

Gainford Care Homes Limited







Lindisfarne CLS Nursing

Inspection report

WhiteHill Park
Chester le Street
County Durham
DH2 2EP
Tel: 0191 3883717
Website: www.gainfordcarehomes.com

Date of inspection visit: 23 and 24 April 2015
Date of publication: 27/07/2015

Ratings

Overall rating for this service		Good	
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?	Good		

Overall summary

We inspected Lindisfarne CLS Nursing on 23 and 24 April 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Lindisfarne CLS Nursing provides nursing and personal care for up to 56 service users. The home is arranged over two floors, both of which cater for people with dementia type illness with the first floor providing services for males only. At the time of the inspection 19 people lived at the home.

At the inspection in October 2014 a new manager had been in post for several weeks. At this inspection we found they had now successfully become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Summary of findings

At our inspection carried out in July and August 2014 we found the home was in breach of the following:

- Regulation 9, Care and welfare of service users,
- Regulation 11, Safeguarding service users from abuse,
- Regulation 12, Cleanliness and infection control,
- Regulation 15, Safety and suitability of premises,
- Regulation 20, Records.

The provider was issued with a Warning Notice in respect of each of these areas. We followed these up at an inspection in October 2014 and found that the provider continued to fail to meet these regulations. We also found that the home was failing to meet regulations 10 (Assessing and monitoring the quality of service provision); 17 (Respecting and involving people who use services); 18 (Consent to care); 19 (Complaints); 21 (Requirements relating to workers); 22 (Staffing); and 23 (Supporting staff) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider has also failed to ensure a registered manager was in post since 30 September 2013.

At this inspection we reviewed the action the provider had taken to address the above breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that the provider and registered manager had made significant improvements to the way the care and treatment was delivered and the overall operation of the home and these had led to the home meeting the above regulations.

During the inspection we found that the provider had commenced a range of processes designed to monitor and assess the on-going performance of the home, such as audits. We found that this review had led to action plans being developed. We saw that the processes that had been introduced had the potential to be effective in sustaining on-going compliance with the regulations but had not been in operation long enough to confirm this would be the case.

We found that the building was very clean and was being maintained. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices

were completed. Action was needed to make sure staff were adept at identifying issues such as when mattresses needed replacing and when repairs needed to be completed as a matter of priority.

Staff had a greater understanding of the requirements of the Mental Capacity Act 2005 but had not fully introduced either the principles or the appropriate documentation into the home. They had requested Deprivation of Liberty Safeguard (DoLS) authorisations when appropriate. However the nursing staff needed to ensure capacity assessments were completed in line with the Mental Capacity Act 2005 code of practice.

We found that the registered manager had worked closely with staff to ensure they provided care and treatment that was effective. We saw that all interactions between staff and the people who used the service were extremely person-centred and supportive. We found that this had led to significant improvements in individual's experience and their presentation so much so that, for the first time since July 2014, we were able to hold long conversations with people who used the service. This change meant we could talk with people about their care. People and relatives told us that they were now extremely happy with the service.

People were consistently engaged in a range of meaningful activity and occupation throughout the day and we heard from visitors that this was now usual for the home. Relatives told us that they were now extremely impressed with the care being provided and thought the home was providing an excellent service.

We found that care records now reflected the treatment people received and staff routinely ensured, when necessary individuals were referred to external health care professionals.

Staff took action to monitor people's weight and ensured they were provided with sufficient food and fluid. The cook designed menus that were nutritious and offered a range of alternatives including fortified meals for people who were at risk of losing weight.

People told us they were now very confident that should they have a complaint this would be fully investigated and resolved to their satisfaction.

The registered manager and provider had reviewed and updated all of the records maintained at the home such

Summary of findings

as care records, audits, policies and training information. We found that records such as staff files and training records had been reviewed these provided accurate information and were very informative. We found that staff were appropriately recruited and had received a wide range of training including condition specific training such as a number of courses related to supporting people with dementia.

