

Craysell Limited

# Marlborough House

## Inspection report

241 Aldershot Road  
Church Crookham  
Fleet  
Hampshire  
GU52 8EJ

Tel: 01252617355  
Website: [www.hestiacare.co.uk](http://www.hestiacare.co.uk)

Date of inspection visit:  
13 June 2016  
14 June 2016

Date of publication:  
10 August 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Marlborough House provides nursing care for up to 40 older people who are frail or living with dementia. Accommodation is provided in a converted residential dwelling over two floors. At the time of our inspection 31 people were using the service.

When we last inspected the service on 6, 10 and 19 March 2015 we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found all pre-employment checks had not been completed prior to staff being offered employment. The provider had effectively identified shortfalls in the service but had not always taken action to make the required improvements. People's care records required improvement.

After the inspection the provider sent us an action plan and told us they would make the required improvements to meet the regulations by December 2015. At this inspection we found the provider had made some improvements to address the concerns we found at our previous inspection. However, we found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service at this inspection. You can see what action we told the provider to take at the back of the full version of this report.

A range of audits and self-assessments were routinely undertaken across the service. We found these assessments and audits to be comprehensive and had assisted the provider to identify shortfalls so that action could be taken to improve the service. However, we found insufficient action had been taken to address these concerns and the provider had not monitored the implementation of their inspection action plan through to completion. We saw some action had been taken and some improvements had been made in relation to pre-employment checks, care records and best interest decision making. However, more time was required to ensure these improvements were fully completed and had become sustained in the service. Whilst work had taken place it had not resulted in the required improvements the provider told us they would make in their action plan to meet the regulations.

The service had a registered manager in place. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is required by a condition of its registration to have a registered manager. The registered manager had become registered with CQC in December 2015.

Staff were able to demonstrate their understanding of the risks to people's health and welfare and people told us they received care that met their needs. Risks associated with people's care and support needs had been identified and guidance provided to help staff protect them from harm. People's care plans provided staff with the information they needed to know how to keep people safe and meet their needs, wishes and

preferences.

Staff had received training to support them to effectively meet the individual needs of people. Staff had a good knowledge of their responsibilities to keep people safe from abuse. Staff sought people's consent before they provided their care and support.

There were enough staff to meet the needs of the people that lived at the home. People were positive about the staffing levels and said they received support quickly when they needed it.

People received their medicines as prescribed and had access to healthcare services when they needed them. People liked the food and told us their preferences were catered for. People received the support they needed to eat and drink enough to support their nutritional and hydration needs.

People were treated with kindness, compassion and respect. Staff promoted people's independence and right to privacy. The staff were committed to enhancing people's lives and provided people with positive care experiences.

People knew how to make a complaint. People told us the registered manager and staff would do their best to put things right if they ever needed to complain.

People and staff's views about the management of the service were positive. The registered manager had promoted a culture that put people at the centre of the work they did. Staff felt she was approachable, listened to them, asked for their views to improve the quality of the service provided. People felt involved in their care. People were supported with activities, and enjoyed time spent with staff.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

Further improvement was needed to ensure all pre-employment checks would always be completed prior to staff being offered employment.

People received their medicine as prescribed and the provider was working to further improve people's medicine records.

There was sufficient staff to meet people's needs and staff understood people's risks and the action they needed to take to keep people safe.

### Is the service effective?

**Good** 

The service was effective.

When people lacked the mental capacity to independently make decisions about their care, decisions were made in their best interest in line accordance with the MCA.

Staff had received supervision and training which enabled them to meet people's needs effectively and recognise when people became unwell.

People's health needs were met and nurses sought guidance from health care professionals when required.

People were supported to maintain a balanced diet and received the support they required during meal times.

### Is the service caring?

**Good** 

The service was caring.

People were treated with kindness, dignity and respect. People and relatives said staff were very caring and considerate.

People supported people as needed to be involved in their care and express their preferences.

People were supported to maintain family relationships and to avoid social isolation.

### Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and people's care plans gave details about how they wished to receive their care.

People received care from staff who knew them well and people told us they received care in line with their care plans. People were encouraged to maintain their hobbies and interests.

People's concerns and complaints were taken seriously, explored and responded to in line with the provider's complaints policy.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Audits had effectively identified concerns and some improvements had been made to the service. However, the service had not completed their inspection action plan. Although some action had been taken, improvements were needed to ensure the action plan was monitored till completed and improvements were sustained in the service.

