside Court Care Home

Inspection report

31 Irish Street
Maryport
Cumbria
CA15 8AZ
Tel: 01900 815323
Website: www.fshc.com

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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



Overall summary

This was an unannounced inspection that took place on 20 & 21 August 2015. We carried out this inspection to check that improvements had been made following our previous inspections of the 23 & 24 February 2015. The findings of these previous visits led us to rate the home as inadequate as the provider failed to meet all the requirements of the regulations.

At the inspection in February 2015 we found the home was in breach of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:

Regulation 9: Care and welfare of service users

Regulation 10: Assessing and monitoring the quality of service provision

Regulation 11: Safeguarding of people who use services from abuse

Regulation 13: Management of medicines

Regulation 14: Meeting nutritional needs

Regulation 16: Safety, availability and suitability of equipment

Summary of findings

Regulation 18: Consent to care and treatment.

Regulation 19: Complaints

Regulation 20: Records

Regulation 21: Requirement relating to staffing

Regulation 22: Staffing

Regulation 23: Supporting workers

In addition the home was failing to notify us of events they are required to by law. Which was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009: Notification of other incidents.

The above regulations have now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had asked the provider to make improvements in meeting people's health and welfare needs, records, nutrition needs, safeguarding, safety and suitability of equipment, assessing and monitoring the quality of service and completing statutory notifications appropriately. We received an action plan from the provider detailing how these improvements would be made. We received regular updates on progress towards meeting these improvements.

At this inspection of 20 & 21 August 2015 we looked at all the areas where the home had breached the regulations set out above, and other areas to ensure that we carried out a fully comprehensive inspection. We found that there had been improvements across all areas that we looked at.

We found that the home was no longer in breach of the above regulations.

Tamaris Healthcare (England) Limited is a subsidiary of Four Seasons Healthcare and it is run using the staff and the systems of Four Seasons Healthcare. We will refer to the organisation running the home as Four Season Healthcare (FSHC) throughout this report.

The provider, had after the last inspection, ensured that support had been made available to assist the home in meeting safe standards of care through improved quality monitoring and input from senior managers within the organisation.

Since the last inspection a new interim manager had been appointed and plans were in place for them to become registered with the Care Quality Commission (CQC).

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.

Riverside Court Care Home is a purpose built residential and nursing home situated on the harbour side of Maryport in Cumbria and is within walking distance of the local amenities of the town. Accommodation and communal space is over two floors and all rooms are for single occupancy and have en-suite facilities. There are suitable shared areas and a secure garden. The home provides accommodation for up to 60 older people some of whom may be living with dementia. There were 47 people living at the home when we visited.

On this inspection in August 2015 we found that people's care and health needs were being met. People looked well cared for with good attention to detail to ensure people were well dressed and to their own taste. We saw staff being attentive and considerate to people's needs and feelings. Call buzzers were answered promptly, and everyone we spoke to said they were well cared for by staff that were kind and caring.

We judged the home to be safer because the provider had ensured that all staff had been given training to identify and report any potential harm or abuse of vulnerable adults. We had evidence to show that senior staff understood how to report, and where appropriate, manage any issues related to possible abuse.

Risk assessments related to the environment and the delivery of care were up to date. Accidents and incidents were managed correctly and reported to the appropriate authorities, including ourselves, CQC.

The home was now staffed to safe levels that gave care to people in a timely way from staff that were well led and suitably trained and experienced in meeting people's needs.

Summary of findings

Since the last inspection new staff had been recruited at all levels, including general nurses, mental health nurses, care staff and other support staff. A new interim manager and a new deputy had been recruited.

These new staff were recruited safely and disciplinary action had been taken when staff were not fulfilling their job role.

We saw that the way staff were being utilised and deployed in the home had improved, with the addition of a senior care worker on each shift. We saw how these senior staff were giving more of a lead and direction to staff to ensure people's needs were met in an orderly and timely manner.

We found that the provider had significantly improved the way medicines were managed. People received their medicines at the times they needed them and in a safe way. We did however find the way people's creams were managed required improvement.

We recommend that the service consider how they ensure that people are receiving appropriate support with the application of emollient creams and how this may be more accurately recorded.

Infection control measures in the home were good. The staff team had been suitably trained and had access to personal protective equipment. The home was clean and orderly.

All new staff had received induction training. This had been followed up by training in all the core subjects the provider felt the team needed. Some staff had received further specialist training.

Staff told us they now received good levels of both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved.

A new style care plans had been introduced which were intended to make people's needs clearer to staff and easier to monitor people's changing healthcare needs. We found that these were still a "work in progress" as staff needed time to familiarise themselves with how they worked. We saw that as each person's new plan was introduced that that people were becoming increasingly more involved in them.

