

Dryband One Limited

Bradley House Care Home

Inspection report

Bradley Road
Grimsby
North East Lincolnshire
DN37 0AJ
Tel: 01472 878373

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We undertook this unannounced inspection on the 22 and 23 October 2015. At the last inspection on 5, 6 and 7 June 2015 we found the registered provider was non-compliant in five of the areas we assessed. We issued compliance actions for concerns in person centred care, staffing and governance. Two warning notices were also issued regarding concerns in how the environment was maintained and standards of hygiene. During this follow up comprehensive inspection we found improvements had been made in all areas. We have rated one individual domain, 'Caring', as Good; the rating for the domain 'Responsive' remained rated as Requires Improvement

and we have changed the rating from Inadequate to Requires Improvement in 'Safe', 'Effective' and 'Well-led'. We have changed the rating of the service overall to Requires Improvement. This is because we want to monitor the improvements further to be sure they are sustained over a period of time.

Bradley House Care Home is registered to provide residential care for up to 56 older people, some of whom may have a physical disability and may be living with dementia. The majority of the accommodation is

Summary of findings

provided on the ground floor; there are six bedrooms on the first floor with lift and stair access. There is a good range of different communal space. The home is situated on the outskirts of the town of Grimsby.

The service is required to have a registered manager. 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 registered manager had left the service at the end of June 2015. A new acting manager had been appointed and was in the process of collating information for their application to be the registered manager.

We found improvements in the way the service was managed. A new quality monitoring system had been started which included audits and meetings to seek people's views. We are keeping this area under review and monitoring it to make sure the improvement is consistent over time.

We found significant improvements had been made to the quality of the environment, new furniture, furnishings, flooring and décor had been provided. Significant improvements were seen to have been made to the standards of cleaning and hygiene and the service smelled fresh. We are keeping this area under review and monitoring them to make sure the improvements are consistent over time.

There was a better range of activities for people to participate in and a new activity co-ordinator had been appointed.

We found staff were recruited safely and there were sufficient numbers of staff with different skills and experience on duty day and night. Staff received more training and supervision in order for them to feel supported and confident when caring for people.

Although care was planned and delivered in a more person-centred way, further improvements were needed to ensure staff were provided with clear and detailed care directions to meet people's assessed needs.

We found people were treated with dignity and respect, we observed staff interacted well with people, knew their likes and dislikes and demonstrated a caring and attentive approach.

We found people were protected from the risk of abuse or harm. Staff were aware of how to use the policies and procedures to safeguard people and when to make referrals to the local safeguarding team.

Safe systems were in place to ensure people received their medicines as prescribed and they were held securely.

People were provided with a varied diet that took account of their likes, dislikes and preferences. They told us the meals were good and we saw a choice of food and drink was offered throughout the day.

People had their health needs met and received additional treatment and advice from a range of health care professionals in the community.

We observed staff support people and their relatives in a kind and compassionate way. People

were supported to make their own decisions and choices. When they had been assessed as lacking capacity to make their own decisions, staff acted within the law and held best interest meetings with relevant people present.

People felt able to make complaints. There was a policy and procedure to guide staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'safe' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

The service was clean and the management of cleaning standards had improved.

Staff were recruited safely and employed in sufficient numbers in order to meet people's assessed needs.

People received their medicines as prescribed. Medicines were managed safely.

Requires improvement



Is the service effective?

The service was effective.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'effective' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

A major renewal programme throughout the service was near completion and significant improvements had been made to the quality of the environment.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. Menus provided a variety of meals with choice and alternatives. People liked the meals they were provided with.

People were assisted to make their own choices and decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interest meetings to discuss options for people.

Staff received appropriate training, supervision and appraisal to ensure they had the right skills to care for people.

Requires improvement



Is the service caring?

The service was caring.

People's personal information was held securely.

Good



Summary of findings

There was a more person centred approach to care. People's standards of personal care and appearance had improved. We observed staff were attentive to people's needs and were caring in their approach.

