

Avante Care and Support Limited

Puddingstone Grange

Inspection report

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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?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on the 15 & 16 April 2015 and was unannounced. At the time of our inspection there was a new manager in post who was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Puddingstone Grange provides residential and nursing care for up to 62 older people most of whom are living with dementia. At the time of our inspection there were 50 people using the service.

During our inspection we found breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medicines, risk assessments, staff supervision and appraisals, consent,

Summary of findings

care planning and assessing need and maintaining and keeping accurate and appropriate records. You can see what action we have told the provider to take at the back of the full version of this report.

Medicines were not always stored and managed appropriately within the home. Staff medicine competency supervision records were not always kept up to date. Consideration was not always given to meeting people's individual needs when medicines were administered. The need for covert administration of medicines was not always assessed in line with the Mental Capacity Act 2005.

Risks to people using the service were not always assessed, reviewed, recorded or managed appropriately. People's capacity and rights to make decisions about their care and treatment where appropriate were not always assessed in line with Mental Capacity Act 2005 (MCA 2005).

Staff supervision and appraisals were not conducted in line with the provider's policy. Staff files did not evidence that supervision and appraisals were conducted on a regular basis.

Care plans did not always accurately reflect people's individual care needs and preferences and assessments were not always conducted in line with the provider's policy.

The new manager had identified issues with inaccurate records and was addressing this issue however at the time of inspection a number of inaccurate records were identified.

Appropriate safeguarding adults from abuse policies and procedures were in place. Staff had good knowledge of the provider's policies regarding safeguarding and whistle blowing. There were safe staff recruitment practices in place and there were sufficient numbers of staff available to meet people's needs appropriately. People were supported appropriately to eat and drink sufficient quantities to maintain a balanced diet.

People were supported by staff that had the necessary skills and experience to meet their needs and staff were provided with an induction to the service prior to starting work. There were appropriate procedures in place to deal with foreseeable emergencies.

People were treated with dignity and respect and their wishes with regards to their care and support were acted upon by staff. Interactions between staff and residents was displayed by kindness and facilitation. The home provided a range of activities and outings that people could choose to engage in and people told us they enjoyed the activities on offer at the home.

People's concerns and complaints were investigated and responded to in a timely and appropriate manner. People and their relatives told us they knew how to make a complaint. People using the service and their relatives were asked for their views about the service and resident meetings were held on a frequent basis providing a forum for feedback.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always stored and managed appropriately.

Risks to people using the service were not always assessed, reviewed, recorded or managed appropriately.

There were appropriate safeguarding adults policies and procedures in place and staff had good knowledge on how to report concerns appropriately.

There were safe staff recruitment practices in place and sufficient levels of staff to meet people's needs appropriately.

Requires Improvement



Is the service effective?

The service was not always effective.

People's capacity and rights to make decisions about their care and treatment where appropriate were not always assessed in line with Mental Capacity Act 2005 (MCA 2005).

People were supported by staff that had the necessary skills and experience to meet their needs and staff were provided with appropriate training.

People were supported to eat and drink sufficient quantities to maintain a balanced diet and had access to appropriate health and social care professionals when required.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with dignity and respect and their wishes with regards to their care and support were acted upon by staff.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not always accurately reflect people's individual care needs and preferences and assessments were not always conducted in line with the provider's policy.

The home provided a range of activities and outings that people could choose to engage in.

People's concerns and complaints were listened to and acted on.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Requires Improvement



Summary of findings

Although the new manager had identified issues with records and systems were in place from the date of their commencement to rectify them, the provider had failed to ensure accurate and appropriate records were kept and maintained.

People were asked for their views about the service and resident meetings were held on a regular basis providing a forum for feedback.

There were systems in place to monitor service delivery and make improvements where required.

Puddingstone Grange

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.

Prior to the inspection we reviewed information we had about the service. This included reviewing statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with local authorities who are commissioners of the service and local safeguarding teams to obtain their views.

There were three inspectors, a specialist advisor and an expert by experience for the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day of the inspection there was an inspector and a specialist advisor. There were 50 people using the service during our inspection. We spoke with 19 people using the service and nine visiting relatives.

