

Alliance Care (Dales Homes) Limited

The Berkshire Care Home

Inspection report

126 Barkham Road
Wokingham
Berkshire
RG41 2RP

Tel: 01189770233

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27, 28 and 29 November 2017 and it was unannounced.

The Berkshire Care Home is a care home with nursing that provides a service for up to 58 older people, some of whom may be living with dementia. The accommodation is arranged over two floors. At the time of our inspection there were 44 people living at the service. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager as required. However, the newly appointed home manager was in the process of applying to register with 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.

At the last inspection the service was rated Requires Improvement. At this inspection we found the service remained Requires Improvement.

People told us they felt safe living at the service. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. They felt confident issues would be addressed appropriately. There were appropriate recruitment processes in place. All necessary safety checks were completed to ensure prospective staff members were suitable before they were appointed to post. Relatives felt their family members were kept safe.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We reviewed information held regarding Deprivation of Liberty Safeguards (DoLS) to ensure people's liberty was not restricted in an unlawful way and people's rights and freedom were protected. The management team told us they reviewed people to ensure no one was deprived of their liberty unlawfully. The deputy manager took appropriate action to ensure appropriate applications were made where necessary.

People told us staff were available when they needed them and staff knew how they liked things done most of the time. The manager reviewed and improved staffing numbers to ensure enough qualified and knowledgeable staff were available to meet people's needs at all times. Most of the staff were knowledgeable and focused on following the best practice to make sure people were supported appropriately. We observed people were treated with care and kindness. People and their families were involved in the planning of their care.

The service carried out risk assessments and had drawn up care plans to ensure people's safety and wellbeing. Staff recognised and responded to changes in risks to people who use the service. These changes

were reported to the senior person to ensure a timely response and appropriate action was taken. People received support that was individualised to their personal preferences and needs most of the time. Some records were not always informative enough to ensure people's support needs were followed.

There were contingency plans in place to respond to emergencies. The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to control the spread of infection and keep the service clean. However, some maintenance checks were not always up to date. Some equipment and personal items were stored under the stairs. The premises and adaptations were not always dementia friendly. We made a recommendation to review guidance on making the environment more 'dementia friendly'.

People were given a nutritious and balanced diet. Hot and cold drinks and snacks were available between meals. People had sufficient to eat and drink to meet their nutrition and hydration needs. Support from staff at meal times was much improved with a more relaxed atmosphere. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed. The service worked well with other health and social care professionals to provide effective care for people.

Staff training records indicated which training was considered mandatory by the provider. Not all staff were up to date with their training. The manager had planned and booked training to ensure staff had appropriate knowledge to support people. Staff said they felt supported to do their job and could ask for help when needed. The manager had put a new plan in place for staff supervisions and appraisals to ensure consistent support. The manager also planned residents and relatives meetings followed by staff meetings to ensure consistency in action to be taken. Staff felt the handovers and flash meetings were good opportunities to discuss matters with the team.

People received their prescribed medicine safely and on time. Storage and handling of medicine was managed appropriately. We found one minor error, which was rectified immediately and records were accurate.

People and relatives told us a mixture of good and not so good things about the service they received. Our observations confirmed the descriptions people and relatives had given us. There were a few occasions where staff did not always consider the needs of the people. However, we saw care was provided with kindness and compassion most of the time. People and their families told us in general they were happy with their care and had seen a lot of improvements. The manager was working with the staff team to ensure caring and kind support was consistent.

People were able to engage in meaningful activities, spend time with their visitors or if they chose be by themselves. Their choices were always respected. We observed people were offered different activities and were encouraged to join in. Activities planning and involvement was much improved to protect people against the risk of isolation. Most of the interactions observed between staff and people living at the service were respectful and friendly. People confirmed staff respected their privacy and dignity.

People felt staff were happy working at the service and had a good relationship with them, each other and the management. Staff told us the management was open with them and communicated what was happening at the service and with the people living there. People felt the service was managed well and that they could approach management and staff with any concerns.

