

## Barchester Healthcare Homes Limited

# Westgate House

### 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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This inspection took place on 24, 25, and 26 April 2017 and was unannounced. The service was last inspected in August 2016 when it was found to be in breach of Regulations 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the service was no longer in breach of any regulations.

Westgate house provides nursing home care to up to 80 people. At the time of our inspection 78 people were living in the home. The home is divided across three floors. One floor provides specialist dementia nursing care, another provides general nursing care and a third provides nursing care to people with complex nursing needs including tracheotomy care.

The provider had recently appointed a new home manager who was in the process of becoming registered. 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.

There was variety in the quality and detail of care plans and risk assessments. Although some contained a high level of detail and personalisation, others lacked the detail required to support people in a personalised way and mitigate risks they faced. Risk assessments and care plans in place for people who presented with behaviour which could harm themselves or others did not tell staff how to support people to stay safe. Care plans and risk assessments were reviewed monthly although they were not always updated to reflect changes in people's circumstances. Some people told us they were involved in the care planning process, but others did not feel they had been involved.

People were supported to take medicines and this was managed in a safe way. However, improvements were required with regard to the storage of refrigerated medicines, covert medicines and the administration of topical creams. People's health needs, contact with and advice from health professionals were clearly recorded in people's files.

Staff were knowledgeable about the different types of abuse people living in the home might be vulnerable to and were confident in the action they would take if they suspected people were being abused. Records showed appropriate investigation and response to incidents.

The provider had invested in new furniture and fittings in the home and it was well presented, clean and a welcoming environment. A room that had previously been under-used as a meeting room had been converted into a café room with tea, coffee and cakes available for people and their visitors to access freely.

The home had improved their records regarding deprivation of liberty safeguards and where people had legally appointed decision makers. However, records of consent to care were not clear and staff

understanding of the Mental Capacity Act (2005) was limited.

There were enough staff deployed in the service to meet people's needs. Checks were carried out to ensure that staff did not have criminal histories that would make them unsuitable to work in a care setting. Recruitment records were inconsistent regarding how interviews were conducted and references were not always collected in line with the provider's policy. Staff received training in order to give them the knowledge required to perform their roles. Staff supervision and appraisal were not taking place in line with the provider's policy and records of supervisions showed these were task focussed and did not give staff opportunities for development or learning. Staff who worked during the day attended regular meetings about the service, but night staff had not had any staff meetings since our last inspection.

Staff facilitated activities with enthusiasm. However, the purpose and structure of activities was unclear and potentially confusing to people living with dementia. People gave us mixed feedback about the quality and variety of activities on offer at the home.

People gave us mixed feedback about the food in the home. Some people told us the food was good, others complained about a lack of variety in menu options. Some people did not know they could choose to have meals that were not included in the published menu.

People told us staff were kind. We observed staff interacting with people in a caring and sensitive way. People were supported to maintain relationships with their family members and with their religious communities where they wished to do so. The home did not explore people's sexual identity with them during the care planning process.

The home had recently introduced advanced care planning to support people and their relatives to prepare for end of life care. However, these had not been completed in an appropriate way and had caused some people and relatives distress.

People and their relatives knew how to raise concerns and make complaints. Complaints were investigated and responded to in an appropriate way. Managers completed analysis of complaints to ensure themes were identified and lessons were learnt.

People, staff and relatives spoke highly of the management team who had taken over the running of the service since our last inspection. The management team had taken clear action to improve the quality and safety of the service. There was some anxiety that the improvements achieved might not be sustained.

There were various audits and quality assurance systems in place which had identified and addressed issues with the quality and safety of the service. When issues were identified during the inspection prompt action was taken to address them.

We have made 11 recommendations for the service. These are regarding the administration of covert medicines, the administration of topical medicines, supporting people who present with behaviour which may harm themselves or others, recruitment practice, supervision of staff, engaging staff in organisational change, understanding and application of the MCA, menu planning, end of life care, supporting people who identify as lesbian, gay, bisexual and transgender, and activities.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe. Risk assessments lacked consistency. Some contained detailed instructions for staff to follow, but others lacked detail.

Plans in place to support people who presented with behaviours which could harm themselves or others did not inform staff how to support people with these needs.

Medicines were managed in a safe way, although improvements were needed in relation to covert medicines and topical creams.

