Bupa Care Homes (AKW) Limited

Heathland Court Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 September 2016 and 13 September 2016 and was unannounced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in July 2015. At that time we gave the service an overall rating of 'requires improvement'. We also imposed a requirement notice which we checked during a focused inspection in December 2015. At that visit, sufficient improvement had not been made and we served a warning notice on the provider that they were breaching legal requirements in relation to the safe care and treatment of people. We visited again in January 2016 and found the provider was meeting the regulations we looked at but we did not amend our rating as we wanted to see consistent and sustained improvements made at the service over time.

Heathland Court Care Centre provides accommodation for people who require personal care, nursing care and support with the tasks of daily living. The service specialises in caring for older people living with dementia. At the time of this inspection there were 58 people using the service.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager on our records left the service in September 2015. We were notified at the time by them and the provider. A new manager has since been appointed and has submitted the appropriate registered manager application to CQC.

At this inspection we found the provider had sustained the improvements made at the service in relation to the safe management of medicines. Arrangements for the safe management of medicines in the home were consistently followed and people were supported to take their medicines as prescribed. Staff had maintained appropriate records to reflect this. Medicines were stored safely in the home.

We also found staffing arrangements on the top floor dementia unit had been improved and sustained. The unit was now appropriately managed by a senior member of staff. We observed staff responding to people's needs and requests for help and support promptly. Some people told us there did not seem to be enough staff to support people in other parts of the home. Staffing levels were planned based on the number of people at the home and their level of dependency. We saw staff were available to support people around the home when needed. Senior staff told us they had recruited new staff to work at the home. They also monitored the time staff took to respond to call bells to investigate those that took too long to answer. They took on board our feedback about the layout of the home and how this could affect people's perceptions about the availability of staff in the home.

We received mixed feedback about the management of the service. People, on the whole, spoke positively about the home manager and their 'open door policy' and we saw the provider was committed to a culture of openness and candour within the home. People had been encouraged to provide feedback about their

experiences and suggestions for how the service could be improved through various forums. But people said the home manager should improve their visibility and visit and speak with more people in the home.

Some staff also spoke positively about senior staff and those that did felt well supported by them. They told us, and records confirmed, they received training and supervision to support them in their roles. However some staff felt senior staff did not investigate their concerns or issues when they raised these. We were able to see that senior staff did take appropriate action to address concerns when these were raised. But staff were not always aware of the outcomes. Senior staff said they would take action to improve communication with staff and reassure them their concerns or issues were taken seriously.

The home, on the whole, was well maintained and pleasant. However attention to care and detail lacked consistency in some parts of the home. Some areas were not well presented and welcoming. However in other parts of the home, it was clear thought and care had been taken in how areas were decorated and presented, particularly for people living with dementia. The premises and equipment were regularly serviced, checked and maintained to ensure these did not pose unnecessary risks to people. We observed the environment was free of hazards that could pose a risk to people's safety.

At this inspection we found improvements had been made to people's care records. Staff now had access to up to date information about how to support people. People's care plans reflected their choices and preferences for how support should be provided. Where people lacked capacity to make specific decisions there was involvement of their representatives and relevant care professionals to make these decisions in their best interests. People's care and support was reviewed monthly to check this continued to meet their needs. People said staff were able to meet their needs. Staff were knowledgeable about people's needs, knew their likes and dislikes and how they wished for their support to be provided. They ensured people's right to privacy and to be treated with dignity were respected.

People were, on the whole, satisfied with the care and support provided. People told us and we observed staff were, in the main, kind, caring and respectful. People knew how to make a complaint if they had any issues or concerns about the service. The provider had arrangements to deal with any concerns or complaints that people had, in an appropriate way.

People said they were safe in the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse. They were encouraged to raise and report any concerns they had about people through safeguarding and whistleblowing procedures. Risks to people's health, safety and wellbeing had been assessed. Appropriate plans were in place to guide staff in how to minimise these risks to keep people safe. The provider followed good practice in relation to staff recruitment. Appropriate employment and criminal records checks were made on all staff to ensure they were suitable to work for the service.