The management team had reviewed, assessed and monitored the quality of care with the help of staff and

other members of the company. They encouraged feedback from people and families, which they used to make improvements to the service. Throughout our inspection we observed the service had changed the way it was operating for the better. The provider was taking steps more proactively to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Further information is in the detailed findings in the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff did not always store equipment and other items properly. Not all maintenance checks records were in place. Guidance for staff on specific people's care needs was not always sufficiently detailed.

There were sufficient numbers of staff to support people appropriately. Medicines were stored, recorded and handled correctly.

Cleanliness and hygiene standards had been maintained to prevent cross infection and illnesses.

Staff knew how to identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused. The provider's recruitment processes were robust. Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

Requires Improvement ●

Is the service effective?

The service was not always effective. Not all staff were up to date with their training, however this had been booked. Staff felt supported and there was a plan to improve supervision meetings.

Premises and adaptations needed to be reviewed to ensure it was in line with guidance for dementia.

People had access to appropriate external healthcare professionals. The provider took action when people's health deteriorated. People had sufficient to eat and drink but they gave us mixed comments about the food.

Staff promoted people's rights to consent to their care and their rights to make their own decisions.

Requires Improvement ●

Is the service caring?

The service was caring. Relatives and people were positive about most staff and the care they received. Most of the staff we observed were kind and caring. The manager was aware this was

Good ●

work in progress and addressed our observations and feedback with staff. People's privacy and dignity were protected.

Visitors were welcomed and people were able to maintain relationships important to them. People, and those that mattered to them, could make their views known about care and treatment.

Is the service responsive?

Good ●

The service was responsive. The staff team monitored and responded to people's changing health needs involving professionals accordingly. People had care, support and treatment plans in place that were detailed and described daily routines specific to each person.

People were able to enjoy a number of activities and these now happened more regularly to ensure people avoided social isolation.

People and relatives knew how to raise concerns. Complaints were dealt with appropriately and resolutions were recorded along with actions taken.

Is the service well-led?

Requires Improvement ●

The service was not always well led. There had been another change in the management team and notifications were not submitted to CQC as incidents or events happened.

We identified some gaps in the records and some inconsistent practice. However, the manager responded to all our feedback immediately. They also had quality assurance systems in place to monitor the quality of care being delivered and the running of the service.

Staff were happy working at the service and we saw there was a great team spirit. Staff felt supported by the manager. The management team had plans to improve the service and ensure outstanding actions were completed.

The Berkshire Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27, 28 and 29 November 2017 and was unannounced. Over the three days, the inspection team consisted of the lead inspector, another inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with six people who use the service and two relatives. We spoke with the manager and the regional manager. We observed interactions between people who use the service and staff during our inspection. We received additional feedback from eight members of the care staff team in the form of completed questionnaires. We asked seven community professionals for feedback. We receive feedback from three professionals.

We looked at five people's care plans, monitoring and medicine records. We reviewed staff training records and the staff supervision log. We looked at records relating to the management of the service including recruitment records, the compliments/complaints log and accident/incident records. We also checked medicines administration, storage and handling. We reviewed a number of other documents relating to the management of the service. For example, the electrical equipment safety check certificates, gas safety certificate, fire risk assessment, fire safety checks, legionella risk assessment and quality assurance records.

Is the service safe?

Our findings

People felt they were safe living at the service. Staff had a good understanding of safeguarding. They were aware of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff knew when and who to report any concerns or abuse to, that is, the nurse in charge or the manager, the local authority or Care Quality Commission if necessary. People felt they were safe and staff were available when they needed. Relatives also felt their family members were safe.

We reviewed people's assessments and plans of support and care. Some support plans could expand more on physical activity, exercise and mobility to ensure staff were aware of how to encourage people to get out of the bed and be active as much as possible. As some people were at risk of getting pressure ulcers, this would support the prevention of skin deterioration. People who had pressure ulcers or sores, the support plans were written clearly and indicated exactly how to care for their skin condition.