There were enough staff deployed in the service. Improvements were needed in the recruitment process to ensure staff were suitable to work in the home.

People felt safe and staff were knowledgeable about keeping people safe from avoidable harm and abuse.

The home was clean and people were protected by the prevention and control of infection.

**Requires Improvement**



### Is the service effective?

The service was not always effective. Records of consent were not clear and staff understanding of the Mental Capacity Act (2005) varied. People who were deprived of their liberty had appropriate safeguards in place.

People gave us mixed feedback about the quality and variety of the food.

Staff were provided with training appropriate to their roles, however, supervision and appraisals were not always effective.

People were supported to access healthcare services as they needed.

**Requires Improvement**



### Is the service caring?

The service was not always caring. The home had introduced

**Requires Improvement**



end of life care planning but had not done so in a sensitive or effective way.

There was variation in the amount of detail about people's pasts and significant relationships in people's care plans. People's sexual identity was not identified or supported.

People told us staff were kind and we observed caring and sensitive interactions between people and staff.

People were supported to access faith groups where this was their wish.

### **Is the service responsive?**

The service was not always responsive. Activities were facilitated with enthusiasm but lacked structure in a way that risked confusing people who lived in the home, particularly those living with dementia.

The level of detail and personalisation in care plans varied. Some people felt involved in writing and updating their plans, but others did not.

The home had a robust complaints policy. People knew how to make complaints and records showed complaints were investigated and responded to appropriately.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led. People, relatives and staff were positive about the changes that had been implemented in the service, but expressed anxiety about the sustainability of this change as management of the home changed.

Staff who worked during the day had been involved in and informed of changes at the home. Staff who worked at night had not been engaged in the same way.

Management audits had identified and addressed issues with the quality and safety of the home.

**Requires Improvement** ●

# Westgate House

## **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, 25 and 26 April 2017. The first day of the inspection was unannounced.

The inspection was completed by three inspectors, a specialist advisor with expertise in dementia care and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we already held about the service in the form of notifications and feedback submitted to us as well as the action plan the provider had submitted in response to our last inspection in August 2016. We asked for feedback from the local authority commissioning teams, local safeguarding team and local Healthwatch.

During the inspection we spoke with 11 people who lived in the home and nine relatives. We spoke with 17 members of staff including the regional director, regional operations manager, home manager, deputy manager, a home manager from another service who was providing support to the current home manager, an activities coordinator, the housekeeper, a chef, two nurses, a care practitioner and six care workers. We reviewed 12 care files including needs assessments, risk assessments, care files and records of care delivered and 30 medicines care plans, risk assessments and administration records. We reviewed 14 staff files including recruitment, supervision and training records. We also reviewed other documents, audits, reports and information relevant to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in August 2016 there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed in a safe way and risk assessments did not contain sufficient detail to inform staff how to mitigate risks. The provider had taken action to address these issues.

Everyone who lived in the home was supported by staff to take their medicines. Medicines were received from the pharmacy and recorded in medicines administration records (MAR). The amount of medicines reconciled with the administration records which were clear and accurately documented. The medicines disposal records clearly recorded when medicines were returned or destroyed. Medicines were stored securely including control drugs. Controlled drugs are medicines which are more liable to misuse and require close monitoring. Appropriate records and checks were in place to ensure the safe handling of controlled drugs.

Medicines that were stored at room temperature were stored safely, with room temperatures recorded daily to ensure they were within the safe range for medicines storage. However, the medicines fridge temperatures had not been recorded appropriately. The maximum temperature of one of the medicines fridges was checked and this was noted to be 21 degrees Celsius. Therefore it was not clear that the temperature fluctuation for the fridges were within the recommended range. Staff took action to address this during the inspection.

People were prescribed medicines on an 'as needed' basis. There were guidelines in place to inform staff when and how these should be administered. Staff told us that pain relief medicines were offered to people on a regular basis and most people were able to communicate with them if they were in pain. Where people were prescribed pain relief patches which were applied to their skin, staff recorded the location where patches had been administered on a patch chart. This meant it was clear to staff when and where patches had been applied and reduced the risk of harm from duplicate application or repeated application on the same site.

