Oak Health Uk Ltd

Oakdene Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 24 and 25 October 2017. The inspection was unannounced.

There was a registered manager based at the service who had taken up their employment since the last inspection took place. 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.

Oakdene Rest Home provides accommodation and personal care for up to 26 older people. There were 18 people living at the service at the time of the inspection.

People living in the service required care and support and had varying needs. All the people were living with dementia and some had medical conditions such as diabetes or respiratory conditions and some people were recovering from suffering a stroke. Most people living in the service were mobile, some independently mobile and others needed the support of one or two staff. Some people were unwell and cared for in bed.

The service was set over two floors with most bedrooms being available on the ground floor. A stair lift helped people to move between floors, this meant only people who were independently mobile or needed minimal support with mobility lived in the five upstairs rooms. Two lounges were available for people to use, one leading on to a private enclosed garden which was well maintained and easily accessible. A central conservatory area was used as a dining area where people could choose to eat their meals. There were no en-suite bedrooms available so people shared bathroom facilities.

Oakdene Rest Home was last inspected on 20 and 21September 2016. Four breaches of legal requirements were found in relation to Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider and registered manager to take action to meet the regulations. We also made three recommendations to improve the service provided.

After the inspection the provider did not send a formal action plan but sent updates via email informing CQC of the action taken to make improvements. Emails were dated 23 September 2016, 26 September 2016, 11 October 2016 and 12 October 2016.

At this inspection we found improvements had been made in all areas of concern found at the last inspection.

Risks had been identified and measures were now in place to mitigate and prevent harm, helping to keep people safe. Fire safety was considered and remedial work had been carried out to ensure fire precautions and procedures were safe.

Medicines were managed safely and people received them as prescribed.

There were now suitable numbers of staff deployed to meet the needs of people living in the service. The registered manager kept this under review.

The provider and registered manager had introduced a more robust and effective system for monitoring the quality and safety of the service provided. Improvements had been identified and action plans in place to make sure timely action was taken.

A more person centred approach was now taken and people had better opportunity to take part in meaningful activities. Further improvements were planned. The registered manager had started to involve people's families more in their care plan reviews.

The provider had embarked on a refurbishment programme and many areas of the service benefitted people with more effective lighting and decoration.

People were supported to be safe by staff who knew what their responsibilities were in relation to keeping people safe from the risk of abuse. Staff recognised the signs of abuse and what to look out for. Staff had the information they needed to raise concerns they had with external organisations if necessary.

The registered manager followed safe recruitment practices by having appropriate arrangements in place to check the suitability and fitness of new staff. New staff received a good induction into the service and had the training necessary to carry out their role.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed a caring approach and created a positive atmosphere where people felt safe. Staff knew people well and used their knowledge to create a service that focussed on people. People were treated with dignity and respect and supported to maintain their independence.

Care plans were detailed and provided the information and guidance staff required to support people well in the way they wanted.

The registered manager provided good leadership. They made sure staff focussed on providing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was being used to make changes and improvements. Records were consistent and robust.

The provider and registered manager had responded to improvements that were required and continued their journey of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to provide the support people needed. Safe recruitment processes meant that new staff were checked appropriately.

Staff were trained and kept up to date in safeguarding adult procedures and knew what action to take to keep people safe.

Individual risk assessments were in place to protect people from harm or injury. Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Medicines were managed well by staff who had been trained to ensure safe administration.

Is the service effective?

Good

The service was effective.

A plan was in place to ensure one to one supervision meetings and annual appraisals took place. Staff received the on-going training they required to carry out their role.

The management team and staff had knowledge of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards to make sure people's legal rights were respected.

People had a choice of meals from a menu and were supported with their specialist nutritional needs.

People were supported to maintain their health and mental well-being by accessing health care professionals for advice when they needed.

Is the service caring?

Good

The service was caring.

Staff at the service were friendly and welcoming and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff protected people's privacy and dignity. Staff were encouraging and supportive to help people maintain their independence.

People were happy and told us they were well supported by staff who cared.

Is the service responsive?

Good

The service was responsive.