Medication practices had improved and were in line with expectations.

People and the staff we spoke with told us that there was enough staff on duty to meet people's needs. They found the staff worked very hard and were always busy supporting people. They now worked in partnership with

the people who used the service. We found information about people's needs had been used to determine that this number of staff could meet people's needs. We noted that the provider's calculation would allow for additional staff to be on duty at peak times and the manager undertook to provide additional staff during peak times.

When we concluded our inspection the provider had resolved the breaches of regulations identified at the last inspection. We found that action was needed to address aspects of one regulated activities regulations 2014, of the Health and Social Care Act 2008. You can see what action we told the provider to take at the back of the full version of the report.

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?

The service was not always safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the registered manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines.

Checks of the building and maintenance systems did not always identify issues that needed attention.

Requires improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training.

People's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to meet each individual needs.

Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they choose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that staff were extremely supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively supported people.

Throughout the visit, staff were constantly engaging people in conversations and these were tailored to individual's preferences

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care. The staff were knowledgeable about people's support needs.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were carefully assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis. The staff and manager were extremely knowledgeable about each individual's needs and rapidly identified any changes.

We saw people were encouraged and supported to take part in activities and routinely went on outings to the local community.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The registered manager was effective at ensuring staff delivered a good service. We found that the registered manager was very conscientious. They reviewed all aspects of the service and took action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Systems were in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Lindisfarne CLS Nursing

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.

Three adult social care inspectors completed this unannounced inspection of Lindisfarne CLS Nursing on 23 and 24 April 2015.

The provider had not completed a provider information return (PIR), as we did not request this on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During this inspection we asked the provider what improvements they had made.

Before our inspection, we reviewed the information we held about the home and contacted the Clinical Commissioning Group (CCG) to obtain their views after their recent audit.

During the visit we spoke with 14 people who used the service, eight relatives, the provider, the regional manager, the registered manager, two nurses, three team leaders, nine care workers, the cook, the maintenance person and a domestic staff member. We also undertook general observations of practices within the home and we also reviewed relevant records. These included eight people's care records, seven staff files, audits and other relevant information such as policies and procedures. We looked round the home and saw people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

At the inspection October 2014 we identified significant concerns with the service and the provider, we found they continued to fail to meet the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, Regulation 11 (Safeguarding service users from abuse); Regulation 12 (Cleanliness and infection control); and Regulation 15 (Safety and suitability of premises). We also found staff had not been safely recruited and where some staff had indicated they had committed offences these were not followed up or risk assessed to see if they were safe to work with vulnerable people. We found there were insufficient numbers of staff to meet the needs of the people that used the service.

Following the inspection we had further contact with the provider in respect of the ongoing concerns around the safety of people who used the service. We subsequently received information from the provider around the action they had taken to make improvements at the home. We inspected the home on 23 and 24 April 2015 and found that the provider had taken robust action to improve the home. We found that this action had resulted in the breaches identified at the last inspection being resolved.

Although staff practices were much improved some aspects of the service were in the process of continuing to be improved. The high ambient temperatures in the home were raised as concerns last year by us and the registered manager was now monitoring them and ensuring staff took action to prevent this adversely impacting on the people who used the service. However, the nature of the heating system meant it was difficult for staff to consistently ensure the ambient temperatures were not excessive. A fundamental change to the heating system needed to be made to rectify this issue and at the inspection the provider agreed they needed to install air conditioning in order to ensure the temperatures were appropriate at all times.

We found that the building was very clean and was being maintained. A designated infection control champion was in post and we found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed. Action was needed to make sure staff were adept at identifying issues such as when mattresses needed replacing and when repairs needed to be completed as a matter of priority.

This was a breach of Regulations 12 (Safe care and treatment); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service and relatives what they thought about the home and staff. People told us that they were extremely pleased to be living at the home and this was because improvements had been made and they were now safe and appropriately supported. Relatives told us that since the new registered manager had come into post last October 2014 they had seen a significant improvement in the care being provided at the home.