We saw that for some people with more complex communication needs that staff were having difficulty in communicating with them effectively.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to communicate and express their views.

We saw that good nutritional planning and practice was now in place. People who had been quite seriously underweight at our last visit had put on weight and were no longer undernourished.

People we spoke to were happy with the food provided. We observed mealtimes being much more orderly and staff were spending time and giving appropriate support and care to those people who needed more help.

We saw evidence to show that the staff team sought support and advice from local GPs, community nurses, dieticians and mental health workers to promote people's health and well-being.

Healthcare and social services professionals told us that they had seen a marked improvement in the care and treatment of people in the home, and in the way people's healthcare needs were being managed.

However, we found that overall the home lacked a cohesive strategy for supporting people living with dementia for whom a consistent approach is essential.

We recommend that the service develops a dementia care strategy for the home, based on current best practice, in relation to the specialist needs of people living with dementia.

We found that the home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out of people's capacity to make decisions. Where people lacked the ability to make a decision about living at the home or when restrictions had been placed on them in their best interests we saw that appropriate application had been made for a DoLS assessment. Staff had received training in this area.

Activities and entertainments within the home had improved significantly, with activity coordinators

Summary of findings

engaging people in activities they found interesting and stimulating. People were having the opportunity to access the garden more frequently as well as more support to go out into the local community.

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment being done. The home looked well maintained, homely and welcoming. The garden areas were now a particular feature of the home, with raised flower and herb beds, and these too were well maintained.

We found that the complaints were being better managed. There was now an effective system in place for identifying, receiving, handling and responding appropriately to complaint and concerns.

The service had developed a more robust quality assurance system. Measures had been put in place to improve the running of the service.

Record keeping had improved and staff had received some training on this. However, we did continue to see some recording errors.

The home was now notifying us, CQC, of events they were required to by law.

Overall we found the home was being well-led with the strengthened, more effective management structure that was in place. The north director for FSHC gave assurances of the organisation's commitment in terms of budget, expertise and continuing support to continue to "put things right."

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were sufficient staff to meet peoples needs.

Staff had been trained to recognise and report any harm and abuse.

Overall medicines in the home were managed appropriately. The management of creams could be improved.

Appropriate standards of cleanliness and hygiene were being maintained.

Requires improvement



Is the service effective?

The service was not always effective.

Staff training and the support they were receiving had improved. Staff are to receive more training for their role.

People were being much better supported to maintain a healthy diet and to keep well hydrated.

The home sought the advice and support from speech and language therapist and dieticians, where people had been identified as at risk of weight loss or had swallowing difficulties. The monitoring of such people was sometimes lacking in detail.

The manager and the staff team were now better aware of their responsibilities under the Mental Capacity Act 2005 and had made appropriate referrals when they felt people were deprived of their liberties.

Requires improvement



Is the service caring?

The service was caring.

We observed staff working with people in a kind, sensitive and warm manner. Staff were more skilled in their support of people living with dementia and this made for a more relaxed and calm place for people to live.

Staff had received training and support so that they could work in a person centred way.

Care planning showed staff how to maintain dignity and privacy and how to support independence.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

We judged that care planning had improved and people were more involved in the development of their plan and this ensured that care was increasingly more person centred. Some people's needs were not fully assessed, such as those people with limited communication.

We found that overall the home lacked a cohesive and consistent approach to working with people who are living with dementia.

Activities and entertainments were being developed to meet the needs of the people in the home.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

Is the service well-led?

The service was not always well led.

The home had a more effective management structure in place.

The service had introduced ways to ensure that a more robust quality assurance system was followed.

The home was now notifying us, CQC, of events they were required to by law.

Record keeping had improved and staff had received some training on this. However we did continue to see some recording errors.

Requires improvement



Riverside Court Care Home

Detailed findings

Background to this inspection

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

On 20 & 21 August 2015 an unannounced inspection was conducted by a lead adult social care inspector, a specialist professional advisor in dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This included experience of caring for older people and people living with dementia. A CQC pharmacy inspector looked at medicines' management, including the medicine charts belonging to half of the 47 people living in the home.

We reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke to the local authority about the progress made in the home. The local authority had arranged quality improvement meetings which we attended.

We had taken enforcement action after our last two inspections in February 2015. The admission of new people into the home had been suspended by the Local Authority

and the local health commissioners. We asked for an action plan to be sent to us after the last inspection and the provider updated this on a monthly basis. We planned the inspection using all of this information.

We talked to 19 people who used the service. We also observed people on both floors and we spoke with five visiting relatives and friends.

