

Hexon Limited

Woodlands Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Inadequate



Is the service well-led?

Inadequate



Overall summary

We carried out an unannounced comprehensive inspection of this service over two days on 10 and 11 March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to regulations 9, 10, 12, 15 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in

relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all report' link for Woodlands Nursing Home on our website at www.cqc.uk.

Improvements were identified in a number of areas. However we could not improve the overall rating from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Woodlands Nursing Home is a service which provides personal and nursing care for older people some of whom are living with dementia. It is registered for 34 people, but on the day of inspection there were only 17

Summary of findings

people living at the home. When we inspected 10 and 11 March 2015 the service had agreed with the local authority to a voluntary suspension on admissions. This was because the local authority had concerns about the safety and quality of care at this service.

At this inspection 16 July 2015 there was no registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed, and took up post on 16 March 2015 but is not yet registered with CQC

At our inspection 10 and 11 March 2015 we found the service was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice about this. The provider had failed to ensure that people were protected against identifiable risks of acquiring an infection.

At this inspection 16 July 2015 the premises were clean and hygienic. The laundry had been refurbished and reconfigured to provide a flow of laundry from soiled to clean. This was in line with infection control good practice guidelines. Toilets and bathrooms were clean. Appropriately dispensed sanitising gel was available for staff to use throughout the home. Staff understood about infection control practices and told us how they minimised the risk of cross infection. This meant that people were protected from the risk of cross infection.

At our inspection 10 and 11 March 2015 we found the service was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice about this. The premises were inadequately maintained and unsafe.

At this inspection 16 July 2015 we saw that the premises were well maintained and safe. Records were kept about maintenance work which was required and the manager

had drawn up a comprehensive schedule of works to address the previous shortfalls. Communal rooms, corridors and rooms for individual use had been redecorated and were bright and cheerful. Toilets and bathrooms had been redecorated and repaired. Some floor coverings had been replaced. Outdoor steps had been highlighted with high visibility paint to reduce the risk of falls. Outdoor spaces had been attended to and now provided pleasant safe areas for people to enjoy.

However, more work was planned to the environment to ensure it was suitable for people with a dementia. For example, the manager had begun to replace old pictures with new interesting ones which would encourage discussion and reminiscence. This was work in progress. Some aspects of the environment needed attention to improve safety. For example, window restrictors in some rooms would not resist a determined effort to break them and therefore created a potential risk of people falling from windows. All unsafe lampshades at mid-wall level in people's rooms were not yet replaced so there remained a risk that a person may break a glass shade and injure themselves. The manager told us about those areas which needed attention and they had a plan to address them.

At our inspection 10 and 11 March 2015 we found the service was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice about this. Staff were not receiving regular supervision or appraisal of their work. This meant that they were not adequately supported in their role.

At this inspection 16 July 2015 we found that staff had received regular supervision which they found helpful and constructive. This meant that they were supported in their role and were in a better position to offer people effective care.

At our inspection 10 and 11 March 2015 we found that the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice about this. The service had not taken proper steps to protect people against the risks of inappropriate or unsafe care.

Summary of findings

This was in relation to eating and drinking and pressure care. People did not have the risks associated with their food and drink or their pressure care properly assessed or acted upon which had resulted in people suffering harm. The service did not involve specialists in a timely way and did not always follow advice when this was given. The conclusion of a safeguarding meeting with the local authority was that people had been harmed and others were at risk of harm.

At this inspection 16 July 2015 we found that the service had transformed the way in which it assessed people's needs in relation to eating, drinking and pressure care and how staff acted to ensure people were cared for safely. Each person had been reassessed to ensure that the risks associated with their clinical and other care needs were recognised. Continuity of care was achieved through more consistency in the nursing staff who attended the home. Previously there had been a number of agency nursing staff visiting the home who were unfamiliar with the people who lived there, however now people told us they recognised the same nurses day after day. Specialist health care professionals were consulted in a timely way for advice and support. Staff told us and specialists we spoke with confirmed that their advice was followed. Care records showed that advice was recorded and incorporated into care plans. This meant that people were protected from harm. People told us that staff went out of their way to ensure they were comfortable, that they were consulted about their clinical care needs and felt they were receiving safe care. Though significant improvements had been made the manager agreed that there were areas which still required attention. There were issues around consistency in staff always using new paperwork. Also, improvements had not yet been sustained over time.