We looked at the care plans and records for 14 people using the service and 26 staff records. We spoke with 24 members of staff including the regional manager, manager, provider's admiral nurse who offers support to people using the service and staff, team leaders, care staff, maintenance workers, chef and kitchen staff, domestic workers, activity co-ordinators and two visiting professionals.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the provider and manager. We looked at audits and incidents logs, service user and relative meeting minutes, staff meetings and records related to the management of the service. We also looked at all areas of the building including communal areas and outside gardens and observed how people were being supported with activities of daily living throughout the course of our inspection.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home. One person said “I feel safe here. The staff are very kind and helpful.” Visiting relatives spoke positively about the care and support provided and felt their relatives were safe. One person told us “She is safe here, more so than on her own.” Another relative commented “I do think she’s safe here, and she thinks so as well.” Although comments from people using the service and visiting relatives were positive we found that people were not always safe.

Medicines were not always managed safely or stored securely at all times. Prescribed medicines held by the home were stored in locked medicine cabinets and trolleys situated in locked medicine rooms on both floors of the building. Controlled drugs were kept in separate locked cabinets that were securely fixed to walls within medicine rooms only staff had access to. However we noted that one of the medicine trolleys within one medicine room was not safely secured to the wall as appropriate. We also found that two boxes of equipment were inappropriately stored in one of the locked medicine cabinets. Staff did not have access to up to date medicines reference books which meant they were at risk of using out dated information. We noted the reference book, (British National Formulary (BNF); on the nursing unit was 18 months out of date. The BNF is updated every 6 months to include new information such as side effects and contraindications of medicines.

Medicines which required refrigeration were kept in refrigerators situated on both floors of the home. The nurse in charge showed us the refrigerator daily recording chart which had been taken daily and logged by staff. The refrigerator recording charts in all medicine rooms instructed staff the temperature should be maintained between 1-8 degrees when the provider’s medicines policy states the refrigerator temperatures should be maintained between 2-8 degrees. Staff responsible for administering medicines were unaware of what the correct refrigerator temperatures should be and guidance available about this in the home’s medicine policy. We drew this to the attention of the manager.

Medicines were administered by designated staff who had received appropriate medicines training. Staff we spoke with confirmed they felt they had received suitable medicines training from the provider. However we looked

at seven staff medicine competency supervision records which were undertaken on an annual basis and noted two staff members were overdue for their competency update. This meant that staff may not be aware of up to date best practice.

Consideration was not always given to meet people’s individual needs when medicines were administered. For example one person who suffered from diabetes had received a medicine which contained a high sugar content. Staff administering the medicine was unaware of this and when to stop administration as it had not been documented on their Medicines Administration Record (MAR). We noted that this particular medicine had been included in the homely remedies section of the provider’s medicine policy and guidance to staff said caution to be taken when administering to people with diabetes; however the staff member was unaware of this. We also noted that the person’s care plan did not document caution when using this particular medicine. We brought this omission to the attention of the visiting GP who was to undertake a review of the person’s medicines and health.

The provider monitored the quality of medicines management through regular medicines audits conducted by staff and by a local pharmacist. Where medicine incidents had occurred we saw that these were analysed, and an action plan was formulated to improve how medicines were managed. We saw the last home audit undertaken in February 2015 and the action plan that was developed. However, we noted the action plan did not detail people responsible for completing the action or review dates on the majority of issues identified. Staff we spoke with were not aware of the actions they needed to take in response to the audit and there was a risk they would not be completed.

The provider’s medicines administration policy stated there should be careful assessment made of people’s mental capacity and these should be reviewed at regular intervals. The provider’s monthly medicines audit had confirmed care plans included mental capacity assessments for people who received their medicines covertly. Covert administration of medicine occurs when medicine has been deliberately disguised, usually in food or drink, in order that the person does not realise that they are taking

Is the service safe?

it. However, one person who received their medicines covertly had no record of a mental capacity assessment in their care plan which posed a risk that the person's rights would not be upheld.

