

Anchor Trust

Chalkmead Resource Centre

Inspection report

Deans Road
Merstham
Surrey
RH1 3HE

Website: www.anchor.org.uk

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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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Chalkmead Resource centre is a residential service which provides care and accommodation for up to 50 older people some who have physical needs and some people who are living with dementia. People have varied communication needs and abilities. The service is set over two floors, and is divided into different living units; each unit has their own lounge and dining area. On the day of our inspection there were 47 people living in the service

The inspection took place on the 15 November and was unannounced.

A registered manager was 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.

People said that the home was well-led and that management was good. Although the registered manager had started to take action to drive improvements at the home, the management of records still required improvements.

Formal systems were not being used consistently to support people to express their views and to be involved in making decisions about their care and support. There had been no residents or relatives meetings since the manager had been in post.

People said that they were happy with the care and attention they received. However there were inconsistencies with up to date information in care plans. Other people had assessments and care plans that were personalised and reflected their individual needs.

The registered manager had completed some audits of the service such as people's weight and activities but not for other aspects of the service and as a result actions were not always implemented to improve the quality of service they received. The registered manager acknowledged further work was required in this area and explained that since being in post she had prioritised areas such as ensuring staffing levels were maintained. We have made a recommendation about this in our report.

People said that there were enough staff on duty to meet their needs and to provide assistance at the times they wanted. Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people.

People said that they were treated with kindness and respect. In the main people were treated with dignity and respect and their privacy was promoted.

People said that they were happy with choice of activities available to them. The home employed dedicated

activity staff and an activity programme was in place.

People received their medicines when they needed them and medicines were managed safely. There were systems in place to ensure that medicines had been stored, administered, and reviewed appropriately. Risks to people's safety were assessed and actions taken to reduce reoccurrence where possible.

People said that they would speak to staff if they were worried or unhappy about anything. Staff had received safeguarding training and were aware of their responsibilities in relation to safeguarding.

People said that the food at the home was good. Staff assisted people when required and offered encouragement and support. People were provided with a choice of freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical, religious, or cultural needs were provided where necessary

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. A training programme was in place that included courses that were relevant to the needs of people. Staff received support to understand their roles and responsibilities and said that the manager was approachable.

Chalkmead Resource Centre was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood their responsibilities in relation to capacity and decision making. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines when they needed them.

People were supported by enough staff to meet their needs, and there was a robust and inclusive recruitment process.

Is the service effective?

Good ●

The service was effective.

People's rights were protected in relation to making decisions about their care and treatment. Staff had an understanding of the Mental Capacity Act 2005 and acted accordingly.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported at mealtimes to access food and drink of their choice.

People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good ●

The service was caring.

People told us they were well cared for. We observed caring staff who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff knew the people they cared for as individuals. Staff took time to speak with people and to engage positively with them.

People were included in making decisions about their care.

Is the service responsive?

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to wide range activities that matched their interests. People chose activities and events within the home.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Good ●

Is the service well-led?

The service was not always well led.

The service had a registered manager in place.

Records were not always up to date or easily accessible.

The registered manager regularly checked the quality of the service provided however did not always implement actions to address shortfalls.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

Requires Improvement ●

Chalkmead Resource Centre

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.

The inspection took place on the 15 November and was unannounced.

The inspection was carried out by three inspectors who had experience in working with older people. We were supported by 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.

We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also made contact with the Local Authority and reviewed information they held on the service. 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 use the PIR to inform our judgment process.

We spoke with ten people who used the service, five staff members, four relatives and the registered manager. We reviewed six people's care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service, including quality audits and medicine administration records.

Is the service safe?

Our findings

People told us they received safe care. One person said "I feel safe here and staff are good." A relative said of their family member, "The reason they came here was because of falls when they lived at home. They haven't had too many since being here."

Another person said "I'm quite mobile, having no problems getting about. I can go anywhere I like as long as they know what I'm doing. Sometimes I go around with a carer just to make sure I'm going to be safe." Another person told us "The Call Bells seem to be answered fairly quickly here, I'd say about 1 to 2 minutes each time."

Staff we spoke to were aware of people who were at risk of injury due to falls. For example, a member of staff told us of one person "X falls asleep in chair and slides down. We changed the cushion and this helped reduce a lot. Sometimes they stand and walk without her frame. They forget because of the dementia. So there is always someone in the lounge." This was also confirmed by a relative of the person who we spoke with. We observed the person sitting in a chair leaning slightly forward. The member of staff present immediately intervened and assisted the person to sit more upright. The person had their walking aid close to hand. Three accident records for 2016 were on file that detailed falls. These confirmed that action was taken after each event in an effort to try safeguarding the person and reducing future falls. These included 15 minute observations and a sensor device was then used to alert staff if the person got out of bed.