We spoke to three members of the housekeeping team and to the cook. We spoke with seven care staff on duty and observed how they worked with people. We spent time with the deputy manager, the home's operations manager and the Four Seasons Healthcare Director for the north region.

We looked at a number of records in the home. We looked at 14 care plans in depth and read some parts of another three care files. We looked at the daily personal care delivery forms kept in bedrooms for seven people. We also looked at the care staff handover book and at records kept about dietary needs.

We looked at nine staff files. These included information about recruitment, induction, supervision, training and appraisal. We also looked at records related to disciplinary matters.

We saw the quality monitoring documents for the home. We looked at records related to care delivery, fire and food safety and infection control. We also saw records of surveys and meetings with people in the home and other stakeholders. We spoke to visiting healthcare professionals.

Is the service safe?

Our findings

At the last inspection in February 2015 we found that the provider was not ensuring that people were safe. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These breaches were in staffing levels (Regulation 22), the safe recruitment of staff (Regulation 21), in safeguarding people who use service from abuse (Regulation 11) and in the safe management of medicines (Regulation 13).

We checked on these areas in detail and we asked people living in the home how they felt about them now.

People told us that they had noticed a real improvement in the service overall. The people we spoke to on this inspection said they felt safe living at Riverside Court Care Home (Riverside) and that the home was a much nicer place to live in. People reported now being warm and well cared for. For those people who had limited verbal communication we saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

Comments from people and relatives were now all positive and included, "I like it here, staff are good to me." We asked a number of people if they felt safe here and they all responded that they did. One person said, 'Yes I do, they look after me.' Another said, "There's definitely more staff and they seem to know what they are doing now and my medication is given on time."

We spoke with relatives and many said that they had seen a big difference to the care received by their relative. One said, "It's like a different home. It's warm for a start! There's more staff as well. Now my relative is clean and staff take time to check up on her." Another relative said that they were not as anxious about the care anymore saying, "I used to dread coming to see what state I would find them in. But now so far so good. I'm feeling a lot better about things."

People told us that they would speak to a member of staff if they had any concerns about their safety or about how the staff treated them.

At the previous inspection we had judged the service was not protecting people against the risk of unsafe care by the means of ensuring adequate staffing levels. This was in breach of Regulation 22 of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we looked at how many staff were supporting people at Riverside. We asked the deputy manager for copies of the last four weeks' duty rosters for all staff by day and night. We saw that there had been an increase to the staffing levels overall and that now there were additional staff at key times of the day.

New posts had also been created to ensure that safe care was being delivered. For example, the new senior staff position gave a leadership role specifically in directing care staff. A manager for night shifts had also been employed. We had identified at the last inspection that a number of areas of poor practice had occurred during the night shift. This was one of the ways the provider had taken note to address this, another was by moving staff onto different shifts and for a member of the management team to carry out night time spot checks.

We therefore found that the home was no longer in breach as the provider had ensured that sufficient numbers of suitably qualified, competent, skilled staff were now deployed in order to meet people's needs.

When we visited the home in February 2015 we found that people were not protected against the risk from abuse and improper treatment because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. This was a breach of Regulation 11 Safeguarding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 13 Safeguarding service users from abuse and improper treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the August 2015 inspection we found that safeguarding issues were dealt with in a much more organised way and that safeguarding referrals had been made appropriately. We saw that the full staff team had been retrained in safeguarding matters. When we contacted the local safeguarding team they reported having delivered training to the home recently and that staff had been enthusiastic and had a good insight into the protection of vulnerable adults.

Is the service safe?

We saw that staff had a better understanding of the organisations policies and procedures. We spoke with staff on duty who could explain their responsibilities in relation to safeguarding people, and many said that this was now a frequent topic for team meetings and during their one to one supervisions with their managers.

We checked to see how the home was keeping people safe from the behaviours of other people in the home that may present as challenging. Staff told us, and we saw from training records, that they had received suitable training in how to manage behaviour that could challenge the service or other people who used the service.

We observed this in practice and saw how staff were much more skilled with the interactions. We observed staff being calm, reassuring, and using diversion methods whilst also retaining dignity and the safety of other people.

We therefore found that appropriate arrangements were in place to ensure that people were protected from abuse, or the risk of abuse. We found the service to no longer be in breach of this regulation.

When we looked at individual care files we noted that suitable risk assessments were in place in relation to people's needs. We walked around all areas of the home and observed them to be clean and tidy. We saw that the provider had minimised risks in the environment and the home was safe for vulnerable adults.

