Oakbridge Retirement Villages LLP

The Lodge - Dementia Care with Nursing

Inspection report

Buckshaw Retirement Village
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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?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on the 11 and 12 March 2015, the first day was unannounced. We last inspected The Lodge on the 6 and 10 November 2014 to follow up on concerns at previous inspections which took place in May and June 2014. At the last inspection we found concerns with the management of medicines and how staff were supported. We found these issues to have a minor impact on the people who used the service.

As a result of our findings we asked the home to submit an action plan detailing how they would become compliant, and when, with regard to each regulation. During this inspection we reviewed actions taken by the provider to gain compliance. We found that the necessary improvements had been made against both regulations.

The Lodge is located within Buckshaw Retirement Village, Chorley and accommodates up to 64 people who have a dementia related illness and who require help with

Summary of findings

nursing or personal care. Most rooms are of single occupancy. There are a range of facilities within the home, including a bar, shops and a cinema. Each unit has a dining room and lounge areas. There are bathing facilities throughout the home. There are ample parking spaces available and public transport links are within easy reach. The home is spilt into four communities, two of which are for people who display challenging behaviour. The service will be increasing in size from 64 beds to 80 beds and was nearing the end of being extended and refurbished during our inspection.

There was a registered manager in place at the time of our inspection who had been in post for approximately three months. '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.'

During the inspection we saw staffing levels were not always sufficient to provide the assessed level of care to people. Staff and relatives we spoke with raised issues about the number of agency staff used by the service and the quality of information they were given prior to starting their shift. This was also raised as an issue by two of the three agency staff we spoke with. Discussions were taking place between the home and commissioners of the service regarding the required staffing levels needed to meet the requirements of peoples identified needs.

We looked at the systems for medicines management. We saw that medicines were safely administered. The medicines administration records were clearly completed at the time of medicines administration to each person, helping to ensure their accuracy.

Permanent staff received a thorough induction and there was a formal induction process for agency staff. However two of the three agency staff we spoke with said they could not remember having an induction or tell us about what their induction entailed. A team leader we spoke with on one of the communities was unable to produce evidence of inductions for agency staff when asked. We have made a recommendation about this.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Most of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, health and safety, infection control, fire safety and staff training.

We found a breach of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2010. This related to staffing.

This breach amounted to a breach of the new Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. This also related to staffing.

You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe.

During the inspection we saw staffing levels were not always sufficient to provide the assessed level of care to people. Within two of the four communities, i.e. for those people who had challenging behaviour, staff and relatives we spoke with raised issues about the number of agency staff used by the service and the quality of information they were given prior to starting their shift. Discussions were taking place between the home and commissioners of the service regarding the required staffing levels needed to meet the requirements of peoples identified needs on the communities where people had challenging behaviour.

We looked at the systems for medicines management. We saw that medicines were safely administered. The medicines administration records were clearly completed at the time of medicines administration to each person, helping to ensure their accuracy.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Permanent staff received a thorough induction however issues were raised by permanent staff with regards to agency workers and the quality of their induction or time given to fully brief agency workers on the needs of the people at the home.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Most of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Is the service caring?

Good

The service was caring.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. Observations we made and the people we spoke with confirmed this happened.

Summary of findings

We saw that people's care plans were reviewed on a regular basis and notes were written twice daily that documented how each person had been throughout that period.

Is the service responsive?

Good

The service was responsive.

We saw that care plans were regularly reviewed and contained information pertinent to each individual. Detailed daily records were written that formed part of the handover given to staff. However we found some people's care plans difficult to navigate due to the level of information within them.

We spoke to relatives about activities within the home. Activities are an important part of people's care as they keep people active and can prevent social isolation. Comments were mixed from the relatives we spoke with regarding activities at the home.

The home had a complaints procedure it was made available to people, this was confirmed when speaking with people and their relatives. The majority of people spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place at the service and had started in post approximately three months prior to our inspection.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, health and safety, infection control, fire safety and staff training.

The Lodge - Dementia Care with Nursing

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 11 and 12 March 2015, the first day was unannounced.