Another person had a moving and handling assessment and detailed guidance for staff regarding the use of the hoist, what slings to use and the amount of staff needed. This included guidance for staff on supporting the person transfer from bed to chair, or when using the toilet and bathroom. We saw staff were competent using this procedure in a safe way.

People at risk of developing sore skin or wounds relating to pressure had the risks reduced by staff providing pressure relieving equipment, such as pressure relieving mattresses and cushions. Supporting the person in turning regularly and involving the district nurse when necessary.

Staff understood the procedures that should be followed in the event that someone sustained an injury. One member of staff explained, "If bleeding, apply pressure to try and stop the bleeding. Depending on seriousness call 999 or 111 for advice. Call for assistance from colleagues and complete accident form. Also inform family. People had personal emergency evacuation plans (PEEP) in place for staff to follow in the event of a fire. These contained information about the mobility needs of people and assistance people would require moving safely if there was a fire.

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. One member of staff said, "I would report it straight away to my line manager. If nothing done take it further, above Anchor (the provider). We have a telephone number to report safeguarding if we think it's not being actioned."

People and staff told us that there were, on the whole enough staff on duty to support people at the times they wanted or needed. A relative said, "Quite a few people like to stay in their rooms. It can be difficult for staff to supervise people in their rooms and those in the lounge but they are okay on the whole." A member of staff said, "I think staffing has improved a lot. When I first started it was a struggle. We use less agency now." A member of staff on duty on one unit explained that there were nine people currently residing on the unit. They said there was always two care staff on duty from 7am until 9.15pm. In addition, there was another member of staff on duty during this time who provided one to one support for a named individual. The person was not provided one to one support during the night. Staff explained that a monitoring device was in place during this time that alerted staff to the persons movements. They explained, "We use these for people who have needs e.g. vulnerable to falling because they think they can walk by themselves." The member of staff explained that during the night five staff were on duty. We confirmed though rotas we looked at that staffing levels were maintained.

The registered manager told us that since our last inspection staff levels had been increased. Previously there had been one care assistant allocated to each unit. Now there were two. Staff were observed to be available when people needed assistance and the person who was allocated one to one support was seen to receive this throughout the inspection. Staff were observed sitting and spending time with people, talking to them and not just carrying out personal care tasks. We checked the rota and the staffing levels corresponded to what we saw on the day of inspection.

People received their medicines safely and when they needed them. Medicine was stored in a designated medicine room and in medicine trollies which were allocated to each unit. There were locked and secured to the wall when not in use. Medicine was supplied by Boots the chemist and they also undertook audits of medicine.

There were two designated team leaders responsible for medicine administration in the home. They undertook the ordering, organise repeat prescriptions, checked medicine in and out of the home. They also undertake three monthly stock audits and showed us the records for these. Last one was August 2016.

We looked at the MAR charts and saw these were well maintained. Each chart had photograph identification, and any known allergies were noted. The MAR charts were well maintained and there were no gaps of signatures seen. Codes were used to explain why a medicine was not given for example if someone was in hospital.

Currently there was one person in the home who self-medicated under the supervision of the staff. This was overseen by the district nurse who monitors this frequently of this procedure. People who took anti-coagulant medicine had their blood taken regularly by the district nurse and their dosage adjusted according depending on the results. Staff understood risk implications to the person and action they should take in response. A member of staff explained, "We cannot give cranberry juice to someone who takes anti coagulant's and we must report any changes in the person or any bleeding immediately as this can make the blood thinner and it can be dangerous."

People who were prescribed PRN (as required) medicine were given these according to the MAR charts. PRN protocols were in place and we saw the team leader ask people if they required this medicine for example "Have you got any pain" and would you like something for that" There were clear instructions for staff to follow regarding PRN medicine. What triggers may prompt staff to give this, when to give this, how to give this what and the maximum dose.

Staff followed safe medicine administration procedures. They wore a special apron to say they were not to be disturbed while undertaking a medicine round, they locked the medicine trolley while it was unattended,

washed their hands between and people and only signed MAR chards when medicine had been administered. When completing medicine rounds staff checked with people if they were in pain and offered medicines to alleviate this and offered if necessary.

Medicine was stored safely and an external pharmacy undertook audits of medicine. The last audit was undertaken in May 2016 which was satisfactory.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

Is the service effective?