We looked at accident records and found that these were managed correctly. We noted that any accidents or incidents with individuals in the home were analysed and suitable risk management plans put in place. We saw recent improvements in monitoring and interventions for people who were prone to falls, and how for one person this had led to having a high level of falls being reduced to none in the last few months.

We looked at the personnel files for the last five members of staff appointed to work in Riverside and found they contained all the required documentation. There were completed application forms, two references, copies of contracts of employment and documents of proof of identity. All this information helped to ensure only suitable people were employed. We found the service to no longer be in breach of Regulation 21 and that safe recruitment practices were now in place.

We saw that action had been taken in line with the company policies and procedures in relation to disciplinary action for staff. We saw evidence to show that disciplinary action was taken appropriately in the service and was being used to ensure that people received care from staff who were suitable for the role.

At the February 2015 inspection we found that the provider had not protected people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(f)(g) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection, August 2015, we checked on medicines in the home and found that overall medication was safely managed within the home. We watched some people being given their medicines and looked at records, and found that people received their medicines as prescribed. People living in the home had care plans to help staff give medicines in the right way.

We saw that records of the receipt, administration and disposal of medicines were carefully completed so all medicines could be accounted for. However, the application of emollient creams by carers was inconsistently recorded on charts in people's rooms. This meant it was not possible to tell if the creams were being applied in the way prescribed. The professional advisor who part of the inspection team also highlighted this as an area for development.

We recommend that the service consider how they ensure that people are receiving appropriate support with the applicant of emollient creams and how this may be more accurately recorded.

Medicines that were controlled drugs were managed safely. This minimised the risk of mishandling or misuse. The temperature in the medicines storage room was above that recommended for storing medicines so some medicines might deteriorate before their expiry date. The manager told us that an air conditioning unit was due for delivery within the week.

We met one person who was self-medicating some of their medicines. We found that a risk assessment had been carried out to check that the person was able to look after

Is the service safe?

and use these medicines safely. As the person's health had recently deteriorated the assessment was being repeated every two months. This enabled them to be independent while protecting them from harm.

We found that the service was safe because people were protected against the risks associated with use and management of medicines. We found the service to no longer be in breach of this regulation.

We looked at infection control management at this inspection. We noted around the home that there were suitable arrangements in place to control infection. We saw there were gloves and aprons in place together with paper towels and liquid soap in all the communal bathrooms and toilets. All staff we spoke with said they had training in this area as well as on health and safety measures.

Is the service effective?

Our findings

At the last inspection in February 2015 we found that the provider was not providing people with an effective service that met their needs. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: in staff training, supervision and support (Regulation 23); in the need for gaining people's consent (Regulation 11); ensuring sufficient hydration and nutritional support (Regulation 14); and providing equipment and adaptations (Regulation 16).

We checked on these areas in detail on this inspection and we asked people how they felt about them now.

We asked people who lived in the home about how effective they judged the service to be. People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, "All the staff are nice lasses and help me when I need it." Another said, "Staff make sure I have my bell to hand and I never have to wait too long for them to come."

A relative told us, "The staff appear more knowledgeable now about people's needs so give good care and support." Another said, "The staff are knowledgeable about her needs, staff are all very willing and there's always staff round to offer help and to answer questions."

We received very favourable comments about the food. People told us that the food in the home was all home-cooked and they were always asked what they would like. People told us, "The food is good and you have a choice, I think it has been improving lately." Another said, "Food is good, there's a decent choice, I tell the cook if I like it or not, he likes that. He (cook) comes to ask us if there's any new food we would like to try." Another said, "The food is good, too much!" as they patted their stomach..

We spoke with the cook who was very knowledgeable about the dietary needs of older adults. He said he had received good training and support from the organisation recently in developing his knowledge and skills. We saw that there was a nutritional strategy in place that included how to add calorific value to those people's diets who were at risk of weight loss. For example, a poster in the kitchen informed staff of the extra calories that could be added by one pat of butter or by adding cream onto a pudding. Another new initiative had been to supply "snack boxes"

around the home for people to help themselves to across the day which included chocolate bars, crisps and fruit. We saw people's faces lighten up when staff offered them a choice from these snack boxes.

We checked the care plans of those people at risk of being malnourished. We found that these care plans contained more detail on special diets or needs, such as for those people who were diabetic. Separate records were held in each person's room who required more careful monitoring. We found that these files lacked detail to assist care staff to know the recommended dietary and fluid intake for each person, and to recorded if this had been achieved each day. We spoke to the deputy manager about this and she agreed with this observation and set in motion plans to amend this. She said she would set a target for each person and add a section on the form which would allow staff to add this up at the end of the day.

