

New Century Care (St. Leonards) Limited

Clyde House

Inspection report

258 Sedlescombe Road North
St Leonards On Sea
East Sussex
TN37 7JL

Tel: 01424751002
Website: www.newcenturycare.co.uk

Date of inspection visit:
05 January 2017
06 January 2017

Date of publication:
27 January 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Clyde House on the 5, 6 and 9 January 2017. This was an unannounced inspection.

Clyde House provides accommodation, personal and nursing care for up to 48 older people, some of whom have limited mobility, are physically very frail with health problems such as heart disease, diabetes and strokes. There were people at Clyde House also living with dementia and receiving end of life care. There were 24 people living at the home at the time of our inspection. Accommodation is arranged over two floors and each person had their own bedroom. Each floor has lift access, making all areas of the home accessible to people.

Clyde House is a large detached house in a residential area of St Leonards on Sea, close to public transport, local amenities and some shops. The service is owned by New Century Care (St. Leonards) Limited and is one of two homes in the South East.

At a comprehensive inspection in October 2015 the overall rating was Inadequate and the service was placed into special measures by the Care Quality Commission (CQC). Seven breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance. Due to concerns we received in February 2016 we undertook a focussed inspection to look at people's safety. We found that the concerns were substantiated and that people's health and safety was not assured by the deployment and experience of staff. Continued breaches of Health and Social Care Act 2008 (Regulated Activities) 2014 were found. At this time we took appropriate enforcement action. We undertook a full comprehensive inspection in May 2016 to see if improvements had been made. Whilst we could see that some action had been taken to improve people's safety, the management of risk to individual people remained.

Improvement was still needed to ensure people received support in a person centred way and were treated with dignity and respect. People were still not receiving support that was individualised to their needs. There were still concerns in respect of the quality assurance systems in place to drive improvement. This meant that there were continued breaches of Regulation of Health and Social Care Act 2008 (Regulated Activities) 2014. Further appropriate enforcement action was taken. We received an action plan from the provider that told us that they were taking action to ensure the health and safety of people who lived at Clyde House.

This unannounced comprehensive inspection on the 5, 6 and 9 January 2017 found that whilst there were areas still to improve and embed in to everyday practice, there had been significant progress made and that they had now met the breaches of regulation.

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

Care plans reflected people's assessed level of care needs and were based on people's preferences. Risk assessments included falls, skin damage, behaviours that distress, nutritional risks including swallowing problems and risk of choking and moving and handling. For example, cushions were in place for people who were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Visits from healthcare professionals were recorded in the care plans, with information about any changes and guidance for staff to ensure people's needs were met. There were systems in place for the management of medicines and people received their medicines in a safe way.

Registered nurses were involved in writing the care plans and all staff were expected to record the care and support provided and any changes in people's needs. The manager said care staff were being supported to do this and additional training was on-going. Food and fluid charts were completed and showed people were supported to have a varied and nutritious diet.

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and they responded to staff with smiles. People previously isolated in their room were seen in communal lounges for activities, meetings and meal times and were seen to enjoy the atmosphere and stimulation.

A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Activities were provided throughout the whole day, five days a week and were in line with people's preferences and interests.

The provider had progressed quality assurance systems to review the support and care provided. A number of audits had been developed including those for accidents and incidents, care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and, they were always made to feel welcome and involved in the care provided.

Staff and relatives felt there were enough staff working in the home and relatives said staff were available to support people when they needed assistance. The provider was actively seeking new staff, nurses and care staff, to ensure there were a sufficient number with the right skills when people moved into the home. The provider had made training and updates mandatory for all staff, including safeguarding people, moving and handling, management of challenging behaviour, pressure area care, falls prevention and dementia care. Staff said the training was very good and helped them to understand people's needs.

All staff had attended safeguarding training. They demonstrated a clear understanding of abuse; they said they would talk to the management or external bodies immediately if they had any concerns, and they had a clear understanding of making referrals to the local authority and CQC. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home. People said they felt comfortable and at ease with staff and relatives felt people were safe.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings were held every morning to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management was very good; the registered manager was always available and, they would be happy to talk to them if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Clyde House was not consistently safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be embedded to ensure consistent good care.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Requires Improvement ●

Is the service effective?

Clyde House was effective and was meeting the legal requirements that were previously in breach.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good ●

Is the service caring?

