Bupa Care Homes (CFChomes) Limited

Dean Wood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
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

We inspected Dean Wood Care Home on the 13 and 14 September 2016. We previously carried out a comprehensive inspection on 24 and 25 February 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to people not being moved and transferred safely. We also identified areas of improvement required in relation to the management of medicines, staff not receiving regular supervision and the culture and morale of staff. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these concerns.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas, however we identified further areas of practice that needed improvement.

Dean Wood Care Home is registered to provide accommodation and care, including nursing care for up to 80 people, with a range of medical and age related and chronic conditions, including arthritis, frailty, mobility issues and dementia. The service is located in Woodingdean, East Sussex in a residential area. There were 77 people living at the service on the days of our inspections.

A registered manager was in post, however at the time of our inspection they were on planned leave. 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 and associated Regulations about how the service is run. Day to day charge of the home was taken by a support manager and the deputy manager, to provide consistent management cover until the registered manager returned to post. They are referred to as the manager in this report.

A formal supervision strategy for staff was yet to be fully established, as was a clear structure of one to one supervisions, as to who provides them and is accountable for them to be implemented. This issue had been identified through the providers own quality monitoring processes and systems have started to be put in place. However, this needs to be embedded, to ensure that the provider's policies and good practice guidelines are being implemented.

The culture and values of the provider were not embedded into every day care practice. We received mixed feedback from staff in relation to whether they felt supported within their roles, and being able to approach management with issues and concerns. Mixed feedback was also received in relation to staff morale and feeling valued in their role.

Daily records used to monitor the assessed levels of air mattresses to help prevent pressure damage contained gaps in their recording, or were missing. The provider undertook quality assurance reviews to

measure and monitor the standard of the service and drive improvement. However, the provider was unable to identify the specific actions from these audits and could not demonstrate improvement or impact for people over time.

The above issues have all been identified as areas of practice that need improvement.

People told us they were happy living at Dean Wood Care Home. One person told us, "The staff are helpful and kind". A visiting relative said, "It's brilliant care, they've really picked up on [my relative's] personality". People's privacy and dignity was respected. Staff had a good understanding of people's needs. They treated people with respect and protected their dignity when supporting them with personal care. One person said, "Staff are kind and considerate, they ask what I want to do".

Relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided. Care plans described people's needs and preferences and they were encouraged to be as independent as possible.
Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

There were sufficient numbers of staff to ensure that people's needs were met and that they received care and treatment promptly. One person told us, "There seems to be mostly enough staff. They come when I call them and pop in to check on me". A relative said, "I think there are enough staff, that's the beauty of a big home". People commented they felt safe living at Dean Wood Care Home. One person told us, "I feel safe, it's secure here". Safe moving and handling practices were observe throughout the inspection. Staff were aware of what actions they needed to take to raise a safeguarding concern. Policies and procedures were in place to safeguard people.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including caring for people with dementia, and training around the care of pressure damage. Staff were positive in their feedback of the training available. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

People spoke highly of the food. One person told us, "The food is nice, not bad at all". Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

Care and treatment focused on the needs of the person and acknowledged their individuality and identity. There was a focus on meaningful activities to ensure people's social and emotional well-being was fully promoted. There were activity co-ordinators in post who led on the provision of meaningful activities. A

relative said, "My [relative] is not keen on socialising and games, they offer, but don't push. They realised though that she likes watching the activities and they picked up on that". People were also encouraged to stay in touch with their families and receive visitors.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Robust systems of personal development, such as supervision meetings had not routinely been taking place.

People spoke highly of staff members and were supported by staff who received appropriate training.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff told us they were not routinely supported and listened to by management. Feedback indicated issues in relation to staff morale.

Several records contained gaps in their recording, or were missing information. Systems were in place to assure quality and identify any potential improvements to the service, however we were not provided with evidence that these had taken place routinely and could not identify specific actions in relation to driving up quality.