On the first day, the inspection was carried out by two adult social care inspectors including the lead inspector for the service. A specialist advisor for dementia accompanied the inspection team on the first day of the inspection and looked at how the service complied with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). There was also an expert by experience present on the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection the lead inspector attended the service.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. There had been a number of safeguarding issues prior to our inspection, mainly in relation to 'service user on service user' incidents. We had also received concerns from families of people who lived at the service.

We spoke with a range of people about the service; this included 10 people who used the service, nine relatives of people using the service, 17 members of staff, including the registered manager, senior team leader, cook and commissioners of the service. The expert by experience spent time talking to people and observing how staff interacted with people living on the Raleigh Unit (Residential service) whilst the rest of the inspection team spent time on the other three units which specialised for people with varying degrees of dementia.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time looking at records, which included 8 people's care records, 7 staff files, training

records and records relating to the management of the home which included audits for the service.

Is the service safe?

Our findings

At the last inspection we found concerns with the management of medicines and how staff were supported. We found these issues to have a minor impact on the people who used the service.

As a result of our findings we asked the home to submit an action plan detailing how they would become compliant, and when, with regard to each regulation. During this inspection we reviewed actions taken by the provider to gain compliance. We found that the necessary improvements had been made against both regulations. Details against each area can be found below.

People who lived within the residential community at The Lodge told us they felt safe at the home and with the staff who supported them. One person told us, "I feel very safe here; I have the freedom to come and go as I please." Another person told us, "Most staff are good, some are better than others in that they will stop and talk to you but in the main they are very professional". Nobody living within the residential community told us they felt unsafe or expressed any concerns about their own, or other people's safety in the home.

Many of the people who lived at the home were unable to express their views verbally due to living with various diagnosis of dementia. We carried out observations within the two communities that were designed to care for people with more challenging behaviour. We did not see any unsafe practice during our inspection within those communities.

Relatives we spoke with had mixed views when asked if their loved ones were safe. One relative we spoke with who had a loved one living within one of the challenging behaviour communities told us, "Safe? I have never had to even consider it. Staff are always on the ball, they know if someone is in a bad mood. Staff are aware and they watch. I have seen it happen (challenging behaviour) but I am not concerned for (relative) or myself." However four of the six relatives who had loved ones within the challenging behaviour communities told us that they were concerned about the safety of their relative due to staffing levels and three relatives referred to the number of incidents their loved one's had been involved in.

We saw evidence by looking at staff rotas and speaking with staff that the use of agency staff had reduced in comparison to previous inspections. One member of staff we spoke with told us, "In the years I have been working here I have never had anything to complain about. I have always been happy. The only thing would be the use of agency workers although they don't seem to be using them as much lately." Other staff we spoke with told us that whilst the use of agency staff had decreased over the previous few months it could still be an issue as it meant having to take time out to explain routines and people's needs when agency staff were used. This was cited as a particular issue within the communities were people with more challenging behaviour lived. Within the two communities located on the first floor of The Lodge, Mountbatten and Churchill, we saw that there was one agency worker on Mountbatten (from a total of six staff) and two working on the Churchill community (from a total of five staff). These are the two communities were people displayed the most challenging behaviour and where the majority of safeguarding incidents occurred.

We looked at staff rotas for the previous week prior to our inspection. On two occasions, on one of the communities, the number of staff assessed as being needed to provide care for the people were one staff member down. This was due to sickness at short notice. On another community there were no nurses on duty during the day time shifts (night shift were covered by nurses for that community) and this had been an issue highlighted by some of the relatives we spoke with. We discussed these issues with the registered manager who told us that the home always attempted to cover short notice sickness and if necessary staff could assist from other communities, this was also the case with nursing staff. We were told that other than the one 'residential' community, (Raleigh) the other communities would be managed by a nurse if possible or a team leader.

We saw that a number of people were assessed as needing 2-1 or even 3-1 staffing ratios when receiving personal care. This was in addition to some people needing 1-1 observations at key times or throughout waking hours. This meant that staffing ratios could be short of being able to provide a safe service to all the people within some communities at all times of the day.

