RYSA Highfield Manor Limited

Highfield Manor Care Home

Inspection report

44 Branksome Wood Road
Bournemouth
Dorset
BH4 9LA

Tel: 01202769429

Date of inspection visit:
23 August 2016
24 August 2016

Date of publication:
25 January 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 23 and 24 August 2016 and was unannounced. This comprehensive inspection was carried out to review progress on meeting the regulations and shortfalls identified at previous inspections and to review the rating.

We last inspected Highfield Manor Care Home in April 2016. At this focused inspection we identified some improvement but we also found repeated shortfalls and breaches of the regulations. The home received an overall rating of Inadequate at the July 2015 and January 2016 inspections. The rating was not changed at the inspection in April 2016. This was because although there had been some improvements found at that inspection we did not have evidence that these had been sustained or embedded to enable us to change the ratings given.

Highfield Manor is registered to provide personal care for up to 46 people living with dementia. Nursing care is not provided. At this inspection there were 18 people living at the home.

There was not a registered manager at the home. 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.

The previous registered manager, who is also a director of the registered provider, cancelled their registration in August 2015. A management consultancy was appointed in January 2016 to oversee and manage the home until a new manager was registered. The new manager was appointed in May 2016 and has applied to be registered. They have been working alongside the management consultants who will continue to be responsible for the care provision at the home. The provider remains responsible for the ongoing purchasing, maintenance and safety of equipment and of the building.

For ease of reference we have referred to the new manager and management consultants as the 'management team' throughout the report.

At the comprehensive inspection in July 2015 the provider was placed into special measures by CQC. In addition to placing the service in special measures in July 2015 we imposed an urgent condition on the provider's registration. This means further people cannot move into the home or return from hospital without agreement by CQC.

At the January and April 2016 inspections we found that there was not enough improvement in the service to take the provider out of special measures. At this inspection we identified improvements particularly in people's experiences and the care they received from staff. However, due to the continued repeated breaches of the regulations relating to the safety of people, equipment and buildings we have rated the 'Is this service Safe' question as inadequate. This means although the service has made improvements and has

an overall rating of 'Requires Improvement' the home remains in special measures. This is because the service has been rated Inadequate in any key question over two consecutive comprehensive inspections. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We have requested the provider send us an action plan every month to tell us what action they have taken to meet all of the shortfalls identified at the previous inspections. Since April 2016 these have been provided by the management team. These action plans included information about the improvements we found at this inspection and progress on meeting the regulations.

At this inspection, people's medicines were not consistently safely managed or stored. This was because medicines were not stored at a safe temperature and some specialist medicines were not recorded as required. One specialist medicine was out of date and the checking in medicine audit systems had not identified the shortfalls. The management team took action to address the medicines shortfalls.

There were fire safety shortfalls that had not been addressed by the provider when they were first identified. Following this inspection the provider arranged for the repairs to the emergency lighting to be made. In addition, action had not been taken in response to the works needed following a legionella risk assessment in 2015.

There was only one assisted bathroom out of four that was safe to use. There were some communal areas where the call bells were not working. Some carpets in communal areas were heavily stained and needed cleaning. Some areas of the home were very hot. This was first identified in July 2015 and there continued to be shortfalls in making suitable arrangements for safely cooling the home.

The shortfalls in the medicines management and ensuring the premises and equipment were safe for people, the cleanliness of some communal carpets, the high temperatures and the lack of ensuring equipment and the premises are properly maintained were breaches in the regulations.

The principles of the Mental Capacity Act 2005 were not consistently adhered to. This was because there were continued shortfalls in the recording of people's consent, mental capacity assessments and decisions made in people's best interests. Following the inspection the management team took action to address this repeated breach in the regulations. However, we have not yet been able to determine whether this action has been sufficient to meet the regulation.

Improvements had been made to the signage in the home but the building décor still was not suitable for people living with dementia and did not take into account national good practice such as that produced by the University of Stirling. There was a plan in place produced by the management consultants. However, the works and funding required were the responsibility of the provider. This remains an area for improvement.

The delays and lack of action by the provider to address and mitigate the risks to people and others and improve on shortfalls identified were also a breach of the regulations.

People and relatives told us they were safe and one person told us they now felt safe when they previously had not. People and relatives spoke highly of the caring qualities of staff and we observed positive and caring interactions from staff.