Activities were provided and people were encouraged to take part in conversation to stimulate and promote well-being.

People's care and support needs were assessed before moving in to the service and care plans were detailed showing how people wanted their support.

People and their relatives were given the opportunity to give their views of the service provided and these were used to make improvements.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture. Staff spoke highly of the management team and felt they were listened to.

The provider had robust and effective quality assurance and monitoring procedures in place. These were being used to make improvements to the service.

Records were clear and robust.

Oakdene Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 October 2017 and was unannounced on the first day. We told the registered manager when we would return for the second day. The inspection was carried out by one inspector and one expert by experience who has experience of family members living in a care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We also looked at the previous inspection report. We used this information to help us plan our inspection.

We spoke with seven people who lived at the service and three relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the deputy manager and three staff. We asked for feedback from two healthcare professionals and two local authority staff. We also reviewed information from the North Kent fire safety office following their visit to the premises.

We observed the care and support provided and the interaction between staff and people in communal areas. We looked at four people's care files, medicine administration records, three staff recruitment records, six staff supervision records as well as the staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

Good

Is the service safe?

Our findings

At our last inspection on 20 and 21 September 2016 we identified two breaches of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks in relation to individual people, the environment and fire had not been suitably assessed and mitigated to prevent harm to people, staff and visitors. Enough staff were not sufficiently deployed to meet the needs of people living in the service. We also made one recommendation to the provider in relation to the refurbishment and lighting of the main lounge area.

At this inspection we found that improvements had been made to the assessment of risk, staff deployment and the decoration and lighting of the main lounge area.

People told us they felt safe living at Oakdene Rest Home. The comments we received included, "They're all good staff"; "I am well looked after"; "They're (staff) always at hand. It makes me feel at ease. They're (staff) very kind. If they (staff) can help, they're here. They're (staff) good all round". A relative told us that their loved one had a fall recently. The person's room was on the first floor. Following the fall they were moved to a ground floor room so they could be more closely monitored at all times to keep them safe.

Individual risks had been identified and clearly set out within each area of the care plan. The control measures that needed to be in place to mitigate the risks, helping to keep people safe, were well recorded, giving the necessary guidance to staff. One person who was cared for in bed was unable to use the call bell to call for assistance if they needed it. This was recorded in their care plan and had been identified as a risk for the person. Staff were guided to; always anticipate the person's needs, to check on the person at regular intervals, to monitor and record the checks made and to review the care plan and risk assessment every month or earlier if a change in circumstances had occurred. Staff had consistently recorded the times they had checked the person and completed personal care. Reviews were undertaken every month as stipulated. The risks associated with the use of bed rails had been identified, including the risk of injury or malfunction. Control measures to support the prevention of harm included staff fully checking the bed rails every day with a further check every time they were used or when staff looked in on the person throughout the day and night. Where people were at risk of falls or had a recent fall, individual risks were assessed and measures put in place to prevent a re-occurrence and protect people from injury. People were protected from the potential risk of harm by robust risk management plans to mitigate individual risks.

A detailed but easy to understand personal emergency evacuation plan (PEEP) was recorded within people's care plans. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. The PEEP's were also kept in a 'grab bag', along with other important information needed in an emergency situation.

People were protected from abuse and mistreatment. Staff had a good understanding of their role in safeguarding people in their care from abuse. They described how abuse may occur and how they would recognise concerns. Staff were clear about their responsibilities in reporting any suspicions of abuse and

knew who they would report these to. Although staff had confidence that the registered manager would act immediately on concerns raised, they also knew who they could report to outside of the organisation should they need to. One staff member said, "[People] come first always". The registered manager knew their responsibility in relation to safeguarding people from abuse and had promptly raised safeguarding alerts with the local authority when concerns had come to their attention.

People received their medicines as prescribed from senior staff that were suitably trained and had a good understanding of the policy and procedures for administration. Medicines were kept safe and secure at all times when not in use within a medicine room. Systems were in place for the ordering, obtaining and returning of people's medicines. Medicines administration records (MAR) were neat and legible with no gaps or omissions which meant errors were easily identified. Stocks of medicines were not kept unnecessarily leading to less likelihood of mistakes and cutting down the amount of time spent checking medicines. The registered manager, deputy manager and staff told us how a change in the supplier of medicines had resulted in safer systems being in place.