Clyde House was caring and was meeting the legal requirements that were previously in breach.

Good ●

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Is the service responsive?

Good ●

Clyde House was responsive and was meeting the legal requirements that were previously in breach.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and outings was available should people wish to participate.

Is the service well-led?

Requires Improvement ●

Clyde House was meeting the legal requirements that were previously in breach. However quality assurance systems need time to be fully embedded.

There was a registered manager in post, supported by a senior management team

The home had a vision and values statement and staff were committed to improvement.

People spoke positively of the care. People and visitors had an awareness of changes of management and felt that the new

management team of the home were approachable.

Clyde House

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 5, 6 and 9 January 2017. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors undertook this inspection.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people. We looked at the action plan supplied by the provider and the staffing rotas, management cover and risk assessments that we received weekly from the provider.

We observed care in the communal areas and over two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including eight people's care records, five staff files and other records relating to the management of the home, such as complaints and accident and incident recording and audit documentation. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) over lunch in the dining room. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people living at the service, two visiting relatives, eight care staff, the chef, the activity co-ordinator, three registered nurses, the area manager and the registered manager.

Is the service safe?

Our findings

At our inspections in October 2015, February and May 2016 we found that the provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist people to receive appropriate care and support. The service had not assessed the skills of staff deployed in the service on a temporary basis. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by December 2016. We found that improvements had been made and the provider was meeting the requirements of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Clyde House. One person told us, "Very settled here and I feel safe." Another person said, "I have no concerns about anything, I'm happy and safe here." Relatives said, "The staff seem very good, they make sure people have a bell near them to call for help and there are a lot of staff." Another relative told us their family member was safe and settled and they did not worry about their safety. Staff expressed a strong commitment to providing care in a safe and secure environment.

This inspection found that appropriate steps had been taken to ensure that there were measures in place to keep people safe. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and administered correctly. People confirmed they received their medicines on time. One person told us, "I get all my medicines when I need them." There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. People's medicines were securely stored in a clinical room and they were administered by registered nurses and senior care staff who had received appropriate training. We observed two separate medicine administration times and saw that medicines were administered safely and that staff signed the medicine administration records once it had been given. The clinical room was well organised and all medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken weekly at the present time to drive improvement in medicine management. There were still some areas to embed into everyday practice. There was a clear audit trail that defined what action was taken such as medicine retraining and competency tests.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. There were detailed plans that told staff how to meet people's needs in a safe way. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure damage. One person's care plan directed staff

to offer a change of position every two hours as they were at high risk from pressure damage. Another care plan directed staff on how to position the person for maximum comfort as they had lower limb contractions. Pressure relieving mattresses and seat cushions were used for people identified at risk and were set according to the manufacturer's instructions. Settings for the pressure relieving equipment were checked by registered nurses twice a day.

We observed safe transfers (people being supported to move from a wheelchair to armchair with the support of appropriate equipment). The transfers we observed showed that staff were mindful of the person's safety and well-being. Staff offered verbal support and reassurance when assisting people to move and people told us they felt safe whilst being moved by staff. One person said, "The staff have to use a machine to move me because I can't move on my own, but they do it well, no problems." People's care documentation and risk assessments reflected the lifting equipment and size of sling to be used. People had their own personal sling which reduced the risk of cross infection.

At our last inspection we found that people's food and fluid records were inaccurate and not effective in monitoring the risk of dehydration and weight loss. This inspection found that improvement had been made. The care plans directed staff to monitor people's fluid intake when it had been identified the person was at risk from dehydration. Records were mostly complete and added up to provide the total amount of fluid taken. We saw that handover information identified those people who needed encouragement or referral to the GP. This ensured the risk of dehydration was mitigated.

A system was in place to record accidents and incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall in a person's bedroom or in the communal areas. The information recorded included action taken to prevent a further accident, such as increased checks and a sensor mat. Audits were carried out for the accident and incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with local safeguarding policies.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training, they demonstrated an understanding of different types of abuse and described what action they would take if they had any concerns. Staff had read the whistleblowing policy; they stated they would report any concerns to senior staff on duty and the registered manager and they were confident that their concerns would be dealt with. Staff were also aware that they could inform the local authority or CQC and the contact details for the relevant bodies were available in the office. People, relatives and staff said they had not seen anything they were concerned about. Relatives told us of resident and family meetings and an open door policy that enabled them to raise any concerns with the registered manager or senior staff at any time.

