

Five Acres Nursing Home Limited

Five Acres Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Five Acres Nursing Home is registered with the Care Quality Commission (CQC) to provide care for up to 32 older people, who may be living with dementia. At the time of our inspection there were 20 people living in the home.

Following our previous comprehensive inspection, on 19-21 May 2015, we gave this location an overall rating of 'inadequate', and placed them into special measures. We found that there were no effective systems in place to manage and monitor the prevention and control of infection or ensure that the premises and equipment used was safe and cleaned to an appropriate standard. In addition, the registered person did not have effective systems in place to ensure there were sufficient quantities of medicines available which meant that medicines were not managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the registered person had not protected people against the risk of an unsafe and inadequately maintained environment. There was a lack of appropriate signage and decoration for the people living at the service. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had failed to operate systems to ensure records were managed safely and effectively. Systems were not effective in terms of assessing, monitoring and improving the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not treated with care, dignity and respect, which was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not taken steps to ensure that care and support was provided with the consent of the relevant person. Where consent could not be gained because people lacked capacity, the registered person had not acted in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not taken steps to meet people's nutritional and hydration needs, which was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered person had not displayed ratings from the previous inspection of this service. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had not taken steps to notify the Care Quality Commission of requests made to supervisory bodies to deprive people of their liberty. This was a breach of regulation 18 of the Care Quality

Commission (Registration) Regulations 2009 (Part 4).

We also received some information of concern, which led to an additional focussed inspection on 02 July 2015. During that inspection we also found that the registered person had not sent statutory notifications to the Care Quality Commission. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have met them by. We carried out this inspection on 13 January 2016, to see if the provider had made the necessary improvements to meet these breaches of regulations, and to see whether or not they should remain in special measures. We found that the provider had implemented systems to meet these regulations and, as such, the service is no longer in special measures.

The service did not have a registered manager in post; however there was a manager who had been at the service for several months. They informed us that there were plans for them to change their role to become the clinical lead. We found that another manager had been recruited and were due to start a few weeks after our inspection. The current manager told us that the new manager would register with us as soon as possible after commencing in post. 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 this inspection, we found that people felt safe at the service and were cared for by staff who were trained in safeguarding principles. Staff were knowledgeable about abuse and were prepared to raise any concerns they had. There were systems in place to assess and manage risks, and risk assessments were updated on a regular basis, to ensure they were accurate. Staffing levels had improved and the provider had carried out recruitment to improve continuity of care. Systems for the storage, administration of medication had been improved to ensure that this could be done safely and there had also been significant improvements to the infection control practices at the service.

Staff training had improved and we saw that staff members received regular training and refresher sessions, to ensure that their skills were up-to-date. Staff also received support from the manager, including supervision and appraisal meetings. People's consent to their care was sought, and systems for the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had been developed. People had access to sufficient food and drink and were supported to see healthcare professionals when necessary.

Staff treated people with kindness and compassion and promoted their privacy and dignity. They spent time engaging with people in conversation and exchanging jokes. People were provided with information about their care, and there were plans in place to improve the recording of people's involvement in their care.

People's care plans were reviewed regularly, to ensure they were an accurate reflection of people's needs and wishes. The activities programme at the service had been improved and there were plans to extend this further in the future. Policies and procedures for feedback from people and their family members were in place, and the manager sought out people's views to help develop the service provided.

There was clear leadership at the service. Staff and people were aware of who the manager was and were positive about the impact that they had at the service. The manager was aware of the requirement to send notification to the Care Quality Commission, and had done so where necessary. They had also implemented

a number of checks and audits to ensure there were effective quality assurance systems at the service.

At the last comprehensive inspection this provider was placed into special measures by CQC. Although we identified a number of areas that still required improvement we were satisfied with the progress that had been made and determined that the provider was no longer in breach of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3). The overall rating for this service is 'Requires Improvement'. This means that the service no longer requires to be in 'Special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements had been made to infection control practices at the service. A re-decoration programme had commenced at the service, however some areas still required re-decorating.

Medication management systems had also improved, meaning that people now received their medicines in a safe way. Recording systems had been developed, however staff did not always record clearly why 'as required' medication was given, or why medication was refused.

Risk assessments had been carried out by the service and were regularly reviewed, however they did not always show what action had been taken, as a result of the assessment.

Staff had an understanding of the principles of abuse and safeguarding, as well as their responsibilities in these areas.

