Care Quality Commission

Gainford Care Homes Limited

Lindisfarne House

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which we carried out on 10 February 2015.

We last inspected Lindisfarne House in September 2014. At that inspection we found the service was in breach of its legal requirements with regard to regulation 17 and regulation 10 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010. This was because people who lived with dementia were not provided with care that met their individual needs and an effective quality assurance system was not in place to check the quality of service provided.

Lindisfarne House is a purpose built care home that provides personal and nursing care to a maximum of 60 older people, including people who live with dementia. This also includes 15 younger people who have physical disabilities.

Summary of findings

A registered manager was in place. 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.

People said they felt safe and they could speak to staff if they had any concerns. Comments included, "I quite like it here, I definitely feel safe here." A relative said, "(Name) is safe from harm here." Another relative said, "(Name) is safe in here, they are comfortable and well looked after, she would tell me if she wasn't happy." We found there were enough staff on duty to provide care and support to people and to keep them safe.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. One staff member commented, "The company is pro-active in making sure everyone has read and understands the whistle blowing policy. I have no doubt anyone here would act straight away if they saw or found something that made them uncomfortable."

When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People received their medicines in a safe and timely way.

The necessary checks were carried out to ensure the building was safe and fit for purpose.

Records showed that risk assessments such as for pressure area care, nutrition, falls and oral health were in place to reduce the risk to people's safety. However, they were not always regularly reviewed and evaluated. Referrals were made to health professionals where problems had been identified.

Staff were appropriately trained and told us they had completed training in safe working practices and were trained to meet people's specific needs.

Staff knew people's care and support needs, but detailed care plans were not always in place to help staff provide care to people in the way they wanted. Information was available for people with regard to their individual preferences, likes and dislikes.

People said staff were kind and caring. Comments included, "The staff are very kind to us." And, "I have nothing but praise for the staff, no complaints." Another person said, "I think the staff enjoy their work, they don't have much time to talk but they chat to me when they are helping me." And, "It's like a first class hotel." A relative said, "It's a very sociable home….the staff always make me feel at home. Their attention to detail is amazing and their level of care is fantastic."

Menus were varied and a choice was offered at each mealtime. One person commented, "The food is good, I get everything I need." And, "The food is mostly good, I would say 85% of the time, we get fair helpings and are sometimes offered seconds." Another person said, "If I fancy a treat I'm served breakfast in bed." Staff were sensitive when assisting people with their meals and the catering staff provided special diets which some people required.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA) and best interest decision making, when people were unable to make decisions themselves.

People had access to health care professionals to make sure they received care and treatment. Staff did not always follow advice given by professionals to make sure people received the treatment they needed.

Activities and entertainment were available for people and staff supported people to access these if they wished.

People had the opportunity to give their views about the service. A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to.

The provider undertook a range of audits to check on the quality of care provided. The registered manager was introducing changes to improve the quality of care and to ensure the service was well-led for the benefit of people who used the service.

We found that the provider had not protected people against the risk of unsafe care and treatment and did not always deliver appropriate care that met their needs. This was in breach of regulation 9 of the Health and Social

Summary of findings

Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the provider had not protected people against the risk of unsafe care and treatment because of inaccurate record keeping. This was in breach of regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe.

Although people told us they felt safe they were not always protected as risk assessments did not accurately reflect their care and support needs and care was not always appropriately delivered to ensure their safety and welfare.

People's medicines were managed appropriately.

Staff were appropriately vetted and there were enough staff on duty to provide care and support.

Regular checks took place to make sure the building and equipment used to transport people were safe and fit for purpose.

Is the service effective?

Good

The service was effective.

Staff were supported to carry out their role and they received the training they needed.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

Other professionals were involved to assist staff to meet people's care and treatment needs.

People told us there was plenty to eat and we observed specialist diets were catered for.

Is the service caring?

Good

The service was caring.

People's rights to privacy and dignity were respected and staff were patient as they provided support.

Relatives and people we spoke with were complimentary about the care and support provided by staff.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views of people who are not able to express their wishes.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Regular staff were knowledgeable about people's needs and wishes. However, people did not always receive support in the way they needed because staff did not have detailed guidance about how to deliver their care.

