

B & L Premier Care Limited

# Beechdale House Care Home

## Inspection report

Beechdale Road  
Aspley  
Nottingham  
Nottinghamshire  
NG8 3EZ

Tel: 01159292792

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of the service on 12 July 2016.

Beechdale House Care Home provides accommodation and nursing care for up to 40 people. In addition to nursing needs some people were living with dementia. At the time of our inspection 26 people were using the service and one person was in hospital.

At the last comprehensive inspection on 1 and 2 March 2016 this provider was placed into special measures by CQC. A breach of 12 legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to:

- providing care that was appropriate, safe and met people's needs,
- safeguarding people from abuse and improper treatment,
- having appropriate infection control prevention and measures in place,
- providing sufficient numbers of suitably qualified, competent and skilled staff,
- treating people with dignity and respect,
- providing person centred care,
- safe management of people's medicines,
- maintaining the premises and equipment,
- assessment and monitoring of the service,
- providing staff with appropriate support, training, supervision and appraisal,
- having a process to receive and act on complaints,
- ensuring all conditions of registration with the CQC were being met.

During this inspection we found that some improvements had been made and these breaches in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

Beechdale House Care Home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008. At the time of our inspection the registered manager was no longer working at the service. A new manager was in post and they were in the process of submitting their registered manager application. We will monitor this.

Improvements had been made to how people who used the service were protected from abuse and avoidable harm. Where concerns had been identified the provider had taken correct action in informing the local authority responsible for investigating safeguarding's and had informed CQC. Staff had received adult safeguarding awareness information and further training had been planned for.

Risks associated to people's individual needs had been assessed and planned for. We found the information provided to staff of how to manage known risks were variable. Accidents and incidents were recorded and action had been taken to reduce risks from reoccurring. However, the provider lacked systems and processes that analysed events that would provide oversight of any patterns, trends and themes.

Improvements had been made to the premises and equipment. The premises were found to be safe and equipment had been serviced and new clinical equipment purchased.

The cleanliness of the service had improved. Additional domestic staff had been employed and cleaning schedules reviewed and improved. The service had recently had an infection control audit completed by the local clinical commissioning group. The provider had developed an action plan in response to the shortfalls identified.

The provider had completed appropriate recruitment checks before staff began work to check their suitability. A dependency tool had been introduced that determined what staffing levels were required. Staffing levels had increased to ensure people's needs and safety were appropriately met.

The management of medicines had improved, but no protocols were in place for people that had prescribed medicines to be taken as required.

The support available to staff had improved. Staff received an induction to support them to understand their role and responsibilities. Staff had received opportunities to discuss their work, training and development needs. Staff meetings had been regular and was an additional method used to support staff.

The manager understood their role and responsibility in ensuring the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation was adhered to. Where required people's capacity to consent to their care and treatment had been assessed and best interest decisions had been made appropriately. However, staff's knowledgeable about the principles of this legislation was very limited. Where people were deprived of their liberty this was done in accordance to the authorisation in place.

People received sufficient to eat and drink and the menu choice was based on people's needs and known preferences. Staff were aware of people's dietary and nutritional needs and external healthcare professionals were involved when concerns were identified.

Staff supported people to maintain their health, this included accessing both routine and specialist healthcare services. The service involved external health and social care professionals appropriately in meeting people's individual needs. Improvements were found how people's daily care records and charts were being completed. However, their continued to be a lack of monitoring or oversight of these records. Where it was identified that a person's repositioning chart had not been fully completed staff were disciplined.

Some people required support to eat and drink but this was not always provided by staff in a caring, dignified or respectful manner. There was inconsistency in the care, kindness and compassion shown by staff. Care provided was often task led as opposed to being person centred.

The opportunities for people to participate in activities had improved. Plans were in place to develop and introduce further opportunities. It was unclear if these activities were based on people's interest, hobbies and pastimes.

A complaints policy was in place and staff were aware of how to respond to any complaints or concerns made. People who used the service, relatives and visitors had access to this information. Where concerns had been raised with the provider these had been responded to appropriately and in a timely manner.

Opportunities for people who used the service, relatives and representatives to be involved in meetings about their care and treatment were being developed. People had been assigned new named nurses and keyworkers and this information had been made available for people.