People, relatives and staff spoke highly of the service. Forums were in place to gain feedback from staff and people. Feedback was used to drive improvement.

Dean Wood 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 checked 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.

We inspected Dean Wood Care Home on the 13 and 14 September 2016. We previously carried out a comprehensive inspection at Dean Wood Care Home on 24 and 25 February 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to people being moved and transferred safely. We also identified areas of improvement required in relation to the management of medicines, staff not receiving regular supervision and the culture and morale of staff. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

Three inspectors and an inspection manager undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including seven people's care records, four staff files and other records relating to the management of the service, such as training records, daily care records and audit documentation.

During our inspection, we spoke with 11 people living at the service, three visiting relatives, eight care staff, the manager, the deputy manager, the training manager, the activities co-ordinator, two registered nurses, a regional support manager, three ancillary staff and two visiting healthcare professionals. We also 'pathway

tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

At the last inspection on 24 and 25 February 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect of people not being moved and transferred safely. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified concerns in relation to the way people were being moved and transferred. At this inspection, we observed staff on several occasions supporting people to move, for example, transferring people from their wheelchair to armchair and assisting them to mobilise around the service. All the transfers we saw were carried out safely and staff ensured that they explained to people the procedure, to ensure that they were aware of what was going to happen and help to manage any anxiety. People told us that they felt the moving and handling techniques practiced by staff were safe. A visiting healthcare professional told us, "I have never seen any unsafe practice". A visiting relative said, "The handling in the hoist is good, they are well trained". The manager added, "After the last inspection, all staff received refresher training in moving and handling. Moving and handling training is also delivered to new staff on their induction. We are currently 99.5% compliant with moving and handling training".

At the last inspection we identified issues in relation to the way that medication administration records (MAR) were completed. At this inspection, we looked at the management of medicines. The registered nurses and senior care staff were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. One person told us, "They give me my medicine, they know when and what". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

People said they felt safe and staff made them feel comfortable. One person told us, "I feel safe, it's secure here". Another person said, "[My relative] is happy that I am here and that I'm safe". A visiting relative added, "[My relative] is safe, I can trust them". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

Peoples care plans had a number of assessments that covered such areas as skin integrity, hydration and nutrition, falls and mobility. The risk assessments identified hazards to good health, the risks these posed and the measures taken to reduce the risk to the person. These were regularly reviewed. We spoke with staff,

and the manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The manager gave us examples whereby people had chosen to manage their own medication, access the local community and facilitate their own medical appointments. We saw staff actively supporting people at risk of falling to mobilise independently around the service.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. There was an emergency plan in place and equipment, such as lifting equipment, had been checked and serviced regularly to ensure it was safe to use. The fire alarm system and equipment were checked at regular intervals. There were personal emergency evacuation plans in place for people living at the service and regular fire drills had taken place. We saw that there were several inaccuracies in the documentation used to record staff entering and exiting the service. However, we raised this with the manager, who addressed this immediately and ensured that signage was visible to remind staff to sign in and out.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The manager told us, "We adjust the shift patterns to assist with mealtimes and admissions. We can adjust the allocations of staff on each floor and 'flex' up if we need more, for example a hostess to assist at mealtimes". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used if required. Feedback from people and visitors indicated they felt the service had enough staff. One person told us, "There seems to be mostly enough staff. They come when I call them and pop in to check on me". A relative said, "I think there are enough staff, that's the beauty of a big home". Another relative told us, "They are busy, but I think there are enough staff". A visiting healthcare professional added, "The turnover of staff on one of the floors is quite high and sometimes the staff seem rushed, but you get that in any care environment. I can't fault the care and I can't say I've seen anything bad". We received mixed feedback when we asked staff whether they felt the service had enough staff. One member of staff told us, "There is too much use of agency staff, but we're told we just have to get on with it". Another said, "I think there are enough staff on my floor, but there aren't on the Norfolk floor". A further member of staff added, "We have enough staff here, but sometimes we have to help out on the other floors". However, our own observations identified that care and support was delivered safely by appropriate numbers of staff.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 24 and 25 February 2015 we identified areas of practice that needed improvement. This was because staff had not received regular and formal supervision meetings.

Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. We asked staff if they received regular supervision and whether they found it useful. We received mixed responses. One member of staff told us, "I can't remember my last supervision, maybe at the beginning of the year". Another member of staff said, "I don't know who I'm supposed to have supervision with". A third member of staff told us, "I've had one supervision since the last inspection". A further member of staff added, "I am not that bothered about supervision. I think I have it every three months, but not recently".

We raised this with the managers' of the service who informed us that all staff supervisions had recently been collated for the past year, so they were aware what was required and had formulated a strategy for delivering staff supervision. We were told that additional hours had been agreed for supervision to be undertaken more regularly. A manager told us that informal coaching took place regularly with staff and that a clinical 'walk round' took place daily to enable clinical staff to discuss issues and provide direction.

However, the formal supervision strategy was yet to be fully established, as was a clear structure of one to one supervisions, as to who provides them and is accountable for them to be implemented. This issue had been identified through the providers own quality monitoring processes and systems have started to be put in place. However, this needs to be embedded, to ensure that the provider's policies and good practice guidelines are being implemented. The manager agreed that a clearer process and regular, consistent formal one to one supervisions for staff would be beneficial for the staff and service. We identified this as a continued area of practice that needs improvement.

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

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "I understand consent. If somebody says no to an aspect of their care, we would note it and look at it again. Some people might agree to do something yesterday, but not today, it's their choice". Members of staff recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to

make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and training around the care of pressure damage. Staff spoke highly of the opportunities for training. One member of staff told us, "We see the training advertised in the staff room. We have regular training to learn best practice". Another added, "We have training relevant to people's needs. There is a wide range of it and it's updated regularly". People told us they received effective care and their individual needs were met. One person told us, "I can't complain, you can't fault the staff". A relative said, "Efficient and compassionate staff". Another person added, "There are good staff here". Another relative added, "The staff are very helpful, cheerful and professional".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Dean Wood Care Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "Induction was one week and we had shadow shifts. I thought it was really important, especially for people who hadn't worked in care". The training manager told us, "It is a five day induction, with two days in the classroom. The new member of staff is then 'buddied' in the home for three days. We always ask staff for feedback around the induction".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us, "They call the doctor for me when needed". Staff were committed to providing high quality, effective care. We saw an example whereby a member of staff was concerned about a person's health. The member of staff had requested a medication review for this person. Following the review, this person was much less anxious and their wellbeing had improved. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and chiropodists whenever necessary. A relative told us, "They liaise with the doctor if there are any concerns, they monitor everything".

People were complimentary about the food and drink. One person told us, "The food is nice, not bad at all". Another person said, "We get given plenty of drinks". A relative added, "The food is good, [my relative] gets enough". People were involved in making their own decisions about the food they ate. One person told us, "The food is good and they do something different if you want it". Special diets were catered for, such as diabetic and fortified. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The manager told us, "Meetings take place between the residents and the chef to discuss and manage the menu. People can eat 24 hours a day if they want to".

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. The atmosphere was enjoyable and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs

of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care, treatment and support they received. One person told us, "The staff are helpful and kind". A visiting relative said, "It's brilliant care, they've really picked up on [my relative's] personality". A further relative added, "I cared for my [relative] before they came here and I feel that good quality of care has continued".

People's needs were respected and staff were aware of what was important to people. For example, some women liked to wear make-up, jewellery and particular clothing to reflect their lifestyle and staff supported them to do this. We saw rooms held small items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. Communal areas had displays on the wall that reflected people's interests, some of which they had created. People were supported to live their life in the way they wanted.

Staff provided care, treatment and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. For example, we saw one person who became distressed at lunchtime, as they had just woken up from a nap. A member of staff acknowledged their distress and sensitively said, "You don't have to worry, it's all fine, it's only lunchtime. You don't have to move, just have your lunch here". The person visibly relaxed and was pleased that they had been given the choice of where to eat their lunch. The member of staff stayed and chatted with them about other matters until they were relaxed and ready to eat.