These issues were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Appropriate arrangements were in place to obtain medicines. Staff confirmed the home received medicines from a local pharmacy. We found people's GP were responsible for prescribing correct medicines. Staff told us they submitted people's repeat prescription requests to the GP who subsequently issued the prescription to the local pharmacist who then delivered medicines to the home.

We looked at seven people's MAR charts which listed their medicines and doses along with a record of when doses had been given by staff. We found people's photographs and known allergies were recorded on the MAR charts as safe practice. We saw medicines were administered in a safe manner. Arrangements in place ensured people received their correct medicines in a timely way. Staff had received training in using dosette boxes which was provided by the local pharmacist in July 2014.

Risks to people using the service were not always assessed, reviewed, recorded or managed appropriately. For example one person's food and fluid chart was not accurately completed. This meant that staff could not be sure that the person was receiving appropriate support to maintain a stable diet and good hydration levels. Another person's malnutrition universal screening tool (MUST) score indicated the person was at risk of weight loss; however their weight had not been monitored and recorded on a regular basis in line with guidance. A third person's pressure sore risk assessment tool showed inconsistencies in the scorings recorded between March and April 2015. This meant that staff may not identify skin integrity issues and risks to people using the service.

Risks to people in relation to falls and accidents and incidents were not always appropriately reviewed and managed. For example one person's care plan contained a body map which documented injuries suffered to their face, arm and leg in February 2015. We spoke with the manager who confirmed that this had not been reported or recorded as an incident or accident. We also noted that the person had a falls risk assessment and was placed at high risk of falls; however their falls risk assessment was last

reviewed in October 2015 despite suffering further falls since the last review. Another person's care plan documented on a body map tool that they had suffered several injuries in February 2015 due to a fall. We spoke with the manager who confirmed that these accidents had not been reported or recorded appropriately. This meant there was a risk that people may not receive the appropriate care, treatment and support.

These issues were in further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We spoke with the new manager who told us that since their appointment they had implemented action plans to address identified issues and concerns and staff had received appropriate training and support to ensure appropriate timely actions were taken to reduce risks. We saw that work was being carried out by staff to ensure that people's assessed needs and care plans were reviewed on a regular basis and recorded correctly.

Before the new manager was appointed safeguarding concerns had not been appropriately managed. However, since their appointment the Care Quality Commission (CQC) received appropriate notifications of safeguarding concerns. CQC has been in regular contact with the home and health and social care professionals to monitor the safety and well-being of people using the service. The provider had appropriate safeguarding adults from abuse policies and procedures in place. Staff we spoke with had good knowledge on how to report concerns appropriately and understood the provider's policies regarding safeguarding and whistle blowing. Staff told us they knew how to recognise potential abuse and gave examples of the procedure to follow if they had concerns. Staff told us they had completed training on safeguarding and records we looked at confirmed this. This meant staff had the necessary skills and knowledge to ensure people using the service were kept safe.

There were safe staff recruitment practices in place. Staff records contained current criminal records checks, references relevant to staffing positions, evidence of identity and proof of eligibility to work in the UK. Three nursing staff records we looked at had up to date PIN numbers issued by the Nursing and Midwifery Council as proof of qualification. Agency staff were provided with an

Is the service safe?

identification badge which was shown to an on-site member of staff prior to them commencing work. This meant that people were cared for and supported by staff that were appropriate for their role.

Throughout our inspection we observed that there were sufficient numbers of staff available to meet people's needs appropriately and we saw that staff had time to sit in communal areas with people and chat or support them with activities. Comments we received from people and their relatives about staffing levels within the home were positive. One person said "Staff are always there when I need them. I never have to wait long for them to come". A visiting relative told us "Staff are busy but there is always someone around to help". Staff we spoke with felt there were adequate numbers of staff to enable them to do their job and ensure the safety of people using the service. One member of staff said "Staffing is good; we are not full at the moment, but even when full, it is ok on my floor." Staffing rotas for February and March 2015 confirmed staffing levels were appropriate and where required the providers bank staff were used to meet identified staffing shortages.