People that used the service, relatives and staff were positive that improvements had begun to be made to the service. The provider had made improvements in the way they were monitoring the quality and safety of the service. They had also identified further improvements that were in the process of being implemented. A new manager was in post that was responsive to the continued improvements required to further raise quality and standards.

## 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 consistently safe.

People were protected from abuse and avoidable harm. Accident and incidents lacked any type of analysis and information recorded varied in quality and detail.

Risk management had improved but information for staff to mitigate risks varied in detail.

A dependency tool had been implemented and staffing levels increased. Safe staff recruitment processes were in place.

Medicine administration, storage and management of medicines had improved. Protocols for the administration of some medicines were missing.

The cleanliness of the service had improved, and an action plan was in place to improve the prevention of risks associated to infection control.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

Improvements had been made to how staff were supported and trained. Further staff training and competency checks were required to enhance care practice.

The provider had ensured people's rights were protected under The Mental Capacity Act 2005 Deprivation of Liberty Safeguards. However, staff lacked understanding of the principles of this legislation.

People were supported with their dietary and nutritional needs. People's experience of meal times could have been better.

People's health care needs had been assessed and planned for. Records to show people's daily needs had been met were on the whole up to date but required a formal system to be checked and monitored.

### Is the service caring?

The service was not consistently caring.

Staff interaction with people varied in quality. Care, kindness and compassion were not consistently provided.

Dignity and respect towards people had improved, but was not consistently shown by all staff.

Some improvements had been made to how people were involved in their care and plans were place to further improve this.

**Requires Improvement** ●

### Is the service responsive?

The service was not consistently responsive.

Staff met people's needs in an appropriate time and took correct action to respond to changes with people's health and welfare needs.

Opportunities for people to participate in activities had improved but it was not clear if these were based on people's interests, hobbies and pastimes.

Improvements had been made to respond to concerns and complaints made.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

Changes had been made to the leadership of the service and the staff team. A new manager had been appointed, new domestic staff recruited and nursing staff had been recruited and were due to start at the service shortly.

People who used the service, relatives and staff were positive that some improvements to the service had been made.

Improvements had been made to the systems in place to monitor the quality and safety of the service. Plans were in place to further implement changes and improvements.

The provider was meeting their registration requirements.

**Requires Improvement** ●

# Beechdale House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 12 July 2016 and was unannounced. The inspection was carried out by two inspectors, a specialist nurse advisor 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.

Before we carried out this inspection we reviewed the information we held about this service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also contacted health and social care professionals for feedback about the service being provided.

During the inspection we spoke with nine people who used the service but due to their communication needs feedback in some parts was limited. We spoke with six visiting relatives for their feedback. We spoke with the provider's representatives (Provider and Administrator), manager, a nurse, a senior care staff, the cook and four care staff. We looked at all or parts of the care records of eight people who used the service along with other records relevant to the running of the service. This included policies and procedures, records of staff training, recruitment, the management of medicines and records of associated quality assurance processes.

# Is the service safe?

## Our findings

At the previous inspection in March 2016 we found that the provider was breaching five legal requirements in this area and was rated as inadequate. This was in relation to protecting people from abuse and avoidable harm and how risks were managed. Staffing levels were insufficient, the environment was not clean and medicines not managed safely. We found at this inspection that some improvements had been made and these breaches in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

Improvements had been made to how people were protected from abuse and avoidable harm. People who used the service and visiting relatives raised no concerns about people's safety. One person told us how they had no restrictions placed upon them and that they accessed the community independently.

Feedback from one visiting healthcare professional was positive about people's safety. A second healthcare professional did raise one concern about a person's potential safety. We discussed this with the manager following our inspection when we met to give feedback. The manager was already aware of this concern. They told us of the action they had taken to reduce any risks and this included reporting it to the local authority safeguarding team. The local authority has responsibility for investigating safeguarding concerns.

The provider's representative (The Provider) told us following our last inspection staff had been provided with safeguarding information to raise their awareness. Staff had signed to confirm they had read and understood this information. Staff had also been booked on safeguarding refresher training. Staff confirmed what we were told.

We looked at completed accidents and incident records since our last inspection. We found that safeguarding and serious incidents had been responded to appropriately. The provider had notified CQC and other external agencies as required.

