Haywood Oaks Limited

Haywood Oaks Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service on 18 January 2016.

Haywood Oaks Care Home provides accommodation and personal care for up to 20 older people including people living with dementia. At the time of our inspection there were 13 people living permanently at the service and two people receiving short term care.

Haywood Oaks Care Home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a manager was in post who had submitted their registered manager's application to CQC and this was being processed.

At our last inspection of the service in June 2015 we identified the provider was in breach of four Regulations

Summary of findings

of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not assessed the risks to the health and safety of people receiving care and treatment. This included the proper and safe management of medicines and assessing the risk, prevention and control of infection control. People's nutritional needs had not been appropriately assessed and planned for. There were not effective systems to assess monitor and improve the quality and safety of the service. The provider had failed to notify CQC of all reportable incidents.

After the inspection the provider sent us an action plan to tell us of the action they would take to make the required improvements. At this inspection we found the provider had made significant improvements to protect people's safety and wellbeing. The breaches in regulation had been met.

Improvements had been made with the cleanliness and hygiene of the service and infection control measures were in place.

At the time of this inspection people told us that they felt staff provided a safe service and risks were managed appropriately. Staff were aware of the safeguarding procedures and had received appropriate training. Improvements had been made to the management of medicines; people received their medicines as prescribed. Safe recruitment practices meant as far as possible only people suitable to work for the service were employed.

The manager had processes in place to apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS).

Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. Risk plans had improved; they were detailed and regularly monitored and reviewed. Improvements had been made to the internal environment, including the replacement of some equipment available for people.

There were sufficient numbers of staff available that were suitably qualified and experienced. Staff were deployed appropriately to meet people's individual needs. Staff responded to people's needs in a timely manner and spent quality time with people. People's dependency needs were reviewed on a regular basis and staffing levels amended to meet people's needs.

People said that they received sufficient to eat and drink. They were positive about the choice, quality and quantity of food and drinks available. People received appropriate support to eat and drink and independence was promoted.

Staff were knowledgeable about people's individual needs. People's healthcare needs had been assessed and were regularly monitored. Additionally, people were supported to access healthcare services to maintain their health and well-being.

The support and training opportunities for staff had improved. Staff received an induction and ongoing training. Staff were appropriately supported, this consisted of formal and informal meetings to discuss and review their learning and development needs.

People we spoke with were positive about the care and approach of staff. They described them as caring, compassionate and knowledgeable about their needs. People's preferences, routines and what was important to them had been assessed and recorded. Support to enable people to pursue their interests and hobbies was limited. This was an area identified by people who used the service that required further improvements.

Whilst people had been involved in discussions and decisions about their care and support they received, care records did always show this involvement.

People told us they knew how to make a complaint and information was available for people with this information, including information about independent advocacy information. Confidentiality was maintained and there were no restrictions on visitors.

The provider had improved the checks in place that monitored the quality and safety of the service. People and their relatives and representatives, received opportunities to give feedback about their experience of the service.

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

Good

Risks had been assessed and individual risk plans for people, the environment and equipment were in place. People received their medicines safely and they were managed appropriately.

Improvements had been made with the cleanliness and hygiene of the service and infection control measures were in place.

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature. Staff had received appropriate safeguarding adult training.

The provider operated safe recruitment practices to ensure suitable people were employed to work at the service. There were sufficient staff available to meet people's needs safely.

Is the service effective?
The service was effective

Good

The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Where appropriate assessments had been completed but these required reviewing.

Staff received appropriate training and support to enable them to meet people's needs effectively.

People were supported to access external healthcare professionals when needed. The provider ensured people maintained a healthy and nutritious diet.

Is the service caring?
The service was caring

Good

People were supported by staff who were caring and supportive. Staff were knowledgeable about people's individual needs and treated people with dignity and respect.

People were given opportunities to express their opinion and felt respected and supported to do so. However, these were not always recorded to show people were involved in discussions and decisions. Independent advocacy support was available for people.

There were no restrictions on friends and relatives visiting their family.

Is the service responsive?
The service was not consistently responsive

Requires improvement

Summary of findings

People's needs had been assessed and care plans were in the process of being updated.

Opportunities for people to pursue their interests and hobbies were limited.

The assessment and care planning documentation used had improved.

People knew how to make a complaint and had information available to them.

Is the service well-led?
The service was well-led

Good

Staff understood the values and aims of the service. The provider had notified CQC of reportable information required of them.