People were encouraged to eat and drink sufficient amounts to support them to stay healthy and well. Senior staff monitored people's general health and wellbeing. Where they had any issues or concerns about this they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

People were encouraged to participate in a range of activities at the home. Staff were prompted to ensure people could be as independent as they could and wanted to be and only stepped in when people could not manage tasks safely and without their support. People were also supported to maintain relationships with the people that were important to them. Staff were welcoming to visitors to the home and relatives and friends were free to visit when they wished.

There was a quality assurance programme in place through which audits and checks of the service were undertaken by senior staff. This enabled them to check that expected standards were being maintained by all involved in the provision of care and support at the home. The home manager took full responsibility for making improvements to the service when these were needed. They ensured records maintained by the service were accurate and up to date.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and conditions on authorisations to deprive a person of their liberty were being met. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider had maintained improvements in the management of medicines. People received their medicines as prescribed and these were stored safely.

Staff knew what action to take to protect people from abuse or harm and to minimise identified risks to people's health, safety and wellbeing. Regular checks of the premises and equipment were carried out to ensure these were safe.

Staffing arrangements on the top floor dementia unit had been improved and sustained. There enough staff across the home to meet people's needs but the provider was taking action to recruit more staff to address people's concerns about the availability of staff in the home. They carried out appropriate checks on staff to make sure they were suitable and fit to work at the home.

Is the service effective?

Good

The service was effective. Staff had training and supervision to help them meet people's needs.

Staff assessed people's ability to consent to the care and support they needed. Staff were aware of their responsibilities in relation to the MCA and DoLS. A process was in place to deal with situations where people lacked capacity to make specific decisions to ensure these were made in their best interests.

Staff monitored people ate and drank sufficient amounts and their general health and wellbeing. They took prompt action to ensure people had access to the appropriate support when any concerns were identified about their health and wellbeing.

Care had been taken in how areas were presented, particularly for people living with dementia.

Is the service caring?

Good

The service was caring. People said, in the main, staff were caring and respectful. Staff knew people's needs, their likes and dislikes and how they wished to be supported. We saw positive

interactions between people and staff.

Staff ensured that people's dignity and right to privacy was maintained, particularly when receiving care.

People were supported by staff to be as independent as they could be. Their visitors and relatives were free to visit the home.

Is the service responsive?

Good

The service was responsive. At this inspection we found improvements had been made. People's care plans were up to date and reflected their choices and preferences for how they were supported. These were reviewed regularly by senior staff.

People were encouraged to participate in a wide range of activities to promote positive health and wellbeing. They were supported to maintain relationships with those that mattered to them.

People and relatives were comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints and issues appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led. Some staff did not feel well supported by senior staff. They did not have confidence that their concerns or issues would be dealt with appropriately. Senior staff did not feedback outcomes from investigations, in an appropriate way, to reassure staff their concerns were taken seriously.

People, on the whole, spoke positively about the home manager. There was a commitment to openness and candour within the service. People could feedback their experiences and suggestions for how the service could be improved. People said the manager should improve their visibility and visit and speak with more people in the home.

Attention to care and detail lacked consistency in some parts of the home. One area was not well presented and welcoming.

Senior staff carried out audits to seek assurance that expected standards within the home were being maintained. The provider sought ways to continuously improve the quality of care and support people experienced.

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

This inspection took place on 6 and 13 September 2016 and was unannounced. The inspection team consisted of two inspectors, a medicines inspection manager and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred within the service, and which the provider is required to submit to the Commission.

During our inspection we spoke to thirteen people who lived at the home. We also spoke to eight visiting relatives and friends. We spoke to the senior staff team which consisted of the home manager, deputy manager, housekeeping manager, regional director and regional support manager. In addition we spoke to four registered nurses, two activities co-ordinators and eleven care support workers.

We looked at records which included eleven people's care records, five staff files, 37 medicines administration records (MARs) and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they felt safe at Heathland Court Care Centre. One person told us, "Yes, I like it here. I feel very safe, and there are things to do every day. The place is well kept and clean, very clean."