People had an individual care plan to address the support required with the administration of their medicines. The care plan included the medicines they were taking and any precautions staff needed to be aware of. This meant staff were provided with the information necessary to support people with their individual requirements when administering their medicines. People's records contained up to date information about their medical history and how, when and why they needed their prescribed medicines. Some people had 'As and when required' (PRN) medicines. Protocols were in place to make sure staff had the guidance necessary to understand when it was appropriate to administer those medicines.

Staff administering medicines took their time, not rushing people, making sure people understood what they were taking and providing lots of encouragement. One person was finding it hard to swallow their tablet. The staff member knelt down beside them saying, "Take your time, there is no rush". People were regularly asked if they had pain and required pain relief medicines.

People told us they did not have to wait long for staff when they needed help. One person told us staff were available when needed and if not would keep them informed, they said, "If they're busy, they say – just a minute". We saw that people were attended to in a timely manner throughout the inspection. Suitable numbers of staff were available to meet the assessed care needs of people living in the service. A domestic cleaner was employed seven days a week and two cooks were employed to cover the seven day period. This meant that staff did not have to carry out cleaning and cooking duties leaving them with more availability to undertake their caring role. The registered manager told us no agency staff were used as they had a full staff team and always managed to cover absences such as annual leave and sickness when needed. The provider had a dependency tool to assess the needs of the people living in the service and calculate the numbers of staff required to meet those needs. The registered manager completed the dependency tool each week to keep up to date with any changing needs of people or new admissions. Staff told us they thought there were usually enough staff and they did not feel under pressure or rushed. One member of staff said, "Yes there is generally enough staff, we do need extra for when staff are off ill or on maternity leave". Another staff member said, "We do need more staff when we are full, but as we are not at the moment, we do usually have enough". The registered manager told us staffing levels were adjusted depending on the numbers of people living in the service and their assessed acre needs.

The provider and registered manager used safe recruitment procedures to make sure only suitable staff were employed to support people living at the service. This included checking applicant's employment history and gaining references before employment commenced. Gaps in employment had been explored and recorded if they had not been included on the application form. Checks had been made against the

Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding.

Maintenance issues were dealt with quickly as the provider employed a maintenance person to undertake the jobs around the home. They were supported by a volunteer who had been providing maintenance services to the home for many years. Maintenance plans were made with the registered manager so tasks were prioritised. During the inspection the maintenance person and volunteer had started a planned redecoration of the conservatory/dining area.

All essential servicing of equipment had been undertaken at the appropriate intervals by the relevant professionals to make sure the premises were well maintained and safe. This included; all fire alarm and equipment servicing, equipment such as hoists and bath chairs, electrical installation certificate, gas safety certificate and electrical portable appliance tests.

Improvements had been made to the environment. The main lounge and conservatory/dining area were much improved, having been redecorated and new lighting to give a more conducive ambience for people using these rooms. New flooring was now in place and communal areas had been redecorated, giving a fresher cleaner look to the premises. The registered manager told us the next phase of refurbishment was to people's bedrooms. Some rooms had already been decorated and the plan was continuing, taking into account people's ability to cope with the upheaval in their room. People did not have the opportunity to have a shower rather than a bath which meant that some people relied on a strip wash only as they were not comfortable taking a bath. The provider contacted us after the inspection to tell us their plans for the refurbishment of one of the bathrooms to create a shower wet room.

Good

Is the service effective?

Our findings

People said they were happy with the food. The comments we received included, "It's good food. There is a choice"; "It's very good food. The sort of thing I like. If I'm not so hungry, I can say so – 'don't give me so much'. I hate waste"; "The food is very good" and "The food is alright. You can ask for more if you want it. A drink is there if you want it".

