ADA Care Limited

Regency Court

Inspection report

Thwaites House Farm
Thwaites Village
Keighley
West Yorkshire
BD21 4NA
Tel: 01535 606630
Website: N/A

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Ratings

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

Overall summary

We inspected the service on 9 November 2015. The inspection was unannounced.

During our previous inspection on the 15 June 2015 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in relation to; the management of medicines, governance systems and processes, the quality and accuracy of care records and to ensure effective systems were in place to protect people from the risk of being unlawfully deprived of their liberty. During this inspection we checked improvements had been made in these areas and re-rated the quality of the service provided.

The service is registered to provide accommodation and personal care for up to 20 people. On the day of our inspection 18 people lived at the home. People who use the service are predominantly older people who live with dementia. The home is situated two miles from the town of Keighley.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had made some improvements to the way medicines were managed however there were still areas that needed to be improved in order to fully protect people.

Improvements had been made to care records so they were now clear and person centred. Overall the information within care records and staff's knowledge and understanding of the people they supported facilitated the delivery of responsive care. Despite these improvements, the service could not always evidence they had mitigated risk and documentation was not always up to date to ensure staff had appropriate information to manage and monitor risk. This meant additional improvements were required to ensure the service could evidence people were safe.

People told us they felt safe living at the home. Improvements had been made to ensure incidents and accidents were robustly analysed. Processes were in place and being followed to help protect people from the risk of abuse. Improvements had been made to ensure staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions. Improvements had been made to the procedures to help protect people from the risk of unlawful restraint

Staff received ongoing training and support to ensure they had the skills and knowledge to deliver effective care. Systems were being refined to ensure training could be managed and monitored more effectively.

A new system of care reviews was in place which provided people with the opportunity to make changes to the care they received. Formal systems were in place to obtain people's feedback and to ensure any formal complaints were investigated and responded to. Where people provided feedback about how to improve the quality of the service this was listened to and acted upon.

We saw that staff worked in partnership with other healthcare professionals to ensure people maintained good health. We also saw that appropriate support was given to encourage people to consume an appropriate diet. We saw a choice of foods, drinks and snacks were available. People told us the food was good and there was always plenty of it available.

We saw staff were consistently kind, caring and patient when providing support. Staff were particularly skilled at communicating with and meeting the needs of people who lived with dementia. People told us they were treated with dignity and respect.

Improvements had been made to some quality assurance systems. However, the systems in place to monitor, assess and improve the quality of service provided were not always sufficiently robust; particularly the medicines management and care plan audits.

Staff worked hard to implement a philosophy of care which was person centred and adapted to the needs of people who lived with dementia. The management team provided clear leadership and promoted a positive, inclusive and open culture where opportunities to learn and improve were embraced. Staff at all levels took pride in their work, put the people who used the service first and were committed to ensuring that they provided high quality care.

We identified two breaches of legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Whilst some improvements had been made to the way medicines were managed; the systems in place did not ensure medicines were consistently managed in a safe and proper way.

The service could not always evidence they had mitigated risk and documentation was not always up to date to ensure staff had appropriate information to manage and monitor risk.

Improvements had been made to ensure incidents and accidents were robustly analysed. Processes were in place and being followed to help protect people from the risk of abuse.

People told us they felt safe living at the home. We found the building to be warm, homely, clean and secure.

Is the service effective?

Good

The service was effective.

Improvements had been made to ensure staff acted in accordance with the relevant legal frameworks where people lacked mental capacity to make their own decisions.

Staff received ongoing training and support to ensure they had the skills and knowledge to deliver effective care.

Staff supported people to maintain good health and to consume an appropriate diet.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and patient and were particularly skilled at communicating with people who lived with dementia. People were treated with dignity and respect.

Staff knew people well and sought opportunities to involve and engage people to establish their needs and preferences so they could deliver personalised care.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to care records so they were now clear and person centred. Overall the information within care records and staff's knowledge and understanding facilitated the delivery of responsive care.

Summary of findings

A new system of care reviews was in place which provided people with the opportunity to make changes to the care they received.

Staff worked hard to implement a philosophy of care which was person centred and adapted to the needs of people who lived with dementia.

Robust systems and processes were in place to support people to provide feedback or raise complaints.

Is the service well-led?

Requires improvement 

The service was not always well led.