At our last inspection of the service in July 2015 when answering the key question 'is the service safe?' we found the provider in breach of the regulations. We asked the provider to take action to make improvements, which we checked had been made during a focused inspection in December 2015. At that visit, sufficient improvement had not been made and we served a warning notice on the provider that they were breaching legal requirements in relation to the safe care and treatment of people. We visited again in January 2016 and found the provider was meeting the regulations we looked at. We did not amend our rating at that time, as we wanted to see consistent improvements at the service in respect of the management of medicines and also in the availability of staff on the top floor of the home in the dedicated dementia unit.

At this inspection we found the provider had maintained the improvements made in the management of medicines. Medicines were stored securely and appropriately, including controlled drugs and those requiring cold storage. We noted that the maximum fridge temperature had been recorded above the recommended level on a number of occasions and this had been picked up on a recent audit and rectified. The deputy manager said they would remind all staff of their responsibility in this area to take immediate action when this was noted. All medicines were available for people and a local pharmacy supplied medicines if needed in an emergency. Medicines were disposed of appropriately and records were kept as required. We saw that one person had not received their medicine due to an issue with their prescription. Nurses have been trying to resolve this issue and described the actions they had taken to obtain this and the supportive measures they employed to ensure the person was safely cared for.

We looked at medicines administration records (MARs).These were clear and completed correctly with signatures or codes for refusals or omissions. These included records for prescribed creams and lotions, and accurate records where a variable dose was prescribed. We saw that where people were receiving their medicines covertly, their capacity had been assessed and a best interest's decision made. The pharmacist was involved in ensuring the medicines were given safely and effectively. We observed staff supporting someone to have their medicines in this way and saw that it was done safely and with a caring manner.

Most people who were prescribed medicines to be given 'as required' had clear protocols and care plans to support staff when giving these medicines, however we saw that some were missing. We discussed this with nurses who told us this was because these people had recently come to live in the home and staff were in the process of including this information in their care records. However they could describe to us people's needs and how these medicines were used. Audits were undertaken weekly to check that medicines were handled safely in the service and an action plan produced to follow up any concerns. All staff who administered medicines had received medicines management training and the ones we spoke with demonstrated a good understanding of safe practice.

We also found the provider had made improvements to staffing on the top floor dementia unit. The unit was now appropriately managed by a senior member of staff and we saw staff responding to people's needs and requests for help and support promptly. Some of the people and relatives we spoke to said, at times, there did not seem to be enough staff available to support people in other parts of the home. One person told us they had noticed there was not always enough staff to help everyone when they needed it especially at weekends and at night. A relative said, "There aren't always two staff around to help hoist [family member] back into her bed. It can be up to 30 minutes, which is too long." And another relative told us "There really aren't enough at the weekends." We saw staff were available and responded to people's requests for help and assistance. However we also noted that the environment and layout of the home meant it was not always easy for people to visibly see that staff were available, even though there were enough staff on duty to provide support and assistance. A member of staff told us, "It is lovely here, but we can't see round corners, so people are left on their own at times. We have no choice."

Records showed senior staff planned staffing levels based on the number of people at the home and their level of dependency. They used this information to plan staff rota's to ensure there were enough staff on each shift to meet people's needs. We discussed people's views about current staffing levels in the home with the home manager, regional director and regional support manager. They were aware of people's concerns and told us recruitment was underway to employ more staff to work at the home which included recruiting above what was currently required. This was to ensure adequate cover could be provided when staff were on leave or off sick from work. The regional director said all vacant posts at the home had been recruited to and approximately 12 new starters were awaiting criminal records checks clearance before they could start work at the home. They also told us where agency staff were currently used to cover shifts, the service wherever possible tried to use the same staff. In this way people should experience continuity and consistency in the support they received.

The home manager said they and the deputy manager continued to monitor that call bells were being answered promptly by staff and any that took over 10 minutes to answer were investigated for the reasons why. The home manager told us they used forums such as residents and relatives meetings to talk about how the service was taking action to recruit more staff so that people would be reassured that any concerns about staffing levels were being taken seriously. The home manager and regional director took on board our comments about the environment and layout and how this could affect people's perceptions about the availability of staff and said they would consider how this could be addressed.

