

New Century Care (Borough Green) Limited

Westbank Care Home

Inspection report

64 Sevenoaks Road
Borough Green
Kent
TN15 8AP

Tel: 01732780066
Website: www.newcenturycare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Westbank Care Home provides accommodation along with nursing and personal care for up to 40 older people. One wing of the service was closed for refurbishment at the time of the inspection. This inspection was carried out on 9 May 2016. It was an unannounced inspection. There were 21 people using the service at the time of our inspection.

There was not a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. A manager had been appointed to the service in March 2016. They had not yet applied to CQC to be registered.

At the last inspection on 29 January and 1 February 2016, we issued warning notices for breaches of regulation in relation to person centred care, dignity and respect, safe care and treatment, safeguarding people from abuse and improper treatment, staffing and good governance. We also found the provider was not notifying the Commission of significant events that affect people's welfare.

At this inspection we found that the registered provider had made the improvements required by the warning notices and the requirement notice.

People were safeguarded from abuse and improper treatment. Staff were clear about how to recognise and report any signs of abuse and they were confident to do so. Staff were aware of the risks that related to each person and the plan in place to manage these.

Care and nursing staff were clear about when to raise concerns with the GP about health concerns. Staff had clear guidance in place to support people with their individual needs. People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

There were sufficient numbers of experienced and qualified staff on duty to provide the care people needed. The registered provider followed robust procedures for the recruitment of new staff. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff had been provided with the training and supervision they needed to carry out their roles safely and effectively.

Staff spoke respectfully with, and about people. They were discreet when discussing people's personal care needs. Individualised care plans about each aspect of people's care had been developed. Staff were clear about people's needs and how to meet these. However we recommend that the registered provider review the arrangements for personal care to ensure it reflects people's wishes. People were supported to have sufficient amounts of food and drink to meet their needs. However, we found that people were not always referred appropriately to the speech and language therapists when they required support with swallowing.

We recommend that the registered provider ensure appropriate advice is sought from health professionals before decisions are made about the consistency of people's food.

Some people who were living with dementia did not have clear plans for how staff should support them with memory loss or confusion. We recommend that the registered provider implement clear plans to inform staff how to support people to manage memory loss and confusion.

Improvements were underway to the range of activities that were provided to meet people's social needs.

People and their relatives told us that there had been improvements to the management of the service since our last inspection. We recommend that the registered provider fully embed the improvements made to ensure a personalised service is delivered consistently to people. Audits were effective and ensured that improvements were identified and made. Where shortfalls had been identified action had been taken quickly to address these.

The premises and equipment were safe for people to use. There was building work underway to complete the refurbishment of the premises. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Personal evacuation plans, that reflected people's mobility levels and individual needs, were regularly reviewed in case of an emergency.

The registered provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). People had been asked for consent before care and treatment was provided and had been supported to make decisions about their care and treatment.

People and their families, where appropriate, were involved in their day to day care. They were encouraged and enabled to be as independent as possible. Staff did not hurry people and allowed them time to do things for themselves. People's views were sought and listened to. Resident and relative meetings were held regularly. People knew how to make a complaint. Complaints were recorded and responded to appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were trained to protect people from abuse and harm and knew the action to take if they had any concerns.

The environment was secure and well maintained.

Safe recruitment procedures were followed in practice.

There were sufficient numbers of staff to meet people's needs and keep people safe.

Medicines were managed in a safe way.

The risk of infection in the service was managed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to enable them to carry out their roles effectively. The manager supervised staff and supported them to ensure they were meeting people's needs.

People were supported to make decisions and were asked to consent to their care and treatment. Where they were unable to make their own decisions the principles of the Mental Capacity Act 2005 were followed to protect their rights.

People had enough to eat and drink to meet their needs, but staff had not always sought further advice from health professionals when people had swallowing difficulties.

The premises were designed in a way that met the needs of the people living at the service.

Is the service caring?