People and staff were positive about the registered manager and the leadership provided by the nurses. There was an open and transparent culture among staff and they were encouraged to support the improvement of the service

# Marlborough House

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 and 14 June 2016 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in older people's care services.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We obtained this information during the inspection.

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 spoke with five people living at the service, four relatives, the provider's director, the registered manager, the Group Operations Manager, two nurses, four care staff, the cook, a kitchen assistant, the activities co-ordinator and a visiting community optometrist. We also received feedback prior to our visit from the local commissioning team, quality governance team as well as the Specialist Community Nurse for Care Homes.

We reviewed care records and risk assessments for six people using the service. We also reviewed training records for all staff and personnel files for four staff, medicine administration (MAR) records for 23 people and other records relevant to the management of the service such as health and safety checks and quality audits.

# Is the service safe?

## Our findings

At our previous inspection in March 2015 we found a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not implemented safe recruitment practices as all the required staff pre-employment checks had not been completed.

At this inspection we found some improvements had been made. The provider had reviewed their recruitment procedure. The new policy made it clear to the recruiting manager what checks needed to be completed as part of the recruitment process to support them to employ staff who were suitable to work at the service. The provider had reviewed their application form to inform applicants that a full employment history with written explanations of gaps in employment, would be required prior to being employed by the provider.

We looked at the recruitment files of four newly recruited staff members. The provider had completed and documented staff recruitment checks. These checks included proof of each applicant's identity, a criminal record check and declaration of fitness to work. We saw where the registered manager had identified that further information was required with regards to an applicants' Disclosure and Barring Service (DBS) check they had reviewed the risk this would hold for people with the Group Operations Manager. A risk management plan had been agreed and the staff member had received regular supervision during their probation period before the provider made a final decision about an applicant's suitability.

The provider had a system in place for checking all of this information would be provided prior to an employment decision being made but had not always followed this process through to completion. This was due to the registered manager still familiarising themselves with this process. Although the registered manager provided us with the information we needed relating to the staff's employment history on the day of our inspection, we could not be assured that this information had been readily available for all prospective staff prior to an offer of employment having been made. Further time was needed to ensure the manager would consistently check that all the necessary information was available to protect people from the employment of staff who were unsuitable for their role.

At our previous inspection in March 2015 we found an ongoing breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider needed to improve the recording of people's medicine and topical cream administration so that staff would be able to see from people's records that they had received their medicines as prescribed.

At this inspection we found some improvements had been made. We found no gaps in people's medicine administration records (MAR) which indicated people had received their medicine as required.

New topical ointment and cream charts had been introduced. These included a body map showing staff where to administer people's creams and ointments on their body to reduce the risk of errors. The completion of people's cream charts had improved since our previous inspection but some time was still

needed to ensure these would be completed consistently during each shift.

Nurses had information about the medicines people took 'when required' and when they needed to contact the GP if these medicines taken on occasion were not effective in relieving people's symptoms. This would allow the GP to conduct a medicines review to ensure they were still meeting the persons medical needs. Some improvements were still needed to ensure the when required' plan would always be updated as soon as new 'when required' medicines were prescribed and hand written entries would always be checked and double signed. We saw the provider had identified this as an area for improvement during their internal medicines audit completed in June 2016; plans were in place to make the required improvement to ensure people's medicine records would always be completed as required.

We observed a nurse administering people's afternoon medicine. They followed good medicine administration practice and kept the medicine trolley locked in the passage when going into people's rooms. This is required to reduce the risk of people gaining access to the medicines which are not prescribed for them. A system was in place to record fridge and medicine room temperatures daily. The nurse was able to describe what action they would take if the temperature reading was seen to be high to ensure the temperature was maintained at the correct level for storing medicines in accordance with the manufactures' and pharmacists instructions. The provider was monitoring the temperature recording records to ensure they would always be completed.

People told us that they received their medicine as prescribed. People's comments included "I am on medication which the staff bring around. They are usually on time and they do make sure that I've taken them right down" and "I am on pills which the staff give to me. They watch me take and update my records". People received their medicine from nurses who could explain people's medicine needs and how people preferred to take their medicines.