There were other documents in place to help staff support and care for people. People were protected from risks associated with their health and the care they received. The service assessed the risks and took action to mitigate them. People's support plans had guidelines to ensure staff supported them appropriately. These included personal care, emotional and behavioural support and consent. Care plans provided guidance for staff on how to minimise the risk without restricting people or their independence. Risks were kept under review and staff reported any changes promptly.

When people had accidents, incidents or near misses these were recorded on the service's electronic system. These were discussed with staff to ensure people were provided with the correct and timely support and to look at ways to prevent recurrence. The manager and regional manager would access the reports to ensure all the actions were taken to address any concerns and to support people to stay safe. There were arrangements in place to keep people safe in an emergency such as the need to evacuate the premises. Staff understood these and knew where to access the information. People had call bells in place and in reach should they need to call staff for assistance. We observed calls were answered in good time.

We carried out a tour of the premises and observed some items were stored under the stairs and where the fire equipment was stored, blocking access to it. The manager was notified and the items were removed immediately. However, the inappropriate storage was observed on several occasions during this inspection. We observed these areas at various times throughout our inspection and still found some items were stored there. Although the manager took swift action to ensure the areas were cleared, we could not be sure this would be sustained.

Not all records for service maintenance were in place. The visit from a fire officer in October 2015 noted that the fire risk assessment required updating. After the last inspection, we had not received an up to date version of it. During this inspection, we still were not able to view an up to date version of fire risk assessment. The manager informed us after this inspection the company's fire assessor visited the service. They were completing the new fire risk assessment for the service. All other fire checks were in place.

People were not always protected against environmental risks to their safety and welfare. The valves on the hot water system, designed to protect people from the risk of scalding, had been checked in 2016 to make sure they were functioning properly. However, due to recent changes in service provider, the manager could not find the report to demonstrate they were in good working order. The manager could not find any reports for legionella water testing, also, due to changes in the service company. The manager confirmed they had contracted another company now that would be carrying out the water sampling and valve servicing in the new year.

Staff monitored other general environmental risks, such as hot water temperatures, fire exits and slip and trip hazards as they went about their work. Appropriate measures were in place regarding infection control. We saw dedicated staff ensured the service was kept clean, tidy and odour free. The provider monitored other risks and we saw an up to date portable electrical equipment safety test log and legionella risk assessment review. Other household equipment and furniture was seen to be in good condition and well maintained. Emergency plans were in place, for example, evacuation plans in case of emergencies.

It is the legal responsibility of the provider to obtain information to ensure that people are not placed at risk of being cared for by unfit and inappropriate staff. Safe recruitment procedures ensured that people were supported by staff who were of good character, suitable for their role and had appropriate experience. We looked at recruitment files of staff employed recently. The provider checked criminal records to confirm the staff members' suitability to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. We found some discrepancies with employment history. We pointed this out to the management team. We have since been provided with evidence that the discrepancies have been rectified and appropriate records are now in place.

We looked at the management of medicine in the service. We observed good practice while staff were supporting people to take their medicine. Peoples' medicines were administered correctly. Staff were polite, asked if they were ready for their medicine, explained what it was for and ensured people took it. The medicine administration record (MAR) sheets were signed afterwards. The medicine trolleys were always locked every time we checked them. All staff who administered medicines were up to date with their medicine training. We saw the medicine rooms were kept at the right temperature. The rooms were tidy and clean.

We reviewed MAR sheets for 15 people who use the service and did not find any gaps. During the last inspection, we saw the letters regarding homely remedies to be administered to people were out of date. The management at that time told us they have already spoken to the Clinical Commissioning Group (CCG) pharmacist who was in the process of reviewing homely remedies and protocols for medicine administered as and when needed (PRN). During this inspection, we saw the PRN protocols were clear to follow. One of the registered nurses explained they did not have any homely remedies anymore. If people who use the services needed any medicine, the staff would contact their GP for that.