There were enough staff to meet people's needs and this had a positive impact on people and the staff

team. Staff were recruited safely. Staff were supported in their roles through training and supervision. Morale was good and staff recognised that they had worked hard under the guidance of the current management team to bring about the changes that were needed.

We found significant improvements in people's experiences, the care and support they received and their wellbeing. People's mealtime experiences were improved and there were enough staff to sit with and support people to eat in a relaxed atmosphere.

People's individual care needs were met by staff who knew them well and were familiar with the care they needed. People had access to the healthcare they needed. There was an activities coordinator and there was a range of activities for people that was based on their preferences.

People's needs were reassessed when their circumstances changed and care plans were updated and included all the information staff needed to be able to care for people.

People's privacy and dignity was maintained and staff were respectful and caring towards people. People could receive visitors whenever they wished.

There was a caring, open culture. People, relatives and staff were kept informed of developments at the home and were consulted regarding how the home was run. There were regular meetings for relatives and staff. Staff felt well supported by the management team.

A quality assurance system was being introduced. The management team audited and reported back on various aspects of the running of the home. These fed in to an improvement plan. Actions had been taken by the management team, and improvements had been made to meet most of the regulations they were responsible for. We were not able to tell whether the improvements we found could be successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

Following previous inspections we considered the appropriate regulatory response to our findings of repeated shortfalls. We have taken action in response to these failings and have cancelled the providers registration with CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

People were not consistently kept safe at the home. This was because the management of medicines was not consistently safe. In addition, equipment and the building were not maintained to ensure people's safety.

Risks to people were managed to make sure they received the correct care they needed.

There were enough staff who had the skills and knowledge to meet their individual needs.

Is the service effective?

Requires Improvement

The service had made improvement but was not consistently effective. This was because people's rights were not effectively protected because staff did not fully adhere to the Mental Capacity Act 2005.

People received the health care they needed to ensure that they kept well.

People were referred to specialist healthcare professionals when needed such as dieticians.

People were cared for by staff who were trained and were supported by managers.

Is the service caring?

Good

The service was caring. There were improvements and people's privacy and dignity was respected.

People and their relatives told us and we saw staff were kind and caring.

People were treated with kindness and compassion.

People received care and support from staff who had got to know them well.

Is the service responsive?

Good

The service was responsive. The management team and staff had made improvements since the last inspection.

People's needs were kept under review and care plans based on people's individual needs were kept up to date. Their independence was promoted.

People had access to a range of activities and were occupied doing things that interested them.

Complaints information was displayed

Is the service well-led?

Requires Improvement

The shortfalls in responding to the identified risks to people and other's safety in relation the equipment and buildings required improvement.

The home was well led by the management team. Improvements and progress had been made on meeting most of the shortfalls identified at previous inspections.

Quality assurance systems had been introduced but these had not yet been fully embedded.

The culture at the home had improved. It was open, honest and empowering for people and for staff. Staff were well motivated and were working hard to bring about improvements to the home.

Highfield Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 23 and 24 August 2016 and was unannounced. There were two inspectors and an inspection manager in the inspection team.

We met and spoke with all 18 people living at Highfield Manor Care Home. Because some people were living with dementia we 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 three visiting relatives. We also spoke with the acting manager, deputy manager, a management consultant, the provider's nominated individual from the management consultant and 10 staff. We have referred to the acting manager and management consultants as the 'management team' throughout the report.

We looked at four people's care and support records and care monitoring records in detail, at monitoring records and specific elements of four other people's care plans. We looked at all 18 people's medication administration records and documents about how the service was managed. These included four staff recruitment files and the staff training overview record, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed all the information we held about the service. This included the information about incidents the acting manager and management consultants had notified us of and the monthly action plans from the acting manager and management consultants.

We contacted one commissioner and the local authority safeguarding team for an update on any outstanding safeguarding allegation investigations.

Following the inspection, the acting manager and management consultants sent us information we requested about staff training, policies, maintenance updates, and quality assurance audits.

We visited the home again on 31 August 2016 to pick up copies of documents we had requested that could not be sent to us electronically.

Inadequate

Is the service safe?

Our findings

At our inspections in July 2015, January 2016 and April 2016 we found shortfalls in the risk management of people, medicines management, ensuring the premises are safe and ensuring that staff had the competence, skills, qualification and experience to safely provide care to people.

