Care Quality Commission

Primetower Care Limited

The Links

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This was a comprehensive inspection, carried out over two days on 9 and 10 December 2014. The first day was unannounced.

The Links is a care home with nursing for up to 68 people. It is a purpose-built home that specialises in caring for people who are living with dementia. Accommodation in single, ensuite bedrooms is mostly arranged over the ground, first and second floors. There are six additional rooms on the third floor that are used for short respite stays. There are two passenger lifts to assist people to get to the upper floors. When we inspected, there were 50 people living there.

The home had not had a registered manager for 12 months. 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. A new manager had recently started in post and had sought Disclosure and Barring Service clearance in order to apply for registration. They have since obtained this and are awaiting assessment of their

Summary of findings

application to register. There had been two other home managers between the last registered manager leaving and the current manager starting. Neither had completed the process to register as manager.

Following the last inspection in August 2014, we served a warning notice telling the provider to ensure that by 7 November 2014 care and treatment was planned and delivered in a way that protected people's safety and welfare. Prior to this inspection we had received information of concern relating to people's care and medicines. At this inspection we found improvements had been made but that further improvements were still needed. You can see what action we told the provider to take at the back of the full version of the report.

At the last inspection in August 2014, we asked the provider to make improvements to the checks they made before staff started working for them and to their recruitment records. This action has been completed.

We also asked the provider to take action to improve the way they assessed and monitored the quality of the service. They returned an action plan stating they would take action to meet the legal requirements by 31 December 2014. When we inspected on 9 and 10 December 2014 they were taking action but this was not fully completed. You can see what action we told the provider to take at the back of the full version of the report.

People and their visitors praised highly their experience at The Links. However, our observations and the records we looked at did not always match these positive views.

At this inspection, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Staff did not have adequate guidance to know when people needed to take medicines prescribed 'as necessary'. Procedures for ordering medicines were not robust. The managers acknowledged that medicines ordering needed to improve and were working with the GP surgeries to implement a more effective system.

Care records did not all contain details of lasting powers of attorney or other legal authority that people's representatives had to give consent on people's behalf. This meant there was a risk people might receive care or treatment to which they or their representative had not consented. Records of dietary needs were incomplete and not all kept up to date, which meant there was a risk that people's special dietary requirements might not be met.

Whilst staff said their access to training was not restricted, staff did not receive all the training and support they needed in order to meet people's complex needs associated with dementia in a dementia specialist service. In particular, staff had not all received training in managing behaviours that challenge others and some lacked confidence in this area. Additionally, they had not all received training in the Mental Capacity Act 2005 and how this applied to their roles.

Pain assessments were not routinely used with people living with dementia who might have difficulty telling staff about their pain. This meant that people might not receive pain relief when they needed it. Some care plans lacked detail to guide staff in meeting people's individual needs safely and effectively.

Additionally, we identified areas where improvements could be made to the service.

Meals were ordered some time ahead, which made it difficult to meet the preferences of people living with dementia.

Signage was not clearly adapted to assist people living with dementia, as many doors looked the same and toilets and bathrooms were not identified other than with small written signs.

Whilst information about how to make a complaint was available at the home, the home's website did not give this information.

Health and social care professionals indicated there was scope for improvement in communication from staff and managers, although the home manager was working to improve communication with the GP surgeries.

In terms of strengths, the staff were caring, supporting people in an unhurried manner, and spending time sitting and speaking with them. They responded swiftly when people needed assistance. They knew people well and were familiar with their needs. People had care plans in place and a system was operating to ensure these were reviewed regularly.

Summary of findings

A health and social care professional observed that staff were meeting the needs of a person whose behaviour could be challenging and difficult to manage. Staff were confident that the management team were introducing changes to improve care at the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards, which apply to care homes. The home was meeting the requirements of the Deprivation of Liberty Safeguards. These require providers to submit applications to a 'supervisory body' for authority to deprive someone of their liberty. The home manager confirmed they had submitted applications following a Supreme Court judgement earlier in 2014 that widened and clarified the definition of a deprivation of liberty. These were awaiting assessment by the local authority (the supervisory body).