We reviewed the controlled drugs cabinet with one of the registered nurses. It was tidy and the records corresponded with the medicine that was in the cabinet. We found one incorrect record in the book which was rectified the same day. The registered nurses also introduced a new record book at each handover to review the medicine, as well as, keep record of the medicine destroyed. The registered nurse said it helped them keep a track record of expiry dates, medicine no longer needed and stay focused managing the medicine. The provider also continued to work closely with the pharmacy to help maintain appropriate medicine management. We reviewed information from the last visit from the pharmacist. The progress was good and no major issues were reported back for the service to take action on.

During our inspection we observed there were enough staff to support people and carry out their jobs. The manager told us one of the first things they had addressed since they started at the service was staffing numbers. They used a staff numbers assessment tool and increased the numbers to ensure people were supported in a timely manner. This was reviewed monthly or if things changed and more staff were needed. We noticed, particularly during lunch time, the atmosphere was calm and people were supported appropriately. Occasionally agency staff were used to ensure the right numbers and the mix of staff.

Is the service effective?

Our findings

People and their relatives spoke positively about most of the staff. They said, "Some are better than others", "There is always an odd one" and "They are very good". They told us the majority of the staff were skilled to meet their needs. People received effective care and support from staff who knew how they liked things done most of the time. During our inspection, we identified some issues with some staff's knowledge of care and support and shared that with the manager and the regional manager. They took swift action to ensure people were happy and supported well. Each care plan was based on a full assessment with the person's and family members' input. However, some people were not sure if they were involved in the planning of their care. The care plans were kept under review and amended when changes occurred or new information came to light.

We reviewed the training matrix provided to us which recorded statutory, mandatory and additional training. The mandatory training was supposed to be refreshed annually with an exception of fire training which was updated at six monthly intervals. Not all staff's training was up to date. There were 50 staff on the training matrix. For example, 12 staff did not have up to date training in safeguarding vulnerable adults and six staff needed their moving and handling training updated. Only seven staff were up to date with fire safety training and 18 staff had dementia awareness training. The manager recognised the training was not always up to date. The manager had put a plan in place using a training matrix to ensure they could track that staff were up to date with their knowledge and skills. Another team member was trained to be an in-house trainer to help deliver necessary courses and ensure staff were up to date with training. Some courses like fire safety, moving and handling, dementia awareness and nutrition were booked for staff to attend. People and their relatives had mixed views about the skills and caring nature of some staff. Comments included: "They all seem competent", "[Staff] could do with some training in dementia and the way they ask questions" and "Yes, I think the staff are very good".

We reviewed support and supervisions for staff. The manager said the records of supervisions and appraisals were quite poor when they started. Thus, they had compiled a plan for the new year. They asked the staff team if they had any sessions and had already started carrying out supervisions with them. Staff felt they were supported by the management team. The management team were working with staff to ensure they were supported and felt valued. The service was offering the opportunity for further training and qualifications to any interested staff members. Staff felt they had the training they needed to deliver quality care and support to the people living at the service. The manager encouraged staff to be assigned to a specific area of care and be the expert to support the rest of the staff team. They have already assigned staff for two areas of interest, that is, dementia and dysphagia. One staff was identified for tissue viability and planned to be trained in this area.

People told us they were able to make choices about what they had to eat. We received a mixture of feedback regarding the quality of food provided. People and relatives said, "Not really [enjoy it], but I am fussy", "Yes, the staff always sit down to give [family member] dinner and they chat a bit", "Sort of enjoy it, average but you get a choice" and "Yes, the shepherd's pie is one of my favourites". Other options were available if they did not like what was on the menu. The staff and the kitchen staff were aware of people's

dietary needs and preferences. They communicated regularly between each other to ensure people had appropriate diets. Staff regularly monitored food and drink intake to ensure all people received enough nutrients during the day. We observed people were given food supplements and thickeners where necessary to help with their diet.