Staffing levels were sufficient to meet people's needs and recruitment had taken place, to help improve the continuity of care that people received.

Checks had taken place to ensure that staff were of good character and that professional qualifications were valid.

Requires Improvement 

Is the service effective?

The service was not consistently effective.

Staff gained people's consent before providing care and their knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had improved. Systems for recording consent and use of the MCA had improved, however further improvements were needed in terms of recording specific MCA assessments and best interests decisions.

People were supported to have sufficient food and drink and had a range of options at meal times. Drinks were available throughout the day and people's specific nutritional needs were

Requires Improvement 

catered for.

People's health needs were being met and they were supported to see the health care professionals they needed to.

Staff received induction, training and supervision, to help ensure they had the skills they needed to perform their roles.

Is the service caring?

Requires Improvement 

During our last inspection on 19-21 May 2015, we found that people were not treated with care, dignity and respect. We received feedback, and observed that some people were neglected and that there were poor interactions between staff and people. This was a breach of Regulation 10 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw that there had been a marked improvement in the way people were treated by members of staff at the service, therefore the provider was now meeting this regulation.

People were positive about the interactions that they had with staff, and the way that they were cared for. One person said, "Carers are very good – kind and patient –they don't rush me when they are helping me." Another told us, "I just chat to them and that's it – they are great. They are kind and patient with me – especially the nurses who give me my injections." People's relatives were also positive about the staff to their family members. One relative said, ""Gradually over the years the care has got better here. They are pleasant and friendly to me when I come to visit."

Staff members told us that there had been improvements to the way people were treated, since our last inspection. One staff member told us, "People have a better quality of life now." Staff members went on to explain that they felt that people were happier, and that staff now had more time and opportunity to sit and speak with people. We observed staff using a caring approach when providing people with care. Staff made sure they engaged people in conversation and we regularly saw people and staff exchanging jokes and laughter. If necessary, staff used gentle encouragement and prompting to help people feel at ease and spoke to people warmly and used terms of affection when addressing them. Staff gained eye contact when talking to people and used touch to help offer reassurance and support. Overall, we saw that staff now interacted with people in a meaningful manner, which helped to create a warm and positive

atmosphere throughout the service.

Throughout the inspection people were offered meaningful choices, such as what they wanted to wear, and where they wanted to spend their time. This allowed them to have as much control over their day-to-day routine as possible. If people needed some help to make decisions, staff would assist them, based on their existing knowledge and understanding of that person's needs and wishes. For example, we observed staff supporting one person to choose their clothing for the day. They explained to the person that they had picked out different choices of clothes for them, which they knew that the person liked to wear.

We looked in people's care plans and saw that there were mixed levels of recording, in terms of their input into those plans. There had been large improvements to the content of the care plans; however it wasn't always clear to see whether or not people had been fully involved in planning their care, although some plans did show some evidence of this taking place. We spoke to the manager about this, and they told us that they had identified this as an area for development. They told us that they had plans to carry out reviews of each person's full care plan. This would involve talking to them, as well as involving their family members, to ensure that people, and those also involved in their care, were happy with the content of care plans and felt that they were accurate.

People were treated with dignity and respect by members of staff. People told us that they felt staff were kind and patient with them, and took steps to ensure their dignity was maintained.

Staff members told us that the dignity of the people they cared for was important to them, and that they received training in this area to help ensure they were promoting it as far as possible. During our inspection we saw that staff were polite and respectful at all times when interacting with people. In addition, they were sensitive to their needs and were discreet when people required additional help, for example, with personal care or when being hoisted. Staff members knocked on doors before entering rooms and made sure they waited until the person had responded, before entering the room.

The manager confirmed that there were no restrictions regarding visitors to the service, and people's family or friends could come to the service at any time to see their loved ones. There were a number of different communal areas of the service, in which a visitor could be received, and people could also see their visitors in private in their bedrooms.

Is the service responsive?

Good 

The service was responsive.

Care plans had been reviewed to ensure they were reflective of people's specific needs and wishes. They were reviewed regularly to ensure they were up-to-date.

The range and frequency of activities had been increased and people throughout the service benefited from increased stimulation levels.

There were systems in place to seek and receive feedback from people and their family members.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Quality monitoring and control systems had been introduced, to ensure quality care was being delivered. Action plans were not always produced, based on the outcome of these systems.

The manager was aware of the requirement to notify the Care Quality Commission of certain incidents or events, and did so when necessary.

The manager had a visible presence at the service and had worked to improve the service and introduce a number of changes to the care people received.

