

Barchester Healthcare Homes Limited

Newington Court

Inspection report

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Date of inspection visit:
23 May 2016

Date of publication:
15 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 23 May 2016. Our inspection was unannounced.

At our previous inspection on 06 October 2015 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to person centred care, failure to manage medicines effectively, treating people with dignity and respect, good governance, staff training, failure to ensure enough staff were deployed on shift to meet people's needs and recruitment procedures. We took enforcement action and issued two warning notices in relation to Regulation 18. The provider had failed to deploy sufficient numbers of staff and staff had not received appropriate training. Regulation 17, Good governance. The provider had failed to operate effective systems and processes to monitor and improve the quality and safety of services and failed to maintain accurate and complete records. The provider and registered manager were required to meet the requirements of the warning notices by the 8 December 2016.

The provider sent us an action plan on 18 March 2016 which stated that they would comply with the remaining breaches of regulations by May 2016.

Newington Court provides accommodation, residential and nursing care for up to 58 older people. The main building has three floors and accommodates people who have nursing care on the ground floor and top floor. The middle floor has a separate 'Memory Lane Unit' for people who live with dementia and nursing care needs. There is a separate annex called Falcon Place which provides residential care. The home has a garden and courtyard areas available for all of the people. On the day of our inspection there were 55 people living at the home. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

The service did not have a registered manager in place. The registered manager left on 01 April 2016. The provider was in the process of recruiting a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that improvements had been made to the service however further improvement were required. The provider had met some of the actions they told us they would take within the timescales they had given us but not all of them. As a result, they were breaching regulations relating to fundamental standards of care.

We received mixed feedback from people and relatives about the home. Some people were happy with their care and support, others were not.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

There were not enough staff deployed in all areas of the home to ensure that people received care and support in an effective and timely manner, staffing levels had been increased in one area of the home.

People's care needs were not always met. People did not always receive the care and support that they wanted, such as regular baths, assistance with their continence needs when they needed it and healthcare advice had not always been followed. Some People were not provided with meaningful activities.

People's decisions and choices were not always respected, one person had said no to a drink, yet a staff member continued to try and make the person have a drink.

Feedback from health and social care professionals had not always been acted on to support people with communicating effectively.

People were offered choices of food at each meal time. Staff plated up each option so that people could make an informed choice about what the food was. Staff did not do this with the dessert options. We made a recommendation about this.

People and their relatives knew who to talk to if they were unhappy about the service; however the provider had not always dealt with people's complaints appropriately.

Records relating to people's care and management records were not securely kept.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

Medicines administered were adequately administered, stored and recorded to ensure that people received their medicines in a safe manner.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People were supported and helped to maintain their health and to access health services when they needed them.

Staff told us that the home was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

There were effective quality assurance systems and the management team carried out regular checks on the home to make sure people received a good service.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement 

The service was not consistently safe.

There were not enough staff deployed in the home to meet people's needs. Effective recruitment procedures were not always in place.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

Medicines were appropriately stored, administered and recorded.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff were aware of the Mental Capacity Act 2005. One person's choices and decision had not been respected, in relation to refusing a drink. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it. The service had not always taken recommended actions given by a health and social care professional.

Staff had attended training they needed, training was on going. Staff received supervision and said they were supported in their role.

Meals and mealtimes promoted people's wellbeing. People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered

for.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People were consulted about how they wanted their care delivered.

Relatives were able to visit their family members at any reasonable time.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always provided with personalised care. Some people had activities which met their needs; however people who received their care in bed did not have access to activities to meet their needs.

The home had a complaints policy, which was on display in the home. The provider had not responded to complaints in an appropriate manner, which meant that people's views had not always been acted on.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People's information was not always treated confidentially. Personal records were not always stored securely.

Systems to monitor the quality of the service were in place. The management team were working to address issues identified in audits and continuing to make improvement to the service

Staff, relatives and health and social care professionals had confidence in how the home was now being run. Staff told us they were well supported by the management team. Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The provider had displayed the rating from the last inspection in a prominent place so that people, relatives and visitors were aware of the rating.

Newington Court

Detailed findings

Background to this inspection

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

This inspection took place on 23 May 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor who was a nurse with expertise in dementia care and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection, we reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 13 people. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with four relatives. We also received calls from relatives after the inspection. We also spoke with nine staff including, nursing staff, care staff, the cook, the deputy manager and the operations manager.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included seven people's care records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

Is the service safe?

Our findings

At our previous inspection in October 2015 we identified breaches of Regulation 12, Regulation 18 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to manage medicines effectively. The provider had failed to operate effective recruitment procedures and failed to deploy enough staff to meet people's needs. We issued one warning notice in relation to staff deployment and told the provider to meet the regulation by 23 December 2015. The registered manager had sent us an action plan after the last inspection to show that they planned to meet Regulation 12 by December 2015.