Records showed that for people who needed medicines administered covertly, appropriate assessments of capacity and professionals best interests meetings had taken place. Covert medicines administration means that medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. However, the instructions regarding the administration of covert medicines were insufficient to ensure this was done in a safe way. Each record viewed stated, "crushed mix in food or yoghurt or water." This included where medicines listed were capsules, or tablets that could be dispersed in liquids, where this instruction does not apply.

We recommend the services seeks and follows best practice guidance from a reputable source about covert medicines.

Where people had been prescribed topical creams these were applied by care workers in what appeared to

be a delegated action, however the medicines administration records were not signed for by nurses. A delegated action is a process whereby a clinical or non-clinical task is allocated to a competent person. Registered practitioners retain overall responsibility for administration even when delegated. The topical cream administration records used by care workers showed the topical creams were only applied in the morning instead of as directed on the prescription information. This meant it was not clear that people were being supported with their topical medicines as prescribed.

We recommend the service seeks and follows best practice guidance from a reputable source about delegated actions and topical medicines.

At the last inspection in August 2016 risk assessments lacked the details required to mitigate risks. At this inspection there had been some improvement in the quality of risk assessments. Care plans contained risk assessments to mitigate the risks associated with moving and handling. Some of these included the detail required by staff to mitigate risks, including the level and nature of support and equipment used. However, one person's moving and handling plan had not been completed so the risks associated with their moving and handling needs had not been appropriately assessed.

Staff told us they received training in moving and handling. One staff member said, "We always transfer in twos and we get training to do this." Observations showed people were supported with the use of moving and handling equipment in a kind and compassionate way, with staff explaining the process to them before completing the manoeuvre.

Everyone living in the home was screened for the risk of developing pressure wounds. However, the completion of the screening tool varied, while some had been totalled and the level of risk was clear, in other care plans the screening tool had not been fully completed and so the level of risk was not clear. Where people were at risk of developing pressure wounds, or had already developed damage to their skin, appropriate plans were in place to treat wounds and minimise future risk.

There remained other inconsistencies in people's risk assessments. For example, one person's needs assessment referred to them having a reduced cough reflex and this put them at risk of choking and chest infections. However, their choking risk assessment rated their choking risk as low and did not include the information contained in their referral regarding the importance of posture while eating. This meant people remained at risk of harm as risk assessments were inconsistently completed. Quality assurance audits completed by senior managers at the provider had identified inconsistencies in risk assessments, and these were being addressed.

The home supported people living with dementia, some of whom presented with behaviours that could cause harm to themselves and others. Records showed the home escalated concerns about people's behavioural needs and secured additional funding to provide additional support to these people. However, the information contained within behavioural support plans for people who had additional support in place was insufficient. For example, one person had been allocated one-to-one support. Staff told us this was for their behaviour needs. The person had a behaviour support plan in place, but the plan did not state clear triggers or patterns of behaviour and there were no strategies in place to explain to staff how to respond to incidents. Observations showed this person being verbally aggressive to staff, who attempted to reassure the person but they had not been provided with clear information on how to de-escalate these situations and had to rely on their own initiative.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting people who present with behaviours which may harm themselves or others.



At the last inspection in August 2016 the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not deploying sufficient staff. The home had taken action to address this issue. Staff told us they no longer worked short of staff. One staff member said, "Now we have enough staff. The residents are happy, we have bank staff to cover now." Feedback from people and their relatives remained mixed about the staffing levels, three people and two relatives told us they thought the home needed more staff. One relative said, "There are times when you don't see a lot of them [staff] about." Another relative told us, "During the day, yes, they have enough staff. It is in the evening where it is very busy as there are less staff on in the evenings. They like to get people into bed early due to shortage of staff." The home used a tool to calculate staffing needs, and records showed the number of staff calculated by the tool were deployed with absences covered by bank staff.

Recruitment records showed the service carried out checks on applicants' identities and criminal records to ensure they were suitable to work in a care setting. Records of the recruitment process were inconsistent. Interview records did not consistently show that applicant's answers were evaluated and appropriately recorded. Training records did not show staff completing recruitment interviews had been trained in how to conduct or record the recruitment process. The provider's policy stated that applicant's should supply two employment references and that character references should only be supplied if the applicant was unable to provide an employment reference. Records showed references supplied were not in line with the provider's policy. One candidate had supplied a character reference from a friend. This was specifically excluded by the provider's policy. Another candidate had supplied an employment reference which was from a colleague rather than their manager or employer.