Staff were supportive of the improvements that had been introduced by the manager and were motivated to provide people with high quality care. As a result, there had been a general improvement in the staff culture, as well as the care that people received.

Five Acres Nursing 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 the 13 January 2016 and was unannounced. The inspection was undertaken by a team of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had experience of a family member using this type of service.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and a healthcare professional to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and also during individual tasks and activities. Some people communicated with us by gestures and facial expressions or spoke a few words, rather than by fluent speech. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people living at the service and one relative. In addition we spoke with; the provider, the manager, a registered nurse, the activities co-ordinator, the housekeeper, three care staff, and a member of catering staff.

We looked at 6 people's care records to see if their records were up to date and reflected their care needs. We also looked at other records relating to the management of the service, including staff recruitment, medication charts and quality audit records.

Is the service safe?

Our findings

During our inspection on 19-21 May 2015, we identified issues in respect of poor hygiene and cleanliness. We found that the registered person had not protected people against the risk of preventing, detecting and controlling the spread of infections.

This was in breach of Regulation 12 (1) & (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that there had been significant improvements in this area.

Members of staff were positive about the changes to the environment. One staff member said, "Cleaning is better, the home is cleaner." Other staff members explained to us that additional cleaning staff, including a housekeeper, had been recruited and that cleaning schedules had been implemented to ensure all areas of the service were now cleaned on a regular basis. The housekeeper explained that there were usually three cleaners at the service each day and that there were now cleaners working over the weekend as well. The manager showed us the cleaning rotas and also told us that they carried out regular spot checks around the service to ensure the cleaning had been carried out and to an appropriate standard. Throughout our inspection we observed cleaning staff working in all areas of the service. We saw that they were following cleaning schedules, but also responding to spillages or discarded food items on floors or chairs. We saw that cleaning cupboards were well organised and provided staff with guidance on the correct colour-coding of equipment, to help reduce the risk of cross-contamination. We also saw that the manager had worked closely with the infection prevention and control lead, from the local authority and made significant improvements in the results of their audits. This meant that the service was cleaner and risks to people as a result of poor infection control practices, were reduced.

Staff were also positive about the re-decoration programme, which was in progress throughout the service. They told us that they felt rooms and corridors were brighter and more inviting, and that people had been involved in choosing the colours used, particularly in their own rooms. We saw that some areas of the service had undergone re-decoration, including new paintwork and flooring where needed. These newly decorated areas provided a homely and welcoming atmosphere and appeared clean and free from dirt. There were however, some areas of the service which were still awaiting re-decoration. We spoke with the manager and provider about these and they assured us that these areas were part of a rolling programme which would result in all areas of the service receiving re-decoration.

During our inspection on 19- 21 May 2015 we also found that medicines were not managed safely or effectively. There was ineffective storage of medicines and poor practices in terms of recording their administration, as well as disposing of waste medication. This was in breach of Regulation 12 (1) & (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvements had been made following this inspection . We spoke with the manager and nurse about the systems which had been put in place around medication administration. They showed us

that the medication room had been re-organised and was now lockable, so that people could not access any of the medication inside. They told us, and we observed, that stock rotation systems had been introduced and medication was in-date and stored correctly. There was also a medication trolley, which was locked and secured to the wall, to ensure the medication was kept safe. We observed the nurse preparing and administering people's medicines. We saw that people's medication was prepared one at a time, and they were given time and encouragement to take their medicines before the nurse signed their Medication Administration Record (MAR) chart.

We also looked at MAR charts for eight people. We saw that they were completed in full and appropriate codes were used to record missed or refused doses. MAR charts had medication profiles for each person to show what they were prescribed, why and any allergies they may have. In addition, a photo of each person was attached to their MAR chart, so that staff members administering medication were able to confirm that they were giving it to the right person. We found that staff had recorded when 'as required' (PRN) medication was given, or if a medication dosage was refused, however they did not always use the reverse of the MAR chart to accurately record the reasons for this. We spoke to the manager about this and they informed us that they had also identified this, in their own internal audits of medication administration and recording. We saw that these audits were carried out regularly and used to help improve the systems in place for medication management.

There were no controlled drugs in the service at the time of our visit; however we saw that there was appropriate storage and recording systems in place, to ensure that they could be managed safely if required.