At this inspection we found the provider had made some improvements. However, people's safety was still compromised in some areas.

People told us they were happy living in the home. Comments included, "I do feel safe here, this is home to me now"; "Yes, as it is secure and there is staff here to make sure that I am safe"; "It is a safe environment, there is no reason for me to feel unsafe" and "The staff make me feel safe here". One person said "No matter how good these places can be, they will never be like home".

We received mixed feedback from relatives about the safety of their family members. Some relatives told us their family members were not safe because there were not enough staff and that their family member's care and support needs were not being met because of this. Comments included, "We've had some quite serious problems. They say they've got enough staff but a lot of people on this floor are double handers. Mum's never seen the nurse doing care and I haven't either so when 2 staff are helping another person Mum can't get help as she needs two people"; "We've also had days where Mum is still in bed at 12.00 and carers tell me we're short staffed" and "Most of the time it's OK but I've come in and [person] hasn't been shaved and he's still lying in bed and looking unkempt at times in the afternoon. I queried it and they would say 'It's the night staff again'. Sometimes I've come in and nobody's [staff] seen me and I can sit for an hour or more and nobody [staff] has come near". Other relatives were positive about the safety of their family members. One relative told us, "I've been coming here just over 12 months, since February last year. I find it alright, as long as my wife's OK I'm alright".

At the last inspection we reported that there was not enough staff deployed to meet people's needs. Some areas of the home were loud and chaotic. People living on the top floor of the home spent days in bed. At this inspection we found that the staffing levels within the memory lane unit had increased. This had a positive impact on people, the atmosphere was calm and relaxed and anxiety levels were low. People who lived on the ground floor and Falcon Place gave us positive feedback about the staffing levels, "There is plenty of staff here, they are always walking around and they are always there when I need them"; "On the odd occasion there will be less staff on than normal but that is very rare, they are normally pretty good with that here" and "The staff make themselves visible here, there is always someone around".

However, people on the top floor reported that their needs were not well met as the staffing levels were low. One person said, "I'm supposed to walk every single day with help but they sometimes tell me they don't

have enough staff. We had a meeting here and my son came down with my daughter and we said to the management you haven't got enough staff, and they said we have". One relative told us, "I have to keep coming here because I couldn't know she was safe. There's always a problem: hair not washed, nails not cut; the basics. I still come in because Mum doesn't have much human contact". Another relative told us, "Staff seem to find it hard to just deliver the basics of care because there is not enough staff on duty to do anymore". Another relative said, "It's good and staff wise they do their best with what they've got. I disagree that three carers and one nurse is sufficient to care for 14 or so people with high needs who all need to be fed". Another relative told us, "I think it's a beautiful building and it's kept clean. The staff are run ragged and they do the best they can, just rush, rush, rush. Mum's got three or four really good staff. If the management do what they say it will be ok, but I don't think there's enough staff. They said there's a patient to carer ratio of 4-1 and we won't be getting any more staff on this floor". Throughout the day we observed there were a number of people in their rooms who were receiving minimal contact from staff who were overstretched on the top floor. We observed that people's frequent requests to meet their care and support needs were not met.

The management team told us that they were advertising for staff to enable the service to have additional staff at peak times of the day such as early mornings and late evenings, as they had assessed that this is when the staff numbers were most stretched. The provider's dependency tool (DICE) which assesses people's level of support needs and evidences staffing numbers to meet these showed that the current level of staffing was suitable. However, from our observations and people's feedback we can see that there is not enough staff in all areas of the home to meet people's needs. We found that one person's dependency assessment had been completed in January 2016, the person's needs had changed and their assessment had not been reviewed, therefore the assessment rating did not evidence their current needs. The DICE tool did not evidence that the staffing levels within Falcon place had been assessed.

The provider failed to adequately meet the warning notice as improvement made to staff deployment had not been made in all areas of the home. This was a breach of Regulation 18 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection we reported that recruitment practices were not always safe, we found gaps in staff employment history that had not been explored. At this inspection we found, this had not improved. We checked six recruitment records of staff who had been employed since our last inspection. Three out of six application forms did not show a full employment history. One staff member had a gap of nine years, another staff member had a gap of 12 years and one staff member had a gap of 21 years. Interview records did not evidence that these had been investigated by the provider. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Nursing staff registration with the Nursing and Midwifery Council (NMC) had been checked and monitored to ensure that only registered nurses were employed. Staff employment files showed that references had been checked. Recruitment practices were not always safe, robust recruitment procedures were not always followed to make sure only suitable staff were employed.