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. One person told us, "I sometimes feel the staff think that I'm awkward if I want to get up early and sit in the lounge, but they always help me". Another person said, "Staff are kind and considerate, they ask what I want to do". Staff asked and involved people in their everyday choices, this included participation in activities on offer that day, seating arrangements at meal times and choice over the meal itself. A member of staff told us, "The daily routine varies, as it depends on what people want to do and when they want to get up. It's really determined by what they want".

Staff told us how they assisted people to remain independent. We saw staff encourage people to mobilise and to eat and drink at their own pace. One person was encouraged to walk around the service unaided. Staff never told this person to sit down, but instead carried a chair around for them and moved furniture, so that they could remain mobile for as long as they wished. The manager told us, "We encourage people to do as much as they can. We want to keep them safe, but facilitate their choices"

People told us staff respected their privacy and treated them with dignity and respect. A visiting relative told us, "The carers are very patient and respectful with my [relative]". Staff understood how to respect people's privacy and dignity. They told us how they were respectful of people's privacy and dignity when supporting them with personal care. For example, they described how they ensured that they closed doors and used a

towel to assist with covering the person while providing personal care, in order that their modesty was protected. The manager added, "We observe care delivery regularly, to assure ourselves that people are being treated with dignity and respect". Staff also ensured that people's modesty was protected when supporting them to move using a hoist. Staff explained what they were doing before they started the procedure and continued to speak with them throughout.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. For example, we observed that pain relief was provided on request. People told us that they thought staff understood their health restrictions and frailty and were sensitive to this. One person told us, "All the nurses are lovely".

Care records were stored securely. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were coming and going during our visit. Relatives told us they could visit at any time and they were always made to feel welcome. A visitor told us, "They are fantastic, it's wonderful here. I can come at any time and I am welcomed". The manager added, "We have lots of visitors. They can visit 24 hours a day, they all have the codes to access the doors".

Good

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us, "I enjoy the activities". Another said, "They ask me if I'm alright and if I need anything". A relative said, "My [relative] has a good relationship with the carers, they provide individual care". Another relative added, "[Staff member] is simply marvellous, you just have to ask and she does".

Care and support records were personalised and detailed. People's needs were assessed before they came to Dean Wood Care Home. Records included details about people's life history and the people and things that were important to them, as well as the day to day care they required and their preferences for this. Details also included people's place of birth, places they had lived and their occupations. Family members were listed and interests and hobbies were included. This information provided a clear sense of the person. For example, one care plan stated, that a person liked to listen to music during the day and talk about football. We saw this was the case and a member of staff told us, "We make sure that the activity co-ordinator spends time with him and they talk about football and the teams they support". A visiting relative said, "We spoke about the care plan for an hour when my [relative] came in. We went through every aspect. I gave feedback around my [relative's] preferred night time routine and the staff listened and we got her sleeping issues resolved". We also saw an example where the daily food menus were translated into Spanish for one resident, so that they could be easier for them to make their choices of food.

Staff told us they were committed to delivering person centred care and that they knew people well. One staff member told us, "We get to know the residents, so that we can give them the care that they want". Another said, "We get to know people and we're patient, because I know that people do things at a different pace, all the care is individual. If someone has particular needs, we accommodate them". We were given examples by staff of people's assessed needs, preferences, likes and dislikes and how they like things to be done. For example, a member of staff spoke in detail about how to manage a person's fluid intake and how they should ensure that more fluid is offered in hot weather. We were given another example of how somebody wished to have a shower at a certain time of day, as this was their preference.