People told us that they felt safe at the service. One person said, "Oh yeah, I feel safe." Other people told us that staff worked to keep them safe from harm, but there were occasional incidents at the service, which staff managed. Relatives also felt that their family members were safe, and that their family members also felt that way. One relative told us, "Yes, she says she feels safe here." People also told us that there were call bells in their rooms, which they could use to get support from staff when needed. They told us that they were usually answered quickly, and during our inspection, we noted a number of bells ringing, with a short response time from staff. This made people feel safe, as staff were available to them, should they be required.

The manager told us that risk assessments for people, had been updated to ensure they were fit for purpose. We looked at people's care plans and saw that they contained risk assessments which provided staff with clear guidance on how to support people whilst reducing the levels of risk that they faced. Monitoring tools, such as Malnutrition Universal Screening Tools (MUST) were in place and reviewed on a monthly basis. We also saw that Waterlow assessments were carried out monthly, to assess the risk of an individual developing a pressure sore. These assessments were carried out in full, and the manager was able to describe interventions that had been implemented, such as using pressure relieving equipment, as a result of the assessment. It was not, however, always clear from reading the assessments, what action had been taken. We spoke to the manager about this and they agreed that there was scope for improving the formats used. We found that, at the time of our visit, no one at the service had any pressure wounds.

General risk assessments, such as the buildings fire risk assessment, had also been updated, with the use of professional guidance where appropriate. The business continuity plan for the service had also been updated, to set out actions for staff and the provider to take in event of an emergency, such as fire, extreme weather or loss of utilities. Personal Emergency Evacuation Plans (PEEPs) had also been updated and contained key information about how people and the help they would need to evacuate the building, in the event of an emergency.

Staff told us about how they managed incidents within the service, including potential abuse. All the staff we spoke to had a good understanding of safeguarding principles what to do if they suspected somebody had been abused. One staff member told us, "We would report any incident or bruising to the nurse in charge or [manager's name]. The paperwork would be completed and photographs taken of any wounds/ bruises." We saw that staff received regular training in this areas, to ensure they were aware of their responsibilities and the manager had implemented systems to record and report any incidents which occurred. There was also evidence that learning took place following incidents and was shared amongst the staff team to reduce the chances of further incidents taking place.

Staff members felt that there were enough staff on shift, to meet people's needs and to spend time with them throughout the day. They also told us that recruitment had taken place, which had increased the numbers of full time staff within the team. One staff member said, "Staffing levels are good, we have enough shifts and staff are happy to cover each other if we need to." Another told us, "There are enough of us, we have agency cover only when we need it, before we relied on agency." The manager confirmed that they had recruited staff members, including to nursing positions. This had reduced the service's reliance on agency staffing, and provided continuity of care. The manager also explained that staffing numbers were now sufficient to ensure that staff were able to meet people's care needs, but also to spend additional time talking to, and engaging with, them. During our visit we regularly saw members of staff supporting people, and were able to easily find staff members if required. There was a visible staffing presence throughout the service and call bells were answered in a timely fashion.

New staff members explained to us that the service carried out a number of checks, such as the Disclosure and Barring Service (DBS) criminal record check, before they were able to start working at the service. One staff member said, "They got my references and DBS before I started." We looked at staff recruitment files and saw that the provider had carried out the necessary checks, to ensure staff were of good character and suitable for their roles. In addition, the manager had put systems in place for the regular checking of qualifications, such as annual checks that nurses had a valid Personal Identification Number (PIN).

Is the service effective?

Our findings

During our last inspection, we found that the registered person had not protected people against the risk of an unsafe and inadequately maintained environment. There was a lack of clear and understandable signage, for people who may be living with dementia. This was a breach of Regulation 15(1) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that there had been significant improvements to the environment. We observed that there were signs on doors to rooms such as toilets and dining areas. These indicated clearly what the room was, as well as having a clear and easy-to-understand picture, to help people understand what the room was for. There were also signs on people's bedroom doors, which had pictures on them, to help them recognise their own bedroom. The re-decoration around the service used simple colours and a lack of patterns, to help reduce the chances of people become confused or disorientated by their environment. We also saw that menu's and activity plans were displayed around the service and had pictures, to help people understand what was being displayed.