The provider undertook checks on staff before they started work to make sure they were suitable and fit to work at the home. Records showed the provider checked their identity, their eligibility to work in the UK, obtained references from previous employers and/or character references and carried out criminal records checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

Staff demonstrated good understanding and awareness of their duty to observe and report any concerns they had about people particularly if they thought they were at risk of abuse or harm. There was a procedure in place for staff to follow to raise any concerns they had about the safety and wellbeing of people. Staff were encouraged to contact senior managers within the provider's organisation with their concerns, through the 'speak up' initiative, if they did not feel confident or comfortable raising these directly with the home's management team. Records relating to safeguarding concerns raised about people showed the home manager and deputy manager worked proactively with other agencies to ensure appropriate action was taken to sufficiently protect people.

Risks posed to people from their current health care conditions and needs as well as those posed by the

environment had been assessed and were reviewed monthly. Where risks were identified, plans were put in place to instruct staff on how to minimise or reduce these. For example, where people were assessed as being at risk of falling, there was guidance for staff on how to help people to move safely around the home. This included information about how many staff were needed and the equipment required, where appropriate, to do this safely. There were also plans in place to protect people in the event of an emergency, for example, a fire in the home. These took account of people's circumstances and needs, for how they should be evacuated in such an event. The deputy manager reviewed accidents and incidents that impacted on the safety of people on a weekly basis with other senior staff, through the 'clinical review meeting' to check that appropriate support was in place to reduce the risk of reoccurrence and to identify any trends or new risks posed to people's health and safety.

Through the maintenance and servicing programme, the environment and equipment within the home was checked to ensure they did not pose unnecessary risks to people's health, safety and wellbeing. Records showed recent checks had been undertaken by external contractors of the fire equipment, alarms, emergency lighting, call bells, water hygiene, portable appliances, hoists and slings and the gas heating system. Monthly checks of the environment were also undertaken by a staff member responsible for maintenance within the home such as checks of hot water temperatures and window restrictors to ensure these did not pose a risk to people. On the day of our inspection the environment was free of obstacles and hazards, which enabled people to move safely and freely around the home.

Good

Is the service effective?

Our findings

People said staff supporting them were able to meet their needs. One person said, "Yes, it's good here. I have only been here a short length of time, but I feel well looked after." A visitor told us, "They look after my friend so well. My husband and I have already said we would want to come here when the time comes, so that shows what we think of it!"

Staff received training to help them to meet people's needs. Records showed they undertook training in topics and areas that were relevant to their work. Staff told us they received training often to support them in their roles. All new staff were required to complete an induction programme and shadow experienced members of staff before supporting people independently. A new member of staff told us they were currently undertaking induction training which included reading relevant work place policies and procedures and shadowing colleagues around the home. Senior staff monitored training and arranged refresher training as and when required so that staff's knowledge and skills remained up to date. We noted from training records that refresher training in safeguarding adults at risk had not been recently provided to all staff. The home manager told us they would make arrangements for a trainer from within the organisation to deliver this training to bring all staff up to date.

Staff were provided opportunities to talk about their work based practice and how this contributed to people's needs being met. Records showed they were supported to discuss their working practices, any issues or concerns they had and their learning and development needs through one to one (supervision) meetings. They also had an annual appraisal of their work performance. Most staff told us they were well supported by senior staff. One staff member said, "I have been here ten years now. I like it very much…I know my people." Another staff member told us, "I have worked here a few years now. I feel supported and I know the residents well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed assessments were carried out of people's level of understanding and ability to consent to the care and support they needed. A process was in place to deal with situations where people lacked capacity to make specific decisions. Staff included family members, healthcare professionals and others involved in people's care in making decisions that were in people's best interests. Staff had been trained in the MCA and DoLS and were aware of their responsibilities in relation to the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records we

looked at showed the provider was complying with the conditions applied to the authorisations.

People told us they were satisfied with the food and drink they were offered at the home. One person said, "The food is excellent, like a five star hotel. And there's always a choice." Another person told us, "I've successfully put on a good deal of weight, which was necessary. The menus are appealing and balanced too." And another person said, "I suggested the chef comes out to see us at some mealtimes and we give feedback. That was acted upon and it happens at least certainly on our floor."