Summary of findings

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

People were not fully protected from risks to their safety.

Staff did not have adequate guidance to administer 'as needed' medicines safely, when people required them. People had not always received their medicines because ordering procedures were not robust.

Checks were undertaken before staff started employment at The Links, to ensure they were safe and suitable to work there.

Premises and equipment were maintained in good order to help ensure people's safety.

Is the service effective?

Requires Improvement

People's needs were met effectively but some improvements were recommended.

Care staff had not all had training in dementia and related topics at a level to enable them to meet the complex needs of people living with dementia in a dementia specialist care home.

People's dietary requirements were met, but the system for choosing meals was not dementia friendly.

Accommodation was spacious and accessible but signage of some rooms, such as toilets and bathrooms, did not promote people's independence.

Is the service caring?

Good

The service was caring.

People and visitors praised staff for being kind and caring. We observed that staff treated people with warmth and compassion.

Care staff knew people well and noticed when they might need assistance. They responded promptly to people's requests for help and supported them in an unhurried way.

Is the service responsive?

Requires Improvement

The service was not wholly responsive to people's needs and improvements were required.

People who were living with dementia did not have their pain routinely assessed using a recognised pain assessment tool. They were at risk of insufficient pain relief.

Some care plans lacked detail to guide staff in how to meet people's individual needs safely and effectively.

Summary of findings

Complaints were addressed promptly, although information about how to make a complaint or comment was not given on the provider's website and could be more widely available.

Is the service well-led?

Requires Improvement 

The home required improvements to its leadership.

The home had not had a registered manager for 12 months. The new manager was in the process of applying to register with the Commission.

Improvements to systems for monitoring and improving the quality of the service had started but were not yet complete.

Communication with outside health and social professionals had been limited. Managers' communication with people, relatives and staff was improving and they expressed confidence that any concerns would be acted upon.

The Links

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 was a comprehensive inspection, carried out over two days on 9 and 10 December 2014. The first day was unannounced. Prior to the inspection we had received information of concern relating to people's care and to medicines. Two inspectors and a specialist advisor were present on the first day, and an inspector from the first day and a further inspector on the second day.

Before our inspection we reviewed the information we held about the home, including notifications of incidents the provider had sent us since our last inspection in August 2014. We also spoke with the local authority safeguarding and commissioning teams. As this inspection was brought forward in response to information of concern, we did not request a Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with two people who lived in the home and with five relatives. Some people were living with dementia and were not all able to tell us about their experiences at The Links, so 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 also spoke with five health and social professionals, four registered nurses, five other care and activities staff, three members of administrative and ancillary staff, a senior nurse and the home manager. We observed care and support in communal areas and looked at the care records for seven people and 35 people's medicines administration records. We also looked at records that related to how the home was managed, including three staff files, staff rotas for November 2014 and the provider's quality assurance records.

Following the inspection, the home manager sent us copies of policies, staff training summary, staff rotas, and details of outside health and social care professionals as we had requested.

Requires Improvement

Is the service safe?

Our findings

People were not fully protected from risks to their safety.

People who were able to and their visitors told us they felt people were safe. One said, "I have peace of mind that my father is looked after when I leave."

At our last inspection in August 2014, we found that a member of staff had started work before confirmation had been received from the Disclosure and Barring Service that the staff member had not been placed on a 'barred' list. This meant that they had contact with people living at the home, before important information had been received about whether they were suitable to work in care. The recruitment records for this staff member did not contain complete information about gaps in employment. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating they would meet the regulation by 31 December 2014.

At this inspection in December 2014 we found appropriate checks were undertaken before people started work. Recruitment records contained the information required by Regulation 21. The staff member concerned no longer worked at the home.