The provider failed to meet the requirements of the warning notice as safe recruitment practice had not been followed. This was a breach of Regulation 19 (2) (a) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person's abilities and

current care needs. Risk assessments corresponded with each section of the care plan. We observed staff following risk assessments during the inspection, for example helping people transfer from chairs to wheelchairs. Staff used appropriate equipment and kept them informed about what was happening. We also observed one piece of poor practice in relation to assisting people. A staff member began to mobilise a person in a wheelchair without their feet being on the foot plates, creating risk of injury to the person. A member of the inspection team stopped this practice and explained what the concern was. The staff member rectified their practice once it had been pointed out. Cooling fans were available and in use to help people keep cool in warm weather. Risk assessments and care plans had been reviewed monthly or more frequently if people's circumstances changed.

At the last inspection we reported that topical medicines were not always properly managed. At this inspection we found that topical medicines were correctly recorded. Medicines were stored in medicines rooms, which were securely locked. We observed a nurse administering people's medicines during the morning medicines round. The nurse checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. Medicines were given safely. The nurse discreetly observed people taking their medicines to ensure that they had taken them. The nurse made appropriate records of medicines that people had refused. MAR charts for people who were prescribed creams and other topical solutions stated that the person had been administered their prescribed creams. Two people received their medicines covertly (without their knowledge or consent). Best interests meetings had been held with people's relatives and health professionals to discuss and agree this process.

Appropriate checks of the environment had been carried out. Hoists and slings underwent a regular service. The fire alarm had been tested weekly, weekly water temperatures had been checked for all bedrooms, bathrooms and sinks. Gas and electricity installations had been checked. Fire drills had been held regularly, the fire drills record only evidenced which staff were on duty not the time or outcomes of the drill. There is no report on how the drill went or the time it took for staff to evacuate people. We spoke with the operations manager about this who agreed to make changes to the drill records in future. The premises were generally well maintained and suitable for people's needs. The home was clean and tidy and free from offensive odours. People told us, "It is very clean here"; "The home gets cleaned every day and the cleaners are very pleasant too"; "It really is as clean as it can be, it is cleaner than where I was before" and "It is reasonably clean here". A relative said, "On the whole its ok it's clean and tidy".

Staff we spoke with understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The management team knew how to report any safeguarding concerns. Suspected safeguarding concerns had been appropriately reported. The whistle blowing policy and helpline was clearly displayed on the staff room notice board.

Incidents and accidents had been appropriately recorded and monitored by the management team. Where people had frequently fallen, appropriate action had been taken. For example, people had been referred to the falls clinic for assessment, people were reviewed by specialist nurses. This meant appropriate action had been taken to mitigate the risk of further falls.

Is the service effective?

Our findings

At our previous inspection in October 2015 we identified breaches of Regulation 18 and Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide suitable training to staff. The provider had failed to ensure that health care advice provided had been followed by staff to meet people's needs. We issued one warning notice in relation to staff training and told the provider to meet the regulation by 23 December 2015. The registered manager had sent us an action plan after the last inspection to show that they planned to meet Regulation 9 by May 2016.

At this inspection, we found that some improvements had been made, further improvements were required to ensure that people received effective care.

People gave us positive feedback in relation to the food. We observed staff prompting people to drink plenty to keep hydrated. People told us, "The food is not bad at all. You can have more if you want or if you are still hungry and the desserts are always really nice"; "It is very good actually. I enjoy dinner more than lunch but they are both great"; "I think there are two different options you can choose from which is good because if you do not like a particular meal you can settle for the other"; "The food is nice and tasty. I do not eat as much as I used to but the food here is tasty so I do fill myself up quite a bit"; "I get a jug of water in my room and that is regularly replaced" and "Sometimes I can forget to drink water and it is very important so the staff do help me with that and sometimes they bring me a glass of water with my cup of tea". One person told us that they had raised that they would like to see an all-day breakfast option on the evening meal menu. On the day we inspected, we saw this had been taken on board. The person said they had been listened to.

People told us their health needs were met. Comments included, "The GP comes in every Thursday and I am able to see them"; "I can see the GP but only if there is an issue as sometimes I just like a chat but other people have to go for more urgent matters so of course they would be the priority" and "They are very good with that here. The GP come every week or so and sees most people. I do not get seen every week but that is because I do not need to".

Relatives gave us mixed feedback about their family members care. One Relative said, "I've never actually seen the food but I think it's reasonable. When [family member] was able to, he would say it was ok".

At the last inspection we reported that specialist advice had not always been followed in relation to people's communication needs. At this inspection we found that this had improved for one person but not another. One person had a specialist device to amplify their voice to help them get heard. One person had been seen by the speech and language therapist (SaLT) in hospital who had recommended a communication book on days the person can't talk. The person was able to speak and make themselves heard, however some of their words could be muddled at times. Their care plan had been reviewed monthly, however, there was no evidence of a communication book in place and staff we spoke with had not seen one. When we checked with the person they told us that they remembered a communication book from hospital but had not seen one since moving in to the service. The failure to follow healthcare professionals advice meant that this

person was at risk of isolation and at risk of their care needs not being met.