Summary of findings

There were activities and entertainment available for people.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place. Staff told us the registered manager was supportive and could be approached at any time for advice.

People who lived at the home and their relatives told us the atmosphere was good.

The registered manager monitored the quality of the service provided and introduced improvements with further plans to ensure that people received safe care that met their needs.

Lindisfarne House

Detailed findings

Background to this inspection

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

This inspection took place on 10 February and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist nursing advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for older people. The specialist advisor helped us to gather evidence about the quality of nursing care provided.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We undertook general observations in communal areas and during mealtimes.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During the inspection we spoke with 16 people who lived at the home, six relatives, the registered provider, the area support manager, the registered manager, two nurses, eight support workers, a laundry assistant, two members of catering staff and three visiting professionals. We observed care and support in communal areas, looked in the kitchen and five people's bedrooms with their consent. We reviewed a range of records about people's care and how the home was managed. We looked at care records for 16 people, the recruitment, training and induction records for four staff, four people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send the Care Quality Commission (CQC) within required timescales. We also contacted commissioners from the local authorities and health authorities who contracted people's care. We spoke with the local safeguarding teams. We received information of concern from the health authority and local authority safeguarding teams and saw the action that had been taken to address these concerns at the inspection.

Requires Improvement

Is the service safe?

Our findings

Records showed they were not regularly evaluated to ensure any changes in need were taken into account to reduce the risk to the person. For example, a record dated 21 November 2014 stated a person was at increased risk of developing pressure areas but this was not followed up. The same person's nutrition and hydration risk assessments had also not been assessed since November 2014. The person had also been identified at high risk of falls but that risk assessment had not been up-dated since September 2014. Although the risk assessment policy stated risks would be assessed and re-evaluated monthly or sooner if needed, there were other risk assessments that had not been updated recently. For example, some people's records showed falls risks and nutritional assessments had not been reviewed since October or November 2014.

Some records showed assessments were not actioned at the required intervals for all people to ensure their safety and welfare. For example, a person who had problems with nutrition had been referred to the speech and language assessment team and their nutritional assessment had advised a weekly weight check. However, the weight checks had not taken place within the required frequency for monitoring the person's weight. Another person's records also indicated they should be weighed weekly and this was not always happening. The registered manager confirmed they would check this with staff.

We had concerns assessments were not up to date to reflect any risks to the care and treatment of people. We also had concerns people did not all receive the appropriate care to ensure their safety and welfare. This was in breach of regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A speech and language therapist visiting the home commented when we asked about how staff dealt with risk, "I have no concerns, no worries here at all." In some cases staff were responsive to reduce the risk to people. For example, staff had organised an urgent team discussion and implemented hourly checks on a person after an unexpected fall. This had been documented for 24 hours and staff observations were detailed. In other cases, records showed risks to people's safety had been assessed by staff and records of these assessments had been made.

Due to some people's complex needs we were not able to gather their views. Other people told us they felt safe. One person commented, "My dignity is intact and I feel safe here." Another person commented, "The care workers are alright and I feel happy and safe." And, "I feel very safe here, it's sociable and clean." A relative said, "(Name) would tell me if she wasn't happy." Another person said, "(Name) of staff member is lovely, it's so nice with them around. They were so kind when I moved in. I was terrified of the place but they were so kind to me. I was shaking, they took my hand and gave me a seat. I'll never forget them for it, they made me feel welcome and safe."

The registered manager told us regular analysis of incidents and accidents and learning took place. She said that if any trends and patterns were identified, action was then taken to reduce the likelihood of them recurring.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. One staff member said, "I would tell management if I had any concerns. " Another said, "If I had concerns I would approach the manager and contact CQC depending upon the circumstances." They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. The registered manager said refresher training was planned and would be provided by the local authority safeguarding team. This would inform staff of the multi-agency safeguarding procedures and the role of each agency when an alert was raised.