There were appropriate procedures in place to deal with foreseeable emergencies. People using the service had personal emergency evacuation plan's (PEEP) which contained relevant information about people's needs when

evacuating the premises such as mobility, eyesight issues and communication and was accessible in the event of evacuation. Fire alarm tests were carried out on a weekly basis by maintenance staff and regular checks on fire doors, fire panels, fire alarm, smoke detectors and fire extinguishers were conducted. Staff told us they had completed fire safety training and were aware of the actions to take in the event of an emergency and knew the assembly evacuation point. Team leaders and maintenance staff were allocated fire marshals and would attend any fire incident and organise evacuations.

People and their relatives commented positively on the homes cleanliness. One person said "They have the cleaners round all the time". A relative said "They are always cleaning here". Another said "His room is immaculate, always". Records we looked at confirmed regular maintenance and infection control checks were completed. Cleaning schedules were completed for all areas within the home including communal areas and the maintenance and cleaning of equipment such as wheelchairs and hoists. Staff we spoke with were aware of the precautions to take to prevent infections including hand washing, use of protective clothing, wearing gloves and the correct way to dispose of items.

Is the service effective?

Our findings

People's capacity and rights to make decisions about their care and treatment where appropriate were not always assessed in line with Mental Capacity Act 2005 (MCA 2005). The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. For example, thirteen of the fourteen care plans we looked at recorded that the person had dementia and or lacked capacity to make specific decisions about their care and treatment, but no capacity assessments had been completed in their care plan. We saw a consent form for receiving medical treatment which had been completed and signed in agreement by a person's relatives but no mental capacity assessment or best interests decision had been conducted. It was also unclear if the person's relative had an appropriate lasting power of attorney to give consent.

There were processes in place to ensure that, where appropriate, Deprivation of Liberty Safeguards (DoLS) were followed. The DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. The manager ensured that appropriate referrals to local authorities were made so that people's freedom was not unduly restricted. However there were no recorded mental capacity assessments in place within people's care plans prior to referrals for DoLS to assess that people did not have capacity to make specific decisions. We spoke with the new manager who showed us an action plan that was implemented to ensure that where appropriate people's capacity was assessed in line with the MCA. However at the time of our inspection we were unable to evaluate the progress of the action plan and work conducted by the home.

This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Staff supervision and appraisals were not conducted in line with the provider's policy. For example one staff file had supervision notes dated August 2012 and an appraisal dated February 2013 but no other record of supervision taking place. Another file contained two supervision records dated May 2012 and October 2012 with the last appraisal recorded on January 2013. A senior member of staff had no supervision or appraisal records documented for 2014 and 2015. Staff we spoke with told us that

supervision and appraisals were contacted but not on a regular basis. On the second day of our inspection another staff file was located which contained twelve recent staff supervision records. However these were not reflective of the numbers in the current staffing team.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At the time of our inspection the new manager had an action plan in place to address the identified issues and was working to ensure that staff were adequately supervised and supported. Records we looked at confirmed that staff were scheduled for regular supervision sessions in line with the provider's policy.

People using the service, their relatives and visiting professionals to the home told us that staff had the appropriate skills and knowledge to meet people's needs. One relative told us "His key worker is really good. She's nice. She always seems to have time for me and him and will go with him to hospital if I cannot". Another relative said, "The activities worker is really good. They do a lot with them, and all the staff help them when they can. They try to change the activities; it's amazing what they can get them to do". A visiting professional commented "I have visited the home several times and all the staff I have spoken with are knowledgeable and know people's need well".

People were supported by staff that had the necessary skills and experience to meet their needs. Staff told us they received induction training and training records confirmed this. For example, one member of staff told us they had received three days training before they had become a team leader. They felt the training provided was comprehensive and covered areas such as medication, health and safety, first aid, mental capacity and resuscitation. During our inspection we saw moving and handling training delivered to staff in the home's onsite training room. Staff received annual refresher training in core areas such as infection control, safeguarding, dementia and manual handling.

People using the service and their relatives commented positively about the food served within the home. One person said "The food is very good here. It's a set menu, but there's enough". Another person said, "There's good food and plenty of it. There's a choice each day. I like it". A relative told us "They are doing well here, eating in

Is the service effective?

company is better for her". Another relative said, "There are three good meals here". A third relative said, "It looks like good food. I met the chef; he came out to make sure she was enjoying her food, when she ate late one day".