Improvements had been made to some quality assurance systems. However, the systems in place to monitor, assess and improve the quality of service provided were not always sufficiently robust; particularly the medicines management and care plan audits.

Where people provided feedback about how to improve the quality of the service this was listened to and acted upon.

The management team provided clear leadership and promoted a positive, inclusive and open culture. Staff at all levels took pride in their work, put the people who used the service first and were committed to ensuring they provided good quality care.

Regency Court

Detailed findings

Background to this inspection

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

This inspection took place on 9 November 2015 and was unannounced.The inspection team consisted of one adult social care inspector and a pharmacy inspector.

Before the inspection, we reviewed the information we held about the provider. We also spoke with the local authority commissioning team and local authority safeguarding team to ask them for their views on the service and if they had any concerns. We also received feedback from a local health professional who provided clinical care to many people who used the service. We did not ask 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.

On the day of the inspection we used a variety of methods to assess the quality of care provided. We spoke with four people who used the service and four family members of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spent time informally observing the care and support provided to people.

We reviewed four sets of care records and 14 people's medication administration records. We also reviewed a number of other records relating to the running of the service, such as policies, procedures, audits and staff files. We also spoke with three members of care staff, the cook, deputy manager, care manager and the registered manager.

Inadequate

Is the service safe?

Our findings

We found the service had made some improvements to the way medicines were managed there were still areas that needed to be improved in order to fully protect people.

Medicines were stored safely and securely. Most medicines were supplied in a pod system, where each person's medicines were packed together by the pharmacist in a single pod to be offered at a particular time. Records were clear and it was easy to see that medicines packed in the pods had been given as prescribed. However, a check on stocks and records showed that medicines supplied in original boxes and bottles had not always been given as prescribed. The use of creams, ointments and other external products had not always been recorded and it was not possible to see from the records whether these products had been used correctly.

We saw that systems for ordering medicines had not always been effective. Two people had not had their eye drops for over two weeks as supplies had not been received and staff had not taken action to obtain any. Another person had been left without pain relief as supplies had run out.

In one person's care file we found a letter from their GP stating this person should take one of their medicines covertly. This meant the person's medicine would be concealed, usually in food or drink, so they would not be aware they were taking it. When we spoke with care staff they told us they found the best method was to hide the tablet in a biscuit. The person's medicines care plan had not been updated to reflect this and other than the letter from the GP there was no other information within their medicines care plan or risk assessment which indicated this medicine should be given covertly. We also found insufficient documentation to evidence this decision had been made in this person's best interests and that a pharmacist had been consulted to determine the most appropriate and safe method of disguising the medication. We spoke with the registered manager and care manager about this. They said they had spoken with the person's relative and a pharmacist but had not recorded these conversations. They said they would review their procedures to ensure more robust records were kept in the future.

The registered manager explained they had encouraged improvement with regards to how people were given their medicines by addressing any poor practices through additional training and support. Our observations of the morning medicines round confirmed these improvements had been effective. We saw people were administered their medicines in a kind and caring manner. For example, people were given an explanation of what their medicines were and why they were needed.

Some people were prescribed medicines such as painkillers and laxatives that were to be used only 'when required'. Details of people's individual signs and symptoms were now recorded and we saw staff used this information to decide when these medicines should be used. It is important however that this information is available for all medicines prescribed in this way as we saw one person was prescribed medication for agitation, but care workers had no guidance regarding how and when this should be given.

New processes had been introduced to review people's medication more effectively, especially for those people who lived with dementia. This had had a positive effect on a number of people, reducing the use of anti-psychotic medicines and also reducing the risk of falls.

Whilst improvements had been made to some aspects of the way medicines were managed there were still areas that needed to be improved, particularly when medicines were managed outside of the pod system. **This meant the provider continued to breach Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager showed us they had improved their analysis of all accidents and incidents. We saw the process was now more detailed and included capturing and analysing key information such as where an incident occurred and which people had been involved. This enabled them to identify key patterns and trends so action could be taken to reduce risk. We saw evidence this had been effective. For example, one person had experienced three falls in a three month period. It was noted that their glasses had broken so the service arranged for them to see an optician and new glasses were supplied which resulted in a reduction in their falls. Where people were identified as being at risk falls diaries were used to monitor the impact of the falls for each individual. We also saw evidence risk

assessments and care plans were reviewed and updated following an incident to ensure appropriate action was taken and that care staff had the most up to date information.