People told us they could have a drink whenever they wanted one. One person who decided to get out of bed a bit later in the morning was served with a milky coffee and biscuits as soon as they entered the lounge area. They said they had not wanted breakfast. One person said they were not happy with their egg at lunchtime and this was quickly replaced with a softer egg. People who were able to eat unaided were given encouragement by staff if they were slow to eat their meal.

Drinks and snacks were available for people throughout the day. Jugs of juice and water were available on a table in the dining area, close to the lounge. Bags of crisps, packets of biscuits and fruit were displayed in dishes for people to help themselves. Those people who stayed in their room also had snacks available if they wished. Staff regularly asked people if they wanted a drink or a snack. Dining tables sat four people each and were well laid out with tablecloths, matching napkins and a potted plant. Menus were placed on each table with that days choices for mealtimes. One relative said, "The food's nice. I don't think there is any problem with the food".

People were supported in maintaining a healthy diet and with any specialist dietary requirements. Some people needed a soft diet or their fluids thickened to prevent choking. Speech and language therapists (SaLT) had been consulted and their advice incorporated into the individual care plan to make sure all staff had the information required to support people appropriately. One person was at risk of choking and SaLT had carried out a complete assessment, available in full in the care plan file. The care plan and risk assessment followed the latest advice given including how many scoops of thickener to add, the exact consistency their food must be and the position they should sit in when being supported to eat and drink.

People were weighed regularly and guidelines were in place to make sure staff knew what to do if people lost weight. A scoring tool used to assess the risks of malnutrition was used and completed fully every month. This meant the registered manager and staff could monitor the level of risk for each person and act quickly if the risk increased to prevent a serious decline in health. People had been referred to a dietician where a concern was identified to make sure the correct advice was available for staff to follow to support people to maintain their health. The registered manager kept abreast of important information such as weight loss by keeping a weight loss matrix up to date. The matrix documented weight loss or gain and action taken where necessary such as a referral to a health care professional. Food and fluids were recorded for those people whose nutrition and hydration required monitoring. Sometimes the fluids taken weren't always totalled as directed by the chart. The registered manager was aware of this and was taking action to address some staffs understanding and intended changing the format of the chart to make it clearer when and where to total the fluids taken.

People were supported to receive the advice and guidance they required with healthcare concerns from health care professionals. Staff contacted GP's, district nurses and dieticians on a regular basis to request advice over the telephone or to request a visit to the service when they had concerns about a person's health. One person told us, "I can see a doctor more or less when I want to". They went on to explain that the doctor would come to visit them. Records showed where staff had contacted the GP when people had a cough, did not appear to be passing enough urine or when GP's had visited for routine check-up appointments. Staff were seen to have discussed people's deteriorating health with the GP and relatives in order to put end of life plans in place to ensure individual care and support was in place and the relevant people were involved.

People diagnosed with diabetes had care plans in place to ensure they received the care they needed to remain healthy and reduce the risks of diabetic related health problems. The care plans addressed the type of diet the individual required, the signs of a high or low blood sugar and when to report concerns to a health care professional. One person who had diabetes required injections of insulin twice a day. District nurses visited the service to check the person's blood sugar and to administer their insulin injections. This was included in their care plan to make sure staff were aware of the plans in place.

Staff completed a tool every month to assess the risk of people acquiring pressure sores. The assessment tools were detailed and staff were provided with clear guidance describing the reasons for using the tool and the benefits to people in providing the best possible care. One person who was cared for in bed had a care plan documenting the care they required to protect their skin. Information was provided such as how often their position should be changed, the creams they were prescribed to protect their skin and the air mattress they required to further protect them from the risk of skin breakdown. Care plans described the personal care people needed to maintain their health and well-being. For a person who was cared for in bed, staff had completed mouth care and foot care assessments to make sure they were given the right care to meet their needs. People were given all the care and support they required to maintain their health and well-being as the appropriate guidance and care plans were in place for staff to follow.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been undertaken where it was felt people may not have the capacity to make particular decisions such as consenting to receive help with their personal care or change of position by staff, or to have bed rails on their bed for their safety. Mental capacity assessments were kept under review every month by the registered manager in case people's circumstances changed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been appropriately made to the supervising authority. The applications had not yet been authorised and the registered manager kept these under review. The registered manager understood their responsibilities in making sure people's rights were upheld.