At our last inspection we found that there were not enough suitably qualified and experienced staff deployed to meet people's needs. This inspection found that the provider had made a decision to consistently over deploy staff whilst new staff were employed and settling in to their role. This was to ensure people received the care and support they needed. We have received weekly rotas since February 2016 which told us that the staffing levels had been consistent in numbers. Ranging between six and nine care staff in the morning, with two or three registered nurses (RN's), six or seven care staff in the afternoon with two RN's and at night there were three care staff and one RN. In addition to the care team, domestic, maintenance, laundry and activity staff were also employed.

The rota showed where alternative cover arrangements had been made for staff absences. An out of hour's on-call senior cover was in place. This was spread out between the senior staff. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing

levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people discreetly when they had returned to their rooms during the day. This had reduced the risk of falls without restricting their independence and freedom.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work, the provider obtained references and carried out a Disclosure and Barring Service (DBS) check. We checked seven staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. Nurses employed by the provider of Clyde House all had registration with the Nursing Midwifery Council (NMC) which were up to date. We saw that the management also ensured that agency staff had the necessary checks completed by the agency before starting work at Clyde House. There was minimal agency usage, but should agency staff be required, the registered manager had ensured that only agency staff that knew Clyde House and the people who lived there were used.

There was on-going repair and replacement in the home. Regular environmental checks were carried out, these included call bells and electrical equipment, such as TVs. The fire alarm system was checked weekly; fire training was provided for all staff and records showed that they had attended. Repairs noted by staff were written on the board in the staff room and the maintenance staff said they dealt with these as soon as possible. They told us, "If it is something simple like a light bulb it is done straight away, the only delays are when we have to get outside contractors in, like for the chair lift." The home was clean, with homely touches throughout and people had personalised their rooms with their own furniture, ornaments and pictures. Environmental risk assessment had been completed to ensure the home was safe for people.

There was a system to deal with any unforeseen emergencies. Personal emergency evacuation plans (PEEPs) had been developed for each person; these included guidance for staff to follow with regard to assisting people to move into safer areas of the home or to leave the building and, staff said everyone could be moved out of the home if necessary. The registered manager or a senior member of the management team were on call each night and were available for advice or to discuss issues at any time. Staff said "We are well supported and if we have any concerns we just pick up the phone."

Is the service effective?

Our findings

At our inspections in October 2015, February and May 2016 we found that the provider had not taken appropriate steps to ensure staff had received appropriate training, professional development and staff supervision. We also could not be assured that people's nutritional needs were met. The provider had been in breach of Regulations 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 14 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found that not all staff had completed training to make sure they had the skills and knowledge to provide the support individuals needed. This inspection found that staff training had progressed significantly and the staff had achieved 98% completion of essential training. This showed us that the provider was striving to drive improvement and ensure staff received training to meet the needs of people at Clyde House. Two care staff had recently become moving and handling trainers. This had proved beneficial in improving practice as staff received continuous support in moving and handling people. We observed good practice in moving and handling people, and in positioning people effectively to enable them to eat independently.

We previously found that there was a lack of understanding shown by staff in supporting people who lived with dementia and in the management of behaviours that challenged. This inspection found that staff had received training in dementia and staff were seen supporting people in a skilled way and managing behaviours that challenged effectively. There was evidence that clinical training was being completed by nurses and further training booked to ensure that all nurses have the training necessary to meet people's health needs. For example, syringe driver training. Registered nurses told us that training was available and they were supported to attend and develop their skills. Wound care management was another area that staff mentioned they were to attend.

All staff had received a supervision completed by the registered manager. The staff told us they had the opportunity to raise concerns and share ideas. They also discussed their personal development needs, such as specialist training. The registered manager confirmed that staff were enthusiastic and committed to improving skills and knowledge.

At our previous inspections we found the meal service at Clyde House was not a shared experience or an enjoyable event for people. It had become a task rather than something to look forward to. This inspection found that improvements had been made and people looked forward to their meals. The dining area was welcoming with tables set with linen and serviettes. Drinks were readily available.