We witnessed one member of staff trying to encourage a person to drink. The staff member had not respected the person's choice to refuse a drink of water. The person had been saying no and shaking their head, yet the staff member persisted in trying to force the person to drink, the person clearly didn't want the drink and refused to swallow it and let the drink spill out of their mouth. We reported this to the operations manager.

The provider failed to follow healthcare professionals advice and failed to provide care which met people's preferences. This was a breach of Regulation 9 (1) (a) (b) (c) (3) (b) (c) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that one person's care record evidenced that their initial assessment recommended a referral to the SaLT. The care record evidenced that this referral had taken place and that the SaLT had assessed and provided guidance for staff regarding how to support the person's communication needs. This guidance had also been reviewed since being implemented.

At the last inspection we found that staff did not always have suitable training to meet people's needs. At this inspection, training had improved. Staff told us they had received training from the nursing staff to ensure they knew how to apply topical medicines and creams. The deputy manager explained the recruitment and selection process and demonstrated that they had appropriate support and guidance in place to carry out interviews effectively. Training records showed that 100% of staff had completed an induction, 92.73% of staff had completed moving and handling training and 76.36% of staff had attended Mental Capacity Act training. Nursing staff told us that they had access to additional training, such as PEG feeding (PEG feeding is where people are supported to have their food through a tube directly into their stomach). Care staff told us they had attended additional training relevant to people's needs such as training in relation to maintaining healthy skin condition and working with people who have pressure areas. The management team explained that training was ongoing.

The management team told us that some staff had not had supervision as frequently as they should have. They had identified this and were working on this to ensure that staff received adequate support and supervision. Most staff we spoke with had received supervision from their line manager. Nursing staff supervised care staff and the registered manager and deputy manager supervised the nursing staff and housekeeping, kitchen and maintenance staff. Nursing staff were supported and supervised by the clinical lead nurse. This meant all staff received effective support and supervision for them to carry out their roles. Staff told us they felt supported in their roles.

The management team and staff we spoke with had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They were able to explain to us the implications of the 2014 Supreme Court ruling. This stated that all people who lack the capacity to make decisions about their care and residence and, under the responsibility of the state, are subject to continuous supervision and control and lack the option to leave the care setting are deprived of their liberty. One member of staff told us that they give options to help people make choices. Nursing staff spoken with knew who had a DoLS authorisation in place and they had made applications to the local authority when they had assessed that people met the eligibility criteria for DoLS. The management team had a suitable system in place to monitor who had a DoLS in place and when they were due to expire.

Advanced care plan and do not attempt resuscitation (DNAR) decisions had been completed where required and there was evidence of people's relatives being involved and consulted with the process, where people

lacked capacity to make their own decisions in this matter.

We carried out an observation during lunchtime. There was a calm and relaxed environment with music appropriate to people's preferences playing in the background. People were offered a choice of meals. Staff did this by showing people what the plated up meal looked like, this helped people to make an informed choice. We observed that staff didn't show people options for desserts. Some people were left without food for a short time, after they had been seated in the dining area which caused them some confusion. We observed that when this happened some people wandered out of the room. People that refused to eat meals were offered many other options of food. For example, one person had refused all meals presented to them but happily accepted puddings, staff ensured they received different puddings to meet their needs and wishes.

We recommend that people are given visual options of all food choices to enable them to make informed choices.

Kitchen staff were aware of people's specialist diets and additional nutritional needs such as pureed food, soft diets, allergies and where people were at risk of choking. The kitchen staff were also aware of people's dietary requirements such as high calorie and vegetarian diets. The head chef told us that they met with the nurses once a month and they discussed dietary needs with the management team once a month.

People were supported to maintain good health and have access to healthcare services. Photographic records were in place of pressure wounds so that nursing staff could document the progress of treatment. There was very clear guidance in each person's care plan for staff detailing how to care for people with pressure wounds and this also evidenced advice and support given by the tissue viability nurse. Care plans evidenced that referrals had been made to the relevant health care professionals as appropriate. For example, one person explained that they had a fall at the start of the day, they had been checked over by nursing staff and had been supported to get up from the floor, as a precaution paramedics had been called to assess the person and check for any hidden injuries. One person told us, "The staff know how to look after me well". This showed that staff were aware of that person's individual needs and knew how to access the right support. People had seen their GP when required. Evidence was found in care records of advice and guidance being sought from a range of health professionals including GP's, mental health nurses, dieticians, opticians and occupational therapists. People had attended hospital when required. One relative told us, "The staff access the Doctor for my husband if he needs it" and "The staff let me know if there's something wrong and they rang when he went to hospital". This meant that people's health care needs were being well met. One person had a negative experience in relation to their health needs which resulted in a week long delay to get a blood test.