Staff were not rushed in supporting people, assisting them at their own pace. People said they felt they or their loved one were safe at the home and that there always seemed to be enough staff. They told us that call bells were quickly answered and one person said, "When we need them [staff] they come straight away." Care staff told us they were able to meet people's needs within existing staffing levels, but acknowledged that when they occasionally had extra staff on duty this made a positive difference. A manager confirmed they used a system for determining staff numbers based on people's dependency.

Medicines were stored securely, with dedicated facilities for medicines that required refrigeration and for controlled drugs. Temperatures of storage areas and refrigerators were monitored to ensure they remained within safe limits. There were suitable arrangements for recording controlled drugs.

Staff did not have adequate guidance to know when people needed to take medicines prescribed on an 'as necessary' (PRN) basis. The medicines policy required a specific PRN care plan to be kept with the medicines administration records. However, there were no care plans or protocols to provide guidance for staff in the safe administration of PRN medicines when people needed them. On the first and second floors 15 people had been prescribed PRN paracetamol for pain, and further people had been prescribed other PRN painkillers. Eight people had been prescribed PRN lorazepam or diazepam, which is usually prescribed because people become distressed, agitated or aggressive; staff need to understand what symptoms they are responding to when they administer these medicines.

Procedures for ordering medicines were not robust. Prior to the inspection we received concerns that some people's medicines had been out of stock. One nurse acknowledged there had been problems with ordering medicines and said that in recent days they had come on duty to find a person's tablet was not available. They said the manager had introduced a new medicines ordering system the previous day after speaking with the GP surgeries. Another nurse informed us that two people's skin creams were out of stock and that care staff had been asking for these for three days; they arranged for the creams to be obtained. Managers advised that only one of these people was prescribed creams, and that they recognised that medicine ordering needed to improve. They confirmed they had started working with the GP surgeries to improve their system for ordering medicines and were reviewing their pharmacy arrangements.

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there was a risk that people might not receive their medicines as prescribed or when they needed them.

Our review of medicines administration charts over two floors found that nine people had medicines disguised in food or drink because they lacked the capacity to consent to medicines but refused to take them. We reviewed two of these records, which contained covert medicines forms signed by a relative, a pharmacist, a staff member and a GP, as well as a mental capacity assessment and best interest decision in relation to covert administration. Initially, this documentation was missing for a further person but was put in place later that day. This was in accordance with NICE guidance on managing medicines in care homes, although the records did not contain evidence of regular reviews conducted in accordance with that guidance.

Requires Improvement

Is the service safe?

Staff were aware of how to respond to and report concerns about abuse and confirmed they had had training about this. They knew how to inform outside agencies. The home manager was booked to attend safeguarding training for managers run by a local statutory agency concerned with safeguarding adults. Managers were working with the local authority to provide information in relation to a number of safeguarding concerns that had been raised by the home and by outside agencies.

Premises were managed to ensure people remained safe. The building smelt fresh and was kept at a comfortable temperature. The décor was neat and intact. There were weekly maintenance checks, and water temperatures were tested and low use taps and showers flushed regularly to reduce the risk of contamination with Legionella, which are bacteria that can cause serious illness. Gas appliances had been tested for safety within the past year, the contractor noting that a boiler needed repair but was not immediately dangerous.

Equipment was maintained and provided when needed to help ensure people's safety. It was inspected six-monthly by an external contractor, including safety checks for lifting equipment such as hoists. The contractor's certificate for the most recent checks in September 2014 showed it was in a good condition.

Requires Improvement

Is the service effective?

Our findings

People and relatives spoke positively about their experience at The Links. They expressed confidence in the abilities of the staff and said the doctor was called if they were not well. They were also complimentary about the quality and amount of the food on offer; for example, one person commented there was "choice and plenty of it."