Records showed one person had displayed sexually disinhibited behaviour. The risk assessments and care plans in place regarding this specific behaviour referred to how staff should manage this person's relationship with another person who lived at the home because there had been a safeguarding incident between these two people in June 2014. During our review of records we saw no further safeguarding incidents between these two people but there were records of an incident in August 2015 involving another person. We spoke with two members of care staff about this. Both provided clear, consistent and detailed information about what action they took to reduce the risk of sexualised behaviours and said the person most at risk was the person named in the incident in August 2015. The information staff provided was not reflected in this person's care records. There was no clear information about the de-escalation strategies staff told us they used and the risk assessment related to the incident in June 2014, not the most recent incident in August 2015. Staff also told us two care staff supported this person with personal care this was also not reflected within this person's care records. We saw evidence the service had referred this person to their GP and mental health team. Staff told us and records showed this person's sexualised behaviours had reduced in recent months. This showed they were proactively trying to resolve the issues which may have caused their sexualised behaviour. However, without appropriate records in place there was a risk care staff may not have had the appropriate information to safely manage, monitor and mitigate this risk.

Another person did not have any risk assessments in place. From our review of their care records it was clear they were at risk of falls and pressure sores. We spoke with the registered manager about this. They investigated and found all of this person's risk assessments had gone with them to hospital the week prior to our inspection and not been returned to the home upon their discharge. The registered manager explained the correct protocol if people were admitted to hospital was for staff to send a copy of risk assessments, not the original documents. Following our inspection the registered manager confirmed they had introduced a formal protocol which had been communicated to all staff to ensure it did not happen again. They had also rewritten all risk assessments for this person.

During our review of staff recruitment files we saw appropriate checks had been made to ensure people were suitable to work in the role prior to their employment. We saw one staff member had a previous conviction. The registered manager explained they had taken action at the time of recruitment to ensure this staff member was suitable to work with vulnerable people. However, there was no formal risk assessment in place to evidence this had been appropriately assessed and was being monitored. Following our inspection the manager wrote to us to explain they had developed a full risk assessment and revised procedures to ensure they were more robust should they employ staff with any convictions in the future.

As some documentation did not contain comprehensive and up to date information this risked staff did not have the appropriate knowledge to appropriately manage, monitor and mitigate risk. We also found some cases where the service could not evidence they had appropriately mitigated risks. **This meant the provider continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Our review of records and observations led us to conclude there were sufficient staff on duty to meet people's needs. This was confirmed by people who used the service as they told us they did not have to wait if they needed help or assistance. Our review of duty rotas for October 2015 showed a consistent level of staff on duty and the service only used agency staff to cover three night shifts where care staff had called in sick. This was a positive feature of the service as consistency of care staff is important to help reassure and reduce anxiety for people living with dementia. We also saw the registered manager, deputy manager and care manager were not usually included on the care rota so were available to cover emergencies or provide additional support where required. We spoke with staff who worked evenings and weekends. They told us there was always a manager on call who could be contacted at any time if additional management support was needed. One staff member said they had recently had to contact the on call number due to an emergency during the night and they said the on call manager was "here within minutes."

Inadequate

Is the service safe?

People told us they felt secure living at the home and family members we spoke with raised no safety related concerns. One person told us; “I like living here, I feel safe and am very well cared for.” Another person told us; “I feel very safe, staff treat me nicely, I am more than happy.”

The provider had a safeguarding policy in place. This provided guidance to help staff effectively identify, respond and report any concerns or allegations of abuse. The policy needed to be updated to ensure it reflected the changes to current legislation. The registered manager said they would review and update this policy as a priority. We saw information in the main office about the safeguarding and whistleblowing procedures so staff could access this guidance whenever they may need it. Staff told us they had received training in safeguarding adults and were clear and confident about how to recognise and report any suspicions of abuse. We saw examples where staff had taken appropriate action to ensure people were protected from the risk of abuse. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

The deputy manager provided a tour of the premises. We found the building to be warm, homely, clean and secure. The décor had been chosen to help stimulate and promote the wellbeing of people who lived with dementia. Each communal area had a bright and vibrant colour scheme and was themed to help orientate people. For example, one of the staircases was decorated with old music records. We saw these provided a point of interaction between people and staff and helped people establish which staircase they were using. We saw new window restrictors had been fitted to comply with relevant guidance in relation to falls from windows. The registered manager explained there was an on-going renovation plan which the provider was gradually implementing. They explained all communal areas had now been decorated and the next planned work was to upgrade the second upstairs bathroom which was currently out of use.