People were encouraged to take part in meaningful activities. For example, we saw people taking part in activities in the service, which included poetry readings and enjoying a visiting entertainer. One person told us, "I enjoy the activities". A relative said, "My [relative] is not keen on socialising and games, they offer, but don't push. They realised though that she likes watching the activities and they picked up on that". We asked how activities were planned to ensure people's preferences were included. A member of staff told us, "Activities take place seven days a week, both AM and PM. We change the location of them in the home, so that they can be accessible to everyone at different times". The activities co-ordinators met people individually to discuss their interests and we saw that a regular social club took place to discuss which activities should be organised for people. A member of staff added, "We record an attendance list and get people's feedback on activities. This can help us plan future events. We also have one to one time scheduled for people who stay in their rooms, or don't wish to join the activities". A relative told us, "One of the girls [staff] sat with my relative on her own for about 20 minutes, they really make the effort".

People were supported to follow their interests. For example, one person had previously been an artist and was supported to attend an art therapy club. Another person was interested in the composer Beethoven. Activities staff had provided them with an iPad, in order for them to listen to a classical recital of Beethoven's music. We saw that several people were interested in local history and the activities co-ordinator had organised for a local museum to come to the service and give a talk, which was well attended. We noted that these interests were recorded in people's care plans.

People told us that they knew how to make a complaint and the complaints procedure was on display around the service. The manager kept a log of all complaints received and actions taken. This showed that complaints were addressed. People and relatives told us that they rarely raised complaints, but would feel comfortable to do so. A relative told us, "Things have cropped up in the past and if we need to talk about anything, they listen".

Requires Improvement

Is the service well-led?

Our findings

Comments we received from people indicated they felt the home was well led. One person told us, "Oh, it's marvellous here". A visiting healthcare professional said, "There appears to be a culture of openness". Another visiting professional said, "I feel the home is good, there are no alarm bells ringing for me". A relative added, "Absolutely it's well run, they work with the families and encourage us to be involved". However, despite the positive feedback, we found areas of practice which needed improvement.

At the last inspection on 24 and 25 February 2015 we identified areas of practice that needed improvement. This was because the culture and values of the provider were not embedded into daily practice and staff spoke negatively about the service. Some improvements had been made, however further areas requiring improvement to culture and support for staff, the accuracy of recording and audits of quality were identified.

We discussed the culture and ethos of the service with the manager and staff. The manager told us, "We deal with people on an individual basis. The care is person centred and we are meeting people's needs. We encourage people to be incorrigible, and why not? The relationships we build with residents and their families is good". A member of staff added, "I enjoy working here and would be happy to live here, and I think people are happy living here". A further member of staff said, "I think we provide good care. Everyone cares an incredible amount".

We received mixed feedback from staff in relation to whether they felt well supported within their roles and being able to approach management with issues and concerns. One member of staff said, "The manager is a good listener". Another said, "Whenever I've approached the managers', they have listened and acted". However, other feedback was not positive. One member of staff told us, "[Manager] is like a breath of fresh air. It's so needed as he is more approachable. Some of the management are not approachable at all". Another said, "When we go to management, we're not listened to". Further comments included, "I have spoken to some managers here [about concerns], but nothing has changed" and "I feedback information to the management, but I feel that things never get filtered down". We raised this with the manager who told us, "We are trying to create an open culture. The door is always open for staff to come and talk to us, we want them to. We have some very good staff and staff buy in to the home is the most important thing, it underpins everything".

Mixed feedback was also received in relation to staff morale and feeling valued in their role. One member of staff told us, "I can go to my line manager, and they listen and they have praised how I worked". Another member of staff said, "It's much better here than it was". A further member of staff added, "Morale on this floor is quite good, but it's not as good on other floors". However, other feedback was not positive. One member of staff told us, "I wish management would sometimes show their appreciation. No one ever says thank you and they can be really rude. The new manager is much more approachable if you have problems". Another said, "I feel that some managers just want to put you down, rather than support you". A further member of staff added, "I know people have been voicing their concerns and I've not as yet seen any action, but give it time". In respect to staff, the manager said, "We have identified that there have been issues with staff morale, but we have put systems in place to address that. We have organised a staff surgery that is

protected time for staff to air any issues or concerns they have. We are looking to gain the trust of staff, support them and get them to buy in and be part of the running of the home".