People and relatives told us people felt safe living in the service and did not have any concerns about abuse or bullying from staff. Peoples comments included "Oh yes, I feel quite safe here", "I feel very safe and sound indeed" and one relative told us "He knows that the staff won't drop him so he feels safe." People and relatives told us they would be confident speaking to a member of staff or the manager of the service if they had any concerns.

At our previous inspection three relatives told us they did not feel confident that people's safety was promoted as the front door was not monitored. Relatives told us they were concerned that strangers might gain unauthorised entry to the home. We saw the provider had installed a key pad to the front door with new arrangements to reassure relatives on their family members safely. This included that all visitors needed to sign in the visitors book, prior to accessing the service, to reduce the risk of unauthorised people gaining access to the service. People and relatives told us they felt safer in the service with this in place. One relative said "I think putting the new alarm system on the door has helped matters considerably. Anyone could walk in before but now they can't, much, much better." Another person told us "They have now put a lock on so I feel much more secure here."

Arrangements were in place to support staff to identify and respond to potential abuse, discrimination and harassment and staff took action to minimise the risks of avoidable harm to people from abuse. Staff understood the importance of keeping people safe and could describe how they would recognise and report abuse in line with the service's protocols on identifying and reporting abuse of adults and children. Staff said they would report any poor practice or abuse they suspected or witnessed, to the office or directly to the registered manager. Staff were also aware they could report externally if needed. One member of staff said "If I am worried about something I can always report to the police or CQC (Care Quality Commission)".



The registered manager was aware of their responsibility to report allegations or suspicions of abuse to the local authority and had undertaken safeguarding investigations when instructed by the local authority. Staff were familiar with the local authority's safeguarding procedure and the provider had identified that their safeguarding policy needed to include a copy of this local safeguarding procedure. This provided additional information for staff to refer to and the provider was reviewing their policy to ensure it included copies of all local agencies' procedures.

Risks to people's safety and staff supporting them had been appropriately assessed and guidance provided to keep people safe. These included any risks due to the health and support needs of the person including the risk of falling, choking, skin deterioration, malnutrition and the risk from staff supporting people to move with the incorrect use of a hoist. Risk assessments included guidance staff needed to take to minimise the risk of harm occurring to people. Staff we spoke with had a good understanding of people's risks including what action to take if people were to choke or fall. One person told us "I did fall in the garden about three months ago. The staff called an ambulance and the paramedics treated me on the spot." People were supported to take calculated risks for example, to work in the garden if they chose to, with arrangements in place to reduce the risk of accidents happening. People were kept safe because staff understood people's individual risks and followed appropriate guidance to keep them safe.

The service operated an effective accident and incident reporting system. Following safety incidents, staff documented what had happened and the action they took to keep people safe. The registered manager reviewed the incident records and assessed if any further action was required to prevent the risk of reoccurrence. For example, records showed that following a fall, people's GP's were informed and regular health check observations were completed on this person. This was to ensure nurses would be able to identify any immediately non visible injuries following a fall that might require medical attention. The specialist community nurse for nursing homes, told us that they were kept informed of incidents in the service and reviewed these with the registered manager each month to ensure lessons were learnt and action taken in line with good practice to keep people safe.

People told us there were enough staff on duty to meet their needs and keep them safe. One person told us "I haven't fallen recently but the last time I did just a few weeks ago, I managed to get to the bell and pushed it. The staff were there very quickly I have to say." Other comments included "Yes I think there's enough staff here. They seem to be able to get everything done ok" and "There's always enough staff around both day and night. You know that they'll make sure you're ok."

The provider had assessed the number of staff required to support people based on the personal care needs of people living in the home. Staff rota's verified these levels were maintained. Bank and agency staff were used to fill identified staff absences. The provider was actively recruiting for permanent nursing staff and had used the same agency nurses for the past year to ensure people were consistency supported by staff who knew them.

The provider kept the deployment of staff under review during their monthly audit. They had identified that staff were at times stretched during busy periods of the day. As a result they had recently increased the number of staff working downstairs during the day to ensure people would receive the care they needed promptly. This confirmed what staff told us, that people's needs had changed and more people required the support of two staff members to get up in the morning. The registered manager told us they continually asking staff for feedback about the numbers of staff deployed and whether they were sufficient in numbers. The registered manager told us they would continue to review the staff numbers following the admission of three new people to the service to determine if further staff adjustments needed to be made.

## Is the service effective?

### Our findings

Some people living with dementia did not have the mental capacity to independently make decisions about their care arrangements. 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 and hospitals 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.