Staff supported people to eat when necessary. We saw good practices throughout the inspection process. For example we saw staff support people in bed whilst sitting next to them maintaining good eye contact

and a kind approach. Staff also sat at the dining tables with people to offer encouragement and a prompt. The chef served the mid-day meal in the dining room from a heated trolley and this had enabled people to choose their meal and amount they wanted. The chef visited each table to ask them if they wanted more and to see if people had eaten. One person hadn't eaten their meal and the chef offered them another choice. Staff monitored people's appetites and the records stated what action staff had taken when there was an identified weight loss. For example one person was losing weight. Action was recorded in the care plan that they had been referred to the GP and dietician and fortified food was being offered.

The food looked appetising and was well presented, and people were seen to enjoy their meals. The atmosphere was pleasant in the dining areas. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, "If I was hungry I would ask anyway." Fresh fruit was available as were a variety of cold and hot beverages.

At our last inspection we found that staff were not always working within the principles of the Mental Capacity Act 2005 (MCA). We found improvements to care documents had been made. The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found that the reference to people's mental capacity was recorded and included the steps of how it was reached. We saw that peoples' mental capacity was reviewed regularly to ensure that decisions made were still valid and in their best interest.

Staff had attended training in Deprivation of Liberty Safeguards (DoLS), which is part of the MCA framework. The purpose of DoLS is to ensure people, in this case, living in a care home are only deprived of their liberty in a safe and appropriate way. This is only done when it is in the best interest of the person, and has been agreed by relatives, health and social care professionals and there is no other way of safely supporting them. Staff were aware that the locked front door, which prevents people entering and leaving the home was a form of restraint and applications had been made to the local authority under DoLS about this as necessary.

People received effective on-going healthcare support from external health professionals. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people's changing needs. Staff had referred people to the Tissue Viability Nurse (TVN) and speech and language therapist (SALT) as required.

We received feedback from people, relatives and health professionals. People told us that they were happy living at Clyde House and felt their needs were being met. A visitor told us, "Really pleased with the home, only been here a short time but it's comfortable, clean and the staff are great." A health professional told us, "The staff are courteous and knowledgeable about their residents."

Is the service caring?

Our findings

At our inspection in November 2014, we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by November 2015. We found that improvements had been made, the provider was meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that people were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Nice staff and my room is very nice," and another person said, "They're all nice and they look after us well." A visitor said, "The staff have been very kind, its lovely here, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

Staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are all lovely." Another said, "I help staff sometimes lay the tables and put things away, it makes me happy to be useful."

People were consulted with and encouraged to make decisions about their care when it was appropriate. When it was not appropriate to consult with someone or if the person refused to be involved, a best interest meeting would be held. Staff were knowledgeable about people and would be alerted if a person became unwilling to receive care or support.

People told us they felt listened to. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the staff would always listen to their point of view and explain if things could not be done. The registered manager told us, "We support people to do what they want, it is their right." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

People's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementos and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and pictures." Another told us, "Staff help me so much, I can't thank them enough, so kind and patient." As part of the refurbishment programme people had been asked to choose the colour of their focus wall and this had created a homely and warm environment for people.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff on the dementia unit encourage people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity. We saw staff ensure that people's modesty was protected when assisting them in personal care in communal areas. Two people were moved with an electric hoist. An electrical hoist moves people who are unable to move themselves. This was done with great care and the staff members talked to them quietly, telling them what was happening. Staff made sure that their dignity was maintained during this manoeuvre. A member of staff had recently become the dignity at meal times champion, and this role had improved the meal time experience for people.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Visitors confirmed that they were involved in discussions about care plans and changes to the care delivery. One visitor said, "So caring, not just to my loved one but to me as well." Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Care records were stored securely in a lockable cupboard on the lower floor where it was easy for staff to access them. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training on this.

The registered manager told us, "There are no restrictions on visitors." Visitors told us, "We can visit any time, no problems."

Is the service responsive?

Our findings

At our inspections in October 2015, February, and May 2016 we found that the provider had not taken appropriate steps to ensure that people received person centred care that reflected their individual needs and preferences. The provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Provider submitted an action plan detailing how they would meet their legal requirements by 30 April 2016. Improvements had been made and the provider was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection found that people were happy with the standard of care provided and that it met their individual needs. One person told us "They keep an eye on my health, and get me the right care." Another person said, "I am very well looked after, they listen and I am very happy with the care."

People liked their rooms and had individualised them to suit themselves with memorabilia, photographs and personal possessions with the assistance of relatives and friends. Relatives said they were involved in discussions about and the planning of people's care and felt able to talk to the staff about this at any time. One relative said, "I know there is a care plan and I get asked regularly for my input." Another relative said, "I am informed of any changes and if my relative is unwell the staff ring me."