We found that the quality of information recorded in accident and incident records was variable. We also noted that no follow up or monitoring post incident was recorded. Neither was there a system in place where all safeguarding's, accidents and incidents were analysed. This meant there was no oversight to consider patterns, themes or trends that the provider could learn from. We discussed this with the manager. Following our inspection the manager forwarded us a new accident and incident form that was being implemented from August 2016. The manager said that they would provide staff with training and support before it was introduced. In the interim the manager said that they would review daily any incident and accident forms. The manager also informed us that they had arranged for staff to receive training in record keeping in July 2016.

Risks associated to people's needs had been assessed and risk plans were in place that advised staff of how to support people with risks identified. We found that where people had been identified as requiring equipment this was in place. For example, pressure cushions to reduce the risk if pressure sores developing,



were available and being used by people. Where people had been identified at being at risk of falls assisted technology such as sensor mats, were in place to alert staff of when a person was mobile.

We observed staff supporting people to transfer using a mobile hoist. We found the majority of observations to be good where staff were organised, followed safe practice guidance and gave the person they were supporting reassurance and explanation. However, we saw two occasions where staff could have provided better support. For example, during the transfer of one person they slipped forward and got their foot trapped under a part of the hoist. The person shouted out several times in pain but was ignored by staff. Another member of staff intervened and said that a cushion that was in place should have been removed before the person was moved. We shared our observation with the manager. They told us that they would arrange some further training for staff in moving and handling and confirmed after our inspection this training had been arranged for July 2016.

The premises and equipment were safe. We checked moving and handling equipment and found there to be sufficient equipment available that was in good working order. The stand aid, slings, hoists and lift, had all been serviced in July 2016. New clinical equipment such as a blood pressure machine had also been purchased since our last inspection.

Improvements had been made since our last inspection to ensure fire doors and exists complied with fire safety regulations. The storage of hazardous materials were found to be stored and managed safely. Since our last inspection all staff had been given information to raise their awareness of the use and storage of hazardous materials which they signed to confirm they had read and understood this information. Following our last inspection the provider forwarded us a copy of the gas safety certificate that confirmed the gas boiler was serviced in January 2016.

A visiting relative told us that their family member had been provided with equipment for their safety in their bedroom but raised a concern that there were insufficient electric points available. We informed the provider of this who agreed to take action to resolve this issue. We checked the bedrooms that were occupied to ensure people had call bells available. We found not every bedroom had a call bell in place. We raised this with the manager who confirmed the following day that they had ordered replacement call bells where required.

People who used the service and visiting relatives told us that there were sufficient staff to meet people's needs and maintain their safety. One relative told us, "There always seems enough staff when we visit." However, they went onto say, "Staffing levels at the weekend, no they're not as high at a weekend." We spoke with a person who was in their room. They told us that if they needed to use their call bell staff, "Sometimes do come quickly", however, we noted that their call bell was not in reach for them to use. The provider and staff confirmed that the staffing levels for both nursing and care staff were the same at weekends, including kitchen and domestic staff. Records viewed confirmed what we were told.

Staff we spoke with all felt there was sufficient staff to meet people's individual needs and safety. One staff member said, "Staffing is much better now since we have had a permanent cleaning team." Another staff member told us, "We've got new staff and have more staff on duty now, I feel people are safe." Staff said any shortfalls in staffing levels were covered by bank staff or other staff who wanted to cover extra shifts. Bank staff are staff that are employed by the provider to work as and when required.

We observed there were two staff in the lounge at all times and when people requested assistance this was provided in a timely manner. Some people chose to stay in their rooms or were cared for in bed. Staff were allocated to people who remained in their rooms to provide their care and treatment.

We found staffing levels had increased since our last inspection. We looked at the staff rotas for the last four months and found that staffing levels had increased to ensure there was sufficient staff available on all shifts. The staff who was on duty during our inspection matched the numbers of staff on the rota. The provider told us that since our last inspection they had implemented a dependency tool to calculate what staffing levels were required to keep people safe. They also told us if they identified there was a need to increase staff hours due to an increase in people's needs they would address this.

People we spoke with did not raise any concerns about how they received their medicines. We observed a nurse administer people's medicines and saw that they interacted with the person and remained with them until they had taken their medicine. People were asked if they required pain relief medicine that they had been prescribed to be taken as required.