At our last inspection in August 2014, we found that someone had a stair gate across the entrance to their room. They had not consented to this, nor was there a mental capacity assessment and best interest decision in line with the Mental Capacity Act 2005. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and we told the provider they must meet the regulation by 7 November 2014. At this inspection, there were no stair gates in use.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards, which apply to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. These require providers to submit applications to a 'supervisory body' for authority to deprive someone of their liberty. The home manager confirmed they had submitted applications following a Supreme Court judgement earlier in 2014 that widened and clarified the definition of a deprivation of liberty. These were awaiting assessment by the local authority (the supervisory body).

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. For example, a person was unable to consent to the use of bed rails so staff had recorded a mental capacity assessment and decided that this would be in the person's best interest. Where people lacked the capacity to consent to medicine they needed but refused to take it, there were mental capacity assessments and best interest decisions on file to support the disguising of medicines in food or drink. Initially, this documentation was missing for one person but was put in place later that day.

Care records did not all contain details of lasting powers of attorney or other legal authority that people's representatives had to give consent on people's behalf, although a senior manager said they maintained a central record of lasting powers of attorney. This meant that staff were not readily able to see whether a representative had legal authority to give consent on someone's behalf, or whether they need to consider assessing someone's mental capacity and making specific decisions in their best interest. Two people's relatives had signed consent forms relating to photographs, care plans and confidentiality. The care records referred to a "power of attorney" but did not detail whether this was for health and welfare, which would mean that the relative had legal authority to give consent.

This shortcoming in record keeping was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there was a risk people might receive care or treatment to which they had not consented because records were not readily available to care staff.

Although people felt that staff knew how to care for them, our observations and discussions with staff and outside professionals showed that care staff did not all have sufficient knowledge and understanding to meet people's complex needs associated with dementia that would be expected in a dementia specialist care home. Training records showed that seven of 11 registered nurses and 68 of 74 other care staff had undertaken some form of dementia awareness training. However, during lunch on the first floor, staff did not explain to people what the meal was, as would be good practice in dementia care. A visiting health and social care professional told us that although staff were meeting a particular person's needs they had not been confident in managing the person's behaviours that challenged others, such as aggression towards staff. A member of care staff told us they were scared of this person and that some staff disliked working on the first floor because it was very challenging. Another member of care staff said the previous manager had accepted a number of people with complex dementia needs over a short period, which was difficult for the staff to manage. The management team said that care staff were trained in managing behaviours that may challenge others, but according to training records only one of the 11 nurses and 30 of the 74 other care staff had undertaken this training.

Whilst staff told us they received the training they needed and were not stopped from going on courses, one care worker had little knowledge about the Mental Capacity Act 2005 and said they had last received training in this over two and a half years before. A manager said that staff were

Is the service effective?

trained in the Mental Capacity Act 2005, including the deprivation of liberty safeguards, but training records showed that only seven registered nurses and 34 other care staff had successfully completed this.

Although The Links is a dementia specialist care home with nursing, the staff included only two registered mental health nurses, one of whom was in the process of being recruited.

The manager acknowledged there were gaps in supervision, meaning that staff had not all received the regular supervision they needed to support them in their roles. They told us they planned to re-establish this as part of their drive to improve standards. Whilst the staff we spoke with said they felt supported, a lack of regular supervision would make it harder for staff to continue working with people safely and effectively.

These shortcomings in staff training and supervision were a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as staff did not all have sufficient skills and knowledge to meet the specialist needs of people living with dementia.

Records of dietary needs were not always complete or updated. Where people needed pureed food because of swallowing difficulties, or assistance to eat their meal, this was provided and care staff were aware of their dietary needs. However, the kitchen noticeboard for people's dietary requirements and preferences was obscured by loaves of bread and we were told that it had not been updated for some time. Additionally, a person had lost weight and had been referred to the dietician. Some of their care records indicated they had a fortified diet and they were receiving this. However, their eating and drinking care plan made no reference to a fortified diet and the diet information was blank on their food and fluid charts. Their meals, snacks and drinks over three days were not all recorded. This meant staff would not be able to monitor their dietary intake, to determine whether further action was needed, as the records were incomplete.