We observed the lunchtime meal during our inspection. The day's menu was displayed in most parts of the home in pictorial format to help people understand their choices. Meals were freshly prepared and served hot. Where people needed help from staff to eat their meals this was provided in an appropriate way. People could eat their meals where they wished and we observed some people chose to eat their meal in their rooms. People's nutritional needs were assessed monthly by senior staff to identify any issues or concerns. Where people had specific dietary needs such as a soft food diet this was met when meals were prepared. Staff monitored people's food and fluid intake to ensure people were eating and drinking enough to meet their needs.

Staff supported people to keep healthy and well. They maintained daily records of the care and support provided to people and their observations about their general health and wellbeing. Monthly health checks were carried out by staff and documented in people's individual records. For example, people's weights were monitored to check for weight loss or gain that could be detrimental to their overall health and wellbeing. Staff told us how they looked for signs and changes in people's moods and behaviour that could indicate that someone may be unwell. Records showed in these instances staff ensured people received the care and support they needed from the appropriate healthcare professionals such as the GP.

During the weekly clinical review meeting the deputy manager and nurses met and discussed people's current healthcare needs. Records of these meetings showed they took account and had oversight of people's needs in relation to; pressure ulcer management, eating and drinking including any swallowing difficulties people may have, incidents of behaviours that may challenge people and others, and any other medical conditions that may impact on people's health and wellbeing. This meant that the effectiveness of care and support people received was continually monitored to ensure people's needs were being appropriately met.

It was clear thought and care had been taken in how areas were decorated particularly for people living with dementia. For example on the top floor dementia unit there were tactile wall hangings, posters of adverts from the 1940's and 1950's and memory boxes which contained items that were special and important to people and which reminded them of key events and moments in their lives and/or their loved ones. People's bedroom doors had also been painted to look like front doors to help people feel comfortable and at home. For people with shorter term memory, staff had created smaller memory boards displayed outside their rooms which also provided useful information to new staff about people's life histories and the things that were important to them.

Good

Is the service caring?

Our findings

People, in general, had positive things to say about the attitudes of staff that supported them. One person said, "Some staff are really very caring and kind. They are the ones that have a calling if you like." Another person told us, "A great deal of staff are very motivated, and they've been very good to me. Others less so." And another person said, "They're grand in the main." One person, who was due to return home after a short stay told us, "They are extremely careful, extremely caring and very responsive. I will miss them and have been touched by their kindness." And a relative said, "The staff are lovely, very kind." Where people had less positive things to say this was mainly around the time staff had available to interact with them. One person told us, "They don't have time to chat though. It's very much about the jobs they have to get done." Staff were knowledgeable about people's needs, knew their likes and dislikes and how they wished for their support to be provided.

We observed a range of interactions between people and staff throughout the day of our inspection. Staff supported people in a patient and respectful way. For example when undertaking activities staff were patient and caring, constantly checking with people that they were comfortable and happy to participate. People were not rushed, encouraged to make choices about what they wanted to do and given the time they needed to decide. On the dementia unit staff used activity boxes, sensory tools, and other items to help initiate conversations and trips down memory lane for those people living with dementia.

During the lunchtime meal staff serving food plated up the two different options and then showed these to people. This helped people to choose what they wanted to eat for lunch. Their choices for how and when they had their meals were respected. One person told us, "I can have my breakfast and meals in my room, or in the dining room, which is good." When people changed their minds about what they wanted they were offered an alternative. For example when one person did not want the hot pudding option the staff member asked them if they would like something else and offered them two alternatives. Staff supporting people with their meal did so in a respectful manner. For example, they sat next to people, made good eye level contact with them and took their time to explain exactly what they were about to do.

Staff treated people with dignity and respect. One person said, "They do treat me in a respectful manner and I don't feel "done to". I do feel involved." We observed staff knocked on people's doors and asked for permission before entering their rooms. People's doors were kept closed so that their privacy was protected when they were being supported with their personal care. Staff we spoke with could all tell us about ensuring privacy and dignity, including an emphasis on asking for people's permission and if they didn't want personal care at that time, to come back later.