Good ●

The service was caring.

Staff working permanently in the service knew people well and

provided a caring and compassionate service.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

The service was not consistently responsive.

Staff responded quickly to people's needs. However individual care plans had not been developed to support people who had memory loss or confusion.

People knew how to make a complaint and felt they would be listened to. People's views about the service were sought and included in the plans for continuous improvement.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The leadership of the service had improved and people benefitted from a more stable and consistent approach to their care. Staff were clear about the expectations of their role, but did not always perform these consistently.

The registered provider had implemented effective systems for monitoring and improving the quality of the service. The service had become more person centred, however the manager was continuing to undertake close supervision of all aspects of service delivery until the changes became part of everyday practice for staff.

Requires Improvement ●

Westbank Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out 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 was carried out on 9 May 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service and the safeguarding team. We reviewed the registered provider's action plan to see what improvements they told us they had made. We did not require the registered provider to complete a provider information form (PIR) as this was a follow up inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at five people's care records. This included assessments of need, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records relating to the monitoring of the safety and quality of the service and sampled the services' policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Some people using the service were not able to talk with us. We also spoke with six people who lived in the service and one person's relatives to gather their feedback. We reviewed comments and feedback sent to the Commission and the service to understand people's experience of the care provided. We spoke with the manager, the project manager, two nurses, and four members of care staff. We also spoke with catering and housekeeping staff. We also obtained feedback from health and social care professionals involved in the care of people using the service.

before and during the inspection.

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "Yes the staff are very good to me." Another person said, "Yes I do feel safe, some of the carers are very good" and another told us, "Oh yes, I do and I am happy with them [the staff]." A person's relatives told us, "Yes, I feel she is completely safe. They always treat mum with a lot of care, dignity and respect. They ask her before they help her, telling her exactly what they are going to do." People told us they were comfortable to raise any concerns about their care. One person said, "I'm sure they would take action if I had any concerns" and another said, "Yes, I know how to speak up."

At our inspection on 29 January 2016 and 1 February 2016 we found the registered provider was in breach of the regulations relating to safeguarding people from the risk of abuse and improper treatment, safe care and treatment of people and the provision of adequate staffing numbers to meet people's needs. We issued warning notices in respect of these breaches and required the registered provider to be compliant with the regulations by 8 April 2016. At this inspection we found that the required improvements had been made.

At our last inspection people were at risk of harm because staff were unclear about how to report safeguarding concerns and procedures were not in place to ensure people were safe in the service. At this inspection we found that improvements had been made. People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff described factors which increased people's vulnerability to harm or abuse and what they did to help reduce and manage this, for example by making regular checks of people who chose to remain in their bedroom. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority and staff had signed to confirm they had read the policy again since our last inspection. Staff training records confirmed that their training in the safeguarding of adults was up to date. Staff understood their responsibilities to report any concerns about abuse and were confident to do so. Disclosure and barring checks had been made of building contractors working in the service to ensure people's safety. The manager had implemented documentation to record people's belongings when they moved to the service as part of the safeguarding process for people's property. The registered provider had worked positively with the local authority safeguarding team to respond to safeguarding concerns raised earlier in the year. An improvement plan had been developed that addressed the issues raised and this had been implemented.

Risks to individuals had been assessed as part of their care plan. This included the risk of falls, developing pressure wounds and poor nutrition. These were reviewed monthly by the nursing staff to ensure they remained effective. Staff were aware of the risks that related to each person. At our last inspection the risk of people developing pressure wounds was not being managed effectively. At this inspection improvements had been made. People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and effective care plans that ensured they were frequently helped to change position. Staff were able to clearly describe who required repositioning and how often. There were monitoring charts in place and the manager and nursing staff made daily checks to ensure that staff were following people's plans to reduce the risk of pressure wounds. However, we found that there were not clear and effective

systems in place for checking that people's pressure relieving mattresses were set at the correct setting for their weight, however the mattresses were found to be meeting people's needs at the time of the inspection.