These shortcomings in record keeping were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as there was a risk that people's dietary requirements might not be met.

Snacks and drinks were served between meals. There was a kitchenette area on each floor where people who were able to, or their visitors, could prepare beverages and obtain snacks. However, snacks, fruit and drinks were not left in other communal areas for people to help themselves, as this could put people living with dementia who also had swallowing difficulties at risk of choking. The provider has informed us since the inspection that they are working with a resident consultation group to look at visual menus, and the possible use of posters to highlight the food available between meals.

Although this is a dementia specialist service, arrangements were not in place to ensure that people who live with dementia always had meals of their choice. People were expected to make menu choices some time ahead of the meal, rather than being shown alternative meals or pictures at the time of the meal. This was not dementia friendly as people might not always be able to express their preferences or recall what they had chosen. A staff member told us that menu choices were not always communicated effectively to the kitchen, which meant that some people's preferences might not be respected. Finger foods, which some people may find easier to consume, were available at mealtimes.

We recommend the provider makes arrangements to ensure people who are living with dementia have a meaningful choice of meals, in line with recognised good practice guidance such as the Social Care Institute for Excellence guidance on dignity in care.

The home opened in 2012 and was purpose built to accommodate older people, including people who live with dementia. There was level access to garden areas on first and ground floors. Bedrooms and most communal areas were spacious and people were able to bring their own furniture and possessions to personalise their rooms if they so wished. At lunchtime the first floor lounge/dining room was quite cramped and we observed a member of care staff having difficulty finding a suitable position to assist someone with their meal. Signage was not clearly adapted to assist people living with dementia, as many doors looked the same and toilets and bathrooms were not identified other than with small written signs.

We recommend the provider reviews the use of signage around the home, in line with recognised good practice guidance such as that published by the University of Stirling Dementia Services Development Centre.

Requires Improvement

Is the service effective?

People's day to day health needs were met. Their care records showed they saw doctors, dentists, chiropodists and other health professionals who may be involved with their care, such as community mental health nurses. GPs visited the home regularly and the manager told us they were seeking to improve the way they communicated with the surgeries. A health and social care professional advised us of a delay in seeking medical attention for one person, but this had occurred prior to 7 November 2014, which is when we required regulation 9 relating to care and welfare to be met.

Good

Is the service caring?

Our findings

People and regular visitors told us they found the staff caring, and we observed that staff were friendly and warm towards people, treating them with respect. One person said the staff were "very caring… very respectful." Another said, "The staff are the best and the kindest you could ever want, I have nothing but absolute praise for their care." Other comments included: "The staff are caring, wise, have been wonderful" and "From where you enter all the way up, they're very friendly… we can see that [family member] is relaxed with the staff."

Staff informed people what was happening, checked what they wanted and asked their permission before assisting. They provided reassurance where necessary. For example, at lunchtime staff spoke with people explaining it was time for their meal, and asked where they would prefer to eat. A care worker offered to assist someone to the table. They brought a hoist to the person and with another colleague explained, "We will need to help you move to your wheelchair [name]. Is that OK?" During the process they explained what they were doing and reassured the person, who remained calm throughout the procedure. We saw staff assisting another person to transfer to a lounge chair using a hoist. The person was agitated, but staff continued to provide reassurance, and the person settled and smiled immediately they were seated.

Staff responded quickly to people's requests for assistance and when providing support they did so in an unhurried manner. Some staff spent time sitting and talking with people. Care staff noticed when people looked as if they might need assistance. For example, a care worker quickly noticed that someone had started rubbing their arms as if they were cold and offered them their blanket to put around their shoulders, which the person gratefully accepted. Another care worker noticed a person was drowsy after lunch and asked them if they would like to go to their room for a rest as they looked tired.