Good

Is the service effective?

Our findings

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found improvements had been made to ensure staff acted in accordance with the relevant legal frameworks.

The management team had completed specialist DoLS training tailored towards management responsibilities and all care staff were being retrained on the principals of the MCA and DoLS on a rolling programme which was due to be completed by the end of January 2016. The care staff we spoke with had a much clearer understanding of their roles and responsibilities under the MCA and how they translated this into practice.

The registered manager explained they had completed 10 DoLS applications so were now familiar and confident with the correct process to follow. We also saw they had completed an urgent DoLS application to protect one person following a recent safeguarding incident. Although the person no longer lived at the home, this showed us they were now confident in the correct process to follow and considered implications under the MCA as and when people's needs changed. One person had an advocate appointed and the registered manager said they had made arrangements for this advocate to attend the care reviews and any best interest meetings where people lacked capacity and did not have any family.

Improvements had been made to the procedures in place to help protect people from the risk of unlawful restraint. This included a new restraint policy and person centred protocols for when to give people 'as required' anti-anxiety medicines. We observed a calm atmosphere in the home and saw several examples where staff took prompt and effective action to provide comfort and appropriate distraction if people showed signs of anxiety. We saw evidence staff did not regularly use 'as required' medicines. This showed us staff were skilled at helping to reduce anxiety and reducing the risk of behaviour that challenged. We did not always find person centred information regarding appropriate de-escalation strategies within people's care records. However, the registered manager explained this was something they had recognised and were reviewing as an immediate priority.

Capacity assessments were now included within people's care records to ensure it was clear where people could make their own decisions and where additional support may be needed. Although staff had a clear understanding of which people had DoLS applications awaiting assessment by the Local Authority, people's care records were not consistently clear. The registered manager explained they planned to further improve their capacity assessments to include information on whether DoLS had been applied for and if authorised how staff ensured any conditions were adhered to. As no DoLS had yet been authorised we were unable to assess whether any conditions on authorisations to deprive a person of their liberty were being met. However our discussions with staff and the management team provided us with assurance that systems were now in place and being refined to help assist this process.

Staff provided clear examples of how they sought people's consent. We saw examples of this being put in practice and of staff amending their approach for depending on people's specific needs. For example, one person lived with advanced dementia and could become confused. On the morning of our visit we saw staff recognised this person needed support with their personal care. We saw staff took time to bend down to their level, made eye contact and explained what support they were offering in a clear and concise way. Staff then sat down next to them and repeated what they intended to do. This provided this person with time to understand what was being offered. Staff then waiting for this person to make eye contact with them and nod their head before proceeding. Our observations were echoed by the family member of another person. They said; "I am not sure my relative can always answer them back, but staff still ask before helping and wait to check their facial expressions to ensure they are happy with what they are saying."

Good

Is the service effective?

Staff received ongoing training and development to ensure they had the skills and knowledge to provide effective support. This included mandatory training in key subjects such as safeguarding , moving and handling and fire safety. The care manager said they had taken the lead on arranging and monitoring staff training to ensure timely and appropriate training was delivered. They explained they had begun to review each staff member's training file to create a central training log which would ensure they could monitor staff training more effectively. The care manager explained they used supervisions to test staff's knowledge on key subjects and identify any training shortfalls. We saw examples where care staff had received additional training where it was identified that their care practices needed to be improved.

Staff provided effective support to ensure people's nutritional needs were met. We observed breakfast and lunch. The menu with options for each meal were written on the chalkboard in the dining room. We saw that the cook went round on the morning of our visit to ask each person which meal choice they would prefer for lunch. They said they did this because some people who lived with dementia did not read the chalkboard so they liked them to have the option to choose their meal. On the day of our visit the lunch choices were gammon, chips and peas or an all-day breakfast. Homemade sponge and custard, fresh fruit and yogurt were available for pudding. Staff told us if people didn't like what was on offer there was always something else which could be made for them such as a jacket potato or omelette. People told us the food was good and there was always plenty of it available. One person told us they really liked it when an all-day breakfast was on the lunch menu because they didn't always feel like a cooked breakfast in the morning.