We recommend that the registered provider develop an effective system for regularly checking that pressure relieving mattresses are maintained at the correct settings.

At our last inspection risks in relation to dehydration were not being managed appropriately. At this inspection we found that improvements had been made to the systems for ensuring people had access to drinks at all times. Monitoring charts were in place and staff were required to total the amount of fluid people had drunk each day and report any concerns to the nurse in charge. The manager had written to staff to provide further guidance on the levels of fluids contained in foods to enable them to promote high fluid foods. We saw examples of records where the nurse had contacted the GP to discuss a person's low fluid intake. Nursing staff were clear about when to raise concerns about people's fluid intake and what other steps could be taken to encourage people to drink sufficient amounts. The lead nurse told us, "If a person is not drinking well we will allocate a member of staff to that person to encourage their fluid intake. If they have a low fluid intake for more than two days we will check for any signs of infection and will refer them to their GP."

At our last inspection risks in relation to choking were not being appropriately managed. At this inspection we found that improvements had been made. People at risk had clear care plans that guided staff in the safe consistency of their food and support they needed to eat. The care plans included information about correct positioning of people to aid swallowing. The chef was clear about the consistency of food that people required and we saw this being served in line with their care plan.

The premises were safe for people to use. Risks had been assessed and action taken to minimise these, for example by fitting hand rails in bathrooms. Bedrooms were spacious and clutter-free so people could mobilise safely. There was building work underway to complete the refurbishment of the premises. This was being managed effectively to ensure that people were not placed at risk of harm. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. All hoisting equipment was regularly serviced. People's call bells were checked and regularly maintained. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale.

At our last inspection we found that there were insufficient numbers of staff working in the service to keep people safe and meet their needs. At this inspection we found that improvements had been made. People felt that there were enough staff to meet their needs. They told us, "Usually there are enough staff, but if they don't have enough they call some more in. When I ring my bell they attend to me anyway." Another person said, "I think they manage very well considering the number of people in here who are not as independent as me." One person commented, "They try their best, but I do wait sometimes when I buzz." However, during the inspection we saw sufficient numbers of staff were available to respond quickly to people's needs. The registered manager completed a monthly assessment of the dependency of each person using the service to ensure staffing levels reflected their needs. The number of care staff working during the day had increased from four to five to meet people's personal care needs in a more timely way in the mornings. This was in addition to the nursing staff on duty. Staff told us that there had been improvements to the staffing levels in the service since our last inspection and that this had allowed them more time to assist people with personal care. Rotas confirmed sufficient staff were in attendance on both day and night shifts. We saw that staff responded quickly to people's call bells and their requests or need for assistance. Staff were able to

assist people with their morning personal care routine within a reasonable time and people no longer waited unreasonable lengths of time for their meals to be served. There were still vacancies for nursing and care staff, but the registered provider had successfully recruited new staff who were going through recruitment checks. Some agency staff were still in use, but the manager was working closely with the agency to ensure evidence of their competence was provided.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation at another local residential home. Staff were trained in providing first aid. Staff had received training in fire safety. Personal evacuation plans, that reflected people's mobility levels and individual needs, were regularly reviewed in case of an emergency. Staff we spoke with were clear about how to evacuate people from the building if necessary. However, an external auditing company had noted in an audit report in November 2015 that evacuation drills were not carried out on a regular basis. Some staff, but not all, had been involved in fire marshal training which included a practice drill. The manager advised that all staff required this practice drill and undertook to conduct a fire drill the following day to address this.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. Nursing staff were undertaking advanced medicines training at the time of the inspection. The lead nurse ensured all medicines were correctly ordered and received, stored, administered and recorded. We saw nursing staff administering medicines and accurately recording when people had taken these. People told us that they received their prescribed medicines at the right time. One person said, "Medications are timely, for me that's three times a day and eye drops at night." People were protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way.