We recommend the service seeks and follows best practice guidance from a reputable source about recruitment practice.

People told us they felt safe living at the home. A relative told us, "I never have to worry about my family member. I know they are safe. I don't have to worry about their things." Staff were knowledgeable about safeguarding adults and knew what to do if they suspected abuse. One member of staff said, "I'd report it to the nurse in charge, and if they took no action then I'd whistleblow. I'd speak to the manager who would do something about it." Staff we spoke with were able to describe the different types of abuse people might be vulnerable to.

Records of incidents and allegations of abuse were reviewed. These showed the provider took appropriate action in order to investigate incidents and prevent future occurrences. However, records showed two incidents that had not been escalated to the local safeguarding team despite constituting allegations of neglect and emotional abuse. The provider had investigated and resolved the issues but not through the appropriate safeguarding channels. This was discussed with the management of the home who liaised with the local safeguarding team to ensure they were clear on the type of incident that required escalation to safeguarding.

Observations around the home showed it was clean and free from malodour. The housekeeping team had been supplied with new equipment since the last inspection and the head housekeeper told us this had made their job much easier. There had been significant investment in new furniture and fittings for the home which had previously appeared tired in appearance. There were new curtains and furniture throughout the building. Records showed regular infection control and cleaning audits were carried out. The housekeeper maintained an inventory of equipment and its condition, making requests for replacement items when needed. Records showed the service addressed any maintenance issues that presented an infection control risk in a timely manner. Observations showed personal protective equipment, such as aprons and gloves, were readily available for staff to use. This meant people were protected by the

prevention and control of infection.

## Is the service effective?

### Our findings

At the last inspection in August 2016 we found the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records of consent and legally appointed decision makers were not clear. At this inspection we found the service had made some progress in this area, but records of consent were still not clear.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest 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.

In response to our last inspection the service had written to all relatives to ask them for copies of the records that showed they had legal authority to make decisions on their behalf. Copies of these letters were found in each file. The service maintained a record and copies of records where other people had the legal authority to make decisions on people's behalf. Where people lacked capacity to consent to their care appropriate applications had been made to deprive them of their liberty.

However, care plans remained inconsistent regarding people's ability to consent to their care. For example, one person's initial assessment stated they lacked capacity to consent to their care, but their mental health and cognition care plan stated they had capacity. There were no signatures within the care plan to indicate the person had consented to their care and no indication the plan had been agreed through a best interest decision making process. Another person had capacity to consent to their care, however, the only aspect of their care plan where there was a record of their consent related to a specific risk assessment. There was no record of consent in a further three care plans reviewed.

Staff knowledge and understanding of the MCA was limited. A unit manager was asked about who consented to one person's care plan. They told us, "Everything I ask the next of kin." The unit manager confirmed that the person had capacity to consent to their care themselves. A care worker told us, "The MCA is when people are unable to make decisions. If someone couldn't [make decisions] then someone from the DoLS team and social worker visit." A second care worker said, "I've heard of it [the MCA]. It's about what they can't think about themselves." Training records showed 90% of staff had completed the provider's e-learning on the MCA and DoLS. However, staff did not demonstrate they understood the presumption of capacity to make decisions and when to consult with other people.

We recommend the service seeks and follows best practice guidance from a reputable source on the

application of the Mental Capacity Act 2005.

People's healthcare needs were identified in their needs assessments and the support needed to maintain their health and access healthcare professionals was detailed in their care plans. Visits from health professionals were recorded clearly with care plans updated to reflect their input. Three people told us they were not being supported to follow health professionals' advice regarding physiotherapy, movement and exercise. This was discussed with the home's management who told us they were considering utilising a physiotherapist employed by the provider to ensure people were supported to follow healthcare advice appropriately.

People and their relatives gave us mixed feedback about the food at the home. One relative told us, "The food is really good. [Relative] is eating really well now she's here and has even put on some weight." However, other people told us the menu lacked variety and their choices were limited. One person said, "I've been here a few years now. I can tell you what will be for lunch by the time of year. It's always the same." People who followed specialist diets for religious reasons told us their options were limited. One person said, "It's always chicken. I'm sick of chicken."