Our findings

People said that they were happy with the care and support they received. One person said of a member of staff who was supporting them, "It's alright here. We have a laugh. X (member of staff) she's alright, she laughs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Key pad locks prevented some people from leaving the building. DoLS applications had been submitted to the authorising authority in line with the MCA Act. As part of the application mental capacity assessments had been completed for that confirmed they did not have capacity to consent to this restriction. Best interest decision processes had also been recorded that evidenced professionals and relatives had been consulted. This person also had a sensor device in their bedroom that alerted staff to their movements during the night. Mental capacity assessments did not include consideration of this equipment.

For other people mental capacity was assessed along with evidence of best interest meetings having taken place involving people's legal advocates when necessary. The person's records evidenced that assessments had been completed and that they were not restricted. Discussions with staff and examination of records confirmed that they were able to leave the home unescorted and regularly visited local shops to purchase personal items. They had the codes to the keypads which enabled them to enter and exit the home freely.

The registered manager told us that due to recent changes in one person's needs they were being provided with one to one care during the day, a sensor device was in place in their room and that they were not free to leave the building. Mental capacity assessments and best interest assessment records were in place. These evidenced that authorised professionals such as consultant psychiatrist, social worker and community psychiatric nurse had been involved in all aspects of the decision making processes. A DoLS application had been approved by the authorising authority.

Staff understood what consent and the MCA meant for people. One member of staff explained, "No one is said not to have capacity unless proved so. They might have capacity to wash but not for understanding medicines, it can differ. We have to do things in their best interest, liaising with social services and with families."

People expressed satisfaction with the meals provided. One person said, "The meals are okay. We can have meals here (dining room) or there (pointed to lounge)." The same person also told us that menus were

displayed on the walls of the unit to remind them of the choices available. Another person said "I have got a good appetite and I do like the food here, it's lovely actually! I've never had a situation where I didn't like what I chose but if I did, I do believe they'd change it straight away. We do get refreshments throughout the day, you can have tea, coffee, water, squashes juice etc. & they come with biscuits, cakes, and fruit if you want."

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on their individual circumstances. The staff were all aware of people's dietary needs and preferences. Throughout the day people were offered drinks and snacks. Staff showed people choices which included yoghurts, fruit and biscuits. People's preferences were known by staff. For example, one member of staff was seen offering a person a particular drink which was recorded in their records as being a favourite of the individual. When the person received their drink they patted their stomach and smiled broadly. This indicated their satisfaction.

People had detailed nutritional care plan in place that referenced support they required to eat a healthy diet and to manage and specialist needs such as diabetes or nutritional allergies. Staff were aware and followed the guidance to ensure people had enough to eat and drink.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. One person said "I feel that they are fairly well trained here." Another person said "I do believe that the staff are correctly trained here! I've never had any reason to think otherwise actually."

Staff said that they received sufficient support to fulfil their roles and responsibilities. One said, "I would say yes we get support. We have supervision three monthly or when there's a need. We also have group supervision and annual appraisal. We have a two week induction. New care staff always work alongside staff first and observe so they get to know peoples preferences. And we are also encouraged to read care plans."

Staff also said that they received training that helped equip them with the knowledge to care for people effectively. One member of staff said, "We get training and help from the manager. If we request something they make sure it's there for us. It's not a one way street, we work together." All staff completed dementia awareness training when first employed at the home. In addition we were informed that staff completed a two day dementia course. However, the registered manager could not tell us who had attended this.

As some people had complex behavioural needs we asked the registered manager about training staff received in this area. She explained that staff received positive behaviour support training that included non-physical interventions. This guided staff on supporting people to manage their anxieties and any behaviours exhibited due to these.

People were supported to access healthcare services and to maintain good health. This included referrals, appointments and assessments with GP's, opticians, dentists and chiropodists. Health care plans were well maintained and records kept of health care professional's visits. One person said "Actually if I needed a doctor, optician dentist etc. I do know that they would arrange one for me and I have seen the doctor by arrangement recently so it does happen." A relative told us, "I know the optician came to see X. We had GP visit recently to look at X medicines."

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said "The quality of care here is very good indeed! The staff do listen to you and they respond." Another person told us "I do think the carers here are very good, they are all very good indeed! I've never ever thought otherwise because they are also very affectionate with it."

People said that they were treated with dignity and respect. A relative said, "Staff are very particular about how the ladies look. They always make sure they have nice clothes, are fresh and clean and their hair is done. They also treat people kindly and if people want to bathe themselves they give them the time to do this."

Good attention had been given to people on all living units with regard to their personal appearance. Everyone wore clean clothes that had been colour coordinated. Men were freshly shaved and everyone hair was brushed. Rooms were personalised with furniture from home ornaments and personal photographs.