At our inspection 10 and 11 March 2015 we found that the service was in 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. We issued a warning notice about this. There were inadequate systems in place to monitor and audit the quality of service for people. The checks which did take place did not result in improvements in the quality or safety of people's care or the environment. We found that the service did not have effective management. There was no manager in post and the service was inconsistently attended by managers from other services owned by this provider. Staff did not feel supported and were unsure of the culture, vision or values of the home.

At this inspection 16 July 2015 we found that the service had strong direction from the newly appointed manager. A system of audits and checks had been introduced which had resulted in significant improvements in people's quality of care and the environment. Staff meetings had been introduced and staff told us they were encouraged to make their views known and that they were listened to. Meetings for the people who lived at the home had taken place, and the manager had openly explained to people some of the challenges they had faced in relation to the quality of care and the plans they had put in place to improve. The manager had also organised meetings with relatives and friends and had spoken with visitors on a one to one basis to explain what was being done to improve things. Staff reported that communication was good between them and the manager and that they were approachable, supportive and visible around the home.

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 safe.

We could not improve the rating for this key question from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

People were protected from the risks of acquiring infection because the home was clean and hygienic.

People were protected because the maintenance of the environment had improved, however, window restrictors were not suitable and did not ensure people were kept safe. Environmental risk assessments were in place and an action plan was in place to address areas which needed attention.

People were protected because staff were well deployed within the home. Skill mix and experience were considered when organising rotas for staff.

Staff were safely recruited.

Medicines were safely handled. However, we noted a medication error which the manager explained had not resulted in harm to a person.

Inadequate



Is the service effective?

The service was effective.

We could not improve the rating for this key question from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

People told us that they were well cared for and that staff understood their care needs.

Staff were supported in their role through supervision and appraisal and this meant people received good care.

The service met people's health care needs including their needs in relation to nutrition, hydration and pressure care.

People benefitted from an environment which was adapted, decorated and which had signage for people with a dementia related illness. However, this was a work in progress and more work was needed to ensure people's needs were met in this area.

Staff received induction and mandatory training to protect people's welfare.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA)

Inadequate



Summary of findings

Is the service caring?

The service was caring.

We could not improve the rating for this key question from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

People told us that staff were kind and caring.

We observed staff were kind and compassionate. Staff knew people well and we observed warm and affectionate conversation between people and staff.

Staff were on hand to diffuse situations and to reassure people when they became anxious or upset.

People had been assisted to dress in an appropriate way which protected their dignity and respected them as individuals.

The way the home handled pain relief was not always tailored to individual needs.

Requires improvement



Is the service responsive?

The service was responsive to people's needs.

We could not improve the rating for this key question from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

People told us that they were consulted about their care. We found that consultation had improved and there was evidence that consultation lead to improvements in the service.

People benefitted from care which had been planned to centre on them as individuals and meet their particular social, cultural and recreational needs.

People had ready information prepared which would assist in a smooth transition to another service such as hospital.

Inadequate



Is the service well-led?

The service was well led.

We could not improve the rating for this key question from the existing rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

People told us that they enjoyed living at the home and that they liked the new manager. The manager explained things to them and consulted with them about improvements in the home.

People benefitted from the effective quality assessment and monitoring of the service.

People and staff were consulted and involved in the management of the home. Lines of communication were clear and effective.

Inadequate



Summary of findings

The present management of the service was effective. The way the service was managed protected people and supported their well-being. However there was no registered manager for the service and there was a long history of the service being reactive to requirements placed upon it rather than being proactive to improve quality. Previous improvements had not been sustained over time.

Woodlands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an unannounced focused inspection of Woodlands Nursing Home on 16 July 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 10, 11 March 2015 had been made. The team inspected the service against all five of the questions we ask about services: is the service safe, effective, caring, responsive and well led. This is because the service was not meeting some legal requirements and because we had made recommendations. The inspection team consisted of two adult social care inspectors and a specialist nurse advisor.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authority safeguarding team and the hospice and home team which operates from St Catherine's hospice in Scarborough to

provide outreach support. Before the inspection we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion, as this was an inspection to follow up on previous concerns, we did not request the PIR. However we gathered the information we required during the inspection visit.

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 who lived at the home, four visitors and five members of staff including the manager. After the inspection we spoke with four health care professionals.

We looked at all areas of the home, including people's bedrooms with their permission where this was possible. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We spent time looking at five care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, maintenance records, audits and staff duty rotas. We also observed the lunchtime experience and interactions between staff and people living at Woodlands Nursing Home.

Is the service safe?