Privacy locks were now provided on bedroom doors and people were treated with dignity and respect.

Is the service responsive?

The service was not consistently responsive.

Improvements had been made in the way people's needs were assessed and care was planned, but some care records needed to provide clearer directions for staff. Overall, the records were more person-centred.

There had been improvements in activities for people, especially those living with dementia.

There was a complaints process which was on display and easily accessible to people.

Requires improvement



Is the service well-led?

The service was well-led.

We saw improvements had been made, and have changed the rating from inadequate to requires improvement for this key question; however we could not rate the service higher than requires improvement for 'well-led' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

A new senior management team had been appointed since the last inspection. There was an open culture that enabled people who used the service and staff to express their views. Staff morale had significantly improved.

Improved quality monitoring systems had been put in place that helped to audit and improve the care provided to people. Improvements had been made to the management of risk.

Requires improvement



Bradley House 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 registered 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 unannounced inspection took place on 22 and 23 October 2015 and was carried out by an adult social care inspector. We undertook the inspection visit with a contracts officer from North East Lincolnshire Clinical Commissioning Group.

We usually send the registered provider a Provider Information Return [PIR] before an inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR to the registered provider before this inspection as one had been completed within the last 12 months.

Prior to the inspection we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. The commissioning team provided us with information from their recent monitoring visit.

We spoke with five people who used the service and six of their relatives who were visiting during the inspection. We spoke with one health care professional who visited the service during the inspection.

We spoke with the regional manager, acting manager, cook, two domestic workers, laundry assistant, two senior care workers, a care worker and the activity co-ordinator.

A tour of the service was completed and we spent time observing care. We also used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The care files for seven people who used the service were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and 13 medication administration records [MARs]. We looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

A selection of documentation relating to the management and running of the service was looked at. This included three staff recruitment files, the training record, staff rotas, minutes of meetings with staff and people who used the service, complaints and quality assurance audits.

Is the service safe?

Our findings

People who used the service were asked if they felt safe and if the environment was clean. Comments included, “Yes I do, I’m very safe and comfortable here, no doubt about it”, “The doors are all locked and staff do checks of the windows each night to make sure we are safe”, “Very much so, it’s all been decorated and everywhere is lovely and clean” and “Very clean and tidy throughout.”

People told us there were sufficient staff to support them. They said, “There is always a member of staff around, they are very helpful”, “They do come quickly when you ring the bell” and “With all the work going on, I’ve never seen so many staff, everyone is very pleasant and friendly.”

Visitors spoken with felt there were sufficient staff on duty and improvements had been made with the standards of cleaning. One relative said, “The staff are great and there’s always someone about. The improvements with the home are just fantastic, it smells so clean when you come in, such a change” and “It’s much cleaner now, no smells anymore, the new flooring has made such a difference.”

At the last inspection on 5, 6 and 7 June 2015, we found the systems to protect people who used the service from risk of infection were not effective. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Areas of the residential unit were dirty, malodorous and unhygienic. We issued a warning notice. We found improvements had been made since the last inspection. Many areas of the environment had undergone renewal such as décor, furniture, furnishings and flooring. External contractors had completed a ‘deep clean’ of key areas of the service such as the laundry, sluice and kitchen. New cleaning schedules had been put in place and domestic hours had increased. Additional training in infection control and cleaning had been provided to staff. During the inspection we looked around the environment and found it was clean, tidy and smelled fresh. Liquid soap, paper towels and waste bins were provided in all bedrooms, bathrooms, toilets and other key areas such as the laundry and sluice, to support effective hand hygiene practices. We found wheelchairs and mobility equipment were clean, although we noted paintwork on one of the hoists was very worn, which meant effective hygiene standards would be difficult to maintain and mentioned this to the acting manager to address.