People lived in a clean environment. People and their relatives told us that the service was kept clean. One person said, "They always clean our rooms every morning and the place is tidy." Another person told us, "I think it's kept in a good condition, there's always someone doing the housekeeping." Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. The premises were clean and free from any unpleasant odours at the time of our inspection. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included, "The staff never do something unless I say they can." "The meals are very good, the cook is marvellous. She knows our likes and dislikes. If I don't like the options they'll do me a jacket potato", and "When mum needs to go to the toilet while me or my family are here, they ask us to wait outside while they see to her. They are very attentive." People felt they had enough to eat and drink and told us, "They bring me a drink of my choice with my lunch and the water is filled regularly. I can always ask for a drink whenever I want one."

At our inspection on 29 January and 1 February 2016 we found the registered provider was in breach of the regulations relating to the provision of adequate supervision and effective training for staff. We issued a warning notice for this breach and required the registered provider to be compliant by 8 April 2016. At this inspection we found that improvements had been made.

Staff told us they had been provided with training to develop the skills they needed to meet people's needs. A new staff member said they had undertaken a week of shadowing and some eLearning. The manager had discussed their progress with the staff member and offered additional hours shadowing as they did not yet feel confident. The staff member said they felt the manager listened to their views. Staff completed training which included safeguarding, fire safety and moving & handling. Staff were able to describe the procedure for safely evacuating people from the building in the event of an emergency. We saw training records for all staff and where three staff had missed safeguarding training the manager had taken action to ensure the staff completed the course at a later date. The records showed that over 80 per cent of all training the registered provider required staff to complete had been completed and 91 per cent of staff had been trained in supporting people who were living with dementia. Staff understood how dementia may affect individuals and how to provide effective and sensitive care.

Staff were receiving regular and effective supervision from the manager. We viewed one staff member's supervision record which showed that developments within the home, such as introduction of a resident of the day scheme, were being discussed constructively. One staff member's supervision had noted that checks of people in their bedrooms were not being done. A subsequent supervision recorded that improvements had been made. The records showed supervision of staff was carried out through a range of formats, such as 1-1, observational and group supervisions. These were scheduled to take place regularly through the year. The two managers were challenging poor practice through supervision and taking action. The Care Certificate had not yet been implemented in the service. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The registered provider planned to implement this during the summer of 2016. We saw evidence in the minutes of a team meeting that showed information about the Care Certificate had been shared with staff.

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. All care plans we looked at during the inspection contained a mental capacity assessment in relation to the person being able to make a decision to live at the service. If the person lacked capacity to make this decision a best interest decision was made involving the relevant people. One person required bed rails to reduce the risk of injury through falling out of bed. The person had not been able to consent to using these and therefore the person's family, GP and the staff team contributed to a decision that was in the person's best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest.

People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's needs, likes and dislikes. We saw that people always had drinks close by and were encouraged to drink. People were given the assistance they needed to eat their meals. The staff sat with them until the person had finished eating. People were offered a second helping of the meal and this was provided without delay. There was a menu board which displayed a choice of meals and desserts for the day. A new menu was being launched at the end of May 2016. Picture cards were being developed to be launched alongside this to help people make choices about their meals. We saw that every person had a drink within easy reach at all times of the day. Staff were seen to be encouraging people to drink regularly, both during activities as well as when resting in the lounge or in their own rooms.

People's care records showed many health and social care professionals were involved with people's care. However, people were not always referred appropriately to the speech and language therapists when they required support with swallowing. One person's dietary care plan stated, "The cook and kitchen staff are to ensure that X's meals are liquidised." In the identified need section it stated, "X is unable to feed herself. X does not have swallowing issue. X's meals are liquidised." There was no evidence of speech and language therapy input to make a decision for the person's meals to be liquidised. However, we saw that the person was identified as being at risk of choking in the dependency tool. This was raised with the manager who confirmed that there had been no speech and language input and the decision to change to a liquidised diet was an 'historical' decision that had been made. The manager confirmed that a referral to the speech and language therapist would be made within 24 hours. We recommend that the registered provider ensure appropriate advice is sought from health professionals before decisions are made about the consistency of people's food.