We saw records that confirmed staff responsible for administering medicines had received appropriate training in medicines managements and administration. Audits and checks were also in place to ensure medicines were being managed safely. Staff had the required information they needed about how to safely administer people's medicines, including their preferences of how they liked to receive their medicines. Medicine administration records confirmed people had taken their prescribed medicines. We found the management and storage of prescribed medicines and controlled drugs were correct.

No protocols were in place for medicines which had been prescribed to be given only as required (PRN). This is important information that provides information for staff on the reasons the medicines should be administered. Neither was there short-term care plans for medicines such as antibiotics. We spoke with the nurse about missing PRN information. The nurse did not understand the significance of not having this information. We discussed with the provider and the manager about no PRN protocols in place. The manager told us that they would address this immediately to ensure staff had this required information.

Improvements had been made to the cleanliness of the service. Visiting relatives told us that they felt the environment was cleaner and better maintained. The provider told us since our last inspection they had arranged for the service to be deep cleaned by an external contractor. They had also increased the domestic staff and implemented improved cleaning schedules. During staff discussions and by reviewing records, we were able to confirm what we were told. We saw domestic staff were present during our inspection. Since the last inspection flooring in the laundry room and reception area had been replaced.

Following our last inspection the local authority clinical commissioning group had completed an audit of the prevention of infection control. The administrator showed us a copy of the action plan that had been developed to address the shortfalls.

## Is the service effective?

### Our findings

At the previous inspection in March 2016 we found that the provider was breaching three legal requirements in this area and was rated as inadequate. This was in relation to the support provided to staff, issues in relation to the premises and equipment and the action taken to mitigate risks. We found at this inspection that some improvements had been made and these breaches in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

Staff confirmed that they received an induction when they commenced their employment. One staff member said, "They [staff] are a good team, work hard and we get on well. If I want to know anything I just ask. The team tell me what I need to know." We saw that new staff received a structured induction to support them to understand their role and responsibilities. This included training opportunities and shadowing experienced staff.

The provider told us that since our last inspection staff had received supervision meetings to discuss their work, performance and training needs. Staff told us this was correct and records viewed confirmed what we were told. The provider and the manager told us that they were aware that nursing staff required clinical supervision. Whilst the manager was not clinically qualified to provide this, a permanent nurse had been recruited who would undertake this role and responsibility.

Staff told us that they had received some training since our last inspection. One staff member told us they had recently completed training in first aid. Another staff member said that they had completed on-line training regarding strokes, pressure care and dementia care. All staff were positive about the training opportunities they received. Staff were aware that the management team had reviewed staff's training needs and were arranging refresher training. This is important to ensure staff keep their knowledge, skills and awareness of best practice up to date.

Systems were in place to check that permanent and agency nursing staff were appropriately registered with the Nursing and Midwifery Council to practice as a nurse. Agency staff also received an induction when they first came to work at the service.

The administrator told us they had reviewed the staff training matrix and identified staff training needed to be more frequent. The management team were in the process of updating the training needs of staff and had identified outside trainers to support them with this. We saw information that confirmed that the provider had enrolled staff in a moving and handling course and this was due to take place in July 2016. The manager told us that they would be undertaking competency assessments, to ensure staff had put into practice their learning.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Two people told us that they were involved in discussions and decisions about their care and treatment. A relative of a person, who had lasting power of attorney (LPA), told us that they were involved in all decisions with regard to their family member. An LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity to make decisions for yourself. There are two types of LPA; for financial decisions and for health and care decisions.

We spoke with staff in regards to the MCA and DoLS. All staff we spoke with lacked understanding in what this meant for people who used the service. The provider told us they had identified that staff required further training to enhance their understanding and that this would be provided. The manager was knowledgeable and aware of their responsibility in protecting people's rights under the MCA and DoLS.

We found in people's care records that where people lacked mental capacity to consent to specific decisions about their care, assessments and best interest decisions had been made appropriately. Three people who used the service had authorisations in place granted by a supervisory body that restricted them of their freedom and liberty. We found that there was not a care plan in place to advise staff of what this meant for these people and staff did not demonstrate they knew this information. Where authorisations had conditions we found information that showed the provider was meeting these. However, information to support this was not easy to find due to record keeping.