At this inspection we looked at the medicines management systems in place at the home. Medicines were stored safely and there were systems in place for storing medicines that needed refrigeration. However, as identified at our inspection in April 2016 the medicines store room was over 25 degrees Celsius on both days of inspection. The temperature records showed that the medicines store room had been over 25 degrees Celsius for six days consecutive days in May/June 2016 and 12 consecutive days in July/August 2016. This meant that some medicines may have been at risk of damage due to the temperature in the room. An air cooling system and fan was placed in the medicines store on the first day of inspection. However, this did not reduce the room temperature. Following our discussions with the management team on the second day of inspection an alternative cooler medicines storage facility was identified and the medicines were moved.

We checked the specialist medicine storage and stock management systems in place. We checked the stock for some specialist medicines. There were some medicines stored in the specialist storage that were not recorded either in the specialist stock book or on the person's current medicine administration records (MAR). One of these medicines was out of date and had been dispensed from the pharmacy three months out of date. This medicine had not been used and immediate action was taken to return the medicine and a replacement was sent from the pharmacy. The medicine checking in systems had not identified this error and the subsequent medicine audits had not identified these medicine shortfalls. This and the shortfalls in the temperature of the medicines storage were a repeated breach of the regulation.

We reviewed the PRN as needed plans in place for people. These plans had been written since the last inspection. The plans included clear instructions as to when they should be administered and all the plans now included the correct reasons as to why the medicine should be administered.

Overall, where PRN as needed medicines had been administered the reason for administration had been recorded. Action had been taken by the management team to remind staff to complete the reasons for administering medicines prior to when they had identified shortfalls. The medicines administration and recording had improved.

The fire service inspected the home in July 2016. They identified some shortfalls and required action to be taken. The management team took action to review and update the fire risk assessments. They ensured a fire drill was completed, completed individual risk assessments and removed electrical equipment as directed by the fire service. However, the provider had not taken action to fund the repairs to the emergency lighting as required by the fire service within the 28 day period identified. The emergency lighting had not been working for at least two months prior to our and the fire service's inspection. Following the inspection the provider took action and arranged for the lighting to be repaired at the end of September 2016.

Actions had been identified following a legionella contractor's visit and risk assessment in December 2015. The risk assessment identified that 'the system had been identified as high risk'. Actions that could be actioned by the management team such as flushing taps and monitoring the water temperatures had been completed. There was no legionella detected in the test in February 2016. However, the risks identified in relation to works required to the hot and cold water systems had not been completed by the provider.

One of the bath hoists had not been serviced and was due for servicing in April 2016. Following the inspection the manager raised this with the provider who was responsible for the ongoing maintenance and servicing of equipment. The manager took the bath out of use. This meant that of the four bathrooms only one was safe to use and this was located in the lower ground floor where no one was accommodated. This was because, the hoist had not been serviced on one floor, the ground floor bathroom was out of use because the mixer valve had not been repaired and the second floor bathroom call bell was not working.

The manager had tested the call bells and identified that three call bells in communal areas on the ground floor were not working. This included one of the two lounge call bells, small lounge and the main bathroom.

This meant the premises and equipment were not safely maintained and potentially placed people at risk.

The shortfalls in the medicines management and ensuring the premises and equipment are safe for people were a repeated breach of Regulation 12 (2) (a) (b) (d) (e) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall the home was clean. However, some carpets in communal areas needed cleaning as they were heavily stained and the laundry room needed a deep clean. Staff were cleaning to a good standard throughout the inspection but cleaning records had not been kept since 2013.

The deputy manager completed monthly infection control and cleanliness audits. Where shortfalls occurred actions had been identified. In the main, corrective action had been taken with the exception of the heavily stained communal carpets. These had first been identified as a shortfall in May 2016. The audits identified the provider had been requested to arrange for the carpets to be cleaned in June 2016. As previously identified this had not been actioned.

At our inspection in July 2015 we found some areas of the home to be very hot. We identified this as an area for improvement because the provider gave us assurances they had purchased air conditioning units. The management team told us two air conditioning units had been purchased. One was in use in the medicines store but was not effective. The management team told us another unit could not be used as it required an external vent.

At this inspection there were areas of the home that were hot such as the medicines store, the office and corridors. The monthly action plan for August 2016 provided to us by the manager included that the temperatures were taken twice a day in communal areas. However, the records had not been maintained since June 2016. The records included that action was needed if the temperature fell below 21 degrees Celsius but did not specify what action to take if the temperatures were higher, such as during the inspection when temperatures were 24 to 26 degrees Celsius. There continued to be shortfalls in making suitable arrangements for safely cooling the home. As the actions previously identified by the provider had not been fully completed this was a breach of the regulation.