Meetings and conversations had taken place with the Clinical Commissioning Group (CCG), who block book 42 beds at the home, regarding staffing levels as the contract in place specified the amount of staff funded. The

Is the service safe?

registered manager told us that she wanted to be able to fund additional staff as people's needs changed in order to ensure they were safely cared for. We saw that some additional 1-1 funding was in place and staffed appropriately but that this was not consistent across the service. The registered manager had carried out a detailed analysis of the safeguarding incidents that had taken place within the home, identifying the types of incidents, where they happened and at what time, to look at being able to identify patterns of behaviour. This would then potentially lead to being able to identify additional staffing needs at specific times and/or lead to changes in practice or routine if the evidence suggested this was appropriate.

Due to issues and concerns highlighted to us by staff and relatives, the gaps in the previous week's rota, continued use of agency staff, and their inability to recall an induction along with a lack of knowledge of service users, we did not think staffing levels were in place to consistently meet the needs of all the people living at the home at all times of the day. This was particularly evident for those people who were assessed as needing care to manage challenging behaviour. Whilst there was on-going discussion with commissioners of the service regarding the need for additional staff, these had not reached a conclusion at the time of the inspection.

We judged the shortfalls identified amounted to a breach in regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We looked at the systems for medicines management. We saw that medicines were safely administered. The medicines administration records were clearly completed at the time of medicines administration to each person, helping to ensure their accuracy. Systems were in place for care workers to identify and administer medicines that needed to be given "before food" at the right time with regard to meals.

We saw that staff who were responsible for administering medicines received the appropriate training. Regular checks of the medicines record keeping were carried out as well as wider audits of medicines handling and staff competency assessments, to ensure medicines were consistently safely handled in accordance with the home's policy.

We found that medicines, including controlled drugs, were stored safely. We saw that stock control was well maintained and a robust ordering procedure was in place. Systems were in place for emergency placements into the home or when medicines needed changing at short notice.

Written individual information was in place about the use of 'when required' medicines and about any support people may need with taking their medicines. We saw that a number of people required covert (hidden) administration of medicines. When this was the case best interests meetings had been held and we saw evidence of this within people's care plans.

The service had procedures in place for dealing with allegations of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff spoken with said they would not hesitate to report any concerns they had about care practices either internally or to external organisations. They told us they would ensure people who used the service were protected from potential harm or abuse. We saw that staff were trained in how to recognise and report safeguarding issues. Agency staff we spoke with were also able to satisfactorily talk us through how they would report safeguarding issues.

The home sent safeguarding notifications through to the Care Quality Commission and sent safeguarding referrals to the local authority as necessary. There were a high number of safeguarding alerts at the home and we discussed this with the registered manager. There was an acceptance that due to the needs of the people living at The Lodge that some safeguarding incidents were inevitable. However due to the high numbers received the home had been invited to attend a 'Quality Improvement Meeting' hosted by the local authority to look into the reasons for the high numbers. We did see that the home were analysing the evidence for the number of safeguarding incidents and also looking at increasing staffing levels on some communities but that this was dependent on ongoing discussion with service commissioners.

Is the service effective?

Our findings

The majority of the people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. One person told us, "It's always very appetising and well presented". Another person said, "It was very nice today, as always". We did receive two negative comments from the people and relatives we spoke with regarding the variety of food offered. We saw results from a recent family and friends survey (February 2015) which asked if people felt satisfied with the food that their family member or friend received. Out of 26 respondents only 13, or half, said that they were satisfied all or most of the time with the food on offer.

At the time of our inspection the home was preparing to transfer over to a new catering system which meant that meals were brought in from an outside caterer and re-heated at mealtimes. This had been done in consultation with families and taster sessions had been organised so people could try a sample of the menus that would be on offer. We discussed with both the registered manager and chef for the site how all people's needs were catered for, including vegetarian and religious needs. We were also given examples of how people with conditions such as diabetes or those who needed soft or pureed diets were catered for, both under the present system and going forward with the new system. This was seen to be done effectively and that measures were in place with the new provider, who were well known, and experienced in the care home sector.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show that considerations had been made to assess and plan for people's needs in relation to mental capacity. The registered manager had a good understanding of MCA and DoLS.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. The majority of the staff we spoke with were able to demonstrate a good awareness of the code of practice and confirmed they had received training in these areas.

We observed throughout the day that people's consent was sought by staff at all times, either before entering people's rooms, when assisting people to mobilise or when assisting people with their medication. We discussed dignity, privacy and consent with staff who were all knowledgeable in these areas. Staff were able to give us practical examples of how issues such as consent were dealt with on a day to day basis, one member of staff told us, "We always explain what we want to do and give reassurance, however if a person show any resistance we will come away and go back later, or another member of staff will go in our place."