Care plans were in place to meet people's health needs and were regularly reviewed. Care plans showed that routine monthly observations of people's general health were being made to identify any signs of poor health. These observations were recorded and acted upon. One person had a pressure wound. There was a clear nursing plan in place for managing this and evidence that the wound was healing as expected. The nursing staff monitored the wound daily and kept accurate records of the improvement to the person's skin. The nursing staff liaised with the GP surgery where there were any concerns about people's health. For example, one person was unwell during the inspection. The lead nurse contacted the GP to discuss the symptoms and to arrange an appointment.

Consideration had been given, when designing the refurbishment of the premises, to meeting the needs of people living with dementia. There were picture signs to show people where the bathrooms and living areas were. Contrasting colours were used to help people identify doorways, light switches and toilet seats.

Shared spaces had been designed to allow staff to supervise people, as needed, but to allow people a choice of where they spent their time and opportunities to sit quietly or to socialise with others.

Is the service caring?

Our findings

People and their relatives were generally positive about the caring attitude of the staff. One person told us, "Most of them are friendly and kind-hearted so that's always nice to see." Another said, "I'm happy with the way I am treated and they call me by name so I feel like I am respected as an individual person." One person said, "I can't fault the staff here, the permanent staff get to know you very well, they know I like to have my morning paper so they come round and give it to me every day." A person's relative told us, "They are always smiling and look after her well. I can't praise them enough about what they do for my mum." However some people commented that improvements could be made. One person said, "Some of them are caring, the ones that know you and are here regularly are kind and compassionate. The others that come and go are just here to do the job that pays their bills." Another person told us, "They're alright I guess but I wouldn't say they go above and beyond their duty." A further person said, "It would be beneficial for them to keep staff on a more permanent basis and let go of agency staff. They would do well to note that."

At our inspection on 29 January 2016 and 1 February 2016 we found the registered provider was in breach of the regulations relating to treating people with dignity and respect. We issued a warning notice in respect of this breach and required the registered provider to be compliant with the regulations by 8 April 2016. At this inspection we found that improvements had been made, but further improvements were required to ensure people consistently received a caring service.

During the inspection we saw that people had positive experiences which were created by staff that understood their personalities. Staff supporting people to eat their meals explained to them what they were eating and gave encouragement. Staff understood the importance of meeting people's emotional needs. They took time, as often as was needed throughout the day, to provide reassurance to people who were anxious or confused. Most staff were caring and focused on providing a personalised service. They had developed positive relationships with people and they had taken time to find out about people's life history, family, interests and what was important to them. The manager had discussed with staff the use of appropriate and respectful language and they had jointly developed a list of language they would not use when describing people's needs. Staff told us they had recently watched a film about person centred care and had completed a feedback sheet about what they would change in their practice. One page information sheets had been developed with key information about people easily to hand for staff. Staff told us this helped new staff get to know people and was a useful quick reference guide for agency staff working in the service. The registered provider told us they were launching a 'Caring Hearts' award for staff to recognise those that have gone beyond the requirements of their role to provide a caring service.

People told us that their privacy was respected and that staff always knocked on their doors before entering. One person said, "Oh yes that's very important me, I always like my personal space. They get out of your hair once they've done what they come in to do." Another person said, "They do respect my privacy. For those of us in a home that is essential and I do believe it is fulfilled here, but I can only speak for myself." We saw staff respecting people's privacy during the inspection. Staff were consistently discreet when offering to provide personal care to people. Arrangements were in place to ensure that people's records were stored securely and that their personal information remained confidential. Staff did not discuss personal

information in communal areas of the service. Staff respected people's privacy and treated them with respect.