The shortfalls in the cleanliness of some communal carpets, the high temperatures and the lack of ensuring

equipment and the premises are properly maintained were a breach of Regulation 15 (1) (a)(c) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Four people and three relatives told us they and their family members were safe at the home. One person told us, "(named staff) and (named management consultant) are marvellous. I feel safe now. I hated it before, it was awful they (staff) were cruel but now they are lovely".

Most people were living with dementia and were unable to tell us whether they felt safe. However, we saw they approached staff, gave them eye contact, responded to staff with smiles and actively engaged with staff. This showed people felt relaxed and comfortable with the staff.

Information about safeguarding adults from abuse and how to report allegations was displayed in communal areas.

At this inspection the safeguarding systems at the home had improved. All outstanding safeguarding allegations had been closed by the local authority. The management consultants and manager had taken action to address the previously outstanding safeguarding allegations. They had investigated the allegations, taken staff disciplinary action and had made referrals to the Disclosure and Barring Service (DBS) where needed. In addition to this they had provided additional training in safeguarding, end of life care and pain management following recommendations from previous safeguarding investigations.

At our previous inspections we had raised safeguarding alerts for people who lived at the home because we were concerned about them. During this inspection we did not have any concerns about the welfare of people. The management consultant and manager had identified an allegation of abuse and had reported this to the local authority safeguarding team as required. They had taken action to safeguard people living at the home and this was an improvement.

At this inspection there were improvements in the risk management for people. Where risks had been identified an assessment was completed and a management plan was put in place. For example, one person's plan had been updated to reflect their change in mobility and that they now used a hoist to transfer. There was a plan in place that clearly directed staff how to support the person. Staff moved the person as described in the person's care plan.

At our previous inspections there were not always enough staff to meet people's needs and staff were working excessively long hours. Following our last inspection the management consultants relocated people (with their and their relatives consent) on to two living units instead of them being accommodated over all four floors. This alongside the increases in staffing levels and the improvements in the staff's skills and knowledge of working with people living with dementia had a positive impact on people's experiences and staff's moral. The management team modelled good practice and were positive role models for staff, particularly in relation to person centred dementia care.

At this inspection the management team had completed a monthly dependency assessment of people so they could calculate and monitor the numbers of staff needed. There were enough staff to meet people's needs throughout the inspection. People, relatives and staff told us they did not have any concerns about the staffing levels at the home. Some staff who had worked at the home for over a year told us they were not sure how they used to manage with the previous staffing levels.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference

checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

The management consultants had an emergency and business continuity plan in place. This included an easy to follow check list to ensure that all the actions in the plan were followed in any emergency.

Requires Improvement

Is the service effective?

Our findings

At our inspections in July 2015, January 2016 and April 2016 we found the service was not fully meeting the requirements of the Mental Capacity Act 2005. This was because staff still did not fully understand or adhere to the principles of the Mental Capacity Act 2005. These shortfalls were a repeated breach of the regulations.

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.

Staff had received Mental Capacity Act and Deprivation of Liberty Safeguards training. At this inspection staff sought people's consent before they supported them. Staff had an understanding of how they needed to seek each person's consent. Relatives told us their consent was sought for specific decisions where their family member was living with dementia and they had a specific lasting power of attorney. However, for some people's records were not clear whether their relative had power of attorney for their finances and or their health and welfare.

Some people had mental capacity to make their own decisions. However, consent records had been signed by a relative rather than the individual. This was identified at the inspections in January 2016 and April 2016 and had not yet been actioned.

Where people lacked mental capacity to make a specific decision, in general, mental capacity assessments had been completed. However, there were still shortfalls in completing mental capacity assessments and making specific best interest decisions. For example, one person's plan written by a health professional included some very specific restrictions. The person's mental capacity had not been assessed and a subsequent best interest decision was not made. We identified this to the management team on the first day of the inspection who took immediate action and reviewed the restrictions in place for the person.

A second person had a lap belt on their wheelchair and this could be perceived as a form of restraint to prevent the person standing up. However, this decision had not been considered under the MCA and whether it was in the person's best interests. The use of the lap belt was not included in the person's care records.

For a third person their consent records were signed by a relative but there was not any record of whether the relative had the legal authority such as a power of attorney to do this.