People's skin and nails were clean, their hair was neat and tidy and they were dressed in fresh, clean clothes. Some people told us there had been occasions when their clothes had not been properly cared for by staff and had gone missing. We were aware there had been issues with the laundry service at the home, which the home manager was actively addressing at the time of this inspection. This included increasing the number of hours laundry staff worked which enabled them to personally return freshly laundered clothes to people's rooms to reduce the risk of these going missing. The house keeping manager told us on order to

further reduce the risk of clothes going missing people had been provided their own clothes bags to stop their clothes getting mixed up with others, and a machine had been purchased if people wished to have their clothes labelled.

People were supported to be as independent as they could and wanted to be. People's care plans prompted staff to encourage people to do as much as they wished to and could for themselves. We observed instances where staff encouraged people to undertake tasks and activities and only stepped in when people couldn't manage these. For example, at lunchtime one person only needed staff's help to cut up their food to help them eat their meal independently.

People's friends and relatives were encouraged to regularly visit them at the home. We observed when visitors arrived at the home they were welcomed by staff. Staff were aware of the friends and family that were important to the people they supported and knew when visits would likely happen.

Good

Is the service responsive?

Our findings

People were generally satisfied with the care and support they received from staff. One person said, "I'm well looked after. It's the best I've known. I walk around and look at everything and it's all fine." A relative told us, "We are guided by [family member]. She is happy. She would let it be known to us if she wasn't. She is always happy to come back after being out. Of course it's not the same as being at home, but nowhere would be."

At our last inspection of the service in July 2015 when answering the key question 'is the service responsive?' we did not find the provider in breach of the regulations. However we rated the service as 'requires improvement'. This was because the quality of information contained in people's records was variable across the home. Some people's records had not been consistently maintained and in some case did not accurately reflect people's current care and support needs.

At this inspection we found improvements had been made and staff now had access to up to date information about how to care for and support people. The new format for care records that had been introduced at our last inspection was now fully embedded across the service. Each person had a current personalised plan which instructed staff on how the care and support they needed should be provided. People had been involved in planning their care as their plans contained information about their preferences, likes, dislikes and daily routines and the support planned for them reflected this. For example people could state whether they had a shower or bath in the morning and their choice about this was respected and met by staff. Relatives were also involved in the planning of people's care and support and provided important information to staff where people did not have the capacity or ability to state their specific choices and wishes. Plans contained information for staff about the level of support people required with tasks for daily living to enable them to ensure people could do as much for themselves as they could and wanted to do.

We saw there was clearer information on people's records about the support people needed from staff when concerns about their health or wellbeing had been identified. For example when people became ill, short term plans instructed staff on how to support them through this period of ill health. This was monitored and reviewed weekly by the deputy manager and nursing staff to ensure the appropriate care was being provided to support the person back into better health. Records showed people's care and support needs were evaluated and reviewed monthly. People's care and support plans were updated when any changes to these had been identified. At our last inspection we found staff had not consistently recorded outcomes of monthly health care checks of people's weights, temperature and pulse. These were now all completed as required by staff and we saw no gaps in this information in people's records.

People were encouraged to participate in a range of activities at the home. One person told us, "They provide good add on services if you want them…regular hairdresser, manicures, chiropody sessions, pet therapy and so on…lots to get involved in if you wish, but you're not forced to." The service employed two activities co-ordinators who helped to deliver a planned programme of daily and weekly activities. Information about these was displayed on each floor of the home in a bright visual format. There was a

range of activities that people could participate in such as discussions about the news and current affairs, quizzes, arts and crafts, light exercises such as tai chi and musical entertainment such as guest singers and karaoke. The activities co-ordinators encouraged people to join in with activities but if people didn't wish to take part their choice about this was respected. We spent time observing people's reactions when engaging in activities and people appeared to find these enjoyable and stimulating.