People said, "I really like it here the staff are very good and very caring and I am happy in here," "There were problems in here, but this has changed and now the staff make sure I get everything I need," "I'm going outside for some fresh air now," "I like the peace and quiet" and "These people (staff) are there to help you, and they do it very well."

Relatives said, "Last year I used to come in everyday as I worried that my relative would not be safe in here but since the manager came that has really changed. I am now so confident that my relative is properly looked after that I don't worry when I leave the home and don't feel the need to rush back the next day to see that they are ok." And, "It has really improved. I come every day and previously I did that to make sure my relative was safe but now I do because I just enjoy visiting my relative. I can honestly say it is now a pleasure to come and visit my relative and I have every confidence that the staff know how to look after my relative."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care; reduce behaviour that challenges; and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with eight members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding

Is the service safe?

process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The registered manager completed a thorough analysis of incidents to determine trends and how they used this to assist them to look at staff deployment and actions that could be taken to reduce incidents and accidents.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines. We spoke with a domestic staff member who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and

certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the staff rotas and training files confirmed this was the case. At the time of the inspection 19 people lived at the home and they were supported by a nurse, two team leaders and four care staff during the day and a nurse and three staff were on duty overnight. The registered manager provided cover during the week. Also additional support staff were on duty during the day such as activity coordinators; administrators, catering, domestic and laundry staff. We found information about people's needs had been used to determine that this number of staff could meet people's needs.

We looked at the recruitment records for six staff members. We found recruitment practices had improved and were safe. Relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show that recently appointed staff had attended interview and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

We found that since the last inspection action had been taken to ensure staff administered medicines in line with safe handling of medication practice. We found that medication practices had improved. There were appropriate arrangements in place for obtaining medicines; checking these on receipt into the home; and

Is the service safe?

storing them. We looked through the medication administration records (MAR's) and it was clear all medicines had been administered and routine reviews of records checked that errors were identified and rectified.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We found that information was available in both the medicine folder and people's care records, which informed

staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. We noted that when administering 'as required' medicine they needed to ensure their record keeping practices were consistent and to the standard they applied to the other medicines. The manager undertook to review staff practice in this area and make the necessary changes.

Is the service effective?

Our findings

At the inspection October 2014 we identified significant concerns with the service provider and found they continued to fail to meet the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, Regulation 9, Care and welfare of service users; and Regulation 20, Records. We also found there were insufficient suitably qualified staff working in the home; guidance issued by professional and expert bodies was not put in place; staff were not applying the principles of the Mental Capacity Act 2005 or seeking Deprivation of Liberty Safeguard authorisations.

Following the inspection we had further contact with the provider in respect of the on-going concerns around the safety of people who used the service. We subsequently received information from the provider around the action they had taken to make improvements at the home. We inspected the home on 23 and 24 April 2015 and found that the provider had taken robust action to improve the home. We found that this action had resulted in the breaches identified at the last inspection being resolved.

At this inspection the people and relatives we spoke with told us they thought the staff were excellent and had ability to provide a service, which met their needs. Family members told us they were confident that each person was effectively supported. They told us that the staff worked very closely with them and always kept them informed of any changes in their relative's condition.

People said, "I am very pleased with the care." And "Staff are always there when I need a bit of help." And, "I find my relative is well cared for at the home." And, "In recent months the staff seemed to have developed so much that they appear to really understand my relative's needs. I always find that they are on the ball. My relative no longer needs to have sedatives, which means they are not as drowsy."

All the staff we spoke with told us that since the registered manager had come into post they had been supported to access a variety of training and learning opportunities. Staff said, "In recent months we have had lots of training and it has been really good. I have learnt all about the different types of dementia; how to work with people to ensure they can continue to have a good quality of life; as well as the mandatory stuff like fire training." All the staff we spoke

with were able to list a variety of training that they had received in the last few months such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident that the provider would facilitate this additional training.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. All the staff were up to date with mandatory training and condition specific training such as working with people who were living with dementia. Plans were in place for staff to complete other relevant training such as how the Mental Capacity Act 2005 principles are applied, how to complete capacity assessments and record 'best interest decisions'. We confirmed that all of the staff had also completed any necessary refresher training such as for first aid. We also found that the provider checked that staff applied the learning to their practice.