Records showed the kitchen collected information about people's dietary needs such as whether people needed modified consistency or fortification in their food. Everyone had a meal preferences form, however, this contained limited information about people's preferences. For example, one person's form described their needs in terms of requiring a diabetic diet of normal texture but the section for likes and dislikes stated, "Likes: normal food. General dislikes: vegetables." This person told us they didn't dislike vegetables, just the way they were prepared at the home.

The kitchen prepared a rolling seasonal menu. Due to staff absences there had been a delay in moving the menu to the spring menu from the winter menu. Staff recognised the home supported people from a variety of different cultures who had different preferences regarding their food. The chef would do a daily walk around to check people's menu choices, and some people had specific personalised menus. It was noted that not everyone knew they could request a meal that was 'off-menu.' Records of residents and relatives meetings showed the menu was discussed and specific requests were made during these meetings. Staff held monthly nutrition meetings where people's nutritional needs were discussed. However, records showed there was no discussion about menu choices in these meetings.

We recommend the service seeks and follows best practice guidance from a reputable source about menu planning for a culturally diverse population.

People and relatives told us they thought staff were trained and good at their jobs. One person said, "90% of them do [know what to do] and if one doesn't know they call another one who does." Another person said, "They are very good." Records showed staff completed core training that the provider considered mandatory for all staff, including safeguarding adults, the MCA, moving and handling, infection control, health and safety, dysphasia and choking, and customer care. The service also provided additional training in specific areas relevant to the home, including pressure care, dementia and clinical training for nurses in areas including tracheostomy care, catheter care and specialist feeding systems. When new staff joined the service they had to complete introductory training which was assessed and had to be passed before staff were confirmed in post.

The provider's policy was that staff should receive an annual appraisal with quarterly one-to-one meetings with a line manager. Records did not show this was taking place. Records showed that 35% of eligible staff had not had an appraisal in line with the provider's policy. In addition, 48% of staff had not received a 1:1 as

required by the provider's policy. The files of staff who were newly recruited to the service were reviewed, these showed four staff who had worked in the home for three months had not received any 1:1 supervisions. Supervision records were reviewed and found to be task focussed. For example, multiple supervision records were identical and showed the reporting process for incidents and accidents was discussed. However, the records just outlined the process and did not include a record of whether or not the staff member's understanding of the process had been explored. There was no discussion of people who lived in the home or their needs or the professional development of the staff member. Nurse supervision records included a written memo from the manager detailing the list of tasks they were expected to complete. This meant staff development and support was not appropriately explored through the supervision process.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting staff through supervision.

## Is the service caring?

### Our findings

People and staff told us the staff were kind and caring. One person said, "Oh yes, [staff are kind] If not, I will tell them off!" A relative told us, "Yes, they seem kind enough." Another relative told us, "They are so lovely here, they go above and beyond really. One of them even went and picked up [item] for my relative. They didn't have to do that." Observations around the service showed staff interacted with people in a kind and sensitive way.

Care plans contained details of people's religious faith. Religious groups visited the service regularly and conducted services and groups in the home. People told us that requests for support to access the faith communities were supported and that it was easy to arrange for visits. One person told us, "People from my community visit me. It's no bother. One came and he stayed until 10pm and no one minded. My friends and family feel welcome to visit me."

Since our last inspection in August 2016 the home had converted a room that had previously been used for staff meetings into a room for visitors with cake, tea and coffee available for visitors to help themselves. Observations showed this room was used and appreciated by visitors throughout the inspection. A relative told us, "It's nice to have somewhere to go while [my relative] needs her care. The cake is really tasty." Observations showed that relatives also brought people who lived in the home to use this space.

People told us the staff treated them with respect. Staff told us they gave people private time when they wanted it. One member of staff said, "We ask people, we knock on the door. If they want some time we give them that." All the care plans reviewed reminded staff to treat people with dignity and respect. Care plans instructed staff to knock on people's doors and ensure doors and curtains were closed when people were receiving care.

Staff in the home had recently received training from the local authority in End of Life care. Following this they had introduced advanced care plans and documentation for people and their relatives to complete regarding their wishes for care at the end of their lives. These had been poorly completed. A complaint record showed the blank documents had been given to relatives for them to complete, rather than being discussed with people and their relatives in a supportive way. This had affected the quality of the documents. One plan had been completed by a person's relative, despite records showing they did not have legal authority to make decisions about the person's care and contained no information about the person's wishes around the end of their life. This was discussed with staff who told us the person's family did not wish to talk about and plan for these events. As this was well known by staff who supported this person it was not appropriate for them to be asked to complete this form. Another person's plan contained more detailed information and reflected the fact that this person and their relative had spoken previously about their wishes.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting people and their families to prepare for end of life care.