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff and it was evident that permanent members of staff knew the people they were caring for well.

We observed lunch, on three communities, being served in a relaxed and unhurried manner. Tables were set appropriately and people were offered a choice of hot and cold drinks. Most people had their lunch in the dining room but some people, mainly those who needed assistance, ate in their own rooms.

We saw that some people required their food and fluid intake recording due to issues such as weight loss and loss of appetite. The examples we saw were recorded accurately using weights and measures.

We saw that robust recruitment and selection procedures were in place to make the necessary checks that any staff employed were safe to work with vulnerable people. Staff we spoke with told us they had completed an application form, been interviewed and had been asked to provide proof of identification and references. We were also told

Is the service effective?

that no one was allowed to start work until such time as checks had been completed with the Disclosure and Barring Service (DBS). The DBS provides a criminal record and background check on people who are trying to gain employment in certain designated employment fields.

One issue raised by permanent staff was with regards to agency workers and the quality of their induction or time given to fully brief agency workers on the needs of the people at the home. One permanent member of staff told us, "There is one person from agency on the unit today, I have never seen them before, it's up to us to tell them (what to do). I'm not aware of any formal induction for agency staff, this can be a problem if they have not worked here before." We spoke to two agency workers during the inspection and asked them if they had received a formal induction. One of them told us, "I had no induction when I first arrived here, agency workers are told very little and cannot access training that other staff can. I can say though that I am not asked to do anything I haven't been trained to do and staff do explain what needs doing when I ask them."

We discussed this issue with one of the team leaders who told us that agency staff did have a brief induction regarding people's needs and that this process had become more common since the new registered manager had started but they were unable to provide us with a formal process or any evidence that this happened. We were provided with an induction form/template that covered areas such as the environment of the home, safety issues, health and safety and the needs of the people within the relevant community. However two of the three agency staff we spoke with were unable to recall their induction or what it entailed.

Staff told us that they had received regular supervision sessions and they were able to raise issues within them, including personal development and additional training they felt they needed. We saw that supervision sessions were recorded within staff files. Staff told us that regular staff meetings took place; again we found evidence of staff meetings. Staff we spoke with told us that they felt able to raise issues at staff meetings and found them useful to attend.

Staff morale had been found to be an issue at previous inspections. From speaking to staff during the inspection, and observing staff throughout the inspection, this was seen to have improved. Some of the comments we received from staff were; "Morale is good, we have a laugh when it's appropriate" and "morale is much better now, there has been a real improvement over the past few months." Relatives and visitors we spoke with also recognised that staff morale had improved and one visitor told us, "Yes I think morale has improved, the only comment I would make other than that is that when there are a number of agency staff you can see this has an impact on (permanents staff) stress levels."

The home was under development at the time of our inspection which would mean the number of beds would increase. The current décor and environment within some parts of the home was in need of improvement. The two communities on the first floor, particularly the Mountbatten community, was barren and devoid of any personal items or signage. Equipment was also in need of updating. These issues had been acknowledged by the registered manager and plans were in place as part of the redevelopment to address them.

The use of restraint had been cited as an issue at some of our previous inspections. Staff we spoke with were able to talk us through who needed 'safe holds', under what circumstances and that this was only done as a last resort. We were told, and saw, that training was given in this area. Any agency staff we spoke with told us that they did not use safe hold techniques as they had not completed the training.

Safe hold charts were in place and any use of restraint was recorded within the daily logs and family informed. All the relevant risk assessments were in place for those people who may have needed to be physically restrained at any given time.

We recommend that the home ensures that all agency staff are familiarised with the homes induction process and the needs of each person within the community they are deployed within to fully familiarise themselves with the environment, people, staff and processes at the home and that this is recorded.

Is the service caring?

Our findings

During this inspection we observed good interaction between the care staff and people who lived at the home. Staff were caring and those we spoke with were passionate about caring for the people they supported. We saw staff were respectful and showed dignity and respect. They were patient with people. Those people who were able to told us they were happy with the care they received at the home and that they had positive relationships with staff. One person told us, "The girls (carers) are very good, they encourage me to do things for myself." Another person told us, "I have to say that the majority of the staff here are lovely and look after us perfectly, some are better than others and some staff don't seem to take the time to talk, these are in the minority though."