During this inspection we observed lunch on two days. The experience was much improved from our last inspection. There was a dedicated staff team member called 'the host', who ensured people had enough drinks and food and always went round to everyone making sure they had good dining experience. The organisation of staff was better and people who needed help eating did not need to wait. Everyone had their meal at their own pace. Once the food was served, staff stayed with people who needed help eating. We also observed people who ate in their rooms, had staff with them to support them with their meal. If people needed help with eating, staff supported them appropriately and kindly. We observed people were offered choices of food and drink, and encouraged to eat and drink.

People's changing needs were monitored appropriately to ensure their health needs were responded to promptly. People were referred to various health professionals in good time to address any health or changing needs issues. The staff were knowledgeable and well informed about people's health and wellbeing. When people needed professional help and support, we observed staff took action promptly. We saw the care for people's health and wellbeing was proactive and organised well. On the two days of our inspection, some people were not feeling well and the staff called the Rapid Response and Treatment Team (RRAT) to attend them. We were informed they had started treatment to help them manage a health ailment. We also spoke to one RRAT team member who was complimentary of the staff's work in the service. They were pleased the person was getting better and all their instructions were followed to improve the person's health. They said, "It works both ways here, good communication and the staff use us appropriately".

The manager told us about their plans for some redecoration and changes within the service to make more space for people and visitors to socialise. Also, there were a number of people in the home living with dementia. Research has shown that signage and adaptations for people with dementia can be a very effective memory aid when used in buildings where people with dementia or memory loss live. Signs or aids around the home can help reduce confusion and help with daily orientation. There was not much dementia signage used in the service. We spoke about this with the manager who took on board to make improvements to the premises and environment for people with dementia.

We recommend the service explores all relevant guidance on how to make environments used by people with dementia more dementia friendly.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We looked at the information to find out if there was anyone living in the home who was subject to a DoLS authorisation. The management team told us applications had been made for some people to ensure no one was deprived of their liberty unlawfully. The management team reviewed and assessed people with the supervisory bodies to determine whether they were deprived of their liberty and submitted applications accordingly.

People's rights to make their own decisions, where possible, were protected. Most of the staff had received training in the Mental Capacity Act 2005 (MCA). 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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed staff were asking for consent and giving time for people to respond. People's decisions were respected and acted upon. Some staff were not sure what MCA was. However, they were able to explain the support and care they would provide to ensure people were happy with staff and the support they were receiving. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were encouraged and promoted. One person said and we saw that a few staff did not always wait for their response to carry on with support. We shared this with the manager who assured us this would be addressed. They spoke to the person to find out if they had any other issues with their care or staff. The manager understood their responsibility and explained the steps they would take if the person lacked capacity and decisions had to be made. This included making best interest decisions for the person and involving appropriate people such as family and professionals.

Is the service caring?

Our findings

We received a mixture of feedback from people and relatives about staff. One relative felt some staff did not always wait for their family member's response to help them with personal care. Another person commented the staff helping them usually "made an effort to talk to them today". We observed some practice where staff did not always consider the people. For example, during lunchtime two staff held a short conversation across the room from each other without considering the person one of them was supporting to eat. However, we also observed a very friendly and cheerful conversation between one person and staff who were supporting them at that time. We noted the mixture of practice we saw during our inspection to the manager. This was immediately addressed and discussed with staff to ensure people were supported in the right way. People received care and support from staff whose knowledge varied about people and their needs. The relationships between staff and people receiving support did not always demonstrate respect at all times. The manager was aware they needed to do some work in this area. But they were very positive the staff team was motivated to learn and improve their practice. Relatives agreed the staff respected their family member's wishes and provided appropriate care.

We also observed some really caring and friendly interactions between people and staff. People were treated with kindness and compassion when staff were supporting them. Staff spoke calmly and politely giving people time to respond. We observed people responded well with laughter and smiles. Interactions we observed between some people and staff were gentle and kind. People had an opportunity to make choices where appropriate. Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, asking permission to enter or help with tasks and keeping information private. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in detail in people's care plans. We heard people being called their preferred name. Staff said they treated people "...as I would want to be treated, as an individual and with dignity" and "...be kind and polite".