Is the service caring?

Our findings

At our previous inspection in October 2015 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not been treated with dignity and respect at all times. The registered manager sent us an action plan after the last inspection which showed that they would meet the regulation by the 30 April 2016.

People told us that the staff were kind, caring and treated them with respect. People said, "The staff are very friendly, they are really caring and helpful"; "I can't fault the staff here they are really good, they are really caring and before coming here we had a choice of places but we chose this one"; "All of the nurses are really nice, some are obviously better than others but that is like everywhere"; "Staff are great. They are all kind and polite. They are also very diverse, they come from all around the world, both men and woman which is fascinating to me as I get to hear about lots of different cultures and customs, I really enjoy hearing about that"; "I would say that all the staff are generally good. They are nice and always ask me how I am doing and make sure I am okay"; "They are all absolutely fine" and "[Staff name] is an excellent nurse, she's more of a friend than a nurse". We observed positive interaction between people and staff and lots of friendly good natured banter.

Relatives told us that staff are kind and caring towards their family members. Comments included, "They look after her well. My wife loves some of her carers; I know because she smiles at them. They're all jovial here"; "The staff are very nice, very friendly. If I need them and [family member] is in a bad position they come and move him" and "The staff are very helpful".

At the last inspection we reported that people were not always treated with dignity and respect, at this inspection we saw that this had improved. Staff were observed to be physically affectionate and reassuring to people when talking to them. Staff discreetly and carefully explained to people what was happening before supporting them to mobilise around the home.

People told us that staff generally respected their privacy. People said, "The staff do respect my privacy and they do always knock on the door before coming in"; "Most of the time the staff knock on the door but a lot of the time the door is just left open" and "I would prefer my door to be closed as it can get a bit noisy sometimes, the staff do make themselves aware when coming in but with the door closed that will be better for my privacy". We observed staff knocking on people's room doors and obtaining consent before entering and leaving tea and biscuits for people. Staff visiting people who had their bedroom doors open, said "Knock knock" loudly before asking to go in.

People's individual care records were stored in locked nurses stations on each of the floors to make sure they were accessible to staff. Staff files and other records not required on a day to day basis were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Staff knew people well. One staff member told us, "Residents are happier" they explained that this was

because there was less reliance on agency staffing. Permanent staff knew people and people had got to know the staff which meant that they had built understanding and a rapport.

People's bedroom were decorated and furnished to their own tastes which included personal possessions and photographs of their families. One person told us, "Anything we wanted to put in the room was encouraged. We had to bring our own TV but we watch the farm out of the window as well". Staff working on the Memory Lane unit told us that they had rearranged the furniture to create a more homely environment with smaller areas for people to be able to use according to their preferences.

People told us their relatives and other visitors were able to visit at any reasonable time. We observed visitors and relatives visiting people at different times during the inspection. People told us, "I get lots of visits here, I am not sure if there is a time when visits stop as that has never happened to me"; "Sometimes it almost feels like I get too many visits here. They are nice of course but they make me very tired, so sometimes I cut them short and go to have some rest in my room" and "I think the visits stop at 20:00 as that is when things start to settle down and people start getting off to bed". A relative told us "I can visit any time of the day or night".

People told us they were supported when needed to maintain contact with their relatives. One person told us that a nurse had delivered a get well card to a relative in their own time. Other people told us, "The staff remind me about visits and to give me grandchildren a ring now and then which is good because I am forgetful" and "My family call me so I do not get reminded".

People's religious needs were met. Each person had a cultural, spiritual and social values care plan in place. There were regular church services held at the home and people were able to utilise quiet rooms in the home for quiet time and reflection if they wished.

Is the service responsive?

Our findings

At our previous inspection in October 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide activities to meet people's needs. Care had not been provided in a person centred manner. The registered manager had sent us an action plan after the last inspection to show that they planned to meet the regulation by May 2016.

At this inspection, we found that some improvements had been made, however further improvements were required to ensure that the service was responsive to people needs.

People told us that the care and support they received was not always responsive to their needs. We received mixed feedback about the responsiveness of the service. People said, "What you've seen today; they've washed me and put me in front of the TV and that's where they'll leave me"; "They've said I can have a piece of the garden and let me do gardening there. I used to play bowls and the green's not far from here. I couldn't play mobility wise, I can watch ladies matches Wednesday afternoons. I suppose I go every other week" and "I've been given an activity planner and I'm glad they've put exercise on it; I've been asking for exercise".