People were supported to maintain relationships with those that mattered to them. Relatives and friends were welcome to visit with people and we met with several on the day of our inspection who told us they were regular visitors to the home. The service arranged social events and occasions such as garden parties, summer barbeques and festive occasions and friends and families were invited to attend. Staff had captured and recorded events that people took part in to help them remember their experiences. For example photographs were prominently displayed to create memory boards of events such as people's birthdays, and social events at the home such as the annual garden party. People's cultural and religious beliefs were respected and religious services were organised monthly for people in the home to attend and participate in if they wished to.

People said if they had any issues or concerns they would feel comfortable raising these with managers. One person said, "I've complained once or twice, and I think they know that I won't let things lie, so I've always found them responsive." A relative told us, "I haven't had to raise anything recently on [family member's] behalf, but when I did, as I saw something I didn't like, it was taken very seriously. I was impressed with how quickly it was dealt with. That's very reassuring to know." And another relative told us, "I haven't had cause to complain as such. But I do mention things on quite a regular basis as they come up."

There were arrangements in place to respond to people's concerns and complaints if these should arise. The provider had a complaints procedure which was displayed in the home and explained what people should do if they wish to make a complaint or were unhappy about any aspect of the service. The complaints procedure set out how people's complaints would be dealt with and by whom. We looked at complaints dealt with by the service in the preceding 12 months. We noted the home manager had carried out an investigation into the circumstances surrounding each complaint and provided a written response to the concerns raised. This included offering people an appropriate apology when they had experienced poor care.

Requires Improvement

Is the service well-led?

Our findings

On the whole, people had positive things to say about the leadership and management of the service. One person told us, "I have regular short meetings to feedback on behalf of other residents, and I do feel listened to, in the main." A relative said, "We're really pleased with the place and their open door policy is good." Some people told us managers needed to improve their visibility within the home and spend more time visiting and speaking with people. One person said, "Managers seem to be inundated with paperwork nowadays. Maybe they should delegate that more, and come to see all of us and be hands on for a while, at least once a week."

Staff had mixed experiences about the management of the service. Positive comments we received included, "I know where to go or who to ring if I have a problem that I can't resolve myself"; "I have enjoyed helping to raise standards and feel that I am appreciated in my role."; "You can speak to [home manager] about an issue and he listens and sorts things out" and "The managers really try their best to help us."

However some staff had less positive things to say. These staff told us when they had raised issues or concerns they did not feel these were always looked into and investigated thoroughly by managers. They said they were not told of the outcome of any investigations. Some staff said it was difficult to build good team working and relationships with their colleagues as they felt they were often moved to work around different parts of the home. Some staff felt managers did not always deal with staff members who acted unprofessionally whilst working in the home. Examples given to us included staff using their personal mobile phones whilst on duty. Low staff morale and confidence could have a negative impact on the care and support people received.

We discussed the feedback we received from people and staff with the management team. The home manager told us they had already commenced a programme of weekly visits to people around the home. They said this was intended to help improve people's awareness of the support they could provide to them. People's records showed after such visits, the home manager had recorded what had been discussed with people and any actions the home manager needed to take from the feedback provided.

Some staff felt that communication was mostly in one direction, from them to management. We looked at records to check how concerns raised by staff about people, had been dealt with by managers. We saw the home manager and deputy manager had taken appropriate steps to investigate and take action to address concerns and ensure people were properly safeguarded. However we noted managers had not provided feedback, following their investigations, to the staff that had raised these concerns. The management team acknowledged that this could lead to staff not having assurance or confidence that when issues were raised, these would be dealt with appropriately. The management team said they would look into how they could improve communication with staff to provide them with the assurance they needed that their concerns would be taken seriously and dealt with. The regional director said there was support available within the provider's organisation to help managers communicate more effectively with people and staff particularly when difficult conversations may be needed.

We discussed with the management team some staffs' concerns about team working and the effect this had on their morale. The home manager told us each floor of the home had a core group of staff assigned to it and other staff would move between floors to provide additional support when needed. They acknowledged that this could be disruptive to some staff but the needs of people were always a priority to ensure that these could be met at all times. They said they would always try and accommodate staff's request to work on specific floors and we were told by one member of staff when they had asked for this, this had been agreed by the home manager. The home manager also confirmed action was and had been taken against staff that had been found using their personal mobile phones at work. This included taking appropriate disciplinary action where necessary. The home manager was committed to taking action against any staff found not complying with the provider's policies and procedures particularly when these related to their conduct within the home.