There were supplies of fresh, tinned and dried foods available including fresh fruit and vegetables in the kitchen. We saw there was a choice of twenty different snacks offered to residents during the course of a day ranging from smoothies, fruit, yogurts and cakes. The chef and kitchen staff knew what people preferred to eat and were aware of people's specific dietary requirements. When new residents arrived at the home kitchen staff received information from care staff relating to people's specific dietary needs, food allergies and the required consistency of food. Information was retained by kitchen staff and was kept in a file for reference. The chef told us they spent time on each of the units talking to residents about the food and their likes and dislike.

People were supported appropriately to eat and drink sufficient quantities to maintain a balanced diet. We observed people were offered a choice of food and drink

and staff showed people what was on offer and waited for them to indicate their choice. We saw alternative meals were offered for example, a different choice of pudding from what was on the menu. Meals were served efficiently and no one waited excessively ensuring food was hot. Staff assisting people with their lunch were seated and positioned appropriately ensuring eye contact was maintained and people were comfortable to eat. Portion sizes were good and people who required special diets were catered for. People's preferences and cultural needs were met, for example one person preferred Chinese food and another person had food prepared by their relatives.

People had access to health and social care professionals when required. One person told us "I see the doctor when I need to. Staff are very good and ask if I'm OK." Another person said "The doctor visits when they need to." Staff told us the GP visited the home on a weekly basis and when required. We spoke with a visiting professional who told us that the home referred people to their service when required.

Is the service caring?

Our findings

People using the service told us staff were kind and caring. One person said, “I have a laugh and a chat with the girls and if I want anything, they’ll get it”. Another person said, “Fine staff, all caring”. A third person told us “If they think you are upset or in trouble, they all rally round. They are all good and friendly”. Relatives told us they were welcome to visit at most times throughout the day. One relative said, “As soon as I walk in, I’m welcome. Staff come and tell you what’s been happening during the day”. Another relative said, “There are no restrictions, we can come whenever we want”. A third relative said, “We are all welcome, even the children” and another told us “I am happy cos mums happy. All staff are friendly and I can come any time”.

People were treated with dignity and respect and their wishes with regards to their care and support were acted upon by staff. In communal areas throughout the home we saw staff initiating conversation and activities with people using the service. Some people were active walking around the home independently and engaging with others and their surroundings. We noted people spent time where they wanted to. One person said “I like to sit in the lounge with others but sometimes it’s nice to sit in the garden on a sunny day”. On the first day of our inspection the main garden area was used for a staff retirement party as the weather was good. People participated in the event and some assisted with the decoration of the main lounge area and putting up bunting in the garden patio area.

Staff were patient when offering support and knew how to communicate with individuals and how best to respond to their needs. For example one member of staff skilfully distracted two people at the dining table who were becoming agitated by offering a diversion and encouraging a change of seating arrangements. Another person who exhibited behaviour that may challenge was treated cheerfully and patiently by staff. The home’s hairdresser recognised the need for someone who was having their

hair done to move around. They respected this and were happy for them to leave the salon before their hair was finished and adapted their plans so they were ready to finish the person’s hair when they walked into the salon again. The person’s relative who was visiting at this time appreciated the way in which their relative’s needs were respected and accommodated.

People and their relatives told us they were treated with dignity when staff offered support. One person said “They work really hard to keep us all happy. They help me, they don’t expect me to shower alone, and they won’t leave me in there. That’s good”. We observed staff spoke to people discreetly about health and personal issues and when offering support. People were appropriately presented and dressed with their hair tidy and clothes suitable for the weather. We observed staff knocked on people’s doors and asked if they could enter people’s bedrooms ensuring their privacy was respected. Staff we spoke with provided us with examples of how they ensured people’s privacy was respected. One staff member told us every time they assisted someone with personal care they always ensured that doors were closed. They also told us about the importance of promoting independence and said “It is very important to promote independence where possible, even in small activities; for example, choosing which shower gel smell they feel they would like today.”