Staff knew their responsibilities in supporting people to make choices and decisions. They described how they would help people to make everyday choices, for example holding two sets of clothes up to choose what to wear, or showing two desserts to choose from and saying, 'this one is hot' and 'this one is cold'. On the first day of our inspection, one person remained in their night clothes and dressing gown all day. The

person told us this was their choice, they said they had "had a nice bath" and wanted to stay in their dressing gown. On the second day of inspection the person had chosen to get fully dressed and they were happy their decisions were respected.

Staff told us they received a good induction to the service which included being introduced to the service and what was expected of them in their role. The opportunity to read people's care plans and policies and procedures and complete training courses was the next step in their induction. Staff told us a period of shadowing more experienced staff followed, to get to know people and make sure they were competent before being able to provide care and support. One member of staff told us, "I had a really good induction".

A training plan was in place to ensure staff kept up to date with the training they required to carry out their role in a competent and safe way. The registered manager monitored staff training, ensuring they undertook updates when they were due. Staff felt they received the training they required to feel confident in their role. One member of staff said, "We have plenty opportunity to learn and we get lots of support" Another said, "I have been given the support to learn how to write and review care plans as a keyworker".

Staff were given the opportunity to meet with their line manager regularly on a one to one basis to discuss concerns they may have and to identify any performance issues, training needs or improvements in their role. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Since coming into post the registered manager had been embedding the supervision process and skilling up senior staff to support the supervision process. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through one to one supervision meetings.

Good

Is the service caring?

Our findings

People were happy to give us their views of the care staff and their approach. The comments made included; "The carers(staff) are nice"; "The staff are good and kind. Even if you're not well, they're always on the spot"; "The staff are good. We're all friends. We're close together" and "They're very nice. Very nice people". A relative told us, "From what we've seen, [they're] being well cared for".

The registered manager told us, "I am really passionate about person centred care and I make sure people are always treated as an individual". Information in care plans reflected people's individual needs and reminded staff of the importance of treating people as individuals. Staff were attentive, gave people the time they required and did not rush them. Two staff helped one person to stand up from their chair and walk down the corridor with their walker to visit the hairdresser. Both staff encouraged the person, showing them the best way to do this to maintain their independence.

People's cultural and spiritual needs were addressed in their care plan. Where people wished to practice a religion this was clear and equally clear when people did not. One person described themselves as 'Church of England'. However, their care plan stated they were not practicing and had never gone to church. The care plan went on to say they did not wish to have visits from the vicar when they visited.

Care plans included information about who was important to people such as children, grandchildren or friends. One person liked to look at photographs and talk about their previous employment and their family life. Their care plan stated that although their memory was sometimes poor, these activities helped them to engage in conversation by recalling past events. Care plans clearly described how staff could ensure respect and dignity was given throughout any of their interventions with people. Guidance was given to staff to offer reassurance and clear explanations when providing care and support. One person told us they had a nice room and they had brought some of their own belongings from their old house into the home.

Staff clearly knew people very well and were able to describe their individual needs and likes and dislikes. People and staff were constantly laughing and chatting together and lots of encouragement given to join in. During the inspection staff often sat down and had a chat with people. A staff member spoke to one person who had a cough. The staff member asked the person if they felt cold and they said they did. The staff member took a blanket off one of the chairs and wrapped it round the person who then said they felt warmer. One member of staff said, "It is like one big family. We care for the [people] and for each other. There is a lot of smiling and chatting and we are always singing together". During the redecoration of the dining room staff were encouraging people to check the new paint colour and comment on whether they still liked the choice that had been made. One person said they loved the colour and were smiling and looking happy.

One person who chose to stay in their room told us they preferred to keep their bedroom door ajar. They liked to see staff walking past regularly. Staff described how they ensured people's privacy and dignity were maintained. Staff told us how they always made sure the bedroom door was shut when they were providing personal care to people. One staff member said, "I would lean down next to the person and say very quietly

to them, 'Do you think you need to go to the toilet, shall we go off together'". Staff told us that when a GP or a district nurse came to visit people, staff made sure they were assisted to their bedroom or a private room to speak to them. Another staff member said, "When you are here, it's like looking after your own family".