We found that since our last inspection newly recruited staff had completed an in-depth induction when they began working at the home. This had included reviewing the service's policies and procedures and shadowing more experienced staff. Staff we spoke with during the inspection told us since the last inspection they now received regular supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. We saw that since the last inspection the registered manager and the provider's clinical lead had completed competency checks for nurses and care staff.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. They had ensured that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

Is the service effective?

unless it is in their best interests. The registered manager clearly understood the principles of the MCA and 'best interest' decisions and ensured these were used where needed.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care and nursing needs. The care plans showed evidence of risk assessments, assessed needs, plans of care that were underpinned with evidence based nursing; for example people who were at risk of losing weight had monthly assessments using a recognised screening tool. We saw that Malnutrition Universal Screening Tool (MUST), used to monitor whether people's weight is within healthy ranges, were being accurately completed. Where people had lost weight staff were contacting the GPs and dieticians to ensure prompt action was taken to determine reasons for this and improve individual's dietary intake.

We observed that people received appropriate assistance to eat in both the dining room and in their rooms. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. Also provision had been made so that people could eat their meal outside when the weather permitted. We observed the meal time experience in different parts of the home. We found that during the meals the atmosphere was calm and staff were alert to people who became distracted and were not eating. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times. All the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who had a catheter had a minimum fluid intake over 24 hours documented on the fluid chart.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that since the last inspection the provider had taken action to ensure staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by external healthcare professionals. We met the visiting community matron who told us that the local Clinical Commissioning Group (CCG) had started an initiative whereby they visited all of the nursing homes in the area that had high rates for admissions to hospital. One the homes was Lindisfarne CLS Nursing and she told us that admissions to hospital had now decreased. She told us this was not only because of her involvement, but the improvements in the way the staff worked at the home. She found that the nurses would now proactively monitor people's needs and ensured prompt action was taken if there was deterioration in someone's health. She also told us that they visited daily and found that the nurses appropriately referred people to her so that conditions such as chest infections could be readily and promptly treated. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Is the service caring?

Our findings

At the inspection October 2014 we identified significant concerns with the service the provider and found they continued to fail to meet the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, Regulation 9, Care and welfare of service users. We also found staff did not treat people with respect or support them to take control over their lives.

At this inspection we found that the provider had taken robust action to improve the home. We found that this action had resulted in the breaches identified at the last inspection being resolved. We also found that the support and care people now received was significantly different to that seen previously and was now exceptionally good.

All the people we spoke with said they were extremely happy with the care and support provided at the home. People discussed at length their views on the service, the improvements the registered manager had made and how they thought the care being delivered was outstanding.

Relatives said, "It's excellent here and the staff are wonderful." "It is wonderful here now, the girls are brilliant." And, "We are always warmly welcomed and the staff always offer us drinks and make it feel like home from home." And "I find it a pleasure to come and visit my relative now. The staff go out of their way to make us all feel welcome and like we are just part of the family. It's hard to explain but it is now like me to popping round to visit my relative when they lived in their own home."

It was extremely notable that during this visit we were able to have lengthy conversations with the people at the home. The people remained the same as at other previous visits but were less distressed, frustrated, and isolated. People appeared content, confident and seemed to have a sense that they were truly valued by the staff. People told us that they now went out every day and their views were listened to and acted upon. We observed constant conversation between people and staff and these were inclusive conversations whereby jokes were shared and discussions were as one would see between friends.