Some people who used the service had anxieties, and behaviours associated to their mental health that meant they could present with behaviours that challenged the service. We found in some people's care records, staff had information about the strategies to support people with anxiety and potential behaviours. However, we also found where people had known anxieties there was no information provided to staff of what this meant for the person and the support required. We also noted that behavioural incidents were recorded but these records varied in the quality and detail of recorded information. There also lacked any monitoring and evaluation of incidents that occurred. We spoke with the manager about what we found, they said that all people's care records would be reviewed and amended as required. They also told us that audit systems and processes would include a clear evaluation and analysis of behavioural incidents.

People received sufficient to eat and drink. One person told us, "It's okay (the food) a bit of the same. Everybody has the same dinner." A visiting relative said they thought the food was good and told us, "Yeah, I have dinner with him [family member]." A person said, "She [the cook] asks me what I want."

The cook told us, "Choices are available for meals and the menu is balanced and varied." The cook had a good knowledge of people's dietary needs and was able to describe what allergies or special diets people required. We saw the cook had information about people's dietary and nutritional needs and we noted that this information was dated June 2016. Staff were also knowledgeable of people's dietary requirements. One staff member said, "If I had concerns about a person's diet I would tell the nurse who would contact the appropriate professional. For example I noticed one person was finding it hard to swallow, so the nurse contacted the dietitian." People's care records confirmed health care professionals such as dietitians and speech and language therapists had been involved in people's care when concerns were identified. .

The cook told us that the menu had recently been reviewed and was based on people's needs and known preferences. The menu showed that the main meal of the day provided one choice. Alternatives were available such as light snacks including salads and jacket potatoes. We saw the menu was on display for people to advise them of the menu for the day. We found there was a good supply of food stocks that were stored correctly. Some people had been prescribed food supplements and we saw these were available. We observed people were offered drinks throughout our inspection. Biscuits and fruit was also seen to be available and provided.

People's independence was promoted by having adapted cutlery or utensils available to support them to eat independently. We observed the lunch time experience for people and saw that people had to wait up to 30 minutes to receive their meal. Several people said their food was cold which did get reheated if people requested it to. Some people required support to eat and drink. Whilst staff provided this support the quality of staff interaction was poor impacting on people's lunch time experience.

People's nutritional needs had been assessed and planned for. Care records showed people's daily food and fluid was recorded and weight monitored. Where concerns were identified about weight loss records confirmed that appropriate referrals to the GP and other healthcare professionals were made in a timely manner. Information in people's nutritional care plans included information about recommendations made by healthcare professionals. Whilst we found these records on the whole had been completed, it was not clear what system was in place to ensure these records were up to date.

People told us that they were supported with their health care needs. People's care records showed that their healthcare needs had been assessed and planned for. Daily charts were used to record needs such as repositioning to support people with their skin and when care was provided. Since our last inspection staff had been provided with note books to record when care was provided. This information was then transferred into people's individual daily charts during the day. Some relatives raised concerns that they felt staff spent too much time completing records and this took them away from spending time with people. Additionally, some relatives said that when they had looked at their family members daily charts there were sometimes gaps found in the recordings.

We found improvements with how daily charts were completed. On the whole we found daily charts had been completed correctly. We identified from one person's care records that their repositioning chart indicated they had not been turned as frequently as their care plan and risk plan stated they needed to. We raised this with the manager who took action and the following day after our inspection informed us some staff had been disciplined.

We spoke with a visiting healthcare professional on the day of our inspection and a GP after our inspection who visited the service regularly. Both health care professionals said they were satisfied people were supported appropriately with their health care needs.

Since our last inspection improvements had been made to the environment. For example, to support people living with dementia to orientate, words and pictorial signage was in place to communicate what rooms were such as the toilet and bathroom. People's name and photograph was on their bedroom door to support them to identify with their own room. In the dining room the day and date was clearly displayed on a notice board and there were photographs of the main meal and the dessert, enabling people to identify the day's main meal.

## Is the service caring?

### Our findings

At the previous inspection in March 2016 we found that the provider was in breach of one legal requirement in this area and was rated as inadequate. This related to how people were treated with dignity and respect. We found at this inspection that some improvements had been made and this breach in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

The lunchtime experience for people who used the service showed a lack of person centred care and respect. We also noted that some individual staff showed more compassion and kindness than other staff. For example, we observed the nurse administering people's medicines. They approached and asked a person how they were. The person replied, "Not too good," but the nurse made no comment and after gaining consent from the person, continued with administering their medicines.