Relatives gave us mixed feedback about the service their family members received. Comments included, "As far as I know she's being cared for well, I've got no complaints. Sometimes she's in bed but that's her choice, she's up every day"; "If I had any complaints I'd tell the manager, no ifs and buts"; "Mum is a very sociable person and this is the worst home for interaction for Mum. What I see is staff pushed to the limits and she doesn't get human contact" and "There have been no activities since he's been here. I came in once and there was a singer on the next floor down. Other than that there's been nothing".

At the last inspection we reported that people did not receive person centred care and people did not all have access to meaningful activities to meet their needs. At this inspection, we found that some improvements to activities had been made, however further improvements were required.

Activities did not meet everyone's needs. Some people reported to us they were, "Bored"; "There isn't much to do"; "There's not much to do here, it can be quite boring"; "It could be better if I had more to do, there's not much going on really"; "We watch movies here but it would be nice to actually go to the movies [cinema] as we do spend a lot of time here do nothing" and "There should be more activities".

Activities on offer across the week were displayed on notice boards around the home. The activities included, reading a weekly reminiscence newspaper, ball games, nail care, cake decorating, trips out in the community for a picnic, movies, bingo and 'Pets as Therapy (PAT) dog' visited the home once a month. PAT dogs can be cuddled and stroked to provide comfort and therapy, singers, afternoon teas. The activities staff also arranged events and celebrations throughout the year. The activities notice board advertised that the national care home open day which was planned for the 17 June 2016. The hairdressing salon in the home was well used throughout the day.

We observed a movies activity on the ground floor of the home, people were supported to go to the lounge area to watch the film, the curtains were drawn and it was made to feel like a darkened theatre. One of the nursing staff told us they liked to do this to help people experience the cinema feel, they explained they arrange for popcorn and snacks for people whilst they watch their film and put notices on the doors leading to the lounge area so staff and other visitors knew that an activity was taking place. This type of scenario was not consistent across the home. People on the top floor spent time alone in their bedrooms. One staff member told us that the movie activity had taken place on the top floor and they then told us that most people had watched a film in their room alone. People who received their care in bed were isolated and were not receiving activities to stimulate them.

Nursing staff told us that they no longer showed confrontational TV talk shows to be played in communal areas as they were not relevant to or appropriate for the needs of people living with dementia who benefited from a low-arousal environment. The memory lane unit of the home was calm and relaxed though out the day.

Each person had a detailed and clear assessment and care plan in place, these had been reviewed and updated as and when people's needs had changed. However, people had not always received care and support as detailed in their care plan. For example, people's care plans detailed their preferences in relation to bathing and showering and frequency of these. Daily records and bath temperature records indicated that people were not supported to have baths and showers as often as they wanted.

One person's care plan showed they preferred to be bathed twice a week. Daily records and temperature records showed this person had only had seven baths since 26 March 2016. The person told us they had a bath "Once a week some days" and went on to say "I'd like it more often but it is not possible they say. When you're aching like I do with pain down the left side, the doctor said nerve endings have come to the surface so any change in temperature affects me and having a bath is lovely, so soothing". Another person's care plan stated the person enjoyed a bath once a week. The daily records and bath temperature records evidenced they had only been supported to have two baths since 13 March 2016. Another person's daily records evidenced that they had only had one bath since 13 March 2016. Daily records for people did not evidence that people had been declining to have baths. We spoke to staff about this. One member of staff told us that everyone was offered the option to have a bath or shower each day and that if people refused this would be written in the daily records. Another staff member showed us a bathing schedule which was on the wall in the nurses' station. The frequency of baths for people did not correspond with people's care plans and did not reflect that people could choose to have baths on different days.

One person's care plan detailed that they needed assistance from two staff once a day to walk. Risk assessments were in place, these stated 'Staff to ask [person] and offer her the opportunity to walk with her aid, twice a day and record this in the PE [daily] notes'. We checked the daily notes between 29 April 2016 and 10 May 2016 and only found one instance where walking with assistance was recorded. We spoke with the management team about this. The deputy manager told us that the person had been supported to walk. They said that the records showed this when it was written 'Assisted to the bathroom'. However, the person could also be assisted to the bathroom in her wheelchair so this wasn't clear. The person and their relative told us that assisted walking didn't happen often and the person's mobility had deteriorated as a result of this. This meant that this person had not received care that met their needs and preferences.

People and their relatives gave us mixed feedback to how responsive staff were to meeting their daily needs which include responses to the call buzzer. Comments included, "Staff are quick on their feet and when my husband presses the buzzer. The staff appear within a very short time"; "I've asked the nurse for help to change mum's pad and they go and ask a carer and we're left waiting. Mum can ring the bell around her

neck and she's waiting for six to seven minutes"; "I asked for the toilet last week and it was 'just a minute [person]' and 'I'm busy'. I told them I need to be seen to and I've been told we're doing supper. I was asked can you wait two minutes or three or five minutes. This was brought up at the meeting. I didn't get the help and had an accident I was so embarrassed and felt like crying"; "When you call they come and respond well" and "If I'm in pain the nurse comes when I press the buzzer".