The home sought the advice and support from speech and language therapist and dieticians, where people had been identified as at risk of weight loss or had swallowing difficulties. We saw that people's weights were being monitored in line with their identified risk assessment and need.

Some people were prescribed powder to thicken drinks to assist with swallowing difficulties. Appropriate arrangements were now in place for using these and staff had been trained in their use so that people were given their food and drinks in a way that was safe.

We also saw that people were being offered plenty of drinks across the day, with covered jugs of juice in their rooms and a juice and water coolers in each of the dining rooms. We saw staff frequently encouraging people to have drinks and offering plenty of choice. The afternoon tea trolley was noted to have a good range of nutritional foods and homemade cakes on offer.

We observed lunchtime on two days and found that staff were good at prompting, encouraging and supporting people with their meals. We saw that senior staff were effective at directing staff. The home had introduced a staggered lunchtime which allowed people who required extra one to one support to have their meals at a slightly earlier time so staff could spend time with them undisturbed. We saw that staff sat next to these people and had good eye contact, were unhurried and the mealtimes were calm and pleasant.

Is the service effective?

Overall we found that the home had improved the ways in which it supported people to maintain good nutrition and hydration. Mealtimes, refreshments and snacks had been made into positive experience for people living in the home. The home was no longer in breach of Regulation 14: Meeting nutritional needs (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

At our last inspection we judged the service to be in breach of the regulation related to training and developing staff (Regulation 23 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). At this inspection we saw that all of the staff and the manager had attended basic training across a range of areas. We also saw that staff had received training in supporting people living with dementia and supporting people whose behaviour maybe challenging to the service. When we spoke with staff on duty we learnt that this training had given them a much better understanding of the theoretical knowledge to care for older people.

We looked at staff files and at the training matrix which showed the training delivered. We saw that the staff had received good levels of training in the last six months and we could see that more was planned. Staff told us of a diverse mix of training they had completed recently, such as moving and handling, first aid, infection control, Mental Capacity Act 2005 (MCA), pressure care and catheter care. When we spoke with staff they were really enthusiastic about the training they had received.

We checked on staff supervision and appraisal and we found that these were up to date and contained a good level of detail. Staff told us that they could discuss their practice using both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved.

We found when talking to the team that staff development and training had brought about more awareness of what was good practice. Staff told us that the new systems in the home allowed good communication between shifts, such as the new handover sheets and meetings.

We found the service to no longer be in breach of this regulation (Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

We found that the provider had taken appropriate measures to ensure staff had support, training, professional development, supervision and appraisals.

At the last inspection we found that the registered person had not ensured sufficient measures were in place to protect people's rights and to gain, wherever possible, their informed consent.

On this inspection we looked at how consent was obtained from people living in the home. We saw forms that people, where possible, signed saying they gave their consent. Where people lacked capacity the registered manager had checked as to whether any other person had a lasting power of attorney. This was now documented on people's files. Best interest reviews had been held and health and social work professionals consulted for people living with dementia. For example we found that where people were given their medicines disguised in food that this was in these people's best interests and agreement had been gained and authorised in the right way.

We found that the home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out on people's capacity to make decisions. Where people lacked the ability to make a decision about living at the home or when restrictions had been placed on them in their best interests we saw that appropriate applications had been made for a DoLS assessment. Staff had received training in this area.

We found that measures were now in place to protect people's rights and the home was no longer in breach of this regulation (Regulation 10 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

The home's environment had improved with new furniture purchased and suitable redecoration and refurbishment had been undertaken. The garden had been improved to make it more accessible for people with limited mobility. We also saw that areas of the unit for people living with dementia had been redesigned to allow for people to move about more freely. One care staff told us, "We used to keep the two units locked and this used to cause people to become agitated, but the new manager got us to open it up straight away. It's so much better."

We saw that the provider had reassessed each person with a view to ensuring that they had all the equipment need to maintained encouraged their independence and dignity. For example a number of new hoists had been purchased along with specialist beds that allowed care to be delivered

Is the service effective?

in a more dignified and comfortable way. We observed staff using equipment safely and appropriately around the home. Staff we spoke to said they had received up to date training on how to move people safely and on how to use equipment such as hoists. They told us that they now had the equipment they needed to carry out their job effectively.

The home was no longer in breach of Regulation 16: Safety, availability and suitability of equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service caring?

Our findings

At the last inspection in February 2015 we found that the provider was not providing a service that promoted or demonstrated a caring attitude towards people in the home.

Feedback from people at the last inspection was that the attitude and nature of staff could be mixed. Some people spoke positively about individual staff, however the attitudes of others was criticised by people in the home and by relatives. We had found staff interactions were often task-focused and not all staff demonstrated a caring attitude.