People said, "I go in the garden every day and have started tending the plants." And, "They are all lovely people here." And, "Very kind and they will do anything they possibly can for you. I can't praise them enough."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with us about their passion and desire to deliver high quality care. They were extremely empathetic towards the people who used the service and their relatives. Staff said, "I always tried to provide good care and thought I was doing this well, however, since the manager came and worked with us I realise what we did before was not right and we weren't meeting people's needs. I now really understand what person-centred care is and have really changed everything I do." And "I know what good care is now and we all now work so differently, we put the people first as they are the most important people here."

All of staff including catering and domestic staff were seen to use a wide range of techniques to develop strong therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care. We observed that the care provided was completely person-centred and all of the staff promoted people's independence. We saw this had led to people leading very active lives and enjoyed meaningful occupation.

The staff showed excellent skills in communicating both verbally and through body language. One person who was being assisted to eat their meal was unable to speak but staff watched their face to gain prompts around when they would like more food and constantly chatted to them in a gentle tone. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example seeing when people wanted to go outside, or have more food or were becoming anxious. Staff acted promptly when they saw the signs of anxiety and were skilled at supporting people to deal with their concerns. The staff were also skilled in communicating with people who had hearing impairment; they approached them slowly; spoke clearly and checked that they had heard before moving away.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their

Is the service caring?

needs. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role.

People were seen to be given opportunities to make decisions and choices during the day, for example, whether to go out, see the entertainer, what to have for their meal, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The service also promoted people to be as independent as possible. A member of staff said, 'We always give opportunity to do as much as they can for themselves, and give them time to do it as well without rushing.' And, 'We now understand that people should do things that we take for granted such as going to the shops and that, so every day we go places with people even if it just into the garden.'

The environment supported people's privacy and dignity. The bedrooms had personal items within them. All the bedrooms we went into contained personal items that

belonged to the person such as photographs, pictures (both wall mounted and displayed on surfaces), furniture and keepsakes. The staff took care in looking after peoples' possessions and clothing was labelled and all toiletries in the bathroom were also labelled.

We found that the registered manager reviewed current guidance around supporting people living with dementia and took action to ensure staff used this. The regional and registered manager critically evaluated the success of any changes and could show us how the environment met the needs of the people living with dementia. We saw that they were taking action to make sure the décor and environment followed best practice guidance for dementia care and in the interim to major refurbishment work being completed had created a place where people were relaxed and able to independently use the facilities.

Throughout our visit we observed staff and people who used the service engaged in general conversation and enjoyed humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere. We saw that staff gave explanations in a way that people easily understood. We saw that people were engaged in a variety of activities.

Is the service responsive?

Our findings

At the inspection October 2014 we identified significant concerns with the service provider and found they continued to fail to meet the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, Regulation 9, Care and welfare of service users; and Regulation 20, Records. We also found staff did not treat people with respect or support them to take control over their lives and were not listening when people raised concerns.

Following the inspection we had further contact with the provider in respect of the on-going concerns around the safety of people who used the service. We subsequently received information from the provider around the action they had taken to make improvements at the home. We inspected the home on 23 and 24 April 2015 and found that the provider had taken robust action to improve the home. We found that this action had resulted in the breaches identified at the last inspection being resolved.

At this inspection people and relatives told us how the staff provided a service that aimed to meet individual needs and felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the staff we found that the activities were tailored to each person. Relatives told us that it was now a common occurrence for people to be doing things throughout each and every day.

People said, "There is so much to do and I enjoy it all." And, "Each day is special." Relatives said, "It is a hive of activity now so much so it doesn't feel like a care home, if you know what I mean. People aren't just sat around like you see in most care homes they are doing things and having conversations with staff and each other. This is so different from before."

We found people were engaged in meaningful occupation and a tailored the programme of activity to stimulate each person and entertain individuals was in place. The activities coordinator was very enthusiastic and recorded information about which activities people enjoyed participating in. All the people we spoke with were very enthused by the activities that were on offer. During the inspection we saw people engaged in a 50's inspired afternoon tea with scones and music and during the morning people enjoyed taking part in quizzes and one-to-one sessions.