We saw where people required assistance or prompting to eat their meal this was done in a discreet and sensitive manner. Some people told us they preferred to eat their meals in the lounge because they didn't like the formality of sitting at a dining table. This preference was accommodated by staff who provided them with a side table and created a calm atmosphere within which people could enjoy their meal by turning off the television and playing relaxing music. We saw staff were attentive throughout the meal; they offered people second helpings, asked people whether their food was warm enough, to their liking and offered condiments and additional drinks. Outside of mealtimes we saw people were provided with drinks and snacks at regular intervals and staff regularly encouraged people to consume fluids throughout the day. We saw people's individual dietary needs and preferences were clearly assessed within care records and staff put this into practice. For example, we saw one person's care records showed they should follow a low sugar diet due to being diabetic. We saw they were offered low sugar biscuits and puddings throughout the day.

We saw that staff worked in partnership with other healthcare professionals to ensure people maintained good health. We saw examples where staff had made timely and appropriate referrals where people's needs changed or they required clinical care or specialist treatment. Prior to our inspection we received feedback from the local GP who most people who lived at the home used. They told us; "Regency used to be a home we struggled to provide good medical care to but over the last 2 years this has been turned around due to the staff's dedication. I feel this should be held up as a beacon as to how care homes should be run. They have managed to get patients off unnecessary medication by being flexible with the patients needs. They work closely with our local dementia team, advanced Nurse Practitioners and District nurses to optimise the care their patients receive." This evidenced that people's healthcare needs were being met.

Good

Is the service caring?

Our findings

We spent over eight hours in communal areas observing the care staff provided. We noted a calm, homely and relaxed atmosphere in the home with lots of laughter and appropriate banter between people and staff. We saw staff were consistently kind, caring and patient when providing support. We saw staff were particularly skilled at communicating with people who lived with dementia. They used body language, facial expressions and visual ques to engage and interact with people who were unable to speak with them. They demonstrated that they treated people with consideration and respect through the polite, positive and welcoming manner in which they spoke with people. Staff made eye contact with people and bent down when speaking with people who were sat down so people felt they were being listed to. Staff took time to fully explain things to people and offered people choices. Where possible they used visual ques to ensure people who lived with dementia understood what was being said and offered. They also spent time making sure people were comfortable such as asking if people were warm enough or offering additional cushions. This showed us staff genuinely cared about people.

Staff demonstrated a good knowledge of the people they supported which showed they had developed meaningful relationships with them. They knew what topics people preferred to talk about and what people's preferences were likely to be. However, despite this detailed knowledge staff were mindful to ensure people were always offered choices. For example, during the morning tea round we saw staff showed people the biscuit tin so they could choose their own biscuits. One person said; "I don't know what to have?" A carer told them; "You normally like the cream ones, but there are these plain digestives as well. If you can't decide why don't you take one of each and try them both. If you want another or don't like them don't worry you can always ask us for more." In another case we saw staff noticed one gentleman had not had a shave. They discreetly asked him about this and he replied; "I wanted a shave but I think I forgot to do it this morning and I don't want to go back upstairs again." Staff provided him with immediate encouragement by saying; "Don't worry, it's ok. Shall we go to the downstairs bathroom and I will get your razor from upstairs for you so you can shave down here?" This person replied; "That would be marvellous, I always feel better when I have shaved." Examples such as these showed us staff positively encouraged people to express their views, gave people time to express themselves and actively listened to what people had to say.

Staff's knowledge of people's needs was facilitated by person centred care records. Care plans were easy to follow and provided information about people's individual preferences and how they wanted their care to be provided. They contained information about what people could do for themselves and identified areas where support was required. This provided staff with information to help encourage people to retain their independence. The level of detail about people's needs, past life and social preferences showed us care records had been developed in consultation with people and their families. This was confirmed by the people we spoke with who told us staff made them feel involved and consulted about decisions to do with their care. One person told us; "They are always asking me what I want. Sometimes I don't know what I want, but it's nice to be asked anyway." A relative also told us; "They have always kept us updated and informed about any changes. Staff are welcoming and go out of their way to make sure I feel included."