On this inspection August 2015 we asked people and their relatives if they were happy with the care and support provided by the staff. This time all the replies we received were positive.

One person said, "It's lovely here, the girls are so nice, so helpful, my sister in law comes in whenever she wants, no problem." Another said, "I couldn't fault them, my wife is here as well. My family come and go as they please."

We spoke to six relatives over the two days we were in the home. The comments were very complementary and they told us there was no restriction on visiting times. We asked family members if they were kept informed about their relative's care. They told us, "The staff are good about letting us know if there is anything wrong or there are changes." Another said "They take the time to get to know people." And another said, "We come and go as we please, and we are always made very welcome."

We received a comment from one relative who felt that while the home had improved significantly over the last few months they said, "There's a way to go yet with some of the staff. Some are brilliant but there's others who need to pull their weight more and learn from the others attitude. But it's definitely on the up."

A family of a person very near the end of life wanted to tell us, "We are very happy about how they have looked after her(relative), the nursing care has been really good. We have been consulted about everything. The carers have been really upset over Mum. They really do care." And, "We have noticed that the home has improved a lot lately."

We observed staff interactions with people living in the home to be positive and caring. For example we observed a

cleaner kneeling beside the bed of a person explaining to them that she was going to clean her carpet and it was going to be noisy for a while, but she "was going to make it all lovely." We overheard a care staff saying to one person, "How do you fancy a long soak in the bath later on." Both of these people were visibly pleased with the interactions with these staff members. There was a constant stream of appropriate conversation and laughter throughout the home.

Staff clearly knew people well and were able to engage with them in a meaningful way. We saw staff knock on people's doors and wait for response. People were seen to be comfortable in staff presence and were often seen smiling at them. We saw how people's dignity was maintained by providing discreet coverings for their clothes at lunchtime and also that the tables were pleasantly set with good quality table cloths and flowers on the table.

People were able to make choices and staff respected those choices. We saw how this had been promoted by a new initiative recently introduced was "Resident of the day". Staff told us that this helped them to focus on one person in more detail and all staff from cleaners, the cook to care and management staff would take time out to get to know them. One staff said, "I love this, it makes them feel special and we can then put things in motion so that we really are treating them individually."

People living with dementia responded well to the staff on duty. We noted that staff were more skilled in their responses to people than they had been at previous inspections. We saw that they anticipated people's needs. We also saw that staff were skilled at engaging people in conversations using their knowledge of the person to prompt conversations about their past. We saw that people became visibly more animated and enjoyed these conversations.

Staff were also sensitive when talking to people who were living with dementia and any confusion was played down. We saw that people were calmly reassured when they became upset or disorientated. Staff were seen to use touch in a therapeutic and calming way.

We noted that the staff had been trained in matters of equality and diversity, as well as in understanding dementia and person centred thinking. We saw on this inspection that all staff were now more involved in care planning and were actively encouraged to read care plans.

Is the service caring?

Staff were given dedicated paid time to familiarise themselves with the care plans of the people they were looking after. We found that this gave staff a better understanding of each person's support needs and people received a more person centred level of care.

Is the service responsive?

Our findings

At the last inspection in February 2015 we found that the provider was not providing people with an effective service that met their needs. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in care planning (Regulation 9), providing people with appropriate opportunities and meaningful activities (Regulation 17) and in responding to people's complaints (Regulation 19).

We checked on these areas in detail and we asked people living in the home how they felt about them now.

When we asked people about responsiveness of the home they told us that they were asked about their needs and wishes. People told us they knew they had a care plan and some said they had been involved in setting it up. A few people said they had left this for their families to do.

They also said that they were asked about entertainments and activities more recently and that these had increased. One person said, "Yes we've been going out a lot more recently. Some of us went to the Blues festival in town, another time we went to a farm. This afternoon we are going out for a proper afternoon tea!" On return from the afternoon tea out another person said, "Oh we have had a grand time, but I'm worn out. We go to lovely places and I enjoy our parties as well."

We spoke with one person, on an electric scooter, who said they were heading into town. They told us, "I wasn't looking forward to coming into a care home but I have the freedom to come and go as I chose. I still have my independence which is very important to me. The staff have helped me greatly to settle in and to allow me to do what I can do."

We saw that another person, who staff described as previously being prone to "escaping", who had been given extra staff support to have more frequent access to the garden and to now go out shopping on a daily basis to buy fruit and provisions. We saw that this had greatly helped this person to be more settled and to have a daily routine that added to their quality of life and wellbeing.

We asked people about their experience of making complaints or raising concerns with the home, all the

relatives we spoke to, and those who contacted us were now happy with how these were dealt with. One said, "I wouldn't have any hesitation going to the manager, she's very approachable."