We could see that where appropriate and required the provider had submitted correctly completed applications to ensure that restrictions to people's liberty had been legally authorised. The registered manager reviewed the restrictions placed on people where consent is not forthcoming owing to a person's fluctuating capacity, to ensure that any decisions made would remain in the person's best interest. For example, the registered manager had reviewed one person's urgent DoLS authorisation once the person's health had improved after an infection which can alter a person's ability to make an informed decision. As a result the manager had not applied for a standard DoLS as it was felt that the person's mental capacity had improved and they were then able to make informed decisions about their care.

The provider had implemented the Hampshire County Council MCA toolkit to record when mental capacity assessments were undertaken and the best interests made on people's behalf. For the use of bedrails, these decisions included the other less restrictive options that had been considered prior to their use to keep people safe. Relatives told us they had been consulted to participate and inform the service's best interest decision making process relating to their family member's care. Staff responsible for undertaking this process had received additional training to enable them to conduct this role. They were developing their understanding of the legal process and the nature of the required recording they needed to complete. The provider had taken action to ensure people's mental capacity assessments and associated best interest decisions would always be completed in accordance with current best practice guidance.

Staff we spoke with understood the importance of gaining people's consent before undertaking care tasks and what to do if people could not consent. One member of staff said "I always ask people if they are happy to have their bath or take their medicine". Staff were observed seeking consent before carrying out tasks and explaining the procedures they were about to carry out, for example when asking a person if they wanted their medicines.

Arrangements were in place to support people to stay healthy. For example, people were supported to keep their skin healthy. Nurses used screening and monitoring tools to identify people's risks of developing

pressure ulcers. Where people had been identified as being at risk, plans were in place to prevent pressure ulcers developing. These included supporting people to frequently change position to relief skin pressure, using air mattresses and keeping people's skin moisturised. We saw records were kept every day of people's pressure relieving equipment checks to ensure it would remain effective in ensuring preventative action was taken to keep people's skin healthy.

At the time of our inspection two people had a pressure ulcer. Wound care plans were in place to inform staff how to care for people's ulcers and wound reviews showed these pressure ulcers were healing. Records showed nurses had liaised with the GP and the community tissue viability nurse as required to inform their treatment decisions about people's wounds. The provider had arranged specialist wound care and bandage training for nurses. This was to further develop their skills in developing and implementing people's wound care plans consistently and in line with good practice guidelines.

People were supported to access specialist health practitioners when needed. Records showed people were routinely able to see a number of health care professionals including, a chiropodist, dentist, GP, physiotherapist and optometrist as required. We spoke with the community optometrist who visited the service on the second day on our inspection. They told us that staff know people really well and always supported and reassured them during their visits so the professionals could make an accurate assessment of people's eyesight. People were supported by staff or relatives to attend specialist hospital appointments when needed and the service ensured transport was arranged so that people would be supported to attend these appointments. Records showed people's care plans had been updated to incorporate health professionals' guidance to ensure all staff would have the information they needed to support people to maintain good health.

People and relatives were complimentary about their experience of staff's knowledge and skills in meeting people's needs. One person told us "Yes, I'm very well looked after here so I believe that the staff are well trained, very competent." Another person said "Oh yes, I believe that they're (staff) well trained. They always appear to be very efficient & make you feel confident in them." People received effective care and support from staff who had the skills and knowledge to meet their needs.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. Training records showed there was a programme of on-going training for all staff covering health and safety related topics and also topics relevant to the support needs of the people living in the service. Staff training included dementia and positive behaviour support training. Specialist training was also available to care staff and nurses including agency nurses to develop their skills in relation to tissue viability, supporting people with swallowing difficulties and continence care. Training was provided by a variety of methods including DVD based training, face to face training, staff meetings and shadowing. The manager checked staff competency and knowledge through the completion of workbooks and knowledge checks.

Staff told us they felt supported in their role and there were a variety of methods of keeping staff informed and updated of changes in practice. These included monthly staff meetings, regular supervision sessions and an annual appraisal. Staff told us supervision had been taking place regularly in the past six months and their supervision gave them the opportunity to reflect on their practice and identify areas for improvement. One staff member told us "The supervision is much better now. It happens every two months and you get to discuss any raining or work issues you might have."