This inspection found staff undertook care that was suited to people's individual needs and preferences. People's needs had been assessed before they moved into the home and staff had reviewed this information and updated it with the help of relatives, friends and representatives. The care delivery was person specific and in line with people's preferences. For example, what they preferred to eat and drink, what time they got up and what time they returned to bed. For people unable to tell staff their preferences we saw that staff had spoken with families and friends. Staff told us, "People change and we adapt their care accordingly with help from family, friends and our staff."

Each care plan looked at the person's individual needs, the outcomes the support and care aimed to achieve and the action staff had taken to achieve this. For example, one person who lived with diabetes had guidance within their care plan of how to respond if their normal blood sugar varied and what action to take. For example, if their blood sugar was lower than their normal range, staff were to give a glass of milk or a biscuit and to retake their blood sugar level. This meant that care delivery was responsive to people's individual needs. There were some areas of people's health needs that needed to be explored further by staff when they arrived at the home from hospital.

Activities at Clyde House had improved and were planned and tailored to meet peoples' preferences and interests as much as possible. We were told that the format of activities may change on the day depending on who chose to attend and how many. A programme of events was displayed in the communal areas of the home and provided to each person in their room. These included one to one sessions, quizzes, craft sessions and musical and film sessions. A monthly newspaper had recently been introduced which contained

interesting events, photographs of events and dates of future events. During our inspection we saw a number of activities taking place and enjoyed by people. Praise and encouragement was done in a respectful manner and people were relaxed and enjoying their activity.

The activity team consisted of two co-ordinators who were also supported by staff. The dementia unit had continued to be an area that staff were constantly contributing ideas to develop as staff gained knowledge and confidence in providing care for those who live with dementia. One senior care member said, "We are constantly looking at ways to engage with our residents and ensure that we give them as much mental and physical stimulation as possible." Another staff member said, "It's really better now we have two activity people." We saw people actively engage with items throughout our inspection. People who had previously been restless and agitated were now calm and interacting positively with staff.

There was good interaction seen from staff as they supported people with activities throughout the home. We received positive comments from staff and visitors about activities and the one to one sessions being undertaken for people who preferred or needed to remain on bed rest or in their room. One staff member said, "We have worked so hard and it's a pleasure to come to work."

Regular staff and resident and family meetings were now being held and we saw that times of meetings were displayed, details of suggestions and discussion points were recorded and actioned. For example, meal choices. The action plan stated they had sent out surveys and regular meetings with the chef had been arranged. This was confirmed by the improvements seen.

A complaints procedure was in place and displayed in the reception area of the home and in other communal areas. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to in line with the organisational policy. A complaints log was kept and monitored by the head office of New Century Care. The complaint log showed that complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

At our inspections in October 2015, February, and May 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were put at risk because systems for monitoring quality were not always effective and records were not accurate. We found the home had a vision and values statement but we did not see the values acted on during the inspection.

The Provider submitted an action plan detailing how they would meet their legal requirements by December 2016. This inspection found that Regulation 17 was met however there was still some improvements required to improve outcomes for people and embed good practice in to everyday care delivery.

There was now a registered manager in post. The management structure, staff retention and recruitment at Clyde House had been consistent since the registered manager took up the role and this had impacted positively on the action plan delivery. We found that the breaches of Regulation of the Health and Social Care Act 2014 identified in October 2015, February and May 2016 had been met and the supplied action plan fulfilled.

Effective management and leadership was demonstrated in the home. The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. They told us that the philosophy and culture of the service was to make Clyde House 'Their home'. He also told us, "It's important that we make it comfortable, homely and safe. We give good care because we do care." The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. The registered manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "It's a different place now, open and transparent, easy to talk to." Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

This inspection found that there was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Areas for improvement were ongoing such as care documentation. The registered manager said it was an area that they wanted to continuously improve. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. For example the laundry service and menu choices.

Everyone knew the registered manager and referred to him when describing their experiences of life at Clyde House. One person said, "The manager is always around the place, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice atmosphere to work in." We asked staff what they would change if they could, all said, "Nothing," and "I really can't think of anything, except perhaps a

bigger dining room and easier access to the garden."

The area manager told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Clyde House to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input."

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.