Staff told us they were very aware of promoting people's independence. Many people were independently mobile and could therefore manage a number of tasks on their own, they just needed time and patience. One staff member told us about one person who liked to help with the washing up so staff would support them to make sure they could do this when they wished.

People's family members were welcome to visit at any reasonable time. Staff knew family members well and felt they had good and open relationships between them. One member of staff said, "It really makes me smile when [people] and their relatives smile, I know we are getting it right". Another told us, "It feels good to know I am looking after their relative and they feel safe with that. I want them to be happy with the care I give".

A relative contacted us after the inspection by email to tell us how grateful they were for the care received by their loved one at the end of their life. They said, "[Our loved one] was very poorly, but with the support of the staff was made comfortable and pain-free in her final days. [Our loved one] could not have had better care - they were nursed as tenderly as if [our loved one] was their own family. I heard of individual members of staff who stayed on after their shifts to sit with her. This has been a great comfort to my husband and myself, as we live at least an hour away by car and could not be with her".

Good

Is the service responsive?

Our findings

At our last inspection on 20 and 21 September 2016 we identified one breach, of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to the lack of person centred planning to ensure people had the opportunity to take part in meaningful activity that met their preferences and interests. We also made one recommendation to the provider to develop a plan to include family members or friends in care plan reviews with their loved ones.

At this inspection we found that improvements had been made to the planning of meaningful activities. The involvement of family members in care plan reviews was a process that had started but not yet embedded.

An activities coordinator was employed by the provider to plan and undertake activities with people. At the inspection people enjoyed choosing the music they wanted to listen to and sang along. One favourite artist was chosen and people got up to dance with staff and thoroughly enjoying themselves which could be seen by the smiles on their faces. A member of staff kept checking with people that they were happy with the choices being made before playing them. People were encouraged to converse about the different artists they were listening to. The activities coordinator spent time interacting well with people, engaging them in activities such as quizzes and games. People joined in and enjoyed the activities which were completed at the pace of the group. People called out the answers to the quiz and the involvement of everyone was encouraged. The activities coordinator knew people well and they used everything they did as an opportunity to stimulate people and engage them in conversation and interaction.

Staff told us they thought there needed be a wider range of activities. They all spoke highly of the activities coordinator and said they had enhanced the activities, however, felt they may not always have the time to give more individual attention. Records did not always give a clear picture of the quality and amount of time given to people on an individual basis, for example people who stayed in their rooms by choice or need. The registered manager acknowledged activities needed to be improved and had taken steps towards this. Such as an activities audit had been developed and was being undertaken each month, since August 2017. This had identified the areas described and action had started to make the improvements necessary. People were visiting a local supermarket once a week to have drinks and snacks in the café and to browse around the shelves to buy things if they wished. The registered manager and deputy manager told us this had been very successful so far as people had benefitted from being out in the community and from their interactions with others. The local supermarket staff had responded positively, welcoming people and giving them free samples during their visits. They intended to extend this to give more people the opportunity.

The registered manager had introduced a key-working system to the staff team. A key-worker is the focal point in the care team for an individual living in the service. Keyworkers kept the care plan up to date by meeting with people regularly and making sure changes were made as required. They were also responsible for keeping close relatives up to date; informing them of changes, health appointments or when people needed new clothes or toiletries. This helped to promote consistency and ensured good communication.

People had their care needs assessed by the registered manager or deputy manager before any decisions

were made for them to move into the service. The registered manager checked that the skills were available within the staff team to support people with their assessed needs. People and their family members where appropriate were involved in this process.