The provider had developed better systems and processes to monitor the quality and safety of the service. A refurbishment plan was in place and many improvements had been made to the environment and equipment.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Haywood Oaks Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 January 2016 and was unannounced.

Before the inspection, we asked the provider to complete 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 reviewed information the provider had sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the GP and Healthwatch for their feedback.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with three people that used the service and two visiting family members or friends for their experience of the service. We also observed the way staff interacted with the people who used the service throughout the day. We spoke with the manager, the cook, a senior care worker, and two care staff. We looked at all or parts of the care records of four people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Good

Is the service safe?

Our findings

At our last inspection of the service we identified a breach with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection risks to people and the environment had been assessed and information was in place to inform staff of the action required to manage these risks. Risk plans were in place to support falls, pressure ulcers, nutritional needs and moving and handling. We saw that when interventions or equipment had been identified to reduce the risks to people, these were in place. For example a person had been provided with two sticks to aid their mobility and prevent falls. Staff ensured the person used these when they mobilised. Some people required an air flow mattress and cushions to protect their skin and we saw these were in place and monitored to ensure they were available and safe for people.

We spoke with people who used the service and visiting relatives who told us they had no concerns about how risks were managed. Staff we spoke with told us that improvements had been made since our last inspection about how risks were assessed and planned for. One staff member told us, "We have information available detailing people's needs and risks and what we need to do to protect people's safety." Another staff said, "We are constantly monitoring people's needs, we discuss any concerns and risks in staff handover meetings and have a communication book." The manager told us that assessing people's risks and providing staff with the right information and support had been their priority.

We observed staff moving people safely and reassuring them during the process. Equipment was checked and serviced to ensure people's safety. Checks were also made on the safety of the internal and external environment. A member of staff told us they had fire drills every two weeks and records confirmed this. This told us that people could be assured that risks were assessed and monitored to protect their safety.

Since our last inspection the fire and rescue service had visited and identified action was required in relation to fire safety. We received written confirmation from the fire and rescue service before this inspection that the provider had carried out all the required action to their satisfaction.

People had personal evacuation plans in place for staff to be able to evacuate them safely in case of an emergency. A business continuity plan was in place which contained information on how people's safety would be maintained if there was a loss of power, water or a gas leak, however, the manager told us this was in the process of being updated.

People we spoke with said they were confident they received their medication on time. Staff told us about the training and support they had received on the safe handling and management of medicines. Staff told us that people's medicines were administered and managed safely.

We observed a senior member of staff administer people's medicines. We saw they checked the medicines against the prescription and stayed with people until they had taken their medicines. However, they checked and took two people's medicines with them at the same time to their individual bedrooms one after the other, increasing the risk of errors occurring. We discussed this with the manager who agreed this was unsafe practice and that they would discuss this with staff.

Staff administering medicines had completed medicines administration training but only two of the staff had had their competency checked. The manager told us this was a, "Work in progress" and the intention was to check the competency of all staff administering medicines as soon as possible. A medicines policy was in place and individual risk assessments for people receiving medicines prescribed as and when required. This information instructed staff of the safe administration of these medicines.

We found the service had made improvements with the ordering, storing and management of medicines since our last inspection. We identified some gaps in people's medicines administration record where medicines had been administered but had not been signed to confirm this. A senior staff member was conducting a medicines audit on the day of our inspection. They had already identified the gaps and told us they were intending to contact the relevant staff to address this with them. Medicines audits had been completed every two months and we were told the frequency was going to be increased to monthly in future. We saw actions had been identified to address the findings of these audits and these had been completed.

Good

Is the service safe?

At our last inspection we found that there were concerns with regard to the cleanliness and hygiene of the environment and the prevention and control of infections. Following our last inspection an infection control audit was completed by the local clinical commissioning group. At this inspection we found that the provider had implemented the required changes identified in the audit.

People we spoke with who used the service and visiting relatives told us that they thought Haywood Oaks Care Home was clean and well looked after. One person said, "It's very well cared for, the facilities for sitting and talking are very good. It's always clean and tidy."

Staff we spoke with told us that there had been improvements made since our last inspection. The manager confirmed that the housekeeping hours had increased to ensure housekeeping staff were available seven days a week. New cleaning schedules had been implemented and we found the cleanliness and hygiene of the service was good.

All people we spoke with including visiting relatives told us that they had no concerns about their safety. Staff told us they felt people were cared for safely and showed they had a good understanding of their role and responsibility in protecting people from abuse in their care. Staff were able to identify the signs of abuse and told us they would report any concerns to senior staff or the manager.