People and their families, where appropriate, were involved in their day to day care. People's care plans and risk assessments showed they had been consulted on their views of their care and asked what was important to them about their daily routines. One person told us, "I am always involved every step of the way. I make my own decisions about my care and they have to listen." Another person said, "It's my life, so I have the final say." Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. People were provided with information about the service. There was a brochure held in each person's bedroom that contained information about the services provided and how to make a complaint if they needed to.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. Staff described how they encouraged people to do as much of their care as they were able to. A person using the service told us, "I think everyone here is encouraged to be as independent as possible, for example they ask me what I want to wear." We saw staff ensuring people had the equipment they needed to move around independently and to eat their meals. Staff did not hurry people and allowed them time to do things for themselves.

Is the service responsive?

Our findings

People and their relatives told us that they were asked about their needs when they moved to the service and were asked what was important to them. One person said, "They go through everything with you when you first arrive here. They're good like that." Another person said, "They want to know what you like and don't like." People told us that staff provided care that met their individual needs and preferences. One person said, "They take into account how you like things to be done. They know how much I hate sliding down the bed so they help lift me further up the bed when that happens." Another person said, "I'm quite mobile so it's not really a problem for me, but they do help me when I need it, and in the way I want." A further person told us, "When I need assistance they help me the way I want."

People were confident to make a complaint if they needed to and knew how to do so. One person told us, "I think the care home is good, I haven't got any complaints about it. If I did find something I didn't particularly like they would put it right." Another person said, "I know how to complain if I'm not happy with something." A person's relative told us, "Yes I do, not that I need to, they are fantastic. They definitely would take action if necessary."

At our inspection on 29 January 2016 and 1 February 2016 we found the registered provider was in breach of the regulations relating to providing person centred care. We issued a warning notice in respect of this breach and required the registered provider to be compliant with the regulations by 8 April 2016. At this inspection we found that improvements had been made and the requirements of the warning notice had been met.

Each person's needs had been assessed before they moved into the service. This addressed their needs in relation to their personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. Individualised care plans about areas of people's needs had been developed in partnership with them or their representative. Staff were clear about people's needs and how to meet these. For example, a person's assessment documentation stated that they did not like to ask for assistance. This information had been included in their care plan and staff instructed to make regular checks of the person to see if they had any need for assistance as they may be unwilling to ask. Another person's care plan said they can be nervous and that staff spending time chatting with them helped them to relax. Staff knew this information and gave examples where they had spent time chatting with the person to ease their anxiety. Staff working regularly in the service knew information about people's individual ways of communicating. For example, a person's communication plan recorded that the person used metaphors for things they needed, such as when needing the toilet. Staff were aware of the different things the person said and what they meant. People's care plans were reviewed monthly with the involvement of the person and their relative, if they wished, to ensure they continued to meet the person's needs. We found that some people who were living with dementia did not have clear plans for how staff should support them with memory loss or confusion. Whilst staff knew people well, they may not always be clear about how to respond in a consistent way when people become confused or were experiencing a different reality. We recommend that the registered provider implement clear plans to inform staff how to support people to manage memory loss and confusion.

People's care plans included information about their preferences, for example what time they liked to get up and whether they preferred a bath or shower and when. There was clear information about people's night time routine, for example a person liked their night light on and the door left ajar. Staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected. However, some staff told us that the practice of using a weekly bath rota was still in use. We saw that a weekly bath rota was located in the office and people's records showed that people had not consistently been offered a bath or shower outside of the weekly arrangement. We shared this with the manager of the service who agreed to look into this further. We recommend that the registered provider review the arrangements for personal care to ensure it reflects people's wishes.