Care staff knew people well and supported them and their relatives to express their views. A visitor said they were initially concerned when staff were considering removing their family member's bed rails but were reassured as "they discussed it with us before they did anything." They were able to tell us about people's care plans, including their preferences regarding their care. For example, a care worker told us how they had spent time with someone who had some difficulties communicating, finding out what they liked to eat. They spoke about people in a respectful way.

People's privacy and dignity were respected. Visitors said they could visit at any time unannounced and that there were no set visiting times. We observed staff assisting a person in a dignified manner to walk safely to their room, rather than using a wheelchair. This promoted the person's independence. Staff asked people discreetly if they needed assistance and personal care, such as assistance to use the toilet, was always provided behind closed doors. On one occasion we saw unused continence pads left in a communal area; this did not promote people's dignity and staff moved them immediately when requested.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in August 2014, we found shortfalls in the assessment of people's needs and the planning and delivery of care and treatment. People did not all have assessments and care plans in place. Pain care plans were insufficient detailed and standardised pain assessment tools were not used where people had difficulty telling nurses about their pain. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Following that inspection we served a warning notice for a repeated breach of Regulation 9 and instructed the provider to meet the regulation by 7 November 2014.

At this inspection in December 2014 we found there had been improvements to care planning and reviewing. However, shortfalls remained in the planning and delivery of care to meet people's individual needs and ensure their safety and welfare.

People and their visitors spoke highly about the care provided. One person described the service they received as "wonderful" and said there was "nothing bad, all good." A regular visitor said they were kept well-informed about their relative's care and were encouraged to be involved in care plan reviews. They told us their family member and others in the home were always clean when they saw them and we observed people were well groomed. This indicated they received the support they needed to maintain their personal hygiene.

People's needs had been assessed before they moved into the home and records were kept on their care files. Two health and social care professionals commented that this assessment had been robust for one individual who had moved into the home since the last inspection and who displayed behaviours that were challenging to manage. They said the home was meeting well the person's complex needs associated with their dementia.

Other than for 'as needed' medicines, care plans were in place based on needs that had been assessed and most were regularly reviewed and updated. For example, one person's moving and handling care plan had been updated the previous month and subsequently each week in response to their changing needs. It explained the person needed to use a hoist for transfers, specifying the correct slings to use and how they should be attached to the hoist.

Another person had a behaviour care plan dated from October 2014 that had been reviewed each month since. It explained how staff could support the person when they were agitated and displaying behaviours that were challenging to others. It was person centred, reflecting the person's history and signs they were becoming agitated, and contained practical strategies for minimising distress, such as discussing things the person liked to talk about, and giving them time to respond.

However, some care plans lacked detail to guide staff in meeting people's individual needs safely and effectively. One person's epilepsy care plan did not specify how soon paramedics should be called if they had a seizure, although their records showed that staff had called an ambulance promptly. The nurse who wrote it admitted they had not referred to epilepsy good practice guidance. Another person took their medicines disguised in food and drink but their care plan for medication, which had been reviewed earlier that month, did not mention this.

A further person's communication care plan stated they were unable to communicate their needs but did not give clear guidance for staff about the way they could communicate with the person, with information about what that person's gestures and behaviours might mean. Another communication care plan stated the person needed reassurance in order to be supported effectively, but did not describe what 'reassurance' meant or how it should be provided.

Care plans were not always promptly or accurately updated in response to people's changing needs. One person's care plan had been reviewed in mid-November, stating they needed two-hourly assistance to use the toilet. This had not been updated to reflect that the person was receiving end of life care and was being cared for in bed. We saw records that described an incident when another person punched out at staff but the evaluation of their behaviour care plan just over a week later in December 2014 made no reference to this.