A fourth person was having their medicines covertly; this means their medicines were disguised in their food or drinks. The GP and pharmacist's advice had been sought as the person did not have the capacity to agree to this decision. However, this decision had not been recorded as in the person's best interest.

For a number of people there were records of mental capacity assessments in relation to their consent to medicines, care and treatment and living at the home. However, there were not any subsequent best

interest decisions recorded about these specific areas.

These shortfalls of acting in accordance with the Mental Capacity Act 2005 were a repeated breach of Regulation 11 (1) (2) (3) (4) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the management team told us they had reviewed and identified where mental capacity assessments and best interest decisions were needed for people. They were in the process of consulting with people's representatives about these decisions. However, we have not yet been able to determine whether this action has been sufficient to meet the regulations.

There was a system in place to monitor people's Deprivation of Liberty Safeguards (DoLS) applications and authorisations. People who were subject to an application or authorisation who died were referred to the coroner as required. The staff were aware of which people were subject to DoLS. One person had conditions attached to their DoLS and these were fully met.

At previous inspections we identified shortfalls in the supervision, appraisals and training of the staff team. This previous shortfall was a breach of the regulations.

At this inspection staff told us they felt very well supported by the management team. The manager told us they had a plan in place to meet with all of the staff and then develop new systems of staff appraisals and supervision. This included reviewing and providing staff with job descriptions. Once job descriptions were in place the manager intended to complete appraisals. The plan was that the information gathered during these would then feed into the staff training and development plan for the home.

Four staff had received an annual appraisal following the last inspection from a previous member of the management team.

The management consultants sent us a summary of the staff training completed and their training plan. Staff had received all the training identified at previous inspections to make sure they had the skills and knowledge to meet people's needs. This included; dementia, report writing, moving and handling, safeguarding adults, equality and diversity, medication, first aid, Infection control, MCA and DoLS, pain management and end of life care training. Staff were also undertaking National Vocational Qualifications in care (NVQ). This was an improvement in the staff training.

At this inspection people's mealtime experiences were improved. There were enough staff to support people in the dining areas and those who remained in their bedrooms. The mealtimes were sociable occasions with people and staff chatting about the food.

People and their relatives commented that the quality of food had improved recently. People were offered either a visual or verbal choice of food and drink. Overall, staff sat with people to support them to eat and drink. They explained to people what they were eating.

People were offered alternatives if they did not eat all of their meal. For example, one person did not eat much of their main meal so staff offered them a choice of sandwiches and then different puddings until they agreed to eat.

People's weights were being monitored and reviewed on a weekly or monthly basis dependent on risk. Most people had put on weight since the last inspection. Where one person had lost weight there was a medical explanation for this. Another person had lost weight and a referral was made to the GP and dietician for

advice. People who were identified as nutritionally at risk were having their foods fortified (such as full fat cream, full fat milk, or full fat cheese added to their meals) to increase their weight and their food intake was monitored.

One person required their drinks to be thickened. Staff had poured and unthickened drink and left it by the person. The manager quickly identified this and took action to ensure the person had a drink that met their needs, and raised this with the staff members.

Where people were identified as at risk their food and fluid intakes were recorded. Where people's fluid intake fell below the recommended amount there was a written prompt to increase the person's fluid intake the next day. This was effective in maintaining people's fluid intake to keep them hydrated.

During the inspection the temperatures exceeded 27 degrees Celsius. Staff supported people with additional fluids, ice lollies, ice creams and fruits such as watermelons to increase their fluid intake and to keep them hydrated.

Snacks of cakes, fruit and sandwiches were available in both ground and first floor lounges in small Perspex covered trays. Staff offered these to people throughout the inspection.

Coloured crockery was used for those people living with dementia who needed it. This was good practice and research has shown that people living with dementia can see food more easily on coloured crockery and may subsequently eat more. Some people preferred to use china crockery and this choice was respected. The management team were identifying who preferred or needed what type of crockery. This was so they could meet people's individual preferences and needs.

At our previous inspections people's PRN 'as needed' pain relief, people's pain from other health conditions and some people's risk of developing pressure areas were not well managed. These previous shortfalls were a breach of the regulations.

At this inspection there were improvements in people's pain management and pressure area care. People routinely had their pain assessed throughout the day using a recognised pain assessment tool. These tools are used to assess people's pain levels if they cannot verbalise if they are in pain. This is because people living with dementia may not always be able to say or show when they are in pain. Following the last inspection one person was prescribed pain relief to be administered before they received their personal care and support. Staff, records and our observations showed this person was much more comfortable now they were receiving this pain relief on a planned and 'as needed' basis.