Care plans contained details of people's significant relationships and memories. However, the quality and detail of this information varied. One person's care plan stated, "Awaiting information from relatives." A brief conversation with this person demonstrated they were able to articulate themselves clearly and provide information about their personal history. Another care plan contained lots of details about their life story and previous working history as they and their relatives had been able to articulate this clearly. None of the care files viewed contained any information about people's sexuality or sexual needs. Staff told us they did not currently support anyone who identified as Lesbian, Gay, Bi-sexual or Transgender. However, as sexuality was not included in care plans there was a risk that people had not disclosed their sexuality as they had not been asked.

We recommend the service seeks and follows best practice guidance from a reputable source about supporting people who identify as Lesbian, Gay, Bisexual and Transgender.

## Is the service responsive?

### Our findings

At the last inspection we made a recommendation that the service should seek and follow best practice guidance around the provision of activities in care homes, particularly for people who cannot leave their bedrooms and people living with dementia. Although the provider had taken some action to follow this recommendation it had not fully taken effect by the time of this inspection.

People and their relatives gave us mixed feedback about the activities. One person said, "Yes, we do activities. Puzzles and drawing." Another person said, "I asked if we could have a musical film and we have done this now." However, another person said, "They do Glory Glory [religious songs] but I don't think much of it." Another person said, "Activities are pretty much non-existent." A relative told us they thought the activities did not always consider the changing needs of people who lived in the home. They said, "Before it was OK, but she can't really join in the way she used to and they've not changed what they offer her."

The activities coordinator told us they had completed additional training in dementia awareness and had reworked the activities programme. Records showed there was a programme of group activities and one-to-one activities with people who could not leave their bedrooms. Observations showed there were several activities schedules on display around the home, and these did not match with the activities provided during the inspection. Staff told us that the main schedule related to the activities provided by the activities coordinator but additional activities were facilitated on an ad hoc basis by staff working on the units. This meant it was not easily clear to people on the units, particularly those living with dementia, what activities were available to them on each day.

Observations showed that care workers attempted to facilitate activities with enthusiasm and good intentions. However, the activities observed lacked structure and purpose. Observations showed that people were not engaging with these group activities, and in some cases clearly expressed that they did not wish to be involved in the activities on offer. The structure of activity sessions for people with dementia was confusing. For example, in one activity session there was a quiz, singing and object presentation but the structure and aims of the session were not clear. A member of staff was asked what the goals of the session were and they told us, "We must not let them get bored." However, the way activities were delivered risked confusing people.

Care plans contained a section on activities preferences. However, the files contained information on activities people had enjoyed prior to moving into the home and did not relate to the activities that were currently on offer. Shift plans for the units were viewed. On two of the units the allocation of facilitating activities for people was not included in the shift plan. On the third unit each plan stated, "Activities: all staff." This meant it was not clearly allocated which staff were responsible for facilitating activities or engaging people in different activities.

We continue to recommend the service seeks and follows best practice guidance from a reputable source on facilitating activities and engagement for people living in care homes, particularly for those living with dementia.



People gave us mixed feedback about whether or not they were involved in writing and updating their care plans. One person said, "Yes [I was involved] and it's on-going." However, another person said, "I don't know about the care plan." A relative told us, "They tell me when they've updated the care plan and I check it." Two relatives we spoke with told us they were not sure what the assessment and care planning process involved. They told us this was their first experience of being involved with any care setting and they had found the process confusing. This was discussed with the manager who told us she would meet with the family and talk to them about the processes involved.

Before people moved into the home staff completed an initial assessment of their needs. This led to the development of the care plan documents. Records showed nursing staff reviewed care plans on a monthly basis. The level of detail and personalisation in care plans varied. Some care plans contained a high level of detail about how to support people in a way they liked. For example, one person's care plan gave detailed information about when and how they liked to be supported to go to bed. Another care plan contained information about the person's past and previous employment and explained to staff how to engage the person in talking about this. However, other plans lacked this level of detail or had not been updated to reflect people's current needs. For example, one person's personal hygiene care plan contained a high level of detail about how to support them to have a bath and their clothing preferences. This person had been unable to access the bath for several months and was now having a shower instead. The care plan had not been updated to reflect this. Management and quality assurance audits had identified the variation in the quality of care plan documentation and the home had a plan in place to improve the quality of care plan documentation.