We observed that staff were attentive to people's needs and ensured their safety at all times. A safeguarding policy and procedure was in place and available for staff. Records also confirmed staff had received appropriate safeguarding adults training. We were aware that the provider had worked with the local authority responsible for investigating concerns and had taken action where required. Additionally, the provider had used their disciplinary procedures when concerns had been identified and investigations had concluded unsafe practice of care staff.

People's individual accidents and incidents were monitored and recorded. Body maps were also used for staff to record any injuries so these could be monitored. Appropriate action had been taken such as contacting the GP or district nurse when accidents had occurred.

People told us that there were sufficient staff to meet their needs. People said that there were enough staff to support them safely and they did not have to wait too long for attention when they requested help. One person commented, "Well, there are enough [staff] you can always have more, but they don't seem harassed and always have time to talk to you." A relative told us, "There's always staff around, they do watch people are safe to move."

Staff said they felt enough staff was rostered on duty to meet people's individual needs and maintain people's safety. They said staff sickness was normally covered by staff working additional hours. The manager told us how they assessed people's dependency needs to ensure staffing levels were sufficient to meet people's needs. Additionally they told us how the skill mix of staff was considered when the staff roster was developed to ensure people were supported by suitably qualified and experienced staff.

Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitably to work with people. This included criminal records check and employment history. We observed staff were visible at all times and were attentive to people's needs. We concluded there were sufficient staffing levels available.

Good

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to do their jobs and meet people's needs. People we spoke with, including visiting relatives told us that staff supported them effectively and knew how to meet their individual needs. One person said, "Staff ask what I want, I can't fault them."

Staff told us they had received an induction that prepared them for their role and responsibilities. Records looked at confirmed this. The manager told us that they were in the process of implementing the 'Care Certificate' for new staff. This is a nationally recognised induction for health and social care staff and is seen as good practice. Staff we talked with were undertaking nationally recognised qualifications in care. They told us that they also received opportunities to attend training to keep their knowledge, understanding and skills up to date. One staff told us, "The training I have received has been beneficial, there are additional training courses in managing challenging behaviour and about the mental capacity act in a few weeks." All staff spoken with said they felt they had received adequate training to meet the needs of people they cared for.

We spoke with the manager and looked at the staff training matrix. This showed us that there were some gaps in staff refresher training in food hygiene, infection control and first aid. The manager said they were aware of this and were in the process of arranging for staff to receive this training. The manager also confirmed they had arranged for staff to receive training in managing challenging behaviour and the Mental Capacity Act 2005. We saw records that confirmed when this training was being provided.

Staff told us that they had received opportunities to meet with the manager to review their practice, learning and development needs. These are referred to as supervision and appraisal meetings. Staff were positive about the support they received. One staff said, "I have face to face meetings and can speak with the manager at any time. The meetings are helpful as I can discuss any concerns and talk about what training and support I need."

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. We checked whether the service was working within the principles of the MCA.

From the sample of care records we looked at we found when a person lacked the capacity to make some decisions for themselves, mental capacity assessments and best interest decisions were in place and had been made appropriately. However, most of these had been completed over two years ago. We discussed this with the manager who told us they were in the process of reviewing people's care records, and that this included re-assessing people's mental capacity to consent to specific decesions.

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 are called the Deprivation of Liberty Safeguards (DoLS). We observed a person living with dementia request to return home. We discussed this with the manager who made an urgent authorisation to the 'supervisory body' to restrict this person of their liberty. This was to ensure the person's human rights were appropriately protected.

Staff we spoke with said they gained people's consent prior to providing care. They said that some people were able to give verbal consent and some people used body language and gestures to show their consent. Additionally they said that if they had any concerns about people's mental capacity to make specific decisions, they would seek support from senior staff or the manager. One staff told us of the action they would take if a person was refusing care when they required it. Their explanation demonstrated they had an effective and supportive approach.

We saw an example of do not to attempt resuscitation order (DNACPR) in place. However, this was out of date and required the GP to review it. We spoke with a senior member of staff who said they would contact the GP.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People made positive comments about the food choices. One person told us, "The food is very good. There's plenty

Good

Is the service effective?

of choice you can have something different if you want." Another person said, "The food is good, extremely good and there is a good choice. But mid-morning tea is too close to your lunch."