Pain assessments were not routinely used with people living with dementia who might have difficulty telling staff about their pain, despite the management team informing us they were to introduce these following our inspection in August 2014. As the Social Care Institute for Excellence (2013), which advocates the use of pain assessment tools in dementia care, states:

Requires Improvement

Is the service responsive?

'Pain is one of the most common symptoms that people with dementia experience. However, often it is poorly recognised and undertreated in dementia. The main reason for this is that, as dementia progresses, the person's ability to communicate their needs becomes more difficult.'

One person's notes showed that their GP had visited unexpectedly in November 2014 to review the person's pain. The person was living with dementia and had difficulty articulating their needs. The GP had prescribed pain relief and a pain care plan was subsequently put in place. However, there were no completed pain assessments in the person's records. We saw records of four people who had been prescribed medicine for their pain but only one had a pain assessment, which had been completed a month before. This was insufficient to monitor people's changing needs for pain relief and ensure they received pain relief when they needed it.

Whilst we observed staff supporting a person living with dementia in line with their care plan, giving concise instructions about what they needed to do and allowing them time to respond, care was not always delivered in line with people's care plans or with a view to their safety and welfare. One person's care plan stated their legs were to be kept elevated. For much of the first day of the inspection their feet were on the floor when they were seated. A manager told us they had spoken to the senior care worker to remind them to make sure that staff read people's care plans. We also saw staff move a person in their wheelchair with their foot off the foot rest, although we observed that staff checked that other people in wheelchairs had their feet on the footplates before moving them.

People's independence was potentially compromised by the display of incorrect calendar boards. Each floor had the day and date displayed on a board near the lounges. On the first day of our inspection, we saw the displays on two floors had not been updated from the day before. On one floor we pointed this out and staff updated the board immediately. However, on the other floor, the same incorrect date was displayed over both days. This could cause confusion for people, particularly those living with dementia, who were unsure about time or who relied on the boards to know the date.

These matters were a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There was a risk that people might not receive the care and treatment they needed because pain assessments were not undertaken when they should have been and care plans were not all sufficiently detailed.

The home had a procedure for managing comments and complaints and dealt with them promptly. We saw records of seven complaints since our last inspection, as well as 16 compliments. Complaints had all been addressed and resolved promptly, mostly on the same day. All but one of the complaints had been made face to face or by phone to the manager or staff, which indicated that people found them approachable.

Whilst information about how to make a complaint was available at the home, the home's website in January 2015 did not give this information. This contradicted the provider's policy and procedure for complaints, suggestions and compliments, which stated: 'The complaint procedure must be publicly available. It must be… on your website'.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in August 2014, we found the provider had not had regard to our last inspection report. Quality assurance processes had failed to identify or address the shortfalls we found in the delivery and recording of people's care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan stating they would meet the regulation by 31 December 2014.

At this inspection in December 2014 we found the management team was taking steps to introduce more robust quality assurance processes, including the provider's appointment of a new consultancy team to advise and oversee the home's managers. Managers and staff explained that a 'resident of the day' system had been introduced to ensure everyone's care records were reviewed and updated at least monthly. The manager said that accidents and incidents were analysed at the provider's head office and that the analysis had resulted in changes to people's care, such as additional monitoring for a person who falls frequently later in the day when they are fatigued.

However, the improvements were not complete at the time of the inspection, which took place before the provider's deadline. Staff acknowledged that improvements were needed to record keeping. The management team had identified this as a problem and had introduced a training booklet for care staff to raise their understanding and confidence in record keeping. In addition, the provider had not had regard to our last inspection report in that the shortfalls in pain assessment had not been addressed.

These matters were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, as people were not fully protected against the risks of inappropriate or unsafe care and treatment by means of the effective operation of quality assurance and risk management systems.

The manager, who had recently started in post, was not registered with the Commission but was in the process of applying to register. The previous two managers had not been registered with the Commission. The last registered manager left in December 2013. Having a registered manager is a condition of the home's registration. The home's managers had notified us of deaths and serious injuries as required by the regulations and had also started to notify us of any safeguarding concerns, as the regulations require.