Improvements were underway to the range of activities that were provided to meet people's social needs. An additional activities worker had been appointed since our last inspection. There was a programme of group activities available that included music, bingo, cards, ball games, exercises and reminiscence. Most people told us they enjoyed the range of activities on offer. One person said, "My neighbour and I across the corridor play bingo and we enjoy it very much. I will be going down to the lounge to play dominoes at 10.30am today. I'm glad they give us something to do, it really keeps us busy in the mornings and afternoons. I do love a good game of bingo." Another person said, "I'm quite happy they hold these activities, it gives me something to do and focus my mind on." A person's relative told us, "The staff make sure she doesn't get isolated, over Easter they had my mum cutting and sticking Easter bunnies in her room, that was nice for her. Sometimes they'll just stop by and give her a hand massage or a manicure. They are very kind and caring."

Some people found the group activities did not meet their needs. One person told us, "They run a variety of activities here and they try to do different things every day. It's not really my cup of tea, but I know that lots of people here like to get involved." Another person said "I get bored here, I wish there was more for me to do. The activities they hold are not for me, they're for older people." People had a care plan for meeting their social needs. This focused on encouraging people to join group activities. There was limited information about how to support people to continue with hobbies or interests. The activities workers were spending time with people to establish what their hobbies and interests were and the manager had implemented a plan to ensure that individual activity plans would be developed to reflect this information. The registered provider had included in their improvement plan for the next six months to increase activities that are linked to community involvement. The manager told us this would include activities such as being supported to host a dinner party.

The service responded in a timely way to changes in people's needs. Nursing staff monitored people's well being and made prompt referrals to relevant health services when people's needs changed. Staff responded quickly to people's needs during the inspection. Call bells were answered promptly and staff were located in the communal areas to supervise people and respond to their needs and requests. Staff told us that one member of staff was always located on each wing at all times to make regular checks on people who could not use the call bell system.

People's views were sought and listened to. Resident and relative meetings were held regularly and had increased in frequency in 2016 in response to the last inspection report and the refurbishment project. People were asked about their views of the care, the range of activities, the quality of the food and the impact of the building works. A person's relative told us, "They do ask for our opinion, they involve us as much as they can. They ask me about details even down to skin integrity. We have resident meetings every fortnight or so and we have email communication." The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the

food, the environment and management. People and their relatives told us that they could speak with the registered manager or staff at any time about their care plan.

People knew how to make a complaint. The provider had a clear complaints policy and procedure. The complaint procedure was displayed in the reception area and in the brochure held in each person's bedroom, however the version in the brochure was not the most up to date version of the registered provider policy. Complaints were recorded and responded to appropriately. We saw that the registered provider had dealt with complaints in an honest and transparent way. For example, a person's woollen cardigan had been damaged in the laundry. The manager had apologised to the person and their relative and refunded the item. They had then spoken with laundry staff to ensure improvements were made. We recommend the registered provider ensure the complaints procedure in the brochures in people's bedrooms in the most up to date version.

Is the service well-led?

Our findings

People and their relatives told us that there had been improvements to the management of the service since our last inspection. One person said, "If you ask me there has been a lot of changes for the better. That's because the current management is very good and I hope it stays that way." People told us the new manager was approachable and acted upon any concerns they raised. One person said, "The manager comes round once a day, so that's pretty good." Another person told us, "Oh yes [the manager] is wonderful, she just came and said hello to me just now. She is very easy to talk to. She has a chat with the nurses if there are ever any problems, she takes it straight to them. When I had a problem with the nurses taking a while to take me for my bath, she spoke to them very promptly." Another person said, "It has been changing a lot over the years, but the new manager is an asset." A member of staff told us, "The service is so much better. The changes to the environment have made everyone feel brighter and we have more staff now so it is easier to meet everyone's needs."

At our inspection on 29 January 2016 and 1 February 2016 we found the registered provider was in breach of the regulations relating to good governance. We issued a warning notice in respect of this breaches and required the registered provider to be compliant with the regulations by 8 April 2016. At this inspection we found that improvements had been made and the requirements of the warning notice had been met.