A staff member was observed to enter the lounge; they walked up to a person telling them to, "Drink your tea." They were not friendly in their manner or offered any encouragement and walked quickly away before the person could respond.

Another staff member was seen to call across the room to a person who used the service. They were heard to say, "You can do that, go on." They did not approach the person they were addressing at the other end of the room. Whilst they were trying to be positive this showed a lack of respect and consideration to the person's needs.

Our observations of the lunch time experience for people who used the service found this was not a positive experience for them. Staff were seen to be task orientated. For example, some people required assistance to eat and drink. Staff were seen to not engage with people during this time, such as explaining what people were eating, offered any encouragement or asked after people's care and welfare or communicated in any way. Staff looked disinterested, got easily distracted and chattered to each other across the room. We saw examples where staff did not offer choices such as offering people an apron. Staff were seen to put aprons on people without gaining consent. Staff were seen to clean people's faces with serviettes without explanation to the person or gaining consent. One person living with dementia became unsettled with no staff engagement and having to wait for their meal. They got up and walked around and a staff member sat them down again without any positive engagement, and their only communication was, "Sit down."

We saw four people were sitting at one table and when the staff member was giving out drinks they just poured the juice into the beaker without asking what people wanted. However, the same member of staff then went to another table and asked people what they would like to drink.

We shared our observations with the manager. They told us that they would take immediate action by completing lunch time observations, to enable them to make changes to improve the lunch time experience for people.

People who used the service were on the whole complementary about the staff. One person told us they had lived in a previous care service and said about this service, "Care for you better than the other one and the food is better." Another said, "Staff are all alright, particularly the night time ones, they're nice I 'haven't' found a bad one yet." Additional comments included, "Most of them [staff] are okay, one or two I don't like." Another person named two staff who they described as, "They really look after you."

A visiting relative told us that they were very happy with the staff. They said, "They [staff] do know [name of family member], you have to be more assertive with them and they know what to do, they look after them very well." This relative went on to say that since their family member had lived at the service they had seen improvements. Comments included, "[Name of family member] is more communicative, happier since they've been here."

Visiting healthcare professionals told us that staff were approachable and that they were knowledgeable about people's needs. Staff were also described as kind, caring and compassionate.

Staff demonstrated they were aware of people's needs, routines and preferences. One staff member said, "We get to know the residents by talking with them, reading care plans, other information and talking with families and visitors. We are doing life histories." This meant that people's past life experience was recorded, to support staff to develop a person centred approach to the care provided.

We observed some interactions of staff engaging with people that demonstrated positive relationships had been developed, and dignity and respect was provided. For example, a person was observed to ask the cook if they could have another drink. The cook responded immediately, with a smile and humour. The exchange of communication between the two showed they were comfortable in each other's company. When the drink was provided the cook told the person to be careful as the drink was hot. They used good communication by talking with the person at eye level.

Another staff member was seen to ask a person if they wanted to go into the lounge. They waited for a response and until the person finished their drink before supporting them. This staff member was then observed to ask a person if it was okay to remove their apron. They then supported this person with some medical equipment they used. The staff member did this with a smile and explained to the person what they were doing.

We observed a staff member supported a person to walk around the lounge. They were warm and friendly in their manner towards the person and were unhurried and patient. Staff were seen to circulate around the lounge engaging with people.

We saw how a staff member supported a person with their communication and comfort needs. This staff member spoke with a person who appeared to be struggling to hear them. The staff member picked up on this asked if they could look at the person's hearing aid, after gaining consent they did this. They gently examined the hearing aids and adjusted the way they were positioned. When the staff member spoke to the person again, the person laughed, saying that they could now hear what was being said.

Some improvements had been made since our last inspection in how people who used the service and their relatives or representative, were involved in discussions and decisions about the care provided. People who used the service had been allocated a named nurse and keyworker. These are staff that have additional responsibilities for named people. These staff names and photographs were in people's bedrooms. The administrator told us this was to inform people and their relatives or representatives, who they could talk to in addition to the manager about any aspect of the care and treatment provided. The provider also said that

there were plans being developed, whereby the named nurse would arrange review meetings where people and their relative or representative would be invited to attend.