We talked with the cook and saw there was a five week menu rotation with a choice of meals. The cook told us they had talked with people to ensure they took account of preferences and always offered an alternative if the person did not want what was on the menu. There was a record of each person's preferences and any food allergies to inform staff this was kept in the kitchen and in their care records. We were told food and the menus were discussed at meetings of people who used the service. We saw there was a varied menu and the kitchen was well stocked with food. We observed people were offered a choice of drinks and snacks during our visit and that fruit was readily available for people.

We saw the cook in the morning went round to everyone individually and asked them what they wanted to eat for lunch. We observed the lunch time meal and saw meals were plated individually according to the preferences and needs of each person. There was a choice of soft drinks and staff were attentive to people and checked whether they needed any assistance. Some people had adapted utensils that enabled them to eat independently.

People's nutritional needs had been assessed and their care records contained a nutrition care plan containing details of the care they required to maintain their nutrition. People were weighed on a monthly or weekly basis depending on their needs. However, weight records were kept in a variety of places and were fragmented making it difficult to identify trends over time. We shared this information with the manager who agreed to review this.

People told us their healthcare needs were known and understood by staff. People said the care staff were, "Good, quick at getting the doctor if needed." One person said, "You could ask for a different doctor or chiropodist and they [staff] would listen to you." We saw there were records of the involvement of healthcare professionals in people's care, including the chiropodist, optician, GP and district nurses. We saw evidence that recommendations made by healthcare professionals were included in people's care plans. This meant staff were aware and informed of the action required to meet people's individual healthcare needs.

Feedback from healthcare professionals were positive, there was a recognition that Haywood Oaks Care Home had improved since our last inspection. We were told, "The requests for visits are now appropriate and well timed. The manager has a good grasp of all the residents' medical conditions."

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind, caring and treated people with dignity and respect. People we spoke with, including visiting relatives, were positive about the staff that supported them. One person told us they liked the care staff and found them, "Very nice and helpful." Another person said, "Staff are always pleasant, caring is okay." Relatives spoken with were additionally positive, one relative told us, "Staff are all very pleasant and caring. I feel confident with the care here."

Staff we spoke with spoke positively about the people they cared for and demonstrated they knew people's needs, preferences and what was important to them. We observed numerous interactions between staff and people who used the service. Staff acknowledged people when they passed by and spent time talking to them. They spoke with affection for the people using the service and people were clearly relaxed with them. This told us that positive caring relationships had been developed.

We observed how staff responded to people's comfort needs, such as providing people with blankets where requested and offering blankets to others. We observed a person living with dementia say to a member of staff that they had not had their breakfast. The staff member gently reminded the person that they had already eaten but offered them breakfast again, which the person responded positively to. The person was observed to be supported to return to the dining area where they were offered an additional breakfast.

We saw that staff approached people with care and consideration. There was cheerful communication with people and we saw staff sitting and chatting with people. We observed a person who became a little restless and agitated about a visitor they were expecting. The member of staff calmly reassured the person several times and told them what the arrangements were for the visitor. Another person who was not able to respond verbally, was clearly registering their confidence in what a staff member was talking to them about using facial expressions.

People were supported by staff to be as independent as possible. We observed staff supporting people around the home. Some people had walking frames for their mobility needs and staff ensured these were kept nearby the person. We found that staff were quick to notice people wanting to get up, making sure they were safe to move or offering help.

People who lived at the service and visiting relatives were aware of the staff that were on duty. One relative told us they were always welcome in the home and that, "Most staff I know have been here some time." This visitor's relation was sometimes unresponsive, but the relative told us their family member had said, "Oh it's alright here you know." We saw that staff were welcoming to visitors and offered drinks as they arrived.

The meal time experience for people was observed to be a relaxing and pleasant experience, where staff were unhurried in their approach. People chose where they wished to sit, some choosing to sit with friendship groups. Staff were observant and on hand to support people where required. We observed a person request support with their personal care. Staff responded immediately and discretely supported the person to the toilet.

People's care plans detailed the ways in which care should be provided in order to protect people's privacy and dignity. There was a record of whether the person had a preference for a male or female carer. A male carer told us they always checked with females using the service whether they would prefer a female carer to attend to their personal care.

Whilst we observed people being supported with day to day decisions about how they received their care and support, care records did not always reflect this involvement. We saw some examples that people had signed their care records when they first came to the home to say they agreed with the content, but there was little recorded examples to show people's involvement with on-going care. The manager assured us that people were involved as fully as possible and this also included where appropriate ongoing discussions with relatives. However, they agreed this needed to be recorded in people's care records.

We saw an end of life assessment and care plan which had been reviewed within the previous three months. It contained details of the person's wishes in relation to their care at the end of their life and their wishes in relation to funeral arrangements.