The initial assessment led on to the development of a care plan. Care plan files included a sheet at the front of the file titled, 'Me at a glance'. This gave all the key information about the person without having to search through the file. This was followed by the detailed care plan called, 'How to support me' which started with a brief overview of how the person spent their day and the areas they required support from staff. A record was made of how people or their loved ones were included in their care plan. Care plan files were well set out and easy for staff to follow, providing all the information required for each assessed area of care. This meant that staff did not have to spend time searching through for the information they needed, creating an effective system for working. Each area of support required was detailed within individual assessments including; communication/sensory, my well-being, my mental health, my social and emotional, my personal care, my continence needs and my skin care. Care plans to promote well-being included how people's life with dementia affected them. For example, how and why they may become agitated and how staff should respond and communicate at these times. The records showed people's likes and dislikes. One person liked Weetabix, porridge and white bread and did not like brown bread. They also liked to have a shave every day and liked their dentures to be cleaned twice a day. One member of staff said, "The care plans are very well written, you learn a lot from them".

Care plans had been reviewed at least once a month and as and when people's needs changed, such as when a healthcare professional had advised a change in care and treatment. The registered manager was in the process of involving relatives and friends in care plan reviews. Current efforts to involve family members had not been successful and other ways of involving them were being sought.

The registered manager made sure regular meetings were held with the people living in the service to hear their concerns and suggestions. Discussions often focussed around food, snacks and activities. Staff supporting the meeting also checked if people were happy with the staff and managers and if they had any worries. People were asked if they felt safe and what it means to feel safe and also asked who they would go to if they did have a concern. People's relatives were also invited to the meetings on a regular basis to hear their views.

The provider carried out an annual satisfaction survey with people and their relatives. Responses were generally very positive in the survey undertaken in July 2017, most saying they were 'very satisfied' with all areas covered. The few comments that were made were responded to and measures put in place in to improve the areas identified.

One person told us, "If I wasn't happy, I would talk to one of the carers or I would talk to [the registered manager]". A relative told us they would be happy to raise any concerns they had with the registered manager. One relative raised a number of concerns during our visit including the uncomfortable temperature of the conservatory / dining area during the hot days of the summer months. This had been raised with the provider. The same issue had been raised in the relative's annual survey as the conservatory could not be used at these times. The registered manager and operations manager told us the work was now complete but had been delayed. They acknowledged they should have kept people and their families better informed about the progress of the planned work and had learnt lessons from the feedback given.

The office had been moved to an upstairs room that could no longer be used, leaving more room on the ground floor for people to access freely. For safety reasons the door leading up the stairs to the office was locked by a fob door entry system. This meant people or their relatives needed to find a staff member to

allow them access. We spoke to the registered manager about this who agreed this could prevent people seeking them out if they had a concern. The registered manager asked the maintenance person to install a bell system to ensure quick and easy access at all times. The new system was installed the next day. This showed the registered manager was responsive and listened to concerns raised.

Good

Is the service well-led?

Our findings

At our last inspection on 20 and 21 September 2016 we identified one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to the lack of regular monitoring and auditing processes to check the quality and safety of the services provided. We also recommended the provider ensured staff had full and easy access to the contact details of external bodies who they could take concerns to if they needed.

At this inspection we found that the provider had made improvements and now had a complete auditing process in place that had been used to good effect detecting issues and rectifying them. Posters were also available for staff to access around the service, ensuring they had the details of external sources should they wish to raise concerns about the service.

People knew the registered manager and deputy manager well. This was apparent from the interactions observed. Relatives were mainly positive about the management of the service and the positive impact of the change in registered manager. One relative said, "[The registered manager] has been like a breath of fresh air. The staff are happy and seem fulfilled, and this has a bearing on the residents (sic). [The registered manager] has been strong enough to stand up in support of her staff and residents (sic)". Another relative said, "If I can speak to the manager, I feel she listens".

The registered manager had been in post since April 2017, after the last inspection. They had entered into a programme of improvements straight away and these were noticeable and had enhanced the service. They told us, "I just want people to be happy and well cared for. I love it when people laugh".

The registered manager told us they had worked hard as a staff team to make improvements for the benefit of people living at the service. They had made many changes since coming in to post and this had been difficult for some staff. Some staff had left but others had reacted more positively and embraced the changes. The registered manager said, "I can't fault the care provided by the staff. They know what they should be doing and they get on and do it". The registered manager continued by saying they had identified areas for continued improvement and these included the activities plans and the continued development and embedding of the monitoring and auditing systems. The registered manager said, "We need to be continually changing, we can always do better. I can do that".