The management team told us no one was being treated by the district nurses for any pressure ulcers. The district nurses were regularly monitoring one person's skin as they were being cared for in bed. Records showed and staff told us people were being repositioned as detailed in their care plans to minimise the risk of pressure damage to their skin. People's feet were protected by pillows where there was a risk their feet could rest on the foot of the bed. There were monitoring systems in place to make sure peoples' specialist mattresses were working properly. This included a visual sign on people's beds next to their specialist mattress controls to show what setting the mattress should be set at.

People had seen a chiropodist the week before the inspection. However, following a disagreement between the provider and the previous chiropodist in relation to payment, people had not received a chiropody service for fourteen weeks. The management team and staff had ensured that people received any immediate foot care they needed during this period.

All of the people had been referred to the dentist and people who needed dental care had received it. This was an improvement.

People were referred to occupational therapist, physiotherapists, dieticians and health consultants as required.

At our inspections in October 2014, March 2015, July 2015, January 2016 and April 2016 we identified the premises were not suitable for people living with dementia and did not take into account national good practice such as that produced by the University of Stirling's Dementia Service Development Centre (DSDC). We reported at all inspections that improvements could be made with respect to signage in the home so people could identify and recognise toilets, bathrooms and bedrooms. These previous shortfalls were a breach of the regulations.

At this inspection people's bedrooms and bathrooms and toilets had signage. People had chosen photographs and pictures of things that were important to them. This helped people to recognise their bedrooms. Coloured toilet seats were fitted and the contrasting colour helped people living with dementia to clearly see and recognise the toilets. Personalised décor such as people's photographs, drawings, pictures and wall art had been added to the communal living areas. The décor was homely and provided stimulation and topics of interest and discussion for people.

The environment and decor was still not entirely suitable for people living with dementia. This was because the colours were neutral and there were not any contrasting colour differences between handrails, doors, walls and furniture. People living with dementia and with sight loss cannot distinguish doorways and floors etc. when there are not any contrasting colours. This can have an impact on people's ability to move around the home independently.

The management consultants had developed a dementia environment plan to address the shortfalls. This plan included developing themed areas to provide interest and stimulation to people. In addition, redecorating and material changes to some of the living areas had been identified. However, the funding for the environment was the responsibility of the provider and the funding had not been provided.

As some of the works identified in the environment plan had not been completed the shortfalls in the suitability of the building continue to be an area for improvement.

Good

Is the service caring?

Our findings

There was a relaxed, welcoming and friendly atmosphere at the home. Relatives told us and we saw they were free to visit whenever they wanted. Some relatives had active roles in the home and took pride in the recent achievements of the staff and home. Relatives told us staff were very caring and kind to both their family member and themselves. The management team had genuine concern for the wellbeing of people's relatives and acknowledged the importance of their role in caring for their family members.

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed to go to the toilet. A screen was used when staff were hoisting people in the lounge to maintain their privacy and dignity.

Staff had a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed. They offered people things to keep them occupied when they looked bored and allowed people to rest when they were tired.

Staff spoke fondly of the people they cared for, they wanted to be able to provide the best possible care for them and felt that the increase in staffing levels meant they were able to do this better.

People were prompted and supported to be independent in some areas of their lives such as eating and drinking. Staff were genuinely pleased when one person fed themselves after staff gently prompted them to hold a spoon. They sensitively and quietly praised the person and recognised their achievement. Staff explained to us the person would usually make no attempts to hold a spoon or cup.

At previous inspections some staff were not always respectful to people. At this inspection staff treated people with respect at all times.

People who were reaching the end of their life had specific care plans in place to make sure their wishes and care needs were met. People and their relatives had been involved in producing any end of life care plans. A relative told us they were happy with the care their relative was receiving towards the end of their life. The person also told us they were comfortable and had everything they needed. They were being cared for in bed and their care plan was being followed by staff. We saw that staff were checking the person regularly and providing them with fluids, mouth care, food and personal and pressure area care to keep them comfortable. Their care plan also covered their wellbeing needs and need for occupation and stimulation. They continued to have a daily newspaper and they were positioned so they were able to watch television.

Good

Is the service responsive?