Observations and feedback from people and staff showed the home had a caring culture, and that people and staff were loyal to and proud of it. Relatives expressed satisfaction with the home and confidence in the manager. One told us they thought the manager had listened to and acted on their concerns. Staff acknowledged they had felt under pressure due to difficulties and changes in staffing and management at the home during 2014 and the scrutiny they had received from outside agencies.

Health and social care professionals told us they had not always had the communication they might expect from managers and staff. One told us they had met with some managers and staff regarding how to manage a person's behaviours but had not subsequently had the contact they had expected from care staff seeking further advice or clarification. Another health and social care professional with a role in advising on managing challenging and complex needs in people with dementia said they had had little or no contact from managers or staff for several months since they delivered training. This was when the previous home manager was in post. They said the previous manager had said they would make referrals but these were never received. A further professional indicated that communication with the home's managers had recently started to improve.

Since the last inspection, a residents' and relatives' survey had been undertaken between August and October 2014 regarding satisfaction with different aspects of the home, including the environment, facilities, staff and day-to-day experience. Whilst the majority of responses were positive, there were some negative comments and actions were in place to address these. Some comments had related to the crowding of the first floor lounge and opportunities for activities available downstairs, such as outside entertainers, to be available to people living upstairs. Staff had been reminded that people should be given the opportunity to attend activities and we saw this happening during the inspection.

The manager was working to improve communication with people's families and carers. They had recently resumed the relatives' meetings; there had been one meeting so far, with an attendance of 25 people, and the plan was for

Requires Improvement

Is the service well-led?

further monthly meetings. Detailed minutes were produced that reflected open discussion about concerns and changes at the home, with attendees encouraged to voice their views. They acknowledged it could be difficult for people to contact them if they were not in their office and said that they were planning to have a post box outside their office so that people, visitors and staff could more easily leave a message if they were not there.

Staff emphasised their confidence in the manager and the manager's efforts to improve the service. They said the manager, whilst approachable and supportive, set clear expectations about the need to raise standards and acted on any concerns they raised. One told us, "I've complete faith in [manager] now, they want it to go forward... it's much more supportive now – and we need support that we've not necessarily had in the past." A member of agency staff said they thought the home had become more organised over the past couple of months.

Staff confirmed that communication from managers had improved since the appointment of the current home manager. Both they and the managers told us about the daily "ten at ten" meetings. These were attended by registered nurses, senior care workers and heads of department for updates and to discuss matters needing attention that day. The minutes were circulated to all staff, often alongside an article to read about some aspect of care; all staff were expected to read them and to sign to confirm they had done so. Meetings were planned for all staff, to provide opportunities for learning and to gain feedback from staff on the quality of the service. There were due to commence on a monthly basis, with a separate meeting for night staff due the day following the inspection.

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 did not take formal enforcement action at this stage. 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 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: People who use services and others were not protected against the risks of receiving inappropriate or unsafe care or treatment because pain was not adequately assessed and care and treatment was not planned and delivered to ensure people's welfare and safety. An epilepsy care plan did not reflect recognised good practice guidance. Regulation 9(1)(a)(b)(i)(ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: Service users and others were not protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems for regularly assessing and monitoring the quality of services and for managing risks relating to health, welfare and safety. The provider had not had regard to inspection reports prepared by the Commission. Regulation 10(1)(2)(b)(v)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met:

This section is primarily information for the provider

Action we have told the provider to take

Service users were not protected against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for obtaining and using medicines. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records How the regulation was not being met: Service users were not protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of maintaining accurate records that include appropriate information and documents in relation to the care and treatment provided. Regulation 20(1)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: Suitable arrangements were not in place to ensure that staff were appropriately supported to deliver care and treatment safely and to an appropriate standard, by receiving appropriate training and supervision. Regulation 23(1)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.