The provider had a system in place to log and investigate safeguarding concerns. There had been several alerts raised between September and December 2014. CQC raised a number of the alerts after we received information of concern with regard to people's nutrition and the management of their weight loss and other aspects of care. An organisational safeguarding strategy meeting took place with the safeguarding authority, the provider and other

Requires Improvement

Is the service safe?

relevant agencies and further meetings took place to check the action taken by the provider. The safeguarding team told us one safeguarding was still under investigation and the others had been investigated and resolved.

People received their medicines in a safe way. People had 'medicine capacity' assessments in place to record if they were able to administer their medicines independently or needed support. Photographs were attached to people's medicine administration records (MARs) so staff could identify the person before they administered their medicines. We observed a medicines round and saw the nurse remained with each person to ensure they had swallowed their medicines. They took the time to tell each person what the medicine was and to remind them why they needed it. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

General guidance was available with regard to "as required" medicines. However, there was no specific written information for each person, who required such medicine, for example, for pain relief. The nurse commented, "We're currently completing "as required" medicine instruction sheets for each person who needs one." This meant that a consistent approach, so staff knew when to administer the "as required" medicine, would be in place.

The registered manager told us staffing levels were determined by the number of people using the service and their needs. At the time of our inspection there were two nurses and 12 care workers, including two senior care workers on duty to care for 46 people. We considered there were enough staff to meet 46 people's needs in a safe and timely way.

People made mixed comments with regard to staffing levels and these included, "They could do with more staff, particularly when staff phone in sick." And, "I think there should be more staff, there seems to be a shortage. Another person commented, "The only problem is there is a shortage of staff, they all have too much to do and no time to sit and chat." Another said, "They don't have time to spend with us, my relative helps me to exercise when he visits." One relative said, "Staffing, things in the home are on an even keel now." Another person said, "The staff always come quickly when I buzz." And, "There are enough staff on each shift." A staff member said, "Staffing levels are fine at the moment." Another staff member said, "Staffing levels are fine today because we are fully staffed but this is unusual. Sickness is really high and sometimes we come in and there aren't enough staff." Another said, "The staffing varies, during the day there are ten care workers and two nurses, today there are 12 care workers and two nurses which is good." People commented staff morale had previously been low but it was improving since the new manager began work at the home. The manager told us she was creating a bank of staff that could be called upon when permanent staff were off work. This would mean the use of this pool of bank staff would help to ensure continuity of care for people. There was to be less reliance upon agency staff who did not know people as well as regular workers. The registered manager also said new staff had been recruited and three care staff were due to start work the following week.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at four personnel files. We saw relevant references, one of which was from the person's last employer, and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Records we looked at included; maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

Good

Is the service effective?

Our findings

Staff told us they were supported to carry out their caring role. One staff member said, "I feel well supported." Another said, "The new manager is always here and I'm glad. They're doing a very hard job of getting us up to speed with training and standards." And, "We're all behind in training because of the change in management but we're doing a good job of catching up." Another commented, "I know there is lots more training planned." And, "I'm doing a six week course about swallowing difficulties." Other comments included, "I've done dementia and safeguarding training." A nurse said, "The care staff are becoming more confident as they have training to help them understand people's different needs."

Care workers said they received regular support and supervision. A member of care staff said, "I had supervision with a nurse recently. It's a good process, I felt supported." Another person said they weren't sure of the frequency with the new manager but they had been "receiving regular supervision previously." They commented, "I had supervision two weeks ago and we discussed planning and writing care plans." A nurse said, "The new manager has asked us to do the supervisions for care staff. This is much better because we're the ones who work most closely with them so we understand them." Staff said they could approach the management team at any time to discuss any issues. They said they felt well supported by colleagues and senior staff.

Staff told us that they had access to training in safe working practices however the staff training records showed not all people's training was up-to-date. The registered manager said she had identified this and training was planned to be up dated for all staff by April 2015. She told us she had been discussing people's training needs with them at their supervision sessions and planned to have an on-going programme in place to make sure all staff had the skills and knowledge to support people. She planned to give staff members areas of responsibility to help them develop and pass on their specialist interest and knowledge to other staff. The area manager told us she was carrying out some of the refresher training. We checked after the inspection and found staff had received safe working practice training up dates. They had also completed training that gave them some knowledge and insight into people's needs and this included a range of courses such as; dementia care, nutrition, distressed behaviour, confidentiality and dignity. Training relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) had also been provided.