Our findings

Relatives told us they were kept up to date about important matters that related to their family members. One relative said, "Everything has improved greatly we're kept informed about everything. I make a point of seeing (manager) every time I visit and (deputy manager) keeps me up to date as well."

At the last three inspections we identified shortfalls in the care and support people received and their assessments and care plans did not accurately reflect their needs. These previous shortfalls were repeated breaches of the regulations.

There were daily recorded handovers where staff discussed with staff coming on duty how each person had been that day. The handover included a summary of people's needs and any updates or changes in their needs. Staff and the management team told us this new system was working well and the communication about people's changing needs had improved.

At this inspection people's care plans had been reviewed and reflected their current needs. They included clear directions to guide staff on how to care for and support people. For example, people's care plans included how they were to be moved and what equipment was required. One person's care plan had been updated to reflect they were no longer able to walk unsupervised and that staff needed to support them by using a hoist to move them.

People who needed to have palm protectors on because of their contracted hands were wearing these. Staff were clear of when and how long each person needed to have their palm protector on. This was an improvement as we had identified this shortfall at the last two inspections.

People's preferences for their personal care needs were met. For example, people who preferred a shower or bath had their choices met. This was an improvement.

Care plans included people's social and emotional wellbeing needs as well as their personal and physical care needs. This was an improvement. Each person had a 'This is me' document completed. 'This is me' is a practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. Staff were knowledgeable about people including their personal histories, what was important to them and how they liked to spend their time. This meant they were able to care for people in a much more person centred way.

At this inspection staff were responsive to people's needs. For example, staff responded, sat and talked with one person as soon as they called out. Another person was struggling to eat their meal with the cutlery they had, staff noticed this and immediately discretely gave the person a spoon and the person was able to continue eating independently. People and relatives told us and we saw that overall staff responded quickly to people when they used their call bells.

There were things for people to pick up and do in the lounges. These ranged from books, rummage boxes, magazines, adult colouring books, soft toys and tactile and brightly coloured objects. There was a programme of activities each day and the activities worker spent time with people on an individual basis and in groups. During the inspection we saw people participate in doing puzzles, colouring, arts, flower arranging, singing, dancing and playing skittles. Some of these activities were group activities and others were individual. The activity staff quickly identified when a person wasn't engaged in the group activity and provided them with their own activity that they knew they would enjoy. For example, one person was not interested in the game of skittles so the staff sat with the person and used a book to reminisce with the person about their working life. Staff made sure that another person, who was living with dementia and was not able to communicate verbally with staff, had things to hold and to occupy themselves with. Staff sat and held the person's hands and sat quietly talking with them and the person smiled back at them. People were visibly enjoying themselves with staff and they laughed and chatted together.

People who spent time in their bedrooms had music or the radio to listen to as detailed in their care plans. For example, one person who was living with dementia and who did not always communicate verbally was listening to classical music. The person was visibly enjoying the music and was waving their arms in time with the music.

Following our last inspection the complaints procedure had been updated to inform people they could complain to the ombudsman if they were dissatisfied with the outcome of the home's complaint investigation. The complaints procedure was displayed in the main entrance of the home.

People and relatives told us they did not have any concerns or complaints about the home. They were aware of how they could raise any concerns or complaints. They told us they had confidence in the management team and that they had acted on any concerns raised with them.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspections we found the home was not well-led. This was a repeated breach of the regulations. During the January 2016 inspection the providers appointed a new management consultancy to support the home. The home has not had a registered manager since August 2015 when one of the directors of the provider cancelled their registration as manager. A new manager was appointed in May 2016 and has applied to be registered with the commission.

In April 2016 the providers entered into a management contract with the management consultants. This meant the management consultants would be responsible for the day to day management of the home whilst the provider remained responsible for the finances, maintenance of equipment and the environment. The management consultants have managed the home alongside the new manager and there will be a planned handover once the manager is registered. A representative of the management consultancy had been nominated by the provider to provide operational oversight of the service and will continue to be responsible for the overall care provision at the home.

At this inspection, we found that actions had been taken by the management team, and improvements had been made to meet most of the regulations they were responsible for. We were not able to tell whether the improvements we found could be successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

Staff and the management team told us they had funded some essential pieces of kitchen equipment themselves as the provider had not arranged for the funding of these. There had been delays of two months in the repairing of the call bell system and alarm mats for people. There were still not any working call bell pagers (staff carry these and they show what room is calling) which meant the call bells were audible throughout the home and staff had to leave wherever they were to look at the call bell panels in the corridors.