People who used the service and their families consistently told us the standard of care was good. One relative told us they had noticed a "significant improvement" in their relative's health and wellbeing since they had moved into Regency Court. They said; "They are so much safer and well cared for now they are here. I can tell they are happy and content and have a good relationship with staff because they smile more." Another relative told us; "You can tell that the staff really do care about people like they are their own family." A health professional also told us; "When you enter Regency it feels like a home and that the staff really care. The staff feel like privileged visitors in the resident's home. Their priority is for their residents to have a quality of life, not just to exist. I'm really proud that we can provide medical support to such a forward thinking home. I've nominated them for several of the Great British Care Awards."

Prior to our inspection the relative of someone who had passed away contacted the Commission to share their experience. They said staff ensured their relative received a comfortable, caring and dignified end of life. They described staff arranged for the family to sleep at the home so they could be with their relative. They said; "Nothing was

Good

Is the service caring?

too much trouble for the staff. Not only was the palliative care they provided impeccable, but the care for us was also outstanding, with a constant supply of food and drinks and, most importantly, emotional support. We were also very touched by the fact that members of staff, mostly off duty, attended the funeral."

We saw staff treated people with dignity, respect, warmth and kindness. People looked clean and appropriately dressed which showed us staff took time to support people with their personal care. One person had spilt some of their lunch on their cardigan. Staff recognised this and supported this person to change into clean clothing. The people we spoke with confirmed this. They told us staff were always polite and respectful. One person told us; "I know I am old now but I like that staff still speak to me as if I matter." A relative told us; "Staff take pride in people's appearance. I have never smelt any unpleasant smells and [my relative] is always clean and well groomed." Another person whose relative had recently passed away told us; "Was treated with respect and dignity throughout their time at Regency Court. We visited regularly and always arrived unannounced. [My relative] was always presented immaculately and although they could not communicate we all knew they were content and happy.They were always smiling and was very demonstrative with her love for the staff."

Good

Is the service responsive?

Our findings

We found improvements had been made to care records so that they were now clear and person centred. Further improvements were still required to ensure all records contained complete and up to date information particularly with regards to the management of risk. However, we found that overall the information within care records and staff's detailed knowledge and understanding of people facilitated the delivery of responsive care.

The people we spoke with told us the activities on offer at the home had improved. We saw an activities programme was available on the noticeboard in the living room, however staff told us this was just a guide and they usually asked people what they wanted to do on a daily basis. We saw staff used creative ways to help engage people with dementia in activities. For example, they used doll therapy with two people who lived with advanced dementia. Staff encouraged both people to undertake activities with their dolls similar to how they would care for a baby, such as changing their clothes and cuddling them. During mealtimes we saw they were encouraged to put their dolls in the pram to sleep to enable the person to focus on eating. We saw staff used these dolls to help them interact with both people, to encourage stimulation and purposeful activity. We also saw several examples where staff successfully used the dolls to help provide comfort and distraction to help reduce agitation and anxiety. The service also had a number of animals which people appeared to gain enjoyment from. This included goats and geese in the garden to the rear of the home. There was a risk assessment in place to ensure these were kept safely. It was raining on the day of our inspection so people were not able to go outside to interact with the animals, however we saw one person spent most of their day looking out of the window watching and laughing at the goats. One relative told us; "There is always plenty going on, they take [my relative] out for a walk if it's nice. We came to the bonfire night the staff arranged last week which was lovely and had a nice family atmosphere." Another visitor told us the activities on offer had improved in recent months. They described how the home had organised to take people to a local 1940s event. They said it was a "lovely day out" which their relative had "really enjoyed."

Staff were particularly skilled at interpreting and responding to changes in people's mood. We saw several examples where staff took prompt and effective action to calm anxiety and help reduce the risk of behaviour that challenged. For example, on the morning of our visit one person who lived with dementia and was unable to communicate through speaking began to show signs of distress whilst sat at the breakfast table. They started shouting out which upset other people who were eating their breakfast. We saw a carer promptly sit down next to the person and provided them with reassurance by holding their hand. They spent time trying to ascertain what was causing this person to be upset. After a few minutes they established that the person was no longer comfortable sat at the dining table. They encouraged the person to move into the lounge where they could sit in a more comfortable chair. They provided them with a doll and spent time sitting with them and showing them how to dress the doll. For the rest of the day this person sat quietly cuddling, dressing and undressing the doll. Their body language and facial expressions showed us they were comfortable and happy engaging in this activity.