Staff understood people's rights to be treated with dignity and respect. One member of staff explained, "Make sure the door is closed and body is covered with a towel when helping with personal care. Some people can wash themselves and some cant. It's important we know who can do things for themselves and when we do help we do it in a respectful way." Another said, "This is people's home so when they are coming to the end of their lives we try and make sure they can spend their last days here. We liaise with the hospice, district nurses and families. This has been their home and we have to have empathy."

Staff understood how to help people who were living with dementia to make decisions about their care. One explained, "It depends on the individual. Some we have to show two items such as at mealtimes and then they can choose."

Throughout the inspection we observed that people were treated with kindness and compassion by staff. Staff took the time to make sure people were happy with the support offered, lots of laughter and banter between people was heard and people appeared really relaxed and at ease. One member of staff explained, "My focus is my residents come first." We observed that before a member of staff turned the volume down on the television they checked that people were happy with this.

People were involved in their own care planning. All the people we spoke with told us that they had the opportunity to speak with the staff and the registered manager about their care and support, and they felt their views were listened to and taken in to consideration. During the inspection we saw numerous people come into the office.

People's privacy and dignity was both valued and respected by staff. One person said "They do treat me with the greatest of respect at all times and they do respect my dignity. There were systems in place to ensure that information about people was treated confidentially. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's

information confidential wherever possible.

Is the service responsive?

Our findings

People told us there were activities going on at the service that they could participate in. One person said "I do go to the activities, quite often actually. As I said, I like my music and really do like to just sit and listen to it." A relative told us "I do know the activities coordinator does do a regular one-to-one with people. X likes going on the trips and especially for a pint or down to the café with me for a cup of tea or something."

On one of the units we observed staff supporting people to join in a game where they had to throw hoops onto pegs, play dominoes and a quiz. People responded positively and lots of laughter and conversation was heard between everyone. A member of staff explained that the home employed an activity coordinator who arranged activities. They explained, "She will go around and put on board what is to be done and she checks they take place. We have entertainers visit such as a man with a dog every Monday and exercise class also weekly. We have church services every two weeks for people with different religions but anyone can join in. The priest came on Friday."

The activities coordinator worked at the service full time, to support people take part in social activities. She showed us a scrap book people were involved in of railway outings they had undertaken and this was being presented at the providers inter homes competition. People spoke enthusiastically about this. They were also starting to make their Christmas cake the following week and were preparing to make Christmas card and decorations. There was a list of everyone's birthdays and we were told the chef made a cake for everyone on their day. People said they had enough to do and were happy with the activities provided.

People were supported with their relationships. Visitors were made welcome. A member of staff explained, "It's important that we involve families especially for people with dementia. We only ask that they respect mealtimes. Some people won't eat when their loved ones are visiting so we ask them to be mindful of this. Apart from that there are no restrictions in place." A relative told us, "On the whole they are quite good at keeping us informed and involved. We visit three or four days per week. We get involved and know the staff. We are part of the caring process and the staff understand this."

Before people moved into the home an assessment of people's needs was completed with relatives and health professionals supporting the process where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet the needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person's background and were then able to talk to them about their family or life stories.

Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight.

We saw that one person was a risk of pressure wounds. The registered manager told us that one person had a pressure wound that was being dressed by the district nurses who visited the home. Staff were aware of this and told us of steps they had taken in response to this. A member of staff explained, "It was found out X sits in one position so now they have to have bed rest. They like one (person) and like to sit and look at them so we try and position them so that they can still see them but on the other side to the pressure wound. The district nurse visits. X has a pressure cushion and pressure relieving mattress in place. We created a district nursing book which is downstairs and they write what they have done in it." We observed that the person was encouraged to sit as per the member of staff's comments. The equipment was also in place as per the member of staff's comments.

People said that they would feel confident to raise concerns or to make a complaint. A relative said, "We were given information at the beginning of the service. I have no concerns but would not hesitate to raise if I did." The registered manager showed us the log of complaints that had been raised and actions on how she had addressed any issues. Staff explained to us that they would log if a person complained about something and report this to the team leader.

Is the service well-led?

Our findings

People expressed satisfaction with the management of the home. One member of staff said, "It's good. She (registered manager) gives time to listen to you. Listening is most important." A relative said, "X (registered manager) is fairly new and getting to grips with everything. There have been no obvious changes but that's a positive as it shows a seamless transition."

Staff were aware of the provider's whistleblowing procedures. One said, "That's if you see something, you can report it in confidence." The whistleblowing procedure was on display in the staff room and team leaders' office. The district manager told us that they also undertook a 'Staff Surgery' for staff to come and discuss any issues they had away from the service.