We saw through staff meeting minutes that managers were aware of the issues, and were actively trying to implement systems and change to help support staff and improve morale. The manager added, "I have visibility on the floor every day and want to build good relationships with staff. We are organising regular staff meetings". The culture of a service and wellbeing and morale of staff directly affects the quality of life of people living at the service. We have identified the above as a continued area of practice that needs improvement.

Several people on the Norfolk floor of the home were assessed as either having, or being at risk of developing pressure ulcers. Pressure ulcers are areas of damage to the skin and underlying tissues. They are sometimes known as pressure sores or bed sores. They may appear to be minor such as skin redness, but can develop into something more serious, developing from a blister to an open wound, which could affect deeper tissue and even bone. Pressure to the skin can be relieved through the use of an air mattress which is inflated to an assessed level determined by the weight and size of an individual. It is imperative that air mattresses are inflated to the correct level and that this is checked routinely to ensure that it is accurate and appropriate for the individual. We looked at the files of 14 people who were using an air mattress. Seven people had no paperwork to record the daily levels of the mattress. The remaining seven people had paperwork in place, however all the charts contained omissions and recording was sporadic. Whilst it was determined that people's pressure care was being managed appropriately, this lack of recording placed people at an increased risk of pressure damage. Records that contain omissions, or are completed incorrectly can undermine patient care. Accurate record keeping forms the basis for planning peoples' care and treatment. Accurate records provide written evidence that a service has delivered, and provides information for clinical management and quality assurance. We have identified the issue around record keeping as an area of practice that needs improvement.

The provider undertook quality assurance audits to help ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication, care planning and infection control. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. We were told that the results of these audits were analysed in order to determine trends, introduce preventative measures and make plans accordingly to drive up the quality of the care delivered. However, we were only provided with audit data for one month, and the provider could not produce evidence that previous audit activity had taken place. A manager told us that previous monthly audits had been archived. We were shown monthly data which was required to be sent to regional management for information in relation to areas such as weight loss and numbers of care plan reviews. Although it is accepted that this goes some way to confirm an ongoing audit process was in place, the provider was unable to identify the specific actions from these audits and could not demonstrate improvement or impact for people. Additionally, further audits we were shown had only recently been implemented, and we were again unable to analyse the effectiveness of these systems in driving ongoing improvement. We have therefore identified this as an area of practice that needs improvement.

Care staff told us that they communicated well, supported each other. One member of staff told us, "We support each other well. For example if someone is struggling to get a resident up, we will give each other a hand". Another said, "Communication is good. Some days its fine, but other days we might not know if someone has called in sick. We have a communication book that everybody reads". A further member of staff added, "The communication is good". Regular staff meetings took place and staff approached issues and concerns as a team. One member of staff told us, "We have daily meetings and everybody has a voice. We have the time to say anything we want". Another said, "The atmosphere here is much better now and we

work well as a team". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

People were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. Feedback from people was that management was visible within the service took an active approach to communication, sharing information and acting upon feedback to improve the service. A visiting professional told us, "The management are accessible and available. It is very rare that I can't speak with them". A relative said, "Information is always there and I don't have to ask, if there is any problem they will call. There is a form in the foyer for us to leave our feedback. We have taken the opportunity to complete it. [My relative] loves it here, it couldn't be better and its purpose built". Residents meeting took place on monthly on all floors of the service, and we saw that a suggestion box was in place for people to use. The service displayed information titled "You said – We did". This gave details of improvement made by the home in light of feedback received. This included ensuring that food was served at a hotter temperature. The manager gave us an example how through staff feedback, tea trolleys had been implemented to help make mealtimes easier for staff.

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. The manager told us they were supported by the provider in their role. Up to date sector specific information was also made available for staff, including guidance around the MCA and DoLS, updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.