We saw that staff promptly responded to any indications that people were experiencing problems or when their care needs had changed. We saw that since the last inspection nurses had been actively contacting other healthcare professional such as tissue viability healthcare professionals to ensure they followed best practice. We found that the regional and registered manager had sourced a range of current guidance such as NICE guidelines for dementia care and had made sure staff had incorporated this best practice into the ways they worked. We found that they were critically reviewing current practices at the home to make sure they were in line with expectations.

The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs. We found that the staff understood when they could not meet someone's needs and took appropriate action. This was a significant improvement from our findings from previous visits.

At the last inspection we found that the care records did not accurately reflected people's current care needs. During this inspection we reviewed the care records of eight people and found that each person had a detailed assessment, which highlighted their needs. The assessment had led to a range of support plans being developed, which we found from our discussions with staff and individuals met their needs. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

The registered manager discussed the care plans and told us that they found these needed to become more personalised and discussed how they had ensured the staff made the necessary improvements. The staff were able to discuss in detail the care they provided and clearly worked in a person-centred manner.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was in the office on all floors. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We spoke with relatives who told us that if they

Is the service responsive?

were unhappy they would not hesitate in speaking with the registered manager or staff. They told us about concerns they had raised with the registered manager and how she had acted upon them straight away and resolved the concern. Relatives told us they were extremely confident

that the registered manager would always do what was needed to make sure the home was well-run. We saw that when complaints had been made since the last inspection the registered manager had thoroughly investigated and resolved them.

Is the service well-led?

Our findings

At the inspection October 2014 we identified significant concerns with the service the provider and found they continued to fail to meet the Health and Social Care Act 2008, (Regulated Activities) Regulations 2010, Regulation 20, Records. We also found effective systems were not in place to monitor and assess the performance of the home.

Following the inspection we had further contact with the provider in respect of the on-going concerns around the safety of people who used the service. We subsequently received information from the provider around the action they had taken to make improvements at the home. We inspected the home on 23 and 24 April 2015 and found that the provider had taken robust action to improve the home. We found that this action had resulted in the breaches identified at the last inspection being resolved.

At this inspection people we spoke with who used the service spoke highly of the service, the staff and the registered manager. They told us that they thought the home had dramatically improved and was now well run and met people's individual needs. People told us that they found the staff recognised any changes to individual's needs and took action straight away to look at what could be done differently.

We found that the regional and registered manager were very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. The staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager clearly understood the principles of good quality assurance systems and used these principles to critically review the service. We found that they actively monitored the service and used the information they gathered to make improvements. We saw that the registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service.

The provider, regional manager and registered manager told us about the systems they had put in place to monitor the performance of the home and how these were proving to be effective but all recognised these needed to be consistently operated and that they needed to be regularly reviewed to ensure they were effective.

We saw that the registered manager held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views.

The staff we spoke with had a pride in the home that they worked in. Staff said, "I feel over the last months I have truly developed my skills and now I am an effective team leader." And, 'I love working here. I get a real sense of worth because I am allowed and supported to do a good job.' All the staff members we spoke with described how they felt part of a big team and found the registered manager was very supportive. They all discussed how the management team wanted to provide an excellent service and really cared about the people at the home.

The staff we spoke with described how the provider constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. The meeting minutes and action plans we reviewed confirmed that staff consistently reflected on their practices and how these could be improved.

Staff told us that the registered manager was supportive and accessible. They found that the registered manager was very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together. We found both the regional and registered manager to be extremely visible leaders who demonstrably created a warm, supportive and non-judgemental environment in which people had clearly thrived.

We found that the provider had comprehensive systems in place for monitoring the service, which the registered manager had fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which the regional manager checked to see had been implemented. This combined to ensure strong governance arrangements were in place. We also found that the regional and registered manager had plans in place to continuously oversee these systems and were driving them and staff to deliver an exceptional service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider needed to ensure risks to the health, safety and wellbeing of service users were consistently assessed and action was taken in timely manner to mitigate them.
Treatment of disease, disorder or injury	