During our observations and discussions with people and staff we concluded that staff worked hard to implement a philosophy of care which was person centred and adapted to the needs of people who lived with dementia. This conclusion was supported by a local health professional who said; "Everything from the bright decor to the farm animals is for the benefit of the residents. [Staff are] flexible [to] the residents' needs. If a resident wants to be up at night they have the staff to look after them and there isn't the usual expectation that someone needs to be in bed at a certain time. They are flexible with meal times. The staff bring their children in and the residents love interacting with them. Staff undergo updates in dementia training and are registered as Dementia friends."

The care manager had commenced a programme of care reviews since our last inspection. They explained these would be held every six months, or more frequently if people's needs changed. We looked at some recent care review records and saw they were attended by staff, the person and their relatives. This provided people and their families with the opportunity to review the care they received and raise any concerns. The registered manager explained quality questionnaires were not due to be completed until March 2016 and they had not received any

Good

Is the service responsive?

complaints since our last inspection. However, systems and processes were in place to support people to provide feedback or to make a complaint should the opportunity arise in the future.

Requires improvement

Is the service well-led?

Our findings

Care records had been reviewed and updated so they now contained more detailed and person centred information. However, we found further improvements were needed to ensure care records contained consistent and up to date information to demonstrate risk had been appropriately managed, monitored and mitigated. These issues had not been identified and acted upon prior to our inspection. This showed us the audit process in place to assess the quality of care records was not always effective in identifying areas for improvement.

Regular checks were carried out to determine how well medicines were managed within the home, but this process did not cover all aspects of medicines management. This meant the issues identified with the medicines management systems during this inspection had not been identified and addressed.

This demonstrated the systems in place to monitor, assess and improve the quality of service provided were not sufficiently robust. As part of a robust quality assurance system the registered manager and provider should actively identify improvements on a regular basis and put plans in place to achieve these and not wait for the Commission to identify shortfalls. **This meant the provider continued to breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Improvements had been made to many of the quality assurance systems in place at the home. The accident analysis system was now more detailed and robust and the registered manager now also ensured their checks of environment were recorded. The registered manager explained that they sometimes struggled to ensure the systems they introduced were effective because they did not have the operational support of a large provider. Whilst they did have the support of the deputy and care manager to "bounce ideas off" they said that because the provider only owned this home they did not have many opportunities to share learning and best practice, particularly around governance and quality assurance processes. We saw the provider had taken a more focused interest in the home, for example they now ensured they reviewed and checked management audits to ensure the required improvements had been made. However, the provider did not have a background in care, so the support they could provide was limited. The registered manager said they would discuss this with the provider to see what additional support could be provided to them.

We saw a noticeboard in the conservatory area which displayed the comments people had made as part of the quality questionnaires completed in March 2015. The provider's response of what action they had taken was also displayed. One of the key areas people raised was that the decoration of the home was "looking tired". We saw a refurbishment programme was underway and the main communal areas had been redecorated in recent months. This showed us where people provided feedback about how to improve the service this was listened to and acted upon.

We found the management team promoted a positive, inclusive and open culture where opportunities to learn and improve were embraced. The home had been nominated for several local care awards. There was a notice in the staff office which offered all staff the opportunity to attend the awards evening. This showed us the provider and registered manager were keen to show staff they were valued and to celebrate the improvements they had made in recent months. All of the feedback we received about the registered manager indicated that they provided effective leadership. Staff told us staff morale was good and the manager encouraged teamwork. One relative whose family member had lived at the home for many years told us there had been "considerable improvements to the environment and communication with the relatives" since the registered manager had come into post. It was clear from what people told us and our observations that staff at all levels took pride in their work, put the people who used the service first and were committed to ensuring that they provided good quality care.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way because appropriate arrangements were not in place to ensure the proper and safe management of medicines. Regulation 12(1) (2)(g)

The enforcement action we took:
We served a warning notice on the registered manager and provider which had to be met by 29 February 2016.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively to ensure the service; Assessed, monitored and improved the quality and safety of the service provided. Assessed, monitored and mitigated risks relating to the health, safety and welfare of service users and others who may be at risk. Maintained accurate, complete and contemporaneous records for each person, including a record of the care and treatment provided. Regulation 17(1)(2)(a)(b)(c).

The enforcement action we took:
We served a warning notice on the registered manager and provider which had to be met by 29 February 2016.