CQC monitors the operation of DoLS. DoLS are part of the MCA. These are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. We checked with the registered manager that DoLS were only used when it was considered to be in the person's best interests. They were aware of a supreme court judgement that extended the scope of these safeguards. We found as a result, that a number of applications were being considered and two people were currently subject to such restrictions.

Assessments had been carried out, where necessary of people's capacity to make particular decisions. For example, a best interest decision was in place, as required by the MCA, because a person no longer had the mental capacity to understand their health care needs.

Staff asked people for permission before delivering any support. For example, we saw a person was reminded of their appointment with a speech and language therapist and they were asked by the staff member if they could bring the therapist to them. Staff said if a person did refuse support they would offer alternatives or leave the person and try again later. People confirmed they were asked for permission before receiving any care.

Most people were positive about the food saying they enjoyed it. One person commented, "Goodness this, (lunch) looks nice." And "The meal is lovely." Another person said, "As always it's very tasty." And, "The food is good I get everything I need." We saw the midday meal was well presented and hot. Everyone said they enjoyed the meal which was omelette and salad, shepherd's pie or soup and sandwiches followed by ice cream. A substantial choice was available at each meal time. One person commented, "The food isn't nice, but there is a choice." And, "Some of the meals are strange, waffles, poached egg and baked beans." And, "Sunday lunch is traditional and always nice." Drinks were available during the day with biscuits provided in the morning and cakes in the afternoon. One person commented, "I'm never bored, coffee comes around at 10:00am every morning and at 3:00pm a cup of tea." Another person also said, "Anytime

there are drinks or food around here it's very sociable. I sometimes spend time in my room when my husband visits, but they (staff) don't forget about us. They knock on the door and always offer us drinks and something to eat."

At meal times we saw people were provided with whatever level of support was required to help them to eat. For example, some people were given full assistance or verbal prompts and encouragement. Staff knew about people's dietary and nutritional preferences. We saw a person had difficulty in choosing what they wanted to eat and the staff member told them, "You can have anything you want, there is loads to choose from." The person was supported to choose as the staff member knew the person's likes and dislikes and reminded them which food they usually enjoyed. We looked around the kitchen and saw it was well stocked with fresh, frozen and tinned produce. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. We saw this information corresponded with people's nutritional care plans that identified requirements such as the need for a modified diet.

The systems had been strengthened to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. New scales had been purchased and people were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). This included monitoring people's weight and recording any incidence of weight loss. Where people had been identified as at risk of poor nutrition staff completed daily 'food and fluid balance' charts. Records showed milk shake snacks had been introduced for all people where there was weight loss and possible poor nutrition to boost their calorie intake. Referrals were also made to relevant health care professionals, such as, GPs, dieticians and speech and language therapists for advice and guidance to help identify the cause.

People were supported to maintain their healthcare needs. A visiting GP commented, "The home is one of the best, the nurse (name) is good, there have been a lot of staff changes but the home is caring with people." Another visiting health care professional commented, "The staff are receptive to education. I'm just starting to build up a picture of the home, the manager had a list prepared as to how we can help them (staff)." People's care records showed they had regular input from a range of health professionals. Staff received advice and guidance when needed from specialists such as; physiotherapists, speech and language teams, continence advisors and tissue viability staff. People had regular access to the GP or district nurse when appropriate.

People's needs were discussed and communicated at staff handover at the beginning and end of each shift. This was so staff were aware of the current state of health and well-being of people. There was also a handover record that provided information about people, as well as the daily care entries in people's individual records The nurses told us a handover of verbal and written information took place between the nurses for each shift. One staff member commented, "Handovers are generally good. Night shift care staff tend not to miss anything."

The manager told us about the specialist care home support team which held a clinic one afternoon each week in the home. The team comprised of a GP, a nurse consultant continence care, specialist nurses, pharmacist and a nurse from the home. The clinic was held to review people's health needs and to make sure they were treated promptly. It was also to help prevent people's unnecessary admission to hospital. The registered manager said this was a good service as people's health care was co-ordinated and any change in their medical condition could be reviewed swiftly.