Staff were complimentary about the manager and the difference they had made since coming in to post. The registered manager was supported by a new deputy manager who had been promoted from within the staff team and was still gaining experience. The registered manager spoke highly of the deputy manager's progress and enthusiasm for their new post and the service. The deputy manager told us they had been well supported by the registered manager since being in post and had learnt a lot from them. A new operations manager had also been employed by the provider since the last inspection, taking up their post in January 2017. They were based at the provider's head office and visited the service regularly. The operations manager said, "I am pleased with the improvements made, everyone has worked hard and I think we are getting there now". The registered manager told us they received good support from the operations

manager and the provider who had supported them with the improvements made so far and those planned.

Staff told us the registered manager and deputy manager were approachable and supportive. The feedback we received from staff was positive, describing an open door culture where they felt comfortable raising concerns or issues within the staff team. Staff felt they were well supported, describing their regular staff meetings and how communication worked well. The comments we received from staff included, "I have spoken to the [registered] manager before to raise issues and they were dealt with straight away and very well"; "The managers tell us what's going on. It is very important that everyone (staff) is kept up to date to make sure everyone (people) get good care" and "The manager and deputy manager are very approachable, but they also manage well and will soon tell you if you are not doing something that's not right". Another staff member gave an example of the support they received from the managers, "I had an issue, and straight away the manager said, 'Come on I'll make a cup of coffee'. And we figured out the right approach to deal with it".

Staff meetings were held regularly, including night staff, and were well attended. Staff were able to raise issues and suggest improvements and changes. One concern had previously been raised with the registered manager by the night staff. They had shared that it was often difficult to give people the time and attention when being supported to bed due to the number of staff available. The registered manager introduced one extra staff member from 20.00 to 22.00 which had benefitted people. The registered manager had introduced senior care staff meetings where they planned added responsibilities for senior staff, increasing development opportunities and supporting improvements to the running of the service. The registered manager took the opportunity to share good practice during staff meetings, for example, infection control procedures, fire safety and ensuring care plans were person centred. The registered manager told us they had regular 'ad-hoc' meetings with staff on duty, giving updates, sharing good practice and checking if staff had any concerns. Staff also told us these meetings took place and that they appreciated the extra support given. Separate meetings were held with the kitchen staff to discuss for example; menu's, nutrition, training, and items that were needed in the kitchen.

The provider carried out a staff satisfaction survey once a year. The survey undertaken in July 2017 gave reasonably good feedback. Many staff said they would like to be more involved in continuing to raise standards in the home. The registered manager had started to encourage this by the introduction of the regular ad-hoc meetings and planned further improvements that would require staff support.

The provider had a variety of systems to monitor the quality and safety of the services provided. A range of audits were carried out by the registered manager and deputy manager and others by the provider's operations manager. These included; care plan audits by the registered manager and also by the operations manager, health and safety by the registered manager, weekly medicines by the deputy manager and daily medicines by the senior care staff, housekeeping by the housekeeper, a kitchen audit by the chef and a maintenance audit undertaken by the maintenance person. The registered manager reviewed and signed all audits once completed and checked actions to make sure they were progressed. The registered manager told us they had started to delegate some regular audits to staff to support their personal development and responsibility. For example; infection control, continence assessments and medicines audits. The operations manager completed a full audit encompassing all areas once a month, checking the environment, making observations and speaking to people and staff. They also looked at records by taking a sample of care plans and medicines records to check. The operations manager audits led to a request to the registered manager to take action to make improvements. A further audit was carried out every three months by the operations manager following the format of CQC inspections to gauge compliance with regulations and checking improvements made. The robust approach to carefully monitoring the systems in

place supported the continued improvements to the quality and safety of the service provided.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had prominently displayed their ratings in the service.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as safeguarding incidents, deaths and serious injuries that had occurred since the last inspection.