At the last inspection we also found there was insufficient staff on the residential unit to meet people’s needs safely. This meant there was a breach in Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014 and we issued a requirement notice. We found improvements had been made since the last inspection and there were sufficient staff on duty to meet people’s needs day and night. The service no longer provided specially commissioned beds to support respite and recuperation for people to prevent hospital admission or early discharge. The registered provider had taken the decision to cancel their registration to provide nursing care at the service. They had worked with people who used the service, their relatives and the commissioning authorities to have people’s needs assessed and assisted with the decisions to find new placements where necessary.

This meant the occupancy levels at the service over the last four months had dropped and there were now 13 people residing at Bradley House. Some of the care workers had moved to work in the registered provider’s other services nearby, but the majority had stayed at the service. The regional manager confirmed they had maintained a higher ratio of staff due to the additional work and support needed from the renewal programme. Staffing rotas showed levels of four staff were provided during the day and two staff on night duty. A new activities person had been appointed, new maintenance workers had recently been recruited and domestic hours increased. Staff confirmed they had enough time to carry out their duties safely and effectively. Comments included, “It has been hard work with the improvement programme and ensuring this hasn’t impacted too much on residents, but it’s been so worth it” and “Staffing levels and support for us has improved so much over the last few months, it’s a lot better, we can spend time with people and they have needed that.”

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to checks gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults.

Checks on the care files for people showed improvements had been made with some aspects of risk management but there was more work to complete. We found staff were much more aware about risk management and updating

Is the service safe?

risk assessments when people's needs changed. This helped to minimise the risks and ensure staff had up to date information about people. We saw people had risk assessments for areas such as fragile skin, moving and handling, falls, nutrition and use of bed rails. However, we found some of the risk assessments had not been completed consistently and were not always accurate. The acting manager confirmed they were working hard to make the necessary improvements in relation to risk management and would ensure staff received appropriate support and guidance with this.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Equipment used in the home was serviced at intervals to make sure it was safe to use.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good

knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice.

We looked at the management of medicines and found this was completed safely and appropriately. Medicines were obtained, stored and recorded properly and were administered to people in line with their prescriptions. All the people spoken with said they received their medicines on time. We observed how staff administered medicines to people who used the service. Staff had a patient approach; they explained what the medicine was for and offered extra prescribed medicines where appropriate, such as pain relief. Some of the medication records seen did not contain a photograph of the person which was mentioned to the acting manager to address. The acting manager told us they were in the process of changing pharmacy suppliers which would improve the service they received.

Is the service effective?

Our findings

People who used the service told us they liked the home. Comments included, “I’ve moved rooms, this one’s much better, I like looking at the world going by”, “Can’t fault the place, they’ve worked very hard with all the decorating, very nice indeed”, “They asked us about the colours we wanted on the walls and the bedding. I like the photo they’ve put on my door” and “I miss my old room because it was slightly bigger, but I like being at the front and watching people come and go. It was good to see all those old red carpets go.”

Relatives we spoke were very complimentary about the improvement work to the environment. They told us, “Moving rooms has had such a positive effect on [Name of person] we can see definite improvements with their health and well-being, it’s been amazing. They are much more orientated and interested in life, especially activities and meals”, “We can’t believe all the changes; the place was definitely in need of improvements and they’ve made such a difference.” and “Very pleased with all the new decoration- especially the flooring and curtains.”

People who used the service said they were able to access health care professionals when required and enjoyed the meals provided. They told us, “They would get one [doctor] if I needed”, “Meals are lovely, the cook is very good”, “They come round every day and ask us what meals we want, there’s always a decent choice. The cakes are very nice” and “There are lots of drinks, they encourage us with that. I have my meals in the dining room, it’s very pleasant.” A visitor said, “The staff are good at getting the doctor in if they have concerns, they pick up on any little changes.”