The environment was designed to help people who lived with dementia to maintain some independence. The premises were 'enabling' to promote people's independence, and involvement. People were able to identify different areas of the home. There was appropriate signage and doors such as lavatories, bathrooms and bedrooms had signs for people to identify the room to help maintain their independence. Memory boxes were in place and many contained items and information about people's previous interests. They were placed outside people's rooms to help them identify their room. They also gave staff some insight into the person's previous interests and life when the person could no longer communicate this information themselves.

Good

Is the service caring?

Our findings

People we spoke with were complimentary about the staff and the care and support they provided. Comments included "It's like a first class hotel here, it's comfortable, the staff are very nice." And, "The staff seem to enjoy their work, they chat to me as they help me, they never complain or grump about things." Another person commented, "The staff are lovely. Sometimes when I have a bad day and feel a bit weepy, I don't even need to tell the staff, they just notice and come and have a chat." And, "Staff are genuinely caring and comforting people, there's no hesitation to give me a hug to help me feel better." Another person said, "They tell me this is my home now, I am more than comfortable here. A relative said, "The staff are here because they want to be, you can tell they enjoy their job and always go out of their way to look after people."

During the inspection there was a relaxed and calm atmosphere in the home. Staff interacted well with people who we saw were relaxed with them. Staff engaged with people in a sensitive and quiet way and reassured people as they worked with them. For example, a person who needed two members of staff to transfer into a wheel chair became anxious and staff were able to reassure them kindly and with obvious compassion saying, "Don't worry, we won't harm you. You just need a bit of extra help in moving around these days, don't you?" Staff modified their tone and volume to meet the needs of individuals. A person who had some hearing impairment was helped to communicate and interact because care staff understood their level of comprehension and ability to communicate. When staff spoke with a person they lowered themselves to be at eye level and if necessary offered reassurance with a gentle touch on the arm.

Staff were kind and respectful as they interacted with people. We saw a staff member speak with a person who could not remember if they had eaten their breakfast. The care staff sat with the person and reminded them what they had eaten. When the person seemed to become upset that they had forgotten their breakfast, the care staff responded with kindness. They said, "Now don't worry about forgetting anything, it happens to all of us. If you still feel hungry I'll get you some toast and we can sit and have a chat together with a cuppa, would you like that?" Staff were able to anticipate the needs of people because they knew them well. For example, the member of staff knew the person would feel comforted by their favourite blanket and gave this to the person to relax them whilst they made toast.

Staff had worked to build caring and understanding relationships with people. There was camaraderie amongst staff and people. A person who liked to joke about current affairs sat with staff and they read the newspaper together. Another person who asked for some staff company was given this promptly when the staff member made them both cups of tea and sat with them for a chat. Communication was meaningful and not focused on the completion of tasks. A staff member said, "It's nice to know the person they were and then talk to them about their lives, I make time to sit and talk to them."

Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, two items of clothing. This encouraged the person to maintain some involvement and control in their care. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

People's privacy and dignity was respected. Staff knocked on people's bedroom doors before they entered and could give us examples of how they respected people's dignity. A person commented, "They always consider my dignity, I could have a male carer but I am happy with the ladies." Another person said, "I rely on staff on supporting me in using the lavatory. I hated the thought of it but they've actually treated me with such respect that now I don't mind. My dignity is completely intact."

Family members told us they were kept informed about any changes in their relative's condition. One relative said, "They (staff) telephoned me to let me know (name) had a chest infection."

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views of people who are not able to express their wishes.

Requires Improvement

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort.