The home had a comprehensive complaints policy with clear timescales for investigation and response to complainants. People and their relatives told us they knew how to make complaints. Records showed complaints had been investigated and responded to in line with the policy. At the last inspection we noted the service had not completed any analysis of complaints for themes or to ensure lessons were learnt from complaints made. The home now completed a quarterly analysis of complaints and ensured that themes were identified and actions taken to ensure lessons were learnt.

At the last inspection in August 2016 we noted that meetings for relatives of people who lived in the home had ceased, although relatives told us they wanted to have these meetings. Meetings for relatives had been restarted and were now happening regularly. Records showed these were used to inform relatives of updates to the staffing in the home and changes in management. They were also used to collect feedback about issues facing relatives. Records showed these included feedback on the menu, activities and health support for people living in the home. The home had continued to facilitate meetings for people who lived in the home to provide feedback on the service. Records showed that where people made specific requests, for example, regarding activities, their feedback was acted upon.

## Is the service well-led?

### Our findings

At the last inspection in August 2016 the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because audits and management actions had been insufficient to identify and address issues with the quality and safety of the service. The service had taken action to address these issues.

The previous registered manager had left the service and the provider had recently appointed a new home manager who was in process of registering with CQC. In the interim, a regional operations manager had been in day to day charge of the service. People, relatives and staff spoke positively about the regional operations manager and the changes that had taken place in the home. A care worker told us, "Since [regional operations manager] came things get fixed. I'm not going home stressed." Another staff member told us, "I'm quite excited. [New home manager] is a ball of energy. The home has got to change and we want it to. Management are forward thinking and ambitious. I feel that we have the backing and support right from the top, there's a vibrancy coming through."

People and staff were optimistic about the future for the home as they felt significant progress had been made. However, there remained some anxiety about ensuring that the improvements made would continue and become embedded. A relative told us, "[Regional operations manager] acted very quickly when they arrived and we felt listened to. With another change in management I am a bit worried about whether the improvements will be sustained. It's easy for staff to slip back into bad habits." This concern was exacerbated by the fact that the regional operations manager was no longer involved with the service as a new home manager had been appointed. The provider had attempted to ensure continuity by maintaining links with another home manager from a nearby home who had also supported the service since our last inspection.

Managers within the service, the regional operations manager and other managers from the provider's quality teams completed regular audits of the quality and safety of the service. These included audits of care plans and records, medicines records, infection control and staffing records. Records showed these audits effectively identified issues with the quality and safety of the service and implemented plans to address the issues. Issues were identified during the inspection, for example, minor repairs to bathrooms, the appropriate escalation of safeguarding incidents and some staff training issues. The management team responding positively and quickly to these issues, resolving repairs during the inspection.

The service completed regular health and safety and building checks. Fire safety and moving and handling equipment checks were in place and in date. At the last inspection we identified that fire drills had not been completed in line with the provider's guidance. This had been addressed and fire drills had taken place as recommended. The actions identified by the previous buildings risk assessment, including safety measures for the premises linked to anti-social behaviour in the local community had been addressed. The external lighting had been improved and a barrier installed to the car park.

In response to our last inspection the provider had provided additional management support to the home

and they had worked through an improvement plan for the service. Significant investment had been made into the furnishing of the building and there were clear plans in place to address outstanding buildings work, such as converting a bathroom into a wet room. Records showed the service held regular meetings with staff groups, including nursing teams and care workers to update them on the plans for the home. This meant that staff were more involved in the running and development of the home.

Management had completed unannounced visits to the service to complete quality checks. These included unannounced visits at night. Two of these visits had identified issues of performance of night staff and concerns about the records. The actions taken in response to these findings had been appropriate, but had not been clearly recorded. It was noted that there had been no staff meetings specifically for night staff. This meant there was a risk that night staff were not as involved in the changes being made in the home and were not informed of changes in the same way as staff who worked during the day.

We recommend the service seeks and follows best practice guidance from a reputable source about ensuring all staff are involved in and engaged with organisational change.