A range of quality assurance audits and checks were in place and had been implemented since the last inspection to drive improvement. However, we found these audits and checks were not consistently robust or had not been fully acted upon to drive the necessary improvement. Monthly management audits and reports were completed. We reviewed these, and saw that they had identified and reported shortfalls in care plans and other areas that we had identified. However, actions had not always been undertaken to bring about improvements.

There had been no residents or relatives meetings since the manager had been in post. People told us "I've never been asked for feedback but would be quite happy to give it if requested." Another person said "No, they've never asked me for any feedback on how they're doing." We spoke to the registered manager regarding this and they confirmed that residents and relatives meeting had taken place. They showed us a diary entry for the first meeting to be held later in the year. After the inspection the registered manager provided us with copies of three residents meetings that had been held throughout 2016.

A number of people's records were incomplete and not easily accessible by the registered manager when we requested to view them. When exploring if referrals to specialists including occupational therapists and falls prevention teams had taken place the registered manager said that X "Had been assessed by the OT for the wheelchair, frame and profiling bed." When we asked to view the assessment the registered manager produced a file and explained that all health reports for people were kept in one folder and not in people's individual files. After 10 minutes and going through the file the registered manager could not locate the person's assessment. She said, "I can't find at the moment but will try and get it for you."

We recommend that the registered manager ensures all person centred records are kept in line with best practice guidance.

We discussed with the registered manager systems in place for reducing where possible incidents and events including falls. The registered manager told us that she had identified that people were not having annual medicine reviews and that as a result she had compiled a list of people that detailed when these had taken place. During our inspection we tracked the care of six people with identified needs that had the potential to place them at risk if these were not managed effectively. None of these people had received a

full medicines review. We questioned how the registered manager prioritised requesting medicine reviews and she said, "It's a work in progress" and said that staff were still at the stage of identifying who required a review but that arrangements had not yet been made for these to be completed. The registered manager went on to inform us that a GP visited the home twice a week and "I know they check meds and look at falls." However, records were not in place to evidence this. The registered manager acknowledges that "Records are not as good as can be."

The registered manager told us that the falls prevention team had assessed one person but that "I need to follow up on that, not had outcome." The registered manager told us that staff received falls prevention training provided by the registered provider.

We discussed triggers for referrals to the falls prevention team with the registered manager. She was unable to give a rationale but said, "Referrals are made via the GP. We don't refer directly. Sometimes we request OT, physio if mobility is deteriorating." The registered manager told us that as a result of analysing falls this had identified that most occurred during the afternoon and evening. As a result discussions were held with team leaders about always having a staff presence on the units that formed the home. Better management of staff break times had taken place because of changes to shift patterns that were implemented in order to reduce falls.

We recommend that the provider reviews their incident and accident analysis in line with best practice guidelines.

Following the inspection the registered manager submitted an action plan to us following the inspection. This detailed how they would improve their oversight of issues within the service. For example: Manager and Deputy to ensure regular audits and follow up on actions on areas such as medication, care plans, effective record keeping etc. Manager to have meetings with Team Leaders at least monthly to discuss actions and management plans. Manager is giving CQC feedback to all staff during handovers for the next two weeks and sharing improvement plan.

We observed that the registered manager wore a Dementia Champion badge and discussed with her what this meant. She explained that she had completed a course in July 2016, "To try and make improvements for the lives of people with dementia." She went on to explain that as a result of attending the course she had completed an action plan "For more activities, more interactions, outings, brighten the environment, to make life more meaningful." She told us that she had instigated a competition between the five units that formed the home to see which involves residents more. This competition was still in progress at the time of our inspection. Arrangement had been made for the competition to be judged by the local mayor. She also told us that she had recently arranged a bonfire night "With sparklers and hotdogs which people really enjoyed." The action plan detailed seven areas for improvement.

Although some efforts had been started these had not been met in full. For example, the action of a newsletter being produced for families of people had not been met, and only five life story boxes had been put in place for individuals who lived at the home. The registered manager told us that the activity person had "Started a few flower arranging sessions" and that work had not started to make the bathrooms more inviting as work was being undertaken to decorate hallways and some living areas first. The registered manager went on to show us framed photographs and information that had been put in place at the entrance to the home "As evidence of dementia consideration." The photographs were small as was the font size of the information and did not show consideration for people with impaired memory or vision.

There had been no residents or relatives meetings since the manager had been in post. People told us "I've

never been asked for feedback but would be quite happy to give it if requested." Another person said "No, they've never asked me for any feedback on how they're doing." We spoke to the registered manager regarding this and they confirmed that residents and relatives meeting had not taken place. They showed us a diary entry for the first meeting to be held later in the year.