At our last inspection we also found that the registered person had not taken steps to ensure that care and support was provided with the consent of the relevant person. Staff did not always ask for people's permission and there was a lack of robust systems for the implementation of the Mental Capacity Act 2005 (MCA). This was a breach of Regulation 11 (1) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the manager had implemented systems to gain people's consent, regarding their care. Staff told us that consent was an important part of their role and they worked to ensure they gained people's consent, before providing them with care. One staff member told us, "We always ask for consent from people." Throughout our inspection we observed people being asked about their care and being offered meaningful choices. Where people struggled to understand complex information, staff used simple language and simplified choices for them, to help empower them to still make their own choices. The manager also showed us that they had a number of cue cards with simple pictures of different meals on them. They told us that they used these to help people to understand their options and make choices based on their own wishes.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with had received training in this area and were aware of their responsibilities. One staff member told us, "DoLS training has been good. Social workers and GP's are involved in MCA assessments." We saw in people's care plans that the service had carried out assessments of their mental capacity, however the decision making process had not always been fully recorded, which meant there was not always a record of exactly how decisions had been made on people's behalf. We spoke with the manager about this and they told us that they were aware of this and were putting systems into place to improve this area. They told us that they were planning to carry out a full review of each person's care, including them and their family members. They would use this opportunity to review mental capacity assessments and ensure that they were carried out in full.

We also found that applications had been made to the local authority under DoLS, where it had been assessed that people needed to be deprived of their liberty. The manager showed us that they had implemented a system to monitor the progress of people's DoLS applications, including their expiry dates, to ensure people's DoLS did not lapse.

During our last inspection we identified that people were often left without easy access to food and fluids. We also found that meal options were often similar and didn't offer people real choices about what they wanted to eat. This was a breach of Regulation 14 (1) (2) (a) (i) (b) & (4) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw that people had easy access to drinks throughout the day. Staff regularly offered people hot and cold drinks and adapted cups were available if necessary, to help promote people's independence. The provider was now meeting this regulation.

People told us that food was good and that there had been an improvement since our last inspection. One person said, "The food is pretty good, it has come up from what it was" Another said, "It is better now than it used to be." We observed people eating lunch. People were served appetising food which they were able to eat whilst warm. If required, staff supported people to eat their food, and did so sensitively and ensured that people still got hot food. We observed that people had drinks within arm's reach; however there were no jugs of water or juice in people's rooms, to allow them to fill their cups up.

Staff told us that they felt the food at the service had improved since our previous inspection. One staff member said, "Food has improved, people have a choice." They also told us that, where necessary, professionals, such as doctor's or dieticians were involved to help people. A staff member told us, "There is more nutritional involvement from dieticians to help people." We also saw that the menus at the service had been revised and offered more choices to people. We spoke with the cook who had a good knowledge and understanding of each person's specific likes, dislikes and nutritional needs. There were systems in place to ensure those people who required nutritional supplements or thickened drinks, received them and we saw evidence that, in general, people's weights were increasing.

People told us that their health needs were being met by the service. One person said, "I see the doctor when they call him. I have never asked to see the doctor – I am sure I could if I asked – I don't really know. I see the chiropodist – my private one I used to have when I was at home. I saw the optician recently at the hospital, they are fairly new glasses. I wear false teeth." Another person said, "They get the doctor no problem if I need to see him."

Staff also told us that people's health needs were being met by the service. They felt that people's health was improving and that they ensured people saw the health professionals that they needed to. One staff

member told us, "People's health has improved; we have no wounds at the moment." We looked in people's care plans and saw that their specific health needs were clearly documented, as well as the impact of these on their care. There were records of appointments with healthcare professionals and during the inspection we observed staff arranging a GP visit for a person who had been unwell.

People told us that they felt staff were well trained and had the skills and knowledge they required to perform their roles. One person said, "Staff seem well trained, they do look after me well." Another said, "Staff are very good. They appear well trained – there has been one or two new ones since the new manager came but they all seem to be trained the same."

Staff were positive about the training that they received from the provider. They explained that, when they were new to the service, they followed an induction programme. This included completing mandatory training courses, such as safeguarding, moving and handling and infection control, as well as shadowing experienced staff before they started working independently. The manager confirmed that all new staff completed an induction, which included meeting the requirements of the Care Certificate, before they could work independently.

Staff members also told us that they received regular training and refresher sessions, to help build and maintain their skills and knowledge. One staff member told us, "Training is better, we have mandatory training, both face to face and online; fire training, manual handling, falls, first aid and pressure care. It is all helpful and makes us aware of what to do." Another staff member said, "I'm learning from the training, I enjoy it." The manager told us that training was continually being booked for staff to attend, and they were exploring a range of additional courses, which would help staff increase their skill-base. We saw records which showed that staff training was up-to-date, as well as evidence that additional training courses had been arranged.