## Is the service responsive?

### Our findings

At the previous inspection in March 2016 we found that the provider was breaching two legal requirements in this area and was rated as inadequate. This was in relation to care provided was not person centred and complaints were not responded to appropriately. We found at this inspection that some improvements had been made and these breaches in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

People's needs had been assessed and care plans instructed staff of what people's needs were and the support required. Care plans showed some person centred elements to information recorded such as routines and equality and diversity had been considered. The quality and detail of information recorded about how to meet people's individual needs varied. For example, information for staff on the management of diabetes for a person was detailed and informative. Including signs and symptoms and action to take if concerns were identified. However, the care plan for a person's wound management lacked specific detail in places. Whilst we were aware that this person's skin care was monitored by an external healthcare professional, staff required clear instruction to promote effective care and treatment.

We noted that care plans were reviewed monthly and updated where required. However, we found some information had not been updated to reflect people's needs and preferences. For example, one person's care plan detailed their preference to the time they had their meal and where they sat in the dining room. However, staff told us that this person's preference had changed and that they preferred to eat in their bedroom. Another person who was at end stage of life needs had changed with regard to their eating, drinking and medicines but care plans had not been updated to reflect these changes.

The provider told us that since the last inspection they had signed up with an external company to implement electronic care records. They said that they were aware that record keeping was an area that required further improvement. The provider told us they were hopeful that the introduction of electronic records would be more supportive to staff and have a positive impact on people who used the service.

We found improvements had been made to how staff responded to people's needs. We observed that when people requested assistance, staff responded in a timely manner. We saw that there were always staff present in the lounge to supervise and monitor people's needs. Some people were either cared for in bed or choose to remain in their room. Specific staff were assigned to these people to ensure their care needs were met.

People were supported with maintaining their independence as fully as possible. For example, we observed a person who had impaired sight was walking with the aid of a walking frame. We saw a staff member give the person specific directions, so the person could walk independently. Other staff encouraged people to walk at their own pace and promoted their independence.

We observed that staff responded appropriately when concerns were identified about people's health needs. For example, one person had diabetes and staff were concerned that their blood sugar levels had

increased. We heard staff arrange for the GP to visit. We were also aware that other people's health had changed and at the request of the service the GP visited during our inspection.

One person was cared for in bed, we observed them to have the equipment required to meet their needs and make them comfortable. This person looked comfortable in bed and the radio was playing in the background to offer some stimulation. Another person choose to remain in their room. They told us they were comfortable and were keeping busy by knitting.

We saw in the reception area a number of activities that had taken place and were ongoing. We saw pictures of activities that had already taken place and people looked happy and were enjoying themselves. However, it was not clear if these opportunities were based on people's interest, hobbies and pastimes. One person told us how they use to enjoy gardening but did not have opportunities to pursue this. Another person said that one of their pastimes was playing chess. They told us, "I like to play chess, I've never seen one here." Another person talked to us about how they liked to dance in their younger days.

Relatives were on the whole positive about the activities that were available for people. One relative said, "Staff give [name of family member] freedom to express themselves. They've never participated in activities but like to watch, they're a watcher." Another relative told us, "She's alright [name of staff member]. They have a sense of humour, they come and plays cards, arranges bits of games and such, Very supportive."

A relative told us how staff made an effort for special occasions. They said, "They [staff] have flagged up for the football, they always do make an effort." This relative also told us about external entertainers that visited the service. Additional comments included, "Food is put on for families on special occasions. Like at Christmas they go across to the bowls club for dinner. We're always involved in that."

Staff told us that improvements had been made to the activities that were available for people. They told us about the activities that were provided such as, bingo, dominoes, singing, and visits to the local garden centre. This included an outside entertainer that visited the service fortnightly where they used a big screen for reminiscence around old Nottingham and played music.

One staff told us about how a person liked singing and their nails painted. We heard discussions during our visit between a person and staff member in regards to the staff member painting the person's nails. Staff were aware of people's hobbies and interests. One staff member said, "Two people like football and watch this on the television. Two people like to read the newspaper." We saw people were reading newspapers during our visit.