At the last inspection on 5, 6 and 7 June 2015, we found people who used services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and renewal. This meant there was a breach in Regulation 15 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Many areas of the home and grounds required maintenance, redecoration and refurbishment. We issued a warning notice. We found improvements had been made since the last inspection. The registered provider had implemented a comprehensive renewal programme which was due for completion at the beginning of December 2015. We found new flooring had been fitted throughout the majority of areas. New furniture and

furnishings such as curtains, bedding and bed linen had been provided. The regional manager explained how they had discussed the improvement programme in meetings with people who used the service and their families. They had also consulted with people on an individual basis about the choice of décor such as colour of the walls, curtains, bedding and bedroom door. They described how people’s families had provided pictures for communal areas and assisted with personalising their relative’s bedrooms.

Consideration had been made to adapt the facilities in terms of orientation for people living with dementia. Hand rails, doors and lavatory seats were in contrasting colours. Pictorial signage was in place throughout the service to signpost people to communal areas, bathrooms and toilets. Communal areas were uncluttered and a new dresser in the lounge provided a homely touch. The hairdressing salon had been decorated in a fifties style, with themed wallpaper and gilt mirrors. The activity room had been updated. The grounds at the front of the home were more attractive and tidier with better maintained lawns and borders, although the grounds and sheds at the rear of the home still required attention. The regional manager confirmed this work had been included in the improvement programme.

All the staff we spoke with described how positive the environmental improvements had been and how hard the staff had worked over the past few months. It was clear they were very proud of the progress made. One member of staff said, “This has given us all such a lift; the home is looking so good, it’s clean and there are no odours.”

At the last inspection we also found staff had not received some of the training or refresher courses they required and this was included in the requirement notice we issued for the breach of Regulation 18 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found improvements had been made since the last inspection. Staff had completed training courses in topics such as fire safety, infection prevention and control and health and safety. The management team had identified some training priorities such as prevention of pressure ulcers, but there had been delays with the training provider, which they were chasing up. A new training record had been put in place

Is the service effective?

and all outstanding training was booked. The acting manager confirmed they had completed supervision for each member of staff since their appointment and appraisals were scheduled for later in the year.

There was a formal induction programme in place. We spoke with one of the newly recruited members of staff who confirmed they had worked through a programme and shadowed a team leader for two days when they started. Records showed staff had commenced the care certificate.

We found people's nutritional needs were met. The daily meal choices were written on the white board in the dining room, pictures of the meals were also posted. The dining room had a relaxed atmosphere. Food served appeared well cooked and nicely presented. There were two main course choices offered, but people could also ask for an alternative meal. We observed good practice at mealtimes; staff were sensitive and patient in their approach. When one person refused assistance from a care worker, the kitchen assistant sat with them and persuaded them to eat some of their meal. We saw their preference for support from this member of staff was recorded in the person's care plan.

Special diets were catered for and meals of different textures produced to assist people with swallowing difficulties. Catering staff were aware of people's likes, dislikes and special nutritional needs. Records showed people were weighed regularly and any concerns were referred to their GP or the community dietician. Some people at risk of malnutrition had food charts in place, records showed the majority of snacks recorded were limited to biscuits. We mentioned this to the acting manager to follow up.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The acting manager told us applications for DoLS were underway for specific people who met the criteria and they were awaiting authorisation by the local authority. We saw when people were assessed as lacking capacity to consent to care and make their own decisions, best interest meetings were held to discuss options; these included ensuring relatives and other relevant people had input into discussions about decisions. For example, decisions about active resuscitation and covert medication had been arranged and held. In discussions, staff described how they ensured people made as many choices and decisions as they were able to.

There was evidence people had access to health care professionals when required. These included GPs, district nurses, dieticians, the falls team, emergency care practitioners, speech and language therapists and podiatrists. In discussions, staff were clear about how they recognised when a person's health was of concern, for example when they showed early signs of chest and urinary tract infections or when skin was at risk of breaking down. They described the action they would take to prevent people's health deteriorating and the professionals they would contact for advice and treatment for them. Community nursing staff were visiting people during the inspection to provide treatment and advice regarding their health care. They told us staff were knowledgeable about their patient's needs, followed their care directions well and made appropriate referrals.