People were supported to have a varied diet. We looked at the menus and saw that people were provided with a good range of food which included healthy options. People told us they enjoyed the food at

Marlborough House. Their comments included "If you don't like the choices or don't like it when you've got it, they'll change it quite happily for something else. You usually end up with something you enjoy" and "I like the food here. It's cooked well here. There's always liquid available for when I want it. I won't go dry I'm sure." The provider had purchased a meal trolley to improve staff's effectiveness over lunch time so they would not have to waste time going up and down stairs with individual trays and people would promptly receive their lunch.

Staff understood the importance of supporting people to drink enough to minimise the risk of dehydration and associated complications and we saw people were encouraged to drink throughout the day. One person told us "I can ask for a tea or coffee any time I want. They like you to drink so they're very quick to get it for you." Staff received training to enable them to identify people at risk of malnutrition and dehydration. People had been screened monthly to assess their risk of becoming malnourished. People at risk of losing weight were monitored to make sure they ate and drank enough. Food and fluid charts were kept to inform staff whether people had eaten and drank sufficiently to maintain their health and wellbeing. People were routinely screened to identify if they were at risk of malnutrition and those who had experienced significant weight loss had been identified. Plans in place for improving people's weight were discussed with the specialist community nurse monthly to ensure action was taken in line with good practice guidance to prevent people from becoming malnourished and dehydrated.

Staff knew who required dietary support and we saw people at risk of weight loss were offered calorific snacks throughout the day. The cook was kept informed of people's dietary needs and they were able to describe how they would provide meals that met the needs of people with swallowing difficulties and allergies. People with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT) and where needed received soft and pureed diets to reduce their risk of choking. Staff could describe how they would support people with swallowing difficulties during meal times and how they would thicken people's drinks in line with their SALT guidelines. We observed people with swallowing difficulties being supported to drink in line with their guidance.

# Is the service caring?

## Our findings

People and relatives were complementary about staff at Marlborough House. Their comments included "The staff here are very good. They're definitely very kind, caring and they are certainly courteous in the extreme", "They can't do enough for you", "The staff here are absolutely brilliant, very obliging" and "They are lovely with my mother". We observed kind and caring interactions between staff and people at lunchtimes and at other times during the day.

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Marlborough House and specific details about their likes and dislikes in care delivery.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. We found staff knew people well, but also checked daily notes and handover records to ensure they had all the information they needed to support people to make decisions about their care. People had been supported to make decisions about their living environment and staying in contact with loved ones. Rooms were individual and personalised and people could choose to have the objects they valued around them. People's relatives and other visitors were welcomed into the home and relatives told us that people could choose whether they wanted to take part in activities or spend time by themselves and that staff respected their choice.

Maintaining their independence was important to a lot of people and staff encouraged and supported this. Staff were able to explain to us how they involved people in making decisions about their care, including choosing their clothes, their meals, whether they wanted a bath or shower or whether they wanted to join in with activities. We observed people being supported to make these choices. When people found it difficult to understand some of the information presented to them, staff spoke slowly using short sentences. Staff used their knowledge of people to remind them of the things they liked to support them to make a decision.

Staff understood when people required emotional support and took practical action to relieve people's distress or discomfort. We saw during the day staff were quick to recognise when people new to the service, became confused or anxious and responded to their calls for assistance. Staff sat with people to reassure them and distracted them with a joke or a chat. One person told us "It has been a sad time. The staff were very caring over that period, a great comfort. It's getting better now."

People told us staff treated them with respect. Their comments included "They always knock before they come in. They've never ever raised their voices to be in any displeasure" and "The staff do treat me respectfully, yes. They also tell me who they are as I don't know them very well yet". We saw that staff treated people with dignity and respect. We observed a nurse administering medication in private, patiently and discreetly, giving people the time they needed to take their medicines. We observed a person being supported back into their chair and the care workers ensuring that their clothes did not ride up maintaining

their dignity.

## Is the service responsive?

### Our findings

People were positive about the care they received and told us it met their needs and preferences. They told us staff knew them well, understood their needs and they received care in line with their individual wishes. One person told us "My care needs are adjusted as we go along. I came in with quite a few sores and ulcers. They've been sorting them out". Another relative said "When my husband's neck and back started to play up, the staff phoned the Doctor very quickly and he came immediately."