The service had been without a registered manager since August 2015 when the previous registered manager left the service. A new manager was appointed in December 2015, but they only remained in post for three months and did not apply to be registered with the Commission. Staff and people's relatives told us that the unstable management of the service had been unsettling. Since our last inspection a new manager had been appointed to lead the service and a project manager assigned to help make the necessary improvements. The two managers had worked well together to implement the improvement plan. However, the new manager had not yet applied to the Commission to be registered. They told us they were planning to do this.

The new manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. They had worked to develop an open and positive culture in the service which focussed on the needs of people. The manager had held staff meetings to discuss the vision and values of the service and what this looks like in practice. They had also held team meetings to discuss the requirements of the regulations to ensure staff understood their responsibilities. We saw improvements in the culture of the service on the day of the inspection. However, records showed that some staff were not consistently performing to the requirements of their role. For example, the manager had recently identified that staff were not consistently completing people's care records to record information about their needs and the care provided. The manager told us that they continued to work closely with staff to monitor service delivery to ensure it reflected person centred values. The manager and the project manager acknowledged that further time was required to fully embed the person centred values into the service. We recommend that the registered provider continue to monitor service delivery to people receive consistent care.

The manager was visible in the service, they walked around the premises each day and asked each person

they encountered how they were. The manager knew each person who lived in the service and was sensitive to their needs. Staff were aware of the registered providers whistle blowing policy that provided protection for staff that wished to raise concerns with other agencies outside the service. The manager provided clear and confident leadership for the service. The people we spoke with were very complimentary about the manager and her leadership. Staff praised the manager for her approach and support. Staff felt supported in their roles and comfortable to approach the manager for guidance. Improvements had been made to the way each duty shift was managed so that staff were clear about who they were caring for and what tasks were required. There was a vacancy for the clinical lead post in the service, for which the registered provider was recruiting. The manager and nurses had taken on additional duties to cover this role until a suitable person was appointed.

The registered provider had made improvements to the systems for monitoring the quality and safety of the service. A wide range of audits were carried out to monitor the quality of the service. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. These audits were now effective and ensured that improvements were identified and made. Where shortfalls had been identified action had been taken quickly to address these. Nursing staff reviewed people's care plans on a monthly basis. Weekly and daily checks were in place to ensure staff were delivering the care and support people required. The manager monitored the mealtime experience for people and tasted all food before it was served each day to ensure it was of a good quality. Accidents and incidents were monitored to identify any trends. The action taken had been recorded and any lessons learned. The manager told us that the registered provider was supportive and provided the necessary resources to improve the service when needed.

At our last inspection we found that the registered provider was in breach of the registration regulations relating to notifying the Commission about significant events that affect people's wellbeing. We issued a requirement notice for this breach and asked the registered provider to tell us when they would be compliant with this regulation. The registered provider sent us an action plan detailing the action they would take to become compliant by 8 April 2016. At this inspection we found that improvements had been made. The registered provider was open and transparent about the improvements they had made and further improvements that were required.

They had notified the Care Quality Commission of any significant events that affected people or the service. They had participated in safeguarding meetings concerning people's safety and demonstrated that they had learned from mistakes that had been made and had used this to further improve how the service was run. The current CQC rating for the service was clearly displayed, along with information for visitors about what they were doing to make the necessary improvements. The notes of a recent relatives meeting showed the registered provider had apologised for the shortfalls in service and had been clear about the improvements that were being made. In addition to the improvement plan for the service the registered provider had developed a sustainability plan. This included building on staff training levels, monthly mealtime audits, the recruitment of bank staff and developing activities and social engagement to become more person centred.

The manager ensured that most records kept were accurate and complete records about the care provided. Where staff had not completed care records consistently this had been identified and addressed with them. People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records.

People's care records provided staff with clear information about how to meet their needs, with the exception of providing information about supporting people with memory loss and confusion. Daily records of the care provided to people reflected the care required by their individual plan. The records were

sufficiently detailed to allow the manager to monitor that people received the care they needed.