People, relatives and staff were encouraged to provide feedback about their experiences and suggestions for how the service could be improved. People and their relatives were sent annual surveys in which they were asked to rate their satisfaction with the care and support provided. Regular meetings took place at the home with people and relatives where they were encouraged to raise issues and to give their suggestions for improvements. We received some comments from people and relatives that these could be better publicised. The home manager said they would change the way people were notified about these so that they knew well in advance when meetings were scheduled to take place. There was also a suggestion box in the main entrance lobby for people to place their ideas and comments about the service. Staff said they could share their views and ideas for how the service could be improved at staff team meetings, which minutes of recent meetings supported.

The provider was committed to a culture of openness and candour within the home. We saw displayed in the main entrance lobby a 'commitment to openness statement' which encouraged people, relatives and staff to talk to managers with any concerns or issues they had. The home manager said they operated an 'open door' policy so anyone could pop in and speak to the management team when they needed to. We observed during the day people came to speak to managers. Managers were friendly, yet professional, and focussed on meeting people's needs and resolving their queries. Some staff told us they felt comfortable going to the managers' office whenever they had a query or issue they needed support with. One staff member said, "I go straight to the office and talk about my problems."

There was a well-established quality assurance programme in place through which audits and checks of key aspects of the service were undertaken by managers. Records showed recent checks and audits had been undertaken of the management of medicines, care records and documents and nutrition and hydration in the home. Senior managers from the provider's organisation carried out their own reviews of the service. Any gaps or shortfalls identified through these reviews were raised with the home manager, who was accountable for ensuring the necessary improvements were made to improve the quality of care and support people experienced.

The home environment was, on the whole, well maintained and pleasant. However attention to care and detail lacked consistency in some parts of the home. We observed one of the communal lounges on the first floor did not feel particularly comfortable or inviting to people. The curtains were drawn for no apparent reason, although it was the middle of the day. The cushions on a sofa were out of place so that people wouldn't have been able to sit down if they wanted to. What appeared to be an old blanket was covering another seat. Although staff wore clean, appropriate clothing, we noted some of the tunics worn, had lost their colour. We also saw menus on display on the first floor had not been updated to inform people of that day's food choices. We discussed what we found with senior managers who took our comments on board and said they would take action to ensure all parts of the home were better maintained, particularly

communal areas so that these were comfortable and inviting spaces for people to spend time in. They also said they would ensure all staff with older uniforms would have these refreshed.

The home manager took responsibility for making improvements when these were needed. They showed us the 'home improvement plan' which brought together in one place, all the identified actions required from the various mechanisms used to assess the quality of the service. They said this enabled them to check that expected outcomes were being achieved. We saw displayed in the main entrance lobby information for people about the action taken by managers in response to issues raised through various forums. At the time of this inspection, action was being taken to improve; staffing levels through recruitment, access to the home at weekends, the quality of food and the laundry service. The home manager said the board was refreshed every month so people were kept updated about the progress of planned improvements and actions.

Records relating to the management of the service were well maintained. The provider had rolled out a new 'operations essentials' records system across all their locations to ensure there was consistency in how these were maintained and managed. Managers told us this enabled them to gain quick and easy access to important information, when this was needed, about the management of the service.

The service was required to have a registered manager in post as part of a condition for the provider to be registered with the CQC. The last registered manager left the service in September 2015. At the time of this inspection the provider had appointed a new home manager whose application to CQC to become the registered manager for the home was being processed.

The provider sought ways to continually improve the quality of care and support people experienced. The regional director told us in response to challenges faced by all social care providers in the recruitment of registered nurses, the provider had introduced a 'clinical senior carer programme'. Through this programme five senior care support workers at the home were being developed through training and support to take on more responsibility for tasks traditionally carried out by nursing staff such as the administration of medicines. The regional director said the benefit of this to the service would be that more staff would be able to competently provide support to people in these specific areas as well as provide for a new career development path for other staff who wished to progress their careers.