Good

Is the service caring?

We observed staff knocking on people's doors before entering their room and taking steps to protect their privacy. The importance of confidentiality was understood and respected by staff. Confidential information was stored securely.

The manager told us that a second lounge was in the process of being developed that would provide people with additional space to have the privacy they needed.

Information about independent advocacy support was available. This meant should people require additional support or advice and representation the provider had made this information available to them.

Requires improvement

Is the service responsive?

Our findings

People we spoke with who used the service and visiting relatives told us that staff were responsive to their individual needs, preferences and routines. For example people told us they could decide when they wanted to get up and go to bed. One person said, "I don't ask for help I like to be independent and I please myself when I get up and go to bed."

Relatives were confident that staff enabled people to have choices. One relative told us, "Staff know their [family member] little habits, it's important." Relatives gave examples where people's preferences and routines were respected such as people having a glass of wine or sherry in the evening. A person told us how they enjoyed dancing when they were younger and that this was still important to them and that they often still liked to dance. This person then got up and showed us their dancing skills.

Visiting relatives we spoke with told us that they were confident in the manager. One person said, "I know they would contact me if there is a problem." Another relative said, "They [staff] do look after people as individuals and will talk to me about specific aspects of care or needs."

Staff spoken with demonstrated they had a good understanding or people's needs. They said in addition to care plans and risk assessments, they used handover meetings to exchange information. One staff member said, "Handovers are used to share information about any changes to people's needs so we all know what people's current needs are." This told us how staff were able to be responsive to people's needs.

Care records contained information on the person's life history prior to coming to the home and there was detailed information on their previous interests and activities. Additionally, people's care records showed that their religious and cultural needs had been discussed with them. Care records we reviewed indicated that an initial assessment of each person's support needs had been undertaken and a range of care plans developed to address these needs. The care plans were written from the perspective of the person who used the service and contained detailed information on the person's requirements and preferences in relation to their care. The care plans we reviewed had been developed within the previous three months and most had been reviewed monthly. However, there was variability in the quality of the care plans with some well detailed and up to date information and gaps in others.

Documentation indicated people had received personal care daily and where required had been re-positioned when they were in bed. However, there was some inconsistencies; the care records for one person indicated they should be repositioned two hourly, a staff member we talked with told us they were re-positioned three hourly and documentation suggested they were usually re-positioned four hourly.

We spoke with the manager about the concerns we found with people's care records. The manager told us that they were in the process of reviewing people's care records with the involvement of the person and relative where appropriate. They acknowledged the time this was taking to complete was longer than expected and so they were arranging for senior staff to assist them.

People who we spoke with told us that there were limited opportunities to pursue interests and hobbies. Some people remarked on the lack of activity and said how they passed their time. One person told us, "We talk, there are some things to do, and entertainments are arranged but not often." This person went on to say, "Some of us would like to do more, but some just want to sleep." Another person said, "There's not a lot of activity or entertainment. There could be more to do."

We saw there were some photos on the noticeboard in the hall of the Christmas party in 2015. A person spoke with us about this and said, "We had dancing all afternoon", they went on to say how much they had enjoyed it, but it did not happen often.

Staff told us that there was no dedicated person employed to provide activities and that staff supported people with activities where possible and an external entertainer visited monthly. Staff said that providing activities was dependent on if they had time but that they tried to provide activities in an afternoon. We asked if activities were planned in advance and people informed, and if they were based on people's individual interests and hobbies. Staff said there was no structure or organisation but that they asked people on the day what they would like to do. Staff said that a monthly church group visited that provided some people with Holy Communion.

Requires improvement

Is the service responsive?

We observed that people were not provided with any activities to participate in during the morning of our inspection. In the afternoon we saw a group of people were watching the television. Three different staff were observed to turn the television on or off, or changed the programme or volume in the space of thirty minutes. Only one staff asked people what they wanted to watch or helped them to choose or confirm the programme was what they wanted. We saw staff encouraged a group of people to participate in card bingo which people appeared to enjoy. We discussed the lack of stimulation and occupation with the manager. They agreed that opportunities of social activities and for people to pursue their interests and activities were limited and that this was an area that required further improvement.

People told us that they felt able to raise comments or concerns and would be comfortable to do this with any of the staff, though they all mentioned the manager as being particularly approachable. One person said, “The manager is very good. She’s the kind of person you can go and talk to if there’s anything troubling you.” Another person said, “The manager seems very nice, you can talk to her.”