The provider failed to provide care and treatment that met people's needs and preferences. This was a breach of Regulation 9 (1) (a) (b) (c) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

People and their relatives had been involved with developing their care plans and reviewing these. The deputy manager explained how they had carried out three assessments since being in post and shared how they had involved the person and their family in the process. People told us their relatives had helped them with choosing the home. Review records showed that people and their relatives had been involved in reviewing and the updating the care plans. However, this was not everyone's experience. One relative told us they had not been part of the care planning process and their family member was unable to be involved as they were unable to verbally express themselves.

Care records for people nursed in bed stated that they should be repositioned regularly to prevent pressure areas developing. Repositioning charts were present in people's rooms as well as monitoring charts for pressure relieving mattresses. Repositioning charts showed that people had been repositioned regularly. Nursing staff were aware of the process for calculating the correct pressure of the mattress according to the individual person's weight. This meant people's pressure area needs were being met.

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. The complaints and compliments procedure was on display in the reception area. People and their relatives knew who to talk to if they were unhappy about the service. Staff were clear about their responsibilities to report concerns and complaints. We reviewed the complaints received within the last year. We found that not all complaints had been recorded and logged. Complaints people had told us about during the inspection had not been recorded. We spoke with the management team about this and they agreed that there had been more complaints than the records we found, they did not know where the records had got to. They had not logged one of the complaints they had received as they were waiting for meeting records from a health and social care professional before they did this. One person told us, "I don't know what to expect but I've got no complaints".

One relative explained that they had complained about the noise in their family member's room. We visited the person's room and could hear a fan running above the ceiling; this was loud and was vibrating the wall. The relative explained that they hadn't been given a complaint form. They said, "Prior to the new manager I asked for a different room, but there's none available. I'm amazed they can use such a noisy room". When rooms had become available the relative had not been contacted to resolve the problem. This meant that complaints were not effectively dealt with or correctly logged.

The provider failed to operate effective systems to identify, receive, record, handle and respond to complaints. This was a breach of Regulation 16(1)(2) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

People were asked their opinions about the service they received. Posters were on display asking for feedback about the food throughout the home. People told us they were able to share their opinions and feedback about the service. Comments included, "I do feel that I can express myself here. I can speak to the

staff or just write a letter"; "There are some meetings that we have now and again where we can express ourselves here" and "I think once a month there is like a residents meeting. Not sure of the name but there I can say what I like and what I don't like so much and they normally will do something about it as long as it is not asking for the world". A local authority care manager told us, "I attended a family meeting this week and for the first time the family left the home feeling relieved and much more positive. The Service User was also present and has recently told staff she is happy to be there and she expressed that she was happy with things in general and only raised a couple of small issues".

Residents and relatives meetings had taken place. We looked at two meetings records for meetings held on 18 March 2016 and 15 January 2016. One of the meeting minutes recorded that 12 people and one relative attended. Comments included, '[Person] stated that he has never been so happy in all his life'; '[Person] stated that she wanted to go out in the gardens, all residents were assured that the garden would be used when the weather improved'.

The management team told us that they were developing a relatives support group for relatives of those living with dementia. A nurse in the Memory Lane unit told us that the group was to enable relatives to share their experiences, advice, ideas and concerns. This meant that relatives were offered opportunities to share their experiences and opinions about the service.

Is the service well-led?

Our findings

At our previous inspection in October 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to monitor, assess and improve the service and had failed to maintain accurate and complete records. We issued one warning notice in relation to records and effective quality assurance systems and told the provider to meet the regulation by 23 December 2015. The registered manager had sent us an action plan after the last inspection to show that they planned to meet the regulation by December 2015.

At this inspection we found that there had been some improvements, however the provider needed to make further improvements to the service to ensure that people received a quality service.

People told us that the service was well run. Comments included, "Well it seems to be and I do think we have a meeting every month where we can share our opinions"; "The home is run well but I do not know if I have been asked my views on the service" and "It is okay, I guess. I think I have been asked what I think of the place but I am not certain".

Relatives had mixed feedback about the service. Comments included, "There was a flurry of improvement after the previous inspection but it soon reverted to how it was before"; "The management in the home are conspicuous by their absence" and "The new manager has put a lot in place. The new manager seems to have done a lot".