Is the service caring?

Our findings

People who used the service were very complimentary about the staff and said they were well-cared for. Comments included, “The staff are just lovely, all of them”, “I’m very happy here; everyone is very kind and helpful and I like the meals” and “Nice bunch of staff, very willing to help you.”

Relatives also commented positively on the care their family member received. Comments included, “The staff are fabulous”, “The care is very good indeed. The young staff are excellent, they have a real connection with my mum” and “Very happy staff and this shows in their work and the support they provide. It makes a real difference.”

A health professional stated, “I have always found the staff to be very kind and caring. They have good relationships with people.”

People told us that staff were polite and respectful. They said, “They speak nicely to us. I hear them talking with those people who are confused and they are always nice and patient even when they get very upset” and “I like my own company, staff respect that, they come and see me in my room, but they know I don’t like to go out much.”

We saw care plans involved people in decisions and it was clear they had been written following discussions with people who used the service and their relatives. The care plans contained preferences, likes and dislikes. Staff were able to describe the ways in which they got to know people, such as talking to them and their families, and reading their care plan. They were able to tell us about individual people’s preferences and demonstrated that they knew them well.

There was good evidence people and their families had been involved in the renewal and redecoration programme. Records showed people and their relatives had been consulted about naming the corridors in the service; they considered a woodland theme would be positive and suggested names such as: Finch St. We saw some of the signs had been made and put up. We also found new name plates and frames to hold a personal picture or photo had been provided on each person’s bedroom door. This was to help orientation and also to make the décor homely and more personal. Staff told us how they had helped some people choose a picture of something important to them.

We saw a variety of pictures/ photos in place which included: Daniel O’Donnell, Elvis, a dog and a bird. One person said, “I love that picture of Elvis on my door, it makes me smile whenever I see it.”

People who used the service looked well cared for. Their clothes and hair were well kept and their fingernails were manicured. Some of the ladies had chosen to wear jewellery and the gentlemen were shaved and well groomed. In discussions, staff described how they promoted privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains before providing personal care and speaking with people in private about personal matters. We observed good practice during the day; staff were polite and courteous, they knocked on doors and waited for a response before entering, they spoke to people using their preferred name and were prompt to provide assistance when people needed support to change their clothing after food or drink spills.

Some people were unable to speak with us due to their complex needs; therefore we spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people and they seemed relaxed in the company of staff. We observed numerous examples of warm and kind interactions between staff and people who lived at the service. For example, we saw one person was getting upset and the member of staff sat with them, held their hand and spoke to them in a gentle, reassuring tone.

We found privacy locks were being provided on all bedroom doors and those bathroom and toilet doors where they were not previously in place. One person we spoke with explained how they had their own key to their room and preferred to have their door locked at night. This was recorded in their care file.

We observed people were free to move about the service independently and staff supported when required. We saw staff provided explanations to people prior to delivering care and support or assisting with moving and handling tasks such as transfers into comfortable chairs or wheelchairs. They gave people time to respond to questions and instructions during moving and handling tasks.

Is the service caring?

Some people had complex needs associated with dementia which included communication difficulties. We found the acting manager had obtained some pictorial cards to assist staff when communicating with people.

The acting manager and staff were aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. We found improvements had been made to ensure people's confidential records were held securely. People's care files in daily use were held in the staff office. Staff records were held securely in lockable cupboards in the administrator's

office. Medication administration records were secured in the treatment room. We saw staff conducted telephone conversations with health professionals or relatives in the privacy of an office.

Some people's care records contained detailed information about the care they would prefer to receive at the end of their lives and who they would like to be involved in their care; these showed people who used the service, their families and representatives had been involved where possible. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life.