Up-to-date written information was not always available for staff to respond to people's changing needs. Records we looked at showed care plans were in place but they did not always reflect people's needs as they had not been regularly evaluated. For example, care plans to show people's current needs with regard to nutrition, mobility, moving and assisting, specialist equipment, end of life care and wound care did not record their most up to date needs. One nurse said, "I don't know why they haven't been updated. A lot of the care plans aren't up to date and they're confusing. We've been asked by the manager for a change in the way care plans are managed. No-one knows who is looking after each care plan. I've been asked to prioritise those for nursing patients, but we just can't get through them." The area manager commented, "We've introduced a new monthly programme of auditing to make sure the care plans are more consistent. Nurses are busy reviewing care plans to link risk assessments together to help staff have a better understanding. Some of the care plans are out of date because we've had to rely on agency staff."

Staff told us some people displayed distressed behaviour. For example, when they were being assisted with personal care. Records were not all in place for the management of this behaviour which could be challenging. Care plans did not give staff instructions with regard to supporting people if they became agitated or distressed, with details of what might trigger the distressed behaviour and what staff could do to support the person. As staff did not have a care plan that gave information about the interventions required they did not have written information to ensure they all worked in a consistent way with the person, to help reduce the anxiety and distressed behaviour. We spoke to a nurse from the behavioural support team who called at the home to introduce herself to the new registered manager. The registered manager said she had contacted her as she wanted to discuss and make some referrals to the behavioural team for people with distressed behaviour in order to obtain specialist advice and guidance.

The service consulted with healthcare professionals about any changes in peoples' needs. For example, referrals had been sent to a dietician, continence advisor and other specialists as required. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was not always transferred immediately to people's care plans to accurately reflect peoples' care and support needs.

The registered manager told us a new care plan system had been introduced and senior care staff were responsible for the care plans for residential people and nurses were responsible for nursing patients. Care records were to be indexed and checked to make sure they reflected the care and support provided by staff and to also contain information of how people wanted their care to be delivered.

Information was not available about people's wishes with regards to their care when they were physically ill and reaching the end of their life, or arrangements for after their death. For example, to record their spiritual wishes or burial requirements. Therefore information was not available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Some people had a 'This is Me' profile but it was not available for everyone. The information had been collected with the person and their family and gave details about the person's preferences, interests and previous lifestyle. It is important information and necessary for when a person can no longer tell staff themselves about their preferences.

People were not protected against the risk of unsafe care and treatment because of inaccurate record keeping. This was in breach of regulation 20 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People commented there were activities and entertainment. Comments included, "I can go on trips if I want to." And, "It feels good here, my bedroom's okay and I was out on a trip yesterday." A staff member said, "We try to involve people in talking together, and try to move them around so they speak to different people." A relative commented, "The activities coordinator is wonderful. They really try to get everyone involved and to be sociable."

Requires Improvement

Is the service responsive?

There was an activities programme advertised in the reception and other areas of the home. Activities that took place included; skittles, balls, baking, current affairs, painting, reminiscence, games, karaoke and sing-a-long. Photographs on display showed activities and entertainment that had taken place. One relative commented, "I understand (name) takes part in activities. She sees the hairdresser every week and they also exercise with bean bags. There was a Halloween party and lots going on over Christmas." People were not always aware of the programme but some spoke positively about the activities which took place. Another person said, "Since the new manager started there are more activities taking place." Other people commented there needed to be more activities. One relative said, "I don't think there's enough to keep (name) occupied, there is very little going on in the way of activities." We were told an activities person had recently started and worked five days a week, however, a staff member commented, "They're (activities person) working nights this week, so they're not available to carry out activities." Another staff member said, "We join in games in the afternoons, if the activities person isn't here we have access to the activity equipment."

We noted on the day of inspection there were no activities taking place in the home, although staff especially on the lower ground floor spent time interacting with people. We were told people were supported to go out and we saw one person who was upset went out in their wheelchair with staff to the local shops. They returned happy and indicated they had enjoyed going out.

People said they knew how to complain. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. A record of complaints was maintained. Four complaints had been received since the last inspection which had been investigated and the necessary action taken. One relative said, "I know how to complain if I needed to." Another person said, "I am happy, I have nothing but praise for them (staff), no complaints." Another relative said, "Plenty of staff are available, I haven't needed to speak to the manager."

Good

Is the service well-led?

Our findings

A manager was in place who registered with the Care Quality Commission CQC in February 2015. The registered provider had been pro-active in submitting statutory notifications to the Care Quality Commission, such as safeguarding notifications, applications for DoLS and serious injuries.