The majority of the people living at The Lodge were unable to tell us verbally if they felt they were happy with the care they received. Within the communities were people who could not verbalise their opinion lived we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. For the majority of the time we made our observations staff were seen to be polite, courteous and caring towards people. We did overhear one member of staff using inappropriate language when talking across a room of people. They said to a colleague, "I need to borrow you for this one" when referring to needing assistance to help a person to transfer. This language is undignified and disrespectful. We raised this issue with the registered manager who assured us that they would remind all staff that using such language is not acceptable.

We spoke with relatives to gain their views on how they felt their loved ones were cared for and the approach of staff. We received positive comments such as, "I have no issues with the permanent members of staff, they are all very caring. The only issues arise when there are a number of agency staff here." Another relative we spoke with told us, "I have no issues with staff approach, it's a difficult job and they (staff) do it well." Within the latest relatives and friends survey only one person from the 26 questioned stated that they were unhappy with dignity and respect issues within the home.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. Policies were in place to support all of these areas. We spoke with staff and asked them how they ensured that people's dignity and respect were maintained at all times. Staff were knowledgeable in this area and talked us through day to day issues such as assisting people with personal care, bathing and eating. One member of staff told us, "We keep doors shut, use towels to cover people when doing personal care, shut curtains, just ensure that everything is done as privately as possible. If someone is seated then staff come down to that level, we do not talk down to people. We have one person who spends a lot of time on the floor and staff will lie beside them and talk to them."

We looked at eight people's care plans. We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people's health and wellbeing. Examples included referrals to mental health services, social workers, district nurses and peoples GP's. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process. Relatives we spoke with also confirmed this except one relative who stated that they had never been asked to contribute to the care planning process.

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them.

We spoke to a visiting District Nurse on the second day of our inspection. They spoke positively about the staff at the home, there approach, professionalism and how they listened to advice given to them. They told us that the new manager had been proactive in terms of accessing training for staff and that as a result the requests for district nurses to attend the home had reduced. They did tell us that some concerns still remained regarding issues such as catheter care and pressure bandaging. This was because the majority of nurses were mental health nurses were not all trained to deliver general nursing care.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. We saw that the home had a complaints procedure and that it was made available to people, this was confirmed when speaking with people and their relatives. The majority of people spoken with told us they felt confident that any issues raised would be listened to and dealt with appropriately. However we did received some negative comments in this area, mainly from relatives, such as, "I have raised issues in the past, promises have been made and then nothing has happened." Another relative told us, "I've made several complaints but nothing of real note has changed as a result." There was an acceptance when speaking to people that there was a new manager at the home and that they had seen some signs of improvement with regards to communication. We did see evidence that complaints were acknowledged, investigated and responded to. This was seen in the specific complaints file as well as within care plan documentation. One example had resulted in a key worker being changed for an individual and their outcomes improving as a result.

We had been contacted prior to our inspection by some relatives who were unhappy with how their concerns had been dealt with. These were mainly historical issues. There had been an issue raised shortly prior to our inspection regarding access to some communities. This had previously been achieved via key fobs that relatives were issued with. Due to concerns about the safety of visitors within some communities, i.e. those that cared for people with challenging behaviour, the fobs had been deactivated and signs had been placed within the home explaining this. A decision had also been made not to allow children onto these communities without first alerting staff. We discussed these issues with the registered manager who told us that all relatives had been written to and that the decision had been made due to the number of incidents on the communities in question. We believed this to be a proportional safeguard in line with the risks identified on the communities that cared for people with challenging behaviour.

We spoke to relatives about activities within the home. Activities are an important part of people's care as they keep people active and can prevent social isolation. Comments were mixed from the relatives we spoke with regarding activities at the home. One relative said, "Little happens in terms of activities, it's such a shame as they have the facilities to do all sorts." Another relative told us when we observing two members of staff playing a game with three people on one of the communities, "This is amazing, I've never seen this before, I think this is for your benefit." We did however also get some positive comments from both relatives and people at the home. One person said, "We get local entertainers coming in, they are good" and a relative told us. "The gardens are used in the summer and there are events happening all the time, Fridays are usually fish and chips day and special events are celebrated."