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their individual needs. They said there were activities for them to participate in when they wished to. Comments included, “They help me with bathing and such like, I am very happy with their support”, “We have had meetings with the manager and staff to go through the care plans, they are very thorough and want to get things right”, “I’ve been involved with updating the care plans and we are working through the ‘My Life’ record to provide all the information about mum’s life history and preferences”, “The new activity co-ordinator is marvellous, only just started but she’s got us doing all sorts” and “I’m impressed with the activities, [Name of person] has been chatting in the room with the other ladies and making bracelets and things.”

People told us they felt able to raise concerns. Comments included, “I am happy with everything and have no concerns. I would speak with the new manager or the senior staff if I was worried about anything though.” and “When [Name of relative] moved rooms, we didn’t like the one we first chose. It just wasn’t right. We mentioned it to the manager and they helped us to choose this one, which is much nicer. They were really nice about everything.”

At the last inspection on 5, 6 and 7 June 2015 we found there were shortfalls in assessing and planning people’s care. This meant there was a breach in Regulation 9 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a requirement notice. We found improvements with the quality of the care records had been made since the last inspection. The acting manager confirmed how each person’s care needs had been re-assessed and where possible they had involved the person and their family. Records showed meetings with families had taken place to discuss the person’s general care needs and any specific issues which have needed to be addressed through a best interest forum. We found assessment records were detailed, complete and provided a lot of person centred information about people’s preferences for how they wished to receive their care.

The care files we checked showed the assessment information was used to help formulate plans of care. We saw the plans of care were very personalised and would provide staff with guidance on how to support people in a person-centred way. Overall, we found the standard of recording in the care files had improved but there were still

some inconsistencies with the detail of the care directions for staff. For example, records showed two people were receiving support for pressure ulcers but the care plans did not detail the type of pressure relieving equipment in place. The pressure damage risk assessment rating was not accurate for one person which could mean they may not receive the correct frequency of support with repositioning and skin checks. Nor was this information included in the care plans. The acting manager confirmed some of the records still required further improvements and she was currently working with staff to address these. She had arranged for the community matron for tissue viability to visit the service the following week to provide training in relation to the pressure damage risk management systems in place.

We asked staff how they were made aware of changes in people’s needs. They told us they felt well informed and that there were a number of ways in which information was shared, including a verbal handover session at the beginning of each shift and a communication book. They told us they read people’s care plans and life histories, which gave them good information about people’s needs. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care to each individual.

A new activity co-ordinator had been appointed the week before the inspection and we found they were getting to know everybody and were providing new activities each day. Some of the activity work included the completion of ‘My Life’ personal history records and they explained how positive the sessions had been as people had spent time discussing their lives with each other and reminiscing. These life history records gave the staff information about the person’s background so they had an understanding of the person’s values, behaviours, interests and people who were important to them. The photographs and pictures in the records also prompted discussion and comfort for individuals.

An activity programme had been developed to include games, one to one sessions, crafts and entertainment. During the inspection we saw people making bracelets and book marks, having manicures and one to one discussions with the activity person. We also observed staff used ‘doll therapy’ with one person as this brought them comfort.

Is the service responsive?

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. We saw the service's complaints process was also included in information packs given to people when they started receiving care. Checks of the information held by us about the service and a review of the registered provider's complaints log indicated that there had been one

complaint made about the service in the last two months. This had been investigated by the acting manager and resolved, and the complainant had been provided with a written response. People and relatives who spoke with us were satisfied that should they wish to make a complaint then the staff and the acting manager would listen to them and take their concerns seriously.

Is the service well-led?

Our findings

People told us there was a positive atmosphere in the service and they felt involved. One person told us, “I am very happy and settled here” and another said, “The staff and managers are friendly and helpful and our opinions are listened to.” Relatives confirmed they had met the new acting manager and regional manager and both persons were visible in the service. Comments included, “There have been a lot of improvements since the new managers took over. They have involved us in all the changes made and feel the home has a more positive future” and “Great new management team in charge now, they’ve worked wonders.”