Staff said they felt well-supported. Comments included, "The new registered manager is calm and appears to be going to stay." And, "She comes onto the floor frequently." Another person said, "The service hasn't been well managed, as there hasn't been a regular manager." And, "The management needs to stay with us for a long time." A staff member said, "The registered manager does listen to us, we suggested a karaoke machine and one was delivered straight away." And, "There have been lots of changes over the years, since the new manager came there are more activities taking place, the manager is more professional and approachable, she spends time on the floor and will discuss anything with you." All staff members commented, they worked well together as part of a team and communicated well.

The registered manager said she had introduced changes to the home to help its smooth running and to help ensure it was well-led for the benefit of people who lived there. She responded quickly to address any concerns and readily accepted any advice and guidance. Relatives and people who used the service said the registered manager was approachable. A person commented, "Manager is doing a fantastic job." Another said, "The manager is trying to build a team." Another person commented, "They have difficulties with the staffing. The staffing is getting better. The registered manager is a good support."

People told us there was a calm, friendly atmosphere in the home and this was reflected in the good interaction between people and staff.

Staff told us regular meetings took place and these included, weekly head of department meetings and general staff and nurses meetings. They were held to keep staff updated with any changes within the home and to discuss any issues. Meeting minutes showed recent meetings had discussed communication within the home, staff performance, accidents and incidents, people's care and record keeping. A staff member commented, "The new manager insists on following the systems, for example, we must always wear white coats in the kitchen." And, "She insists that repairs are carried out straight away."

The registered manager said she was creating a staff team as new staff were being appointed and she was keen to further improve staff morale by ensuring there was a stable staff team who knew the needs of the people they supported. She said she was currently introducing rotational working so staff members would become used to working over different areas of the home in order to know all the people who lived in the home. She also spoke of her ideas to help staff's personal development and was appointing staff members to take lead responsibility in areas such as, infection control, dignity and dementia. The manager hoped this would increase staff confidence, staff morale and motivation.

Most people told us that they felt their opinions mattered. One person commented however, when we asked about their involvement in aspects of care and the running of the home, "I felt involved at the start and I thought assessments of me were very good. The only thing I'd like is if staff involved us more in what we think, I've not been asked what I'd like changed or improved." A relative said, "That hasn't been my experience at all. I hadn't realised they (staff) didn't ask the residents what they wanted changed because they're always asking us."

Monthly meetings were held with people and their relatives. The registered manager, who had been appointed in November 2014, used the meetings as a forum to re-assure people about her ideas for the running of the home and to inform them about any changes to improve their well-being. The registered manager said relatives' meetings also provided feedback from people and their relatives about the running of the home. They were also an opportunity to involve them. One relative commented, "The new manager arranged a meeting with us all when she first started, to introduce herself and ask for our feedback. I felt she really listened and staff respond well to her." Another relative said, "I suggested at a meeting that large hot trollies should be used to transport food upstairs to make sure the food stayed hot and smaller ones for downstairs as the dining room was nearer the kitchen. This was addressed straight away next day."

The registered provider monitored the quality of service provision through information collected from comments,

Good

Is the service well-led?

compliments/complaints and survey questionnaires that were sent out annually to people who used the service. The registered manager said surveys had not been sent out since she came into post but it was planned they would be sent out during the year to gather feedback.

Records showed audits were carried out regularly and updated as required. Monthly audits included checks on; documentation, medicines, staff training, nutrition, skin integrity, falls and mobility. Daily and monthly audits were carried out for health and safety, medicines management, laundry and maintenance of the environment. The manager told us they had identified and were prioritising areas of improvement around the home. This included urgent attention to records including care plans and risk assessments to ensure they reflected the care and support provided to people by staff. The registered provider told us she visited the home at least monthly to support the manager. She planned to also carry out a monthly audit at the visit to check on the quality of care provided and to gather feedback from staff and people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from unsafe care as risks to people were not always accurately recorded to ensure they received appropriate care that met their needs.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Records did not always accurately reflect people's care and support needs.**