In February 2015 we judged that the provider had not protected people against the risk of receiving care or treatment that was unsafe or inappropriate by means of thorough care plans based on people's assessed needs. We found that care planning lacked detail and did not reflect individual needs. This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection in August 2015 we looked at 14 care plans in depth and checked some aspects of other care plans for people in the home. We saw that each person had been re-assessed and some had a new style care plan in place put in place since the last inspection.

We were told by the deputy, and we saw from people's files, that new style care plans had been introduced which were intended to make people's needs clearer to staff and easier for them to monitor people's changing healthcare needs. The deputy manager and operations manager told us that these were still a "work in progress" as staff needed time to familiarise themselves with how they worked. They said that these plans were designed to be more person centred. Care staff were given time to read these and were to receiving more training on how to use them.

We saw that as each person's new plan was set up that that people were becoming increasingly more involved in having a say in them. There was now a good level of detail that gave clear instructions to care staff. For example one plan stated about the colour the person liked their hair dyed and exactly what type of jewellery they liked to wear.

We noted that one person's communication need was making it difficult for staff to understand. We checked this person's care plan and found that the home had not clearly identified this need in their plan. This could lead to difficulties in making this person views known. We saw other examples where other forms of communication could have been used to promote people's choices. For example, at mealtimes the use of picture boards may have helped some people.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to communicate and express their views.

Is the service responsive?

Assessments overall were better developed and tools were being used to assess people's health and wellbeing. We found that some care plans still required more detail, particularly when a person had a more complex healthcare need.

Care planning now identified in more detail the needs of those people whose behaviour may challenge the service. These now gave staff more detailed guidance on the most appropriate approaches to take. We saw the benefits for these people and how the approach used by staff was much more about preventing things and in keeping people meaningfully occupied.

We spoke with the deputy manager, care staff and the operations manager for the home about the strategy and approach for supporting people who were living with dementia. While staff had some good ideas and we saw some skilled interactions taking place with people, we found that overall the home lacked a cohesive strategy. A consistent approach is essential to working with people who are living with dementia.

We recommend that the service develops a dementia care strategy for the home, based on current best practice, in relation to the specialist needs of people living with dementia.

We found that the provider was no longer in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people were now protected against the risk of receiving care or treatment that was unsafe or inappropriate by means of thorough care plans that were based on people's assessed needs.

On the inspection February 2015 we found that the provider had not made suitable arrangements to ensure that people's psychological, emotional, social, cultural and spiritual were met by the home. People were not being provided with appropriate opportunities or meaningful activities based on person-centred care that met their needs and reflects their personal preferences. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw that activities and entertainments within the home had improved significantly, with activity coordinators engaging people in activities they found interesting and stimulating. We found that people had been asked about what they would like to do and the provider had responded

with a range of options that people could choose from. We saw people being engaged in activities in groups and individually. We checked the activity programme for the home and this was now much more varied. We looked at the individual daily records for people and we could see that many more activities and outings had been recorded over the last few months.

We also saw that staff had more time to spend with people on a one to one basis. We observed staff sitting with people and talking or reading a newspaper. Staff told us that their work was better organised by the senior carers and by the management of the home so that time was freed up to spend with people. People living in the home and their relatives we spoke to confirmed that this was the case.

We found that the provider was no longer in breach of Regulation 17 Respecting and involving service users of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the inspection February 2015 we found that the provider did not have an effective system in place for identifying, receiving, handling and responding appropriately to complaint and concerns. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the complaints policy and procedure for the service and we found that this was in order. The deputy manager said that there had been three formal complaints made recently. We looked at these and found that they had been responded to appropriately and in adherence to the organisations procedure. We also checked that informal and verbal complaints and concerns were also responded to appropriately. We found that these were now recorded and taken seriously and responded to.

We asked people about making complaints and were told that in the first instance they would go to the manager or senior on duty at the time. The people we spoke to were aware that there was a formal complaints procedure and we saw that notices were around the home to inform people of how to go about making a complaint.

We had been contacted by two relatives prior to the inspection who still had concerns about raising complaints. They both said that because of the homes past poor record of complaint handling they were still not confident or comfortable about doing this. We discussed this with the deputy manager, the operation's manager and the north

Is the service responsive?

director for the provider. They discussed plans of how they were conscious of the need to rebuild bridges with people to regain trust and confidence. The north director for FSHC gave assurances of the organisation's commitment in terms of budget, expertise and continuing support to "put things right."

We saw that copies of the complaints procedure were readily available and each person had a copy in their room. The home arranged regular 'residents and relatives' meetings for people to raise issues. The home also used annual questionnaires to give people another opportunity to comment and influence the running of the service.