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, a 'Resident of the day scheme', residents and relatives meetings, and annual surveys. People's records included information about their personal circumstances and how they wished to be supported. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. People were supported to remain as independent as possible. Staff understood supporting people to stay independent as much as possible was an important aspect of their lives. They said they supported people by "...asking them questions, encouraging doing things themselves and help them do more activities".

People's bedrooms were personalised and decorated to their taste including pictures of friends and family, paintings, flowers, favourite books and other items important to the person. The service was spacious and allowed people to spend time on their own if they wished. We observed people and their appearance. They looked well cared for with clean clothes, appropriate footwear, men were shaved and ladies wore jewellery

and scarves if this was their preference.

People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with appropriate people when necessary.

Is the service responsive?

Our findings

People had care, support and treatment plans in place that were detailed and described daily routines specific to each person. Some people we spoke with were not sure if they were involved in developing their care plans. Relatives felt they were involved as a family member. The manager had discussed the importance of care planning together in the recent meeting with residents and relatives. Each file contained information about the person's likes, dislikes and the people important to them. Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals. People had care plans that explained how they would like to receive their care, treatment and support. For example, support plans described how to ensure a person took their medicine or enjoyed their dining experience. People had their needs assessed before they moved to the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

At the previous inspection, we found people's needs were not always reviewed regularly and consistently. During this inspection we saw all files had been transferred on to the new template and filled in appropriately. Where necessary the health and social care professionals involved were recorded in the files. Staff were able to explain how they supported people. The daily records clearly described what support and care people received. We observed people were at the centre of the care they received most of the time. On a few occasions staff focused on the task, rather than on people. We fed this back to the manager who took appropriate positive action to address it. We observed call bells ringing and they were answered in a good time.

Staff used shift handovers to inform the staff team about any tasks to complete or what was going on in the service. Staff used a diary book to record important information and any actions to take that would help manage risks associated with people's care and support. Regular flash meetings during the day took place to discuss anything else of importance and to ensure appropriate action was taken to address any issues.

At the previous inspection, we found the activities programme and people's involvement had improved. However, if the activity was cancelled, at times there was a lack of stimulation for some people. During this inspection, we observed there were more activities happening and people were getting involved in these. People were able to choose what activities they took part in. A member of care staff was acting as the activity coordinator in a part time role until the provider recruited a new person. People and relatives were very positive about their work and felt they provided great care to people during activities. The manager agreed activities could be minimal if the staff member was not on the shift. However, they were training another member of staff to ensure people had more continuous and regular activities throughout the week.

We observed people getting involved in the activities like exercises and singing, and it was clear they really enjoyed it. Some people went out to the local pub for lunch. People said they had a choice to participate in the activities they wished. The manager had also introduced a programme called 'Magic Moments' where people's special wishes were granted monthly with staff's and relatives' help. For example, one person used to dance professionally. As the person could not perform anymore, the staff team arranged for the dancers

to come in to perform. Relatives said they were happy to know the staff encouraged their family members to join in. People were supported to develop and maintain relationships with people that mattered to them and avoid social isolation. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

Information was not always provided in accessible formats to help people understand the care and support available to them. For example, the menus and activity timetables were available but not in different accessible formats. In one of the activities one person commented that although they knew the words to the songs, they could not read the print out given. The manager and the regional manager were aware of the Accessible Information Standard. However, they were not sure if there was a policy they could follow to ensure the information was in line with the standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. However, staff were aware of different ways of communicating with people, for example, pictures, objects of reference or signing. They said the most important things were to listen to the person and have patience when supporting them.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint since our last inspection and this was addressed. We saw the provider responded to complainants in writing informing them about the action taken. The manager had also introduced a new form in order to capture any concerns or issues anyone had and identify any themes. We saw the service received a lot of compliments regarding the care and support provided to people. The manager always thanked the staff and appreciated their work. The people and relatives felt they could approach the manager or one of the nurses in the team if they had any issues to report. The staff felt they could approach the management team with any concerns should they needed to.

Is the service well-led?