Staff demonstrated an understanding of people’s life histories and preferences and the importance of understating how best to work with individuals. One staff member told us the importance of continuity of staff for people living with dementia and how they ensured the same members of staff worked with people whenever possible. They said “This helps those people with increased dementia to recognise staff working with them. If a different member of staff has to work with them, then we spend time introducing them to the resident. This helps the person to be less frightened of ‘a stranger’ assisting them.”

Is the service responsive?

Our findings

People told us they received care and support that met their individual needs. One person said “The staff are very good and help me with whatever I need”. Another person commented “Staff come whenever I need them. They are always around and very helpful”. Relatives told us the home was responsive in meeting people’s needs. Comments included “Staff are very helpful on the phone. Messages always get passed on” and “A carer asked us all about her life and interests so they knew her well”. Another relative described returning to the home from hospital at 10pm with her mother saying, “They were so welcoming, all the lights were on, they made her a sandwich and tea, they were lovely.” However we found that the home was not always responsive to people’s individual needs.

Care plans did not always accurately reflect people’s individual care needs and preferences and assessments were not always conducted in line with the provider’s policy ensuring staff had an accurate guide of how best to support people appropriately. People’s wishes in relation to their end of life care had not been documented in all fourteen care plans we looked at. One care plan did not contain assessments and records of the person’s social history, consent, nursing needs, mental capacity, do not attempt resuscitation (DNAR), risk assessments, spiritual needs and sexuality. People living with dementia did not have detailed care plans that identified how people’s dementia affected them and what actions staff were required to take to support their physical and mental well-being. Care plans contained minimal detail about people’s likes and dislikes in relation to social interaction and activities. This meant that people may be at risk from inappropriate care and support as their needs had not been assessed and responded to in a consistent way.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

Staff told us they were responsible for conducting monthly reviews of people needs that they were key worker for. One staff member told us they thought this was a good idea as they knew the individual well. Another staff member told us monthly reviews included information about people’s weight and general health and whether there had been any changes in the person’s needs or lifestyle. We asked staff how people were involved in the review process. One

member of staff said “I sit and chat with the person and speak to family members as to whether they have noticed any changes”. Care plans we looked at contained records of reviews that had been conducted.

Staff handover meetings at the start of each shift were not always effective or responsive in communicating and identifying people’s needs. One member of staff said “Information is quite slim; for example, we often just get a comment like slept well, or had a good night and that’s not enough to tell us how a person is.” However at the time of our inspection the new manager had implemented new daily staffing meetings which enabled senior staff from each unit to discuss in detail any concerns or issues they had within the home. Information was then distributed to other members of the staffing team. We were unable to assess the impact of this at the time of the inspection.

The home provided a range of activities and outings that people could choose to engage in. People told us they enjoyed the activities on offer at the home. One person said “I’ve been out on the outings; they make a break, shopping and a tea dance”. Another person commented, “I like singing”. A relative told us “I volunteer here, so I go on the outings when she does. She thoroughly enjoys the trips out. They’ve visited churches and the seaside”. Another relative said, “She goes out regularly. The activities worker drives the bus and is excellent”. One relative described the memory box placed outside her mother’s bedroom door and the life story activity as wonderful. They said “She loves it, even though it makes her cry. She wants to do it all the time. It’s important to her”. We saw notice boards displayed throughout the home presented pictures of residents that had taken part in activities or events, thank you and comments cards the home had received and a weekly activities programme. Typical activities listed within the programme included gardening, table games, aromatherapy, singing and reminiscence.

People’s concerns and complaints were investigated and responded to in a timely and appropriate manner. People and their relatives told us they knew how to make a complaint. One person said “If you’ve any problems, you tell the head one, but there are no problems at all”. A relative said “If I have any concerns I would see the manager”. We saw the provider’s complaints policy and procedure was displayed in the main reception area. The complaints procedure ‘Making your views known’ detailed the response time scales and provided contact details for

Is the service responsive?

the providers managing director, the Citizens Advice Centre and the CQC. Complaints records we looked at confirmed complaints were managed and dealt with appropriately in line with the provider's policy.

Is the service well-led?