The provider had also installed iPads around the home that were freely accessible to people living in the home, relatives and other visitors, including professionals to use to raise concerns, issues and complaints. This system was linked into FSHC head office, as well as going directly to the home's manager to responded to, so that they were carefully monitored.

We judged that the provider was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation 19. The provider now had an effective system in place for identifying, receiving, handling and responding appropriately to complaint and concerns.

Is the service well-led?

Our findings

On our inspection in February 2015 we found that the service was not well-led. This was because the provider did not have suitable arrangements in place for assessing, and monitoring the quality of the service and then acting upon their findings (Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). We found that people were put at risk of inappropriate or unsafe care and treatment arising from a lack of proper information about them and through poor record keeping (Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010). Overall we found that senior leadership was lacking within the service and from the organisation.

We checked on these areas in detail and we asked people living in the home how they felt about how well the home was run now.

All the people we spoke with were satisfied with how the home was run and with the new manager and deputy manager. We had the following comments: “You can see the improvements and where the money’s been spent.” “The staff are more on the ball now.” “There’s been a lot of changes, and mostly for the better, it needed to change though.”

One person although they could see improvements to the running of the home voiced concerns about the number of senior staff who had been “drafted in to sort things out”. They did say this had settled down now and they were getting to know the familiar faces again. We also had some similar concerns expressed by staff who again could see some major improvements to the way the home was run but were worried about whether these could or would be sustained. One summed it up by saying, “All this new stuff is okay as long as they keep it up and it doesn’t just fizzle out again.”

Relatives we spoke with were also positive about how the home was run. Stating to us, “We have noticed a change for the better in the last few months.” Another reported to us having attended a number of open meetings to discuss the intended improvements to the home after the last inspection report said, “It’s been a worrying time and there’s been a lot said in the press but the home’s kept us up to speed. And I’ve found you can ask the senior staff. They are all very approachable now.”

We also found at the February inspection that the service had failed to ensure that the Commission be notified without delay of specified incidents affecting people who use the service and incidents occurring in the service. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.

We checked the information that we hold on the home and we cross referenced this to information from other agencies, such as for safe guarding alerts. We also checked for incidents of accidents, falls and emergency hospital admissions. We found that the home was correctly recording and reporting these to the relevant authorities. The home was now notifying us, CQC, of events they are required by law to do so. The provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.

At the previous inspection we found that the provider did not have suitable arrangements in place for assessing, and monitoring the quality of the service and then acting upon their findings. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit in August 2015 we saw that the provider had improved the measures in place to identify, assess and manage risks relating to the health, welfare and safety of people who used this service. This is often referred to as a quality assurance (QA) system. We checked this QA system and found it covered all the main areas to ensure quality and safety. We saw that how information sent into FSHC head office was monitored had been improved. The operations manager demonstrated the new IT system which now immediately flagged up any issues that were outside of what was the normal range for issues relating to quality and the safety of the running of the home.

Measures had also been put in place to improve the running of the home. Staff meetings, unit meetings, supervisions and quality checks from other managers from the provider had identified and then actioned numerous improvements in the home. In addition the newly installed electronic iPad system was being used by people living in the home, their relatives and staff to immediately report

Is the service well-led?

concerns and issues. These were also escalated and monitored at the providers head office to ensure that these were addressed in a timely fashion and to people's satisfaction.

Since the last inspection a new interim manager had been appointed and plans were in place for them to become registered with us, CQC, as soon as possible. There had also been a restructure of the management within the home with a new deputy appointed and senior nursing posts had been created. A new senior care worker role had been put in place and there were plans to recruit another layer of senior who would act as champions to drive up quality for specialist areas of care within the home.

Staff we spoke with told us that communication in the home and with other agencies had improved. For example we saw that care staff were given more responsibility to complete paperwork and senior care staff were checking up that these were completed correctly. We saw that there were much clearer lines of delegation and responsibility. We could see that this was having a positive impact on the quality and running of the services as staff gained confidence in their new roles.

We found that the service was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation 10: Assessing and monitoring the quality of service provision.

At the last inspection January 2015 we found the provider had not taken proper steps to ensure records about care, treatment and support of people who used this service were not up to date or accurate. This was a breach of Regulation 20 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2010.

On this inspection we found that record keeping had improved and staff had received some training on this as part of core training. However, we did continue to see some recording errors, such as missing signatures and dates not filled in. The deputy manager informed us had included this in staff supervisions and we saw evidence that this had been raised at staff meetings.

We found that the service was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010: Regulation 20: Records.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.