The manager arranged ‘resident and relative’ meetings to enable people to share their experience about the service they received. We reviewed the meeting record dated December 2015. We saw that the manager took this opportunity to share information about changes to the service including informing people about the refurbishment plan. The menu and activities were also topics of discussion. We noted that people had raised some concerns about the limited activities available, the manager acknowledge this and agreed to make improvements. Due to the date of our inspection this action had not yet been completed. This told us that the provider enabled people the opportunity to express their views about the service.

Staff told us if a person raised a concern or complaint with them they would ask them for details and pass it on to the manager. They said the manager would ensure it was addressed immediately. We saw people had access to the provider’s complaint policy and procedure should they have required it. The manager told us that they had not received any complaints since our last inspection.

We observed that people living with dementia were supported to orientate themselves around the home. In the lounge there was a large, clear, up to date calendar, orientation board that displayed the correct day, date, weather and season. All of the doors to people’s rooms had the person’s name on the door with some that had relevant pictures or photos.

Good

Is the service well-led?

Our findings

At our last inspection of the service we identified a breach with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the time of this inspection we found the provider had made the required improvements with this regulation.

Since our last inspection the provider had started a programme of refurbishment. A new downstairs shower room was in place, a ground floor toilet was due to be changed shortly. Flooring in the downstairs corridor had been replaced and a new heating system fitted. All new beds were in place and a number of bedrooms had been redecorated to the person's taste with new flooring, curtains and bed linen. A new sluice room was in place and commodes had all been replaced. We saw a specialist bath was in storage that the manager told us was due to be installed shortly.

New audit systems had been implemented that checked on quality and safety. This included new procedures to check on the management of medicines, infection control and cleanliness and hygiene. There were monthly health and safety checks in place and regular checks on the internal and external environment. The provider conducted unannounced night checks to ensure people's needs were being met appropriately during the night. The manager told us improvements had been made and that they were now in the position to delegate some of the responsibility of auditing to senior care staff to support them to sustain the improvements made. The manager was open and transparent about the need to further improve people's care records. The quality of the new care plans and risk assessments had greatly improved, they were detailed and person centred. This supported staff to understand people's needs better and enabled them to provide a more effective and responsive service.

In addition the provider had worked at developing a stable, experienced and skilled staff team. Staff had received regular formal support and number of training opportunities to increase the standard of care provided. This included training in the needs of people living with dementia. Observational competency assessments of staff providing specific support to people such as moving and handling had recently been implemented. The staff team also had three staff dignity champions. These are named staff that promote dignity at all times and act as a role model for other staff and share good practice.

People we spoke with including visiting relatives said they were kept informed about changes. One person told us about some of the refurbishment and that they had been invited to a meeting where it was explained and they remembered being asked for her input.

One relative said, "The communication is good. I met with the owner and she explained the changes. Since the new manager came it's noticeably improved, there's more of a team. I would recommend the home to others."

People we spoke with, including visiting relatives, were all able to tell us about a regular meeting for them to discuss the home and care. One person said, "There's a general meeting, that's good and people are quite honest about what they think."

The manager told us that they were planning to send a questionnaire survey to people who used the service, relatives, friends, staff and professionals in June 2016 to gain people's experience and opinions of the service. They said that they would analyse the findings and produce an action plan if changes were required.

Staff we spoke with were positive about the changes and felt the leadership of the service had greatly improved. The general consensus was that the home had vastly improved since your last Inspection.

Staff said the manager was easy to talk to and they felt able to raise issues and concerns with her. They said she was always available in the home during the week and at weekends staff could ring her if they needed to. One staff said, "If I have any concerns I just speak to [the manager]." Another member of staff said, "If you mention any issues or problems [the manager] sorts it out straight away." Staff said they had monthly staff meetings and the manager always kept them up to date with developments and any issues. We saw records of meetings with the staff team and senior care workers that showed how the manager included staff in the development of the service.

Good

Is the service well-led?

Staff had a clear understanding of the provider's vision and values. One staff said, "I love working here. I wouldn't treat anyone any different to my own mum." Another staff member told us, "For the new manager, care is their top priority."

There was a whistle blowing policy in place and staff said they would feel able to use it if necessary. A whistle-blower is protected by law to raise any concerns about an incident within the work place. We were told daily handovers were used to provide feedback to staff on areas for improvement from audits or accidents and incidents.

At our last inspection of the service we identified a breach Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents.

At this inspection records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required. The service required a registered manager to be in place. The current manager had submitted their registered manager's application and we were aware that this was being processed.