The provider was supporting staff to use the opportunity to engage with people whilst completing care tasks. They kept staff's person centred approach under review and used monthly 'Caring Audits' to check whether staff knew people and observed whether staff were responding to people's needs in accordance with their wishes. We observed staff engaging with people whilst supporting them to transfer into their chairs in the dining room and during lunch. People told us staff spent time with them so they would not become isolated. One person told us "The staff are very attentive due to my condition, they pop their heads around the door every now and then to enquire how I am."

Daily handover meetings were held to ensure staff were up to date with people's care needs. They were also kept up to date with information about people's social visits and activities that would enable staff to strike up a conversation with people. Relatives told us staff knew people well, their preferences and wishes.

Activities were available for people to maintain their skills, remain involved and have a stimulating day. People told us there were enough activities to keep them occupied. One person told us "There's entertainment in the lounge, sometimes a man with a guitar comes, also a man who plays the organ. There's usually a sing-along and I try to sing along with them. We were watching the celebrations on the box yesterday (Sunday) for the Queen's 90th."

An activity co-ordinator worked five days a week and planned activities for staff to undertake during the weekends. One person told us "They do encourage me to do my gardening, it keeps me occupied and active." Group activities took place daily, people chose what they wanted to do and activities including word games and physical exercise. The activities co-ordinator told us they had adjusted the activities programme to accommodate the needs of people who chose to spend time in their room. We saw at daily sessions took place during which the activity co-ordinator visited people in their room to do their nails, watch a movie or play games. She had also noticed that people were more likely to leave their rooms for celebrations or social events. An afternoon tea took place weekly and more musicians had been organised to visit the service and people were supported to attend these in the communal areas.

People's care plans were written in a way that focused on the needs and wishes of the individual. Care plans included sections on people's daily routines, what time they like to get up and go to bed and what they like to eat. These helped staff understand more about the person they are supporting. Relatives and people told us they had been involved in their initial care assessment and care plan reviews. One person said "The nurse has seen me and set up my care plan. She came round, asked questions and made notes so I believe they're up and running on that."

Relatives were viewed as an integral part of the service's community and the registered manager ensured that people and their relatives had opportunities to be involved in meetings, events and activities. The service regularly organised events and was planning a cancer fundraising event at the time of our inspection.

There were regular opportunities for people and their relatives to influence the service, including residents' meetings and coffee mornings. The service took account of people's feedback to make improvements for example, a second multi-faith activity per month had been arranged following a suggestion made at a residents' meeting. People who were cared for in bed and could not attend the residents' meeting were also asked for their views and these were incorporated in the meeting minutes to ensure all people's views were represented.

People and relatives told us they had not had any reason to complain but knew how to complain if they needed to. One person told us "Yes, I know how to complain if necessary. Thankfully, I haven't needed to so far. I do feel that a complaint would be listened to, yes." A relative said "We do know how to lodge a complaint for Dad and in the unlikely event that we had to, feel that they would respond positively." Records confirmed that complaints were recorded and investigated in line with the provider's complaints policy.



## Is the service well-led?

### Our findings

During our previous inspection in March 2015 we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider's audits had identified shortfalls and risks in the service but action had not always been taken to ensure the improvements were made. At this inspection we found that some improvements had been made in this area but further improvement and time was needed to ensure the service would comply with this regulation.

The provider had a system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the registered manager and also by representatives of the provider. Audits were carried out in a range of areas including infection control, care records, medication, health and safety, mealtimes and catering. External audits had been carried out by a community pharmacist and health and safety specialists. Night time visits were also carried out to check the standard of care provided at night. Action plans were in place where required to address any identified issues.

We saw evidence that these audits had led to improvements in the service and reduced the risks to people from receiving care that did not meet the regulations. For example, the staff had developed a more person centred approach when delivering people's care and people's meal time experiences had improved. Staff training and supervision had improved and the service had improved the management of people's medicines. The registered manager submitted a monthly update report to the provider which included an update on the recommendations made by the provider's independent quality assurance consultant who assessed elements of the service monthly. The monthly updates showed this progress had been made and the registered manager was taking action where the quality assurance consultant had identified shortfalls.