At the last inspection we reported that records were not complete, accurate or contemporaneous and quality audit systems in place were not effective. At this inspection we found, people's information was not always treated confidentially. We found that people's records that would normally be kept in their rooms were found in the corridors throughout the inspection. These records contained information about people's topical medicines, fluid intake, repositioning times and bed rail checks. The files also included people's personal information. Records in the home had been misplaced and were missing. The management team were unable to find an infection control audit that had been completed. The interim manager told after the inspection that another audit was undertaken the day after we inspected as the records were missing.

This was a breach of Regulation 17(1)(2)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Audit systems were in place. The management team had carried out audits of the service. Records keeping audits had taken place. The record keeping audit showed that four people's care records had been audited, these highlighted some minor issues and showed these had been addressed with the nursing staff. The management team had also completed an audit of people's topical medicines. Audits undertaken by the provider showed that a number of issues had been identified in relation to staffing levels, activities, records and audits. The service had been issued an action plan. Most actions had been addressed and some were still in progress. It was clear that the management team and the provider had worked hard to address issues.

Interim management arrangements were in place to effectively manage the home. The provider was in the process of recruiting a new registered manager. Health and Social Care Professionals told us they had confidence in the interim management arrangements. One local authority care manager told us the management team were "Very enthusiastic about making changes to the way things have been done in the home and how they will continue" and went on to say that when the interim manager "Interviews for a permanent manager she will be looking for someone who is like minded and will keep changes moving". Staff told us they had lots of support from the management team and they all told us that lots had changed since we last inspected the service. Staff said, "There have been management changes, I have a good working relationship with managers"; "Help and advice is given, I can't say anything bad, I'm really happy"; "Hopefully we'll have our own general manager soon"; "I feel listened to now and feel supported"; "I feel supported by [deputy manager], she comes in at 07:00 and helps out on any floor" and "I feel supported all the time, when there's changes it is harder".

Staff told us they felt confident to report any concerns to the management team. Staff told us that they were aware of the home's whistleblowing policy. Staff felt confident to use this policy. One staff member gave us an example of when they had reported concerns. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. Nursing staff told us they had seen positive changes recently that had increased team working and morale. Staff told us they felt supported, valued and listened to by the management team. Two staff told us their ideas for change were listened to and were supported to be implemented. If they had concerns they felt like they could easily approach the management team to discuss these. A local authority care manager told us the management team have "Put in place 'actions reap consequences' attitude within the home" and reported that "Staff are more willing to come forward to report things and talk to them [management team] about any issues with the residents".

The management team held daily 'Stand up' meetings with all departments within the home to discuss the running of the home. We attended one of these during the inspection. The meeting included nursing staff, members of maintenance team, catering and housekeeping team. This ensured that the management team were aware of any issues and concerns.

The management team had rolled out a 'Resident of the day' system; this meant that there was at least one person named each day as the 'Resident of the day'. Staff reviewed and updated this person's care and assessment records on this day, housekeeping staff carried out a 'Deep clean' of the room, the handy person visited the person to check if any repairs or alterations were needed, care staff checked clothes for name labels and the kitchen staff visited to review people's likes and dislikes. The resident of the day system was working well in some areas of the home and was still being embedded in other parts of the home. The management team reminded nursing staff about the system. This meant the management team had taken appropriate steps to ensure that all areas of the home worked in the same way in relation to the 'Resident of the day' system.

The management team had introduced an employee of the month recognition scheme for staff. The scheme had been running for two months, this enabled staff to be rewarded for great work. Nominations for staff members could be made by people, relatives and by other staff.

The provider carried out an annual survey of people and relatives through a market research company. The survey results for relatives had not been published, however we did see the published survey results for people, these were on display in the home. This showed that 24 people had responded to the survey. The collected feedback was all positive. The provider had introduced a 'You said, we've done' system to address issues raised in surveys. The response was on display in the home. It showed, 'You stated: 'Sometimes no-

one around' We did: A member of staff is always present on Memory Lane' and 'You stated: 'Sometimes staff do not have enough time to deal with all residents' We did: increased staffing levels on memory lane – in the process of adjusting shifts to meet the needs of the residents'. Whilst this showed that the provider was listening to feedback, it showed that changes were still required. The people living within the Memory Lane unit were the people who were least likely to answer the surveys as they were all living with advanced dementia. Those people who were more likely to have answered the survey lived in Falcon place, the ground floor and the top floor of the home.

The management team had a good understanding of their roles and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding and any deaths.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. Regulation 9 (1)(a)(b)(c)(2)(3)(a)(b)(i)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not operated effective systems to identify, receive, record, handle and respond to complaints by people or their relatives. Regulation 16(1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not securely maintained records in relation to people and management records. Regulation 17(1)(2)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not established and operated effective recruitment procedures. Regulation 19(2)(a)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not deployed enough staffing in all areas of the home to meet people's needs. Regulation 18 (1)</p>