At the last inspection on 5, 6 and 7 June 2015 we found the quality monitoring system in place was not effective and there was a lack of analysing and learning from incidents and accidents. This meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We issued a requirement notice. We found improvements had been made since the last inspection. A new regional manager had been appointed in June 2015 and they had recruited a new acting manager at the beginning of September 2015. The new acting manager was to apply to the Care Quality Commission for registration.

We received an action plan and checked it out during this inspection; we found the original action plan had been reviewed a number of times over the past weeks. The acting manager had developed other improvement plans which linked and supported the overall action plan. We spoke with the regional manager and acting manager about the changes that had taken place since the last inspection. The regional manager explained they had considered the involvement of all persons who used the service, relatives and staff with the improvement programme and changes at the service, to be fundamental. They described how this had enabled all parties to be supportive of the improvement work, they said, “It has been a journey of improvement and everyone has been encouraged to participate. Everyone has worked really hard and we have had so much support.” We saw evidence that the registered provider had visited the service and spoke with staff. They had also written to staff to thank them for their hard work and dedication in recent weeks.

We found improvements had been made in the management of the service and quality monitoring systems initiated to audit the service provided to people. The office space for the acting manager and staff had been completely reorganised and tidied, we found records and information were more accessible. The acting manager showed us evidence of checks and audits that had been carried out; this had been completed in a more systematic way with the acting manager working through all the key areas of the service. We found thorough audits of infection control, medicines, supervision and appraisal, care plans and staff training had been completed and where shortfalls had been identified, action plans put in place to address these. In relation to infection control and care planning systems, there was evidence of further audits and checks having taken place and close monitoring of these areas.

We found the improvement programme for the facilities had been comprehensively planned and the implementation closely monitored in terms of minimising the impact on people who used the service and protecting their safety. The regional manager had completed formal assessments of the environment in respect of its ‘dementia friendliness’ using a tool specifically designed by a leading organisation in this field. They confirmed they were using the findings to support improvements with provision of specific facilities, décor, lighting and the gardens.

Other development work included an infection control committee set up by the acting manager. This involved a range of senior staff from day and night shifts, domestic and maintenance staff. The community nurse for infection, prevention and control had met with the committee to discuss issues in the service and ways forward; they have agreed to meet regularly to support the improvements and maintenance of standards in this area.

Improvements had been made to the monitoring and follow up in respect of accidents and incidents. Records were in place to demonstrate what action staff and the management had taken to prevent further incidents. The acting manager confirmed they would be developing weight audits to provide more oversight of people’s weight loss and / or gain each month and ensure appropriate referrals were made to community health professionals where necessary.

We found there had been ‘resident’s meetings’ where people were able to express their views. The records from the residents meeting on 3 September 2015 showed they

Is the service well-led?

had been consulted about the decorative changes. We saw the Alzheimer's Society had been invited to the next one to discuss the 'dementia friend' programme. We also found information from the satisfaction surveys [which had been sent out to people in June 2015] had been collated and published in files and on notice boards. Further surveys were due to be issued throughout the year.

Staff told us there had been a lot of improvements since the last inspection regarding management, the environment, cleaning, staffing levels, recording, activities and staff training and support. Comments from staff included, "It's been chaotic at times but everyone has worked as a team. Pleasure to come to work now", "The new managers are fantastic, they listen to our ideas", "The improvements have been such a boost to the residents and also the staff. Morale has completely lifted. We have also

seen improvements to the resident's health in some cases", "The manager is friendly, approachable and hands-on. She follows everything through and makes sure we are on track, but that's good" and "Lots of team work, the manager involves us with everything. She also thanks us for what we've done which makes a real difference."

We found communication between the staff team and management had improved. There were team meetings, shift handovers, communication books, supervision sessions, memos and the notice boards. The acting manager also said they had an open-door policy and staff could approach her at any time if they had issues to discuss. We observed the acting manager spent time around the service talking with people who used the service, relatives and staff.