We found that areas identified as requiring improvement before the registered manager came to post in November 2015 were still not fully completed. We found some action had been taken to address the concerns we found at our last inspection in relation to pre-employment checks, best interest decision making and care records. However, the inspection action plan had not been monitored through to completion to ensure the service had fully completed all actions and improvements had been embedded in the service. Improvement was needed to ensure people's mental capacity assessments and best interest meeting records would always be accurate and completed in accordance with current best practice guidance. More time was needed to ensure senior care worker checks of people's daily records would be effective. 'Routine monitoring had not been effective to ensure people's daily records were checked consistently and that it was noted what action had been taken to clarify any gaps in records at the end of each shift. This was to ensure that the nurses would have all the information they needed to evaluate whether staff had implemented their treatment plans appropriately and for the registered manager to monitor if people were receiving the care they required. The improvements that had been made in relation to people's 'when required' medicine plans had not been sustained. The community pharmacist's audit in January 2016 and the provider's internal medicine audit in June 2016 continued to identify this as an area for improvement. The provider's audit in May 2015 also noted that Mental Capacity Toolkits needed review and completion.

The provider's monitoring of progress and improvements against action plans was still not sufficiently robust to ensure identified shortfalls would be addressed effectively and improvements to the service people received sustained over time. The director of the provider company told us they were reviewing the audit systems to ensure they would be effective in driving improvements in the quality of the service provided. The registered manager had made some improvements to the service but had not implemented their inspection improvement plan to completion. Quality assurance systems had not been operated effectively to improve the quality of the service. This was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us the service was well managed. Their comments included "I'm happy with the way that this place is run", "I think the place is very well managed. The manager comes round and has a chat with me when she sees me." and "I'm always seeing the manger around the place. I feel that she does make sure that people know her."

The registered manager and staff had promoted a culture that put people at the centre of the work they did. The service's values centred on people's needs and wishes. Staff understood the provider's objectives of maximising people's life choices, promoting dignity and supporting people to be safe and happy. Throughout our inspection, the registered manager and staff demonstrated they worked in a manner consistent with these values. This was demonstrated by people and relatives' comments about their satisfaction with the service which included "This place was chosen by Social Services and I must say, I'm glad they did so. I'm very well looked after here.", "The place is absolutely spotless, it's excellent" and "The quality of care here is very good and effective we have to say".

The service is required by a condition of its registration to have a registered manager. A new experienced registered manager had been appointed in November 2015 and they had completed the registration process with CQC promptly to ensure the provider met their registration requirements.

The registered manager could clearly explain her responsibilities and how other staff supported her to deliver good care in the service. They felt well supported by the provider. The operational manager told us that sufficient resources were available to them to provide good quality of care. We saw that all conditions of registration with the CQC were being met and statutory notifications had been sent to the CQC when required. The current CQC rating was clearly displayed in the service.

Staff told us there was good leadership in the service. They told us the service had become more structured and operating systems were clearer. This had supported them to understand what was expected of them and what their role and responsibilities were. Their comments included "We now work really well as a team, everyone pulls their weight and knows what they need to do", "The nurses really take charge now and they know what is going on in the service and with all the people" and "The seniors always check whether we have completed everything and we can always go to them with any concerns".

We saw during handover meetings that tasks were allocated and the nurses showed strong leadership in co-ordinating each shift and directing staff. Senior carers were responsible for ensuring the team completed all appropriate care tasks and reported any concerns to the nurses. We found the senior carers were aware of their responsibility to check people's cream charts, repositioning and personal care records to ensure they were completed as required by the provider.

Staff told us their views about the service were taken into account when improvements were made in the service. For example, another standing hoist was purchased after staff told the registered manager that they needed additional equipment to support people promptly. Additional staff had been deployed to the

afternoon shift when staff noted that people required more support. We saw that regular staff meetings took place and the registered manager had clearly set out her expectations of staff. Staff told us that they received feedback in a constructive way and the registered manager told us staff responded well to feedback and had worked hard to improve the service.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy. The provider's values and philosophy of care were in the guide provided for people who used the service and displayed in the main reception area.

The service worked closely with community health specialists to improve standards of care in line with national good practice guidance. Records showed the monthly meetings were held with the specialist community nurse for nursing homes to discuss all falls, infections and weight loss across the service. They told us the nurses took account of their recommendations and introduced their guidance promptly. We saw the service had introduced new infection escalation protocol following these meetings to support nurses to identify when a person might have an infection that required emergency treatment. They could describe an incident where they had implemented this protocol and had ensured one person was admitted to hospital promptly before their infection became life threatening.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not operated quality assurance systems effectively to improve the quality of the service. Regulation 17 (1) (2) (a)