The recent relative and friend's survey did highlight activities as an issue with only seven of the 26 respondents stating there were enough activities to support the wellbeing of their loved ones either all the time or most of the time. There was a dedicated activities coordinator in place however they were on annual leave during the inspection. Activities boards were on display which included movements to music, baking, short walks, bacon butties at the café, pamper sessions and pub games. We spoke to staff about activities for people and they were in the main positive regarding this issue. They gave us examples of simple day to day support, such as reading the newspaper with people, to more organized events such as pool competitions. The home had the facilities to hold events and activities sessions due to its design and layout. There was a dedicated cinema room, pub, kitchen and pool area as well as separate rooms if people wished to use them for specific activities. The registered manager informed us that they had recently requested the Occupational Therapy service to assist with activities to promote people's independence.

We saw that care plans were regularly reviewed and contained information pertinent to each individual. Detailed daily records were written that formed part of the handover given to staff. We found some people's care plans difficult to navigate due to the level of information within them. The information contained within care plans was good but in some instances unstructured, for example some people's one page profiles were in the middle of their care plan as opposed to at the beginning. This was important as agency staff were frequently used and one page profiles were important to gain a quick understanding of people's needs, likes and dislikes.

Is the service responsive?

Care plans were broken down into 16 areas of need including communication, skin, breathing, pain, end of life, lifestyle and medication. Within the lifestyle profile this detailed preferences from waking until bedtime. This contained some good examples of people's individual preferences such as, 'likes cup of tea on waking'. One member of staff we spoke with told us, "We always give a choice of two outfits in the morning, by getting items from the wardrobe and showing them to people." This showed that even for people who were unable to communicate they still had the opportunity to make choices for themselves.

We saw examples of hospital passports in peoples care plans that accompanied them on hospital and medical appointments so healthcare professionals could read their likes and dislikes, allergies, communication needs and any other pertinent information quickly.

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who had worked at the service for approximately three months. We had received concerns from families and friends at previous inspections, and directly into the Care Quality Commission, over the previous 18 month period with regards to how the service was managed. The majority of people we spoke with during this inspection spoke positively of the recent changes and were aware of the management structure and lines of accountability within the service. This meant people knew who to speak to if they wished to raise any issues or obtain advice. People also told us that they were confident that the new manager had recognised most of the issues at the home and was beginning to address them. We did receive one comment from a relative who told us that they were unsure about the management structure and that they were confused as to 'who was doing what', but this was an isolated comment.

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift. During previous inspection at the home some staff had criticised how the home was managed. Comments at this inspection from staff were positive. One member of staff told us, "The new manager had brought a better structure, her plans seem really exciting and I am looking forward to being part of it. Management have been really reassuring to everyone." Another member of staff told us, "It's a lot more organised since the new manager arrived. I feel I've learnt a lot already, I'm invited to meetings I wasn't before, I feel I'm learning and as a result the residents are getting a better service."

There were a number of systems in place to enable the provider and registered manager to monitor quality and safety across the service. These included regular audits and quality checks in all aspects of the service. This included medication audits, health and safety, infection control, fire safety and staff training.

We saw that a number of meetings had been set up since our last inspection at the service. These happened on a Wednesday and were monthly. On the first Wednesday of each month there was an informal relatives 'meet and greet', the second Wednesday involved the heads of department, the third meeting was for specific communities to get together and the fourth Wednesday was for night staff. Staff told us that they attended team meetings and that they were able to air their views within them.

A relatives and friends survey had been sent out in February 2015 in order for the new manager to gauge the opinion of relatives. Within the surveys there were some positive comments about the changes being made as well as a number of suggestions on how to improve the home. This showed that people's views were being sought and taken into account. One person had written, 'Things have improved since the new manager has arrived'.

We spoke with the registered manager throughout the inspection process who told us that they had new ideas to improve the service. There was recognition of past issues and that the expansion and redecoration of the service meant this may slow down some ideas. One positive action was that the two communities for people with challenging behaviour were being brought down to the ground floor which meant that people would have easier access to the secure gardens outside.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed. Regulation 18 (1)**