Our findings

Care plans and records we looked at were not accurately maintained, were disorganised and had portions of the contents missing and in some cases were not fully completed. Records relating to the management and quality assurance of the home were not always located promptly when requested and some records we requested were not able to be located. For example safeguarding and complaints records and analysis tools to identify any reoccurring themes or lessons learnt were not readily available before the new manager's appointment in March 2015.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At the time of our inspection a new manager was in post and was in the process of registering with the CQC. The manager had action plans in place to address issues identified in this report and to rectify them. Although the new manager had identified issues with records and we saw systems were in place to rectify them, the provider had failed to ensure accurate and appropriate records were kept and maintained.

The manager showed us quality assurance audits conducted on a regular basis within the home. These included internal and external medicines audits, care plan audits, call bell response time audits, night staff spot checks, maintenance audits, health and safety audits, home managers monthly checks, managers audit tool and regional managers monthly audit amongst others. Where issues or concerns had been highlighted within audits undertaken action plans had been implemented to remedy them. In addition to these audits the new manager had access to an electronic system which the provider rated the homes performance against CQC five domains and updated the results on a regular basis so the manager could take appropriate actions where required.

People and their relatives spoke positively about the recent changes in the home and the appointment of the new manager. One relative said "The new manager has an open door, and has started arranging meetings". Another relative told us they had received a letter offering appointments to meet and speak with the manager. A third relative commented that the new manager was "Approachable and

nice" and another told us "I've had a letter about the new manager, and their allowing the last Thursday of every month so you can book to see them". All relatives we spoke with were aware of the new manager's appointment and they were making arrangements for meetings to take place which relatives thought was a good idea. One relative also said, "On bank holiday Monday, one of the organisation's heads were here introducing themselves, we were pleased to see this."

Staff we spoke with were positive about the new manager and changes made within the home. They acknowledged that the new manager had recently joined but were pleased with changes already made. One staff member said "At least now I know where to go to if I am finding things difficult; I have high hopes for them." Another member of staff told us they were aware of the organisational values, 'because the new manager talks about them'. They said, "To provide a good service and care for all the residents we have to be aware that it's their home". They felt well led now the new manager was in post and said "There have been hiccups with managers, but it's much better now. The new manager is approachable and available".

Staff told us that team meetings were held on a frequent basis and records of meetings held confirmed this. Discussions raised at the last staff meeting held in April 2015 included confidentiality, safeguarding, handover, supervision and reporting mechanisms. In addition the new manager had also planned night staff team meetings which were to be held in April 2015 although we were unable to monitor this at the time of our inspection.

People using the service and their relatives were asked for their views about the service and resident meetings were held on a frequent basis. Minutes from meetings held confirmed that meetings were held on a monthly basis and were well attended. Topics discussed at meetings included outings, activities within the home and seasonal events. The provider also displayed pre-paid postage comment leaflets throughout the home titled 'Tell us what you think' which provided people with an opportunity to feedback their comments, compliments or complaints.

Resident annual satisfaction surveys were conducted by the provider and completed by people who use the service and their relatives. We looked at the results for the 2014 survey which indicated that performance was generally good in four themes presented in the survey which covered

Is the service well-led?

areas such as staff and care, home comforts, choice and having a say and quality of life. Areas highlighted for improvement were time spent talking with residents and access to multi-disciplinary services although these areas still scored over 80%. The home displayed the provider's philosophy of care and values in the entrance hall of the home. A service user guide was also made available and provided people with information about the service they receive and what they can expect from the service.

Management from the home had met on a regular basis with health and social care professionals and local commissioners of the service to review safeguarding concerns and reportable events. We saw minutes of these meetings where arrangements to meet people's care needs were discussed and how improvements were made. The new manager was also in regular contact with the CQC to monitor the homes progress on improving the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider did not ensure that care and treatment was appropriate, met peoples assessed needs and reflected their preferences.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider did not ensure that the care and treatment of service users was provided with the consent of the relevant person.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider did not ensure that care and treatment was provided in a safe way for service users and that there was proper and safe management of medicines.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not ensure that systems or processes were established and operated effectively to maintain securely an accurate, complete and contemporaneous record.

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not ensure that staff received appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duty they are employed to perform.