There continued to be shortfalls in meeting some of the regulations that were the responsibility of the provider in relation to the ongoing purchasing, maintenance and safety of equipment and of the building. These shortfalls had been identified by the management team but the provider had not acted on or addressed them in a timely way to ensure the ongoing safety of people and others. These continued shortfalls in mitigating the risks to the health, safety and welfare of people and others who may be at risk and improve on the shortfalls identified were a breach of Regulation 17(2) (b) (f).

The management team have been providing us with a monthly action plan as required. This is so we have an up to date position of the progress on meeting the shortfalls from previous inspections.

The management team were introducing new systems to monitor the safety and quality of the service. From these, action plans were starting to be developed, which included weekly health and safety checks and a full six month audit. The management consultant, appointed by the provider as the nominated individual, had completed a two day assessment and audit of the whole service just before our inspection. From this

assessment they had developed an improvement plan. This included specific actions and timescales for the manager and staff. Any additional audits the management team had completed that identified shortfalls had a subsequent action plan. As all these action plans had only just been produced we were not yet able to assess their effectiveness.

At our last inspection we identified some concerns with leading questions in the surveys that had been sent to people and their representatives. The management team had sent new surveys to people and their representatives and family. These had not yet been returned but the manager told us these would then be collated and any actions identified would then be included in the improvement plan for the home.

The management consultants had written a new statement of purpose. This is a document that describes the services that home provides and information about people's rights and other information whilst living at the home.

Relatives told us the management of the home had improved following the appointment of the management consultants and new manager. One relative told us that only now were they able to recognise that the home had not been previously well managed. They gave examples of when they asked for anything to be done now, staff and managers responded immediately rather than the relative having to chase things up for a number of weeks.

Relatives meetings had been held in April, May, and June 2016. Relatives told us these meetings were informative. The next meeting was scheduled for September 2016. The manager was collating a list of relative's email addresses so the minutes could be sent to those relatives that could not attend. This was so everyone's families were kept informed even if they were not able to attend the meetings.

The management team told us compliments had been received about the home but these were not available in the home as the provider had them.

The manager completed a daily walk around the home when they were on duty to monitor people's well-being and records, staffing levels and to identify any concerns with the building. A record of this monitoring was kept and included when action had been taken. For example, when the gas cooker was not working the next day's record reflected the cooker was working.

People's record keeping had improved and overall there were accurate and contemporaneous records of the care and support people received. The deputy manager had started to spot check people's monitoring records on a weekly basis. These spot checks were identifying some areas for improvement and these were fed back to the staff team. As these had only just been introduced we have not yet been able to test whether these spot checks and improvements in record keeping will be sustained.

The home's overall 'inadequate' rating from the last inspection was clearly displayed in the entrance.

We saw and relatives and staff told us about the change in atmosphere and culture of being open and transparent. The atmosphere in the home was relaxed, friendly and welcoming.

Staff told us the culture at the home had changed and that they were now free to raise any concerns with the management team without the risk of repercussions. Staff said there was no longer a blame culture and they felt well supported and had positive role models in the management team. They gave examples of when they had suggested an improvement, and this had been listened to, and implemented. We saw the management team raised any concerns with staff practices in a discreet way. The management team

modelled good practice and gently and quietly encouraged staff to follow their models of care and support. The manager told us they were encouraging staff to problem solve and supporting them to increase their skills and knowledge. Staff and managers told us they felt they were starting to all work well as a team.

The management team were open and transparent with us and acted immediately to respond to any shortfalls we identified. They have provided further information to us as requested and kept us updated about progress and incidents at the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The shortfalls of acting in accordance with the Mental Capacity Act 2005 were a repeated breach of Regulation 11 (1) (2) (3) (4) (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

CQC has cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The shortfalls in the medicines management and ensuring the premises and equipment are safe for people were a repeated breach of Regulation 12 (2) (a) (b) (d) (e) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

CQC has cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The shortfalls in the cleanliness of some communal carpets, the high temperatures and the lack of ensuring equipment and the premises are properly maintained were a breach of Regulation 15 (1) (a)(c) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

CQC has cancelled the provider's registration.

Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

The shortfalls in mitigating the risks to the health, safety and welfare of people and others who may be at risk and to take action to improve on the shortfalls identified were a breach of Regulation 17(2) (b) (f).

The enforcement action we took:

CQC has cancelled the provider's registration.