The manager told us they were planning with the local pub that was in walking distance to the service, a monthly visit where relatives would be invited to attend. Other activities that were being developed included, a monthly old film night, cheese and wine evening and cooking/baking sessions.

On the day of our inspection the hairdresser was visiting which we were told by staff they did each week. People were supported to have their hair done and were seen to enjoy this. We observed a member of staff engaged people in singing and a quiz type activity. Other staff were seen to be around but did not consistently interact with people other than to provide a care task. Since our last inspection some improvements had been made to the external environment. Leading from the lounge a decking patio area had been created to provide an additional space outside for people to sit.

People had information available to them of how to make a complaint. One person who used the service said, "It's very nice, I have no complaints." A relative told us, "I know how to complain, I'd go to the manager

and then to the CQC." Another relative said they visited their family member daily and had no concerns about the service provided.

We looked at the complaints log and saw that three concerns had been raised and recorded. We found all concerns had been responded to and investigated in a timely manner and the person raising the concerns had received an outcome of the investigation and the action taken.

## Is the service well-led?

### Our findings

At the previous inspection in March 2016 we found that the provider was breaching two legal requirements in this area and was rated as inadequate. This was in relation to how the provider monitored the service for quality and safety. The provider was found not to be meeting their registration requirements. We found at this inspection that some improvements had been made and these breaches in regulation had been met. However, we identified further work and time was required for improvements to fully embed and be sustained.

Some relatives told us that they felt improvements to the service had been made since our last inspection. This included extra staffing, better communication and a cleaner environment.

Staff were also positive that improvements had been made. One staff member said, "It's a lot better now, I liked the old manager as a person but she wasn't approachable. The new manager has only been here two days and has more about her; she came in twice before starting to introduce herself to us all."

Feedback from a visiting health professional was positive. They told us, "The new manager appears to be very receptive, I've no concerns at all about the service, referrals are appropriate and staff carry out care instructions." Another healthcare professional raised a concern about the current lack of clinical leadership. We were aware from the provider that this was being addressed with the recruitment of additional nursing staff, and the creation of a deputy manager who would be clinically qualified.

Staff told us that they felt better supported. One staff member said, "Yes we have regular staff meetings, they're certainly more regular since the last inspection." We looked at staff meeting records and found there had been three meetings since our last inspection. Meetings were used as an opportunity to discuss with staff what action was required to make the required improvements and raise standards.

The provider told us that they were continuing with their action plan they had developed, in response to our last inspection to continue to make the required improvements to the service. They said that all staff were working hard to improve the care and treatment people received. The provider said they attended the service on a daily basis and staff confirmed this. Since the last inspection the registered manager had been dismissed and a new experienced manager had been appointed. Additionally, new nursing staff had been recruited that were due to commence their employment at the service shortly. Additional domestic staff had been appointed and were in place. The new manager was in the process of submitting their registered manager application to CQC, we will monitor this.

Staff training, supervision and appraisals had improved and there was a plan for staff to continue to receive regular support. Where further staff training had been identified this had been arranged. Improvements to the environment had been completed and a maintenance plan was in place that showed some works had been completed and the kitchen was due to be refurbished in August 2016. An action plan was in place to improve the prevention and control of infections. Monthly audits were completed by the administrator and the provider and an action plan was then developed where improvements were required. Audits were

completed on the environment, cleanliness, fire and emergency equipment and procedures, medicines management and care plans and records and we saw these were up to date. A system had been introduced to monitor the time call bells were answered. Two sample checks were completed on each shift; records confirmed what we were told. The provider told us that staff were more vigilant.

New systems and procedures had been implemented with additional ones still to be introduced, to improve checks on quality and safety. This included the introduction of electronic care records, improvements to documentation to record safeguarding and accidents and incidents. A new system was being introduced that would give greater oversight of accidents and incidents to consider and implement lessons learnt. Medicine protocols for medicines prescribed as and when required were being implemented. The manager told us that they planned to complete competency assessments of staff to ensure training staff had received was understood, and best practice was used at all times. Additionally, the manager said that they would be carrying out unannounced spot checks at night to ensure people received a consistent and safe service.

We saw that all conditions of registration with CQC were being met. This included statutory notifications being sent to CQC when required, the previous inspection rating was displayed appropriately, and a manager was in place and was in the process of submitting their registered manager application to CQC.