Staff also told us that they had received supervision and appraisal sessions, to provide them with an opportunity to discuss any concerns or ideas they may have. All the staff we spoke with also told us that the manager had an open door policy and that they were comfortable to go to them to discuss any problems or concerns they may have. Records confirmed that supervisions and appraisals took place and that future sessions were booked in for the coming months.

Is the service caring?

Our findings

The service was not consistently caring.

There had been improvements to the interactions between people and members of staff. There was regular positive communication between them and staff were clearly aware of people's individual preferences.

Care plans had improved since our last inspection; however it wasn't always clear that people had been involved in planning their own care.

People were treated with dignity, kindness and compassion by members of staff.

Is the service responsive?

Our findings

During our inspection on 02 July 2015, we found that care plans were not always reflective of people's needs and wishes, and omitted some important information, such as required manual handling sling sizes or pressure mattress settings. As a result, people's health and well-being had been negatively impacted upon. This was a breach of Regulation 12 (1) (2)(a)(e)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw that there had been significant improvements to people's care plans and they were now reflective of people's needs and wishes. The service was now meeting this regulation.

The manager informed us that they had reviewed as much of the care plans as possible. There were certain sections, such as pre-admission assessments, which they could not change, however they had reviewed the main content of care plans, to ensure that they were person-centred and reflected people's needs and wishes accurately.

Staff told us that they had worked hard to build their relationships with people, as well as their understanding of the care that they required. They told us that there were communication systems in place, such as a diary and a communication book, to pass on any changes to the next shift, to ensure people received the right care. We saw that these systems were in place and used at handover times when the next shift came into the service.

We looked in people's care plans and saw that the pre-admission assessments, which had been completed previously, had been used to help record people's preferences, and as a basis for the rest of their care plans. People had a number of specific care plans in place, which were specific to their own needs, wishes and abilities. Things that people could do for themselves were recorded, as well as areas where people needed some support. We also saw that 'This is me' documents had been introduced, to help staff gain a better understanding of people and their backgrounds. There was also evidence that care plans were reviewed on a regular basis, to ensure they were up-to-date and reflective of people's current needs.

Staff told us that there had been improvements made to activities at the service, to ensure that people were stimulated and had the opportunity to engage with others throughout the day. One staff member told us, "We have equipment for activities now and have purchased some things that are dementia friendly." Another staff member said, "Activities have improved and we have time to spend with people. Group activities can be hard but we have to be aware of people's preferences." A third staff member said, "Activities are good, people have more choice of what to do." The manager explained that previously the activities co-ordinator role had been shared with the housekeeper. This had now been split so that both roles were independent of each other. This increased the amount of activities which took place and gave the activities co-ordinator time to research and implement dementia-friendly activities. During our inspection we saw that people were regularly engaged in activities, in different areas of the service. People were engaged in their activities and seemed to be enjoying what they were doing. There was a rolling of programme of activities, so that people could choose what they wanted to do. We also heard people listening to music and

watching television in their rooms and saw that staff went round regularly to check on people and make sure they were okay.

People told us that they were aware of how to make a complaint, if they were not happy with the care that they received. One person said, "I would complain to those in charge, but I have never had to do it. I have nothing to complain about." Another person told us, "I would go to the office, to the manager."

We spoke to the manager about feedback they received from people and their families regarding their care. They told us that they had sent out satisfaction surveys to people and their families, however had not received many back in response. They showed us that they had compiled those responses that they did receive, and analysed them to identify areas for future development. The manager also told us that they had not received any formal complaints from people or their family members since our previous inspections. They had received verbal feedback from people and their families, and were planning to implement a logging and tracking system for future complaints and compliments. We saw that there were systems in place to receive feedback and complaints, as well as policies to guide the services response to them.

Is the service well-led?

Our findings

During our inspection on 02 July 2015, we found that care plans were not always reflective of people's needs and wishes, and omitted some important information, such as required manual handling sling sizes or pressure mattress settings. As a result, people's health and well-being had been negatively impacted upon. This was a breach of Regulation 12 (1) (2)(a)(e)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we saw that there had been significant improvements to people's care plans and they were now reflective of people's needs and wishes. The service was now meeting this regulation.

The manager informed us that they had reviewed as much of the care plans as possible. There were certain sections, such as pre-admission assessments, which they could not change, however they had reviewed the main content of care plans, to ensure that they were person-centred and reflected people's needs and wishes accurately.

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