Our findings

During the last inspection, we were introduced to the new management team that had been running the service since April 2016. The service had a home manager who was in the process of becoming a registered manager of the service. During this inspection, we were introduced to another new management team. It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was no registered manager registered with CQC to manage the service. However, the new home manager was in the process of registration.

The previous manager did not always notify CQC about significant events by sending notifications. Notifications are events that the registered person is required by law to inform us of. We use this information to monitor the service and ensure they responded appropriately to keep people safe. As the manager was new in post, they were not aware the notifications had not been submitted. However, they understood their responsibility when to notify CQC of the events. The home manager and the regional manager supported us with the inspection. We observed the atmosphere was calm and relaxed in the service. The staff team were supporting people and carrying out their jobs without rushing. The team was settled and they knew who to go to if they needed help or advice.

There was a system to manage and review care plans and risk assessments as well as other home management records. However, some records were not always completed in time or with sufficient information. For example, when some health and safety checks were carried out, to ensure people's certain needs were met or when staff had supervision. The manager was aware of the shortfalls and was working hard to ensure appropriate records were in place. All other records were up to date, fully completed and kept confidential where required.

Quality assurance systems were in place to monitor the quality of service and the running of the service. The manager had already carried out a number of audits to review the practice in the service and set out action plans to address any issues. These included medicine, nutrition, safeguarding, end of life care, health and safety, and people's involvement. Due to recent management changes, the new manager had to take on a list of tasks to complete. We saw they were aware of the issues and were working through some of the actions and addressing them. However, the practice and the team work were continuing to improve. The audits gave evidence to demonstrate issues have been identified and addressed or that work was still in progress. We observed no records were left out without any staff present. We observed staff treated the information about people confidentially and with respect at all times.

Quality assurance and satisfaction surveys had been sent out to people living in the home, their relatives and healthcare professionals between May and June 2017. The results and feedback identified what improvements were needed for the quality of the service to be improved. A staff survey was also carried out to find out what staff did well and improvements needed. The results were analysed and action taken to address it.

Since our last inspection residents and relatives meetings had not been held regularly. The manager told us

they had already had one meeting held to meet everyone and introduce themselves as the new member of the staff. The manager dedicated this meeting to listening to people and to start afresh ensuring any items or issues raised, were addressed in good time. They planned staff meetings after residents and relatives meeting so that points and issues raised could be relayed to staff without delay. People said they could speak to the management when they needed to. The staff felt they could share information at the handover and flash meetings held daily and communicate any tasks to complete. They agreed the management team was open with them and approachable if they needed help or advice. Staff felt their views were taken into account.

In the past the service has had an unsteady journey and history with leadership and management. During this inspection, we felt the manager and the regional manager were very much on board and proactive in ensuring the service continuously improved and got better. We found the atmosphere and team situation was continuing to change for the better. The staff were positive and seemed happy with their jobs. Work was in progress to ensure staff had defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. We saw that most people and staff had good and kind relationships. There were examples of good communication. We observed friendly interactions and respectful support provided to people. From staff's feedback we could see they were interested and motivated to ensure people's experiences of care and support were good. They said, "We work hard to be happy and care for our people", "Residents are more than just residents to me, [we] take pride in our jobs" and "[We] communicate, report any concerns, decide together and work as a team".

The manager was committed to maintaining a good team working in the service. They encouraged good relationships and support to each other among the staff team. They believed this would have a positive impact on the people and support they received. The manager was committed to maintaining a homely environment and ensured there was always time for people and their relatives to discuss things important to them. The manager said, "Lead by example, show staff how to support people and share ideas with staff". The manager spent some time working alongside the staff to observe how they interacted and supported people. Staff felt the management team were good leaders and available if support was needed. They felt there were opportunities to discuss issues or ask advice and support. They felt the manager was available if they needed guidance. The management team worked with the staff team to ensure they understood it was everyone's responsibility to look after and support people who use the service. The management team praised the staff for their work, willingness and support to address the issues and sort them out. They said, "I feel really proud of them, I really do. Staff have already done loads of stuff."