Our findings

Prior to our inspection on 10 and 11 March 2015 an infection prevention and control (IPC) visit was carried out on 02 March 2015 where significant concerns were raised about the way the home protected people from the risk of infection. At our comprehensive inspection of Woodlands Nursing Home on 10 and 11 March 2015 we found that the home was not clean or hygienic. Some examples of our findings are as follows. The laundry room was dirty and there was no reliable system to keep dirty and clean laundry separate. Sluice rooms were dirty. Cleaning equipment was not colour coded correctly to minimise the risk of cross infection. Communal rooms and those for individual use were unclean and an infection control risk. For example, furniture and walls were unclean and there was damage to hard and soft surfaces such as tables, bedroom furniture and easy chairs. There were insufficient sanitising gel dispensers throughout the home which would help minimise the risk of cross infection and those we saw were refillable which is not recommended best infection control practice. There were no cleaning schedules which meant staff did not have clear guidelines on required cleaning.

The provider had failed to ensure that people were protected against identifiable risks of acquiring an infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A follow up IPC visit was carried out on 9 July 2015. The IPC report indicated that the service was now clean and hygienic. The IPC nurse had highlighted a number of points for further attention and the manager had incorporated these into the action plan to ensure they were addressed. However, the IPC nurse who carried out the visit did not anticipate needing to return to check on improvements.

At our focused inspection on 16 July 2015 we found that the provider had followed the action plan they had sent us to meet the shortfalls in relation to the requirements of Regulation 12. The cleanliness of the building had improved. Cleaning schedules and records were in place with regular documented cleaning checks to ensure that

cleanliness standards were maintained. Mattress audits were in place and we saw that a number of mattresses had been replaced. Old and stained bed linen had been disposed of and new bed linen was in use.

All areas of the home which included communal rooms and people's individual bedrooms were clean and smelled fresh. New disposable sanitising gel pouches had replaced previous refillable containers. This minimised the risk of cross infection and is recommended good practice. Old furniture with hard and soft surface damage had been replaced with new which minimised the risk of cross infection. The laundry had been refurbished and reconfigured to provide a clear flow of laundry through dirty to clean. The laundry room had been cleared of stored items which had been an infection control risk at the last inspection. The medicine storage room had been refurbished and was now clean and hygienic. Sluice rooms and equipment were clean. Cleaning equipment was still not colour coded correctly to minimise the risk of cross infection however, given the other positive steps taken the risk to people regarding infection control practice was minimised. This meant that the previously breached regulation was met.

At the last inspection on 10 and 11 March 2015 there had been inadequate risk assessment of the environment. We had noted a number of risks to people as we toured the building. This included inadequate lighting, poorly defined steps to the outside of the building, an upstairs cupboard which was damaged and gave access to the roof space and the risk of contamination from external debris and vermin.

The premises had been inadequately maintained and unsafe. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 16 July 2015, the home was well lit in most areas, though two light bulbs were not working in the lounge which specialised in care for people with nursing care needs. The steps to the outside of the building were defined with high visibility paint to minimise the risk of people falling and injuring themselves. An upstairs cupboard on a landing which had posed a risk due to damage and exposure to the roof space had been removed and the wall plastered. The maintenance book had been replaced so that staff understood the tasks which needed

Is the service safe?

attention. New risk assessments for the environment had been drawn up to ensure that risks were identified and addressed. This meant that the previously breached regulation was met.

At our inspection on 10 and 11 March 2015 staff appeared to be sitting together in one lounge with insufficient cover in the other communal areas. This had put people at risk of harm. Staff were not placed on shift with regard to skill mix or experience which meant there was a risk people would not be cared for safely. We made a recommendation about this.

At this inspection 16 July 2015 the staff rota showed that inexperienced staff were placed on shift with more experienced staff who could support and guide them and which minimised the risk of unsafe care. The staffing levels were planned in response to people's dependency. Observations throughout the day showed us that staff were well deployed and that staffing was organised to ensure people were safe.

At our inspection 10 and 11 March 2015 the medication trolley was dirty. There was no servicing record for the fridge. The fridge had a large build-up of ice which required defrosting. The draws of the fridge were broken and the fridge needed to be cleaned. There was a large stock of supplement drinks and yoghurt type preparations kept inappropriately in the medicines room. The service was not carrying out medicine audits, which meant that the home did not have a system in place to identify and learn from errors or to ensure that people received their medicines as prescribed. We made a recommendation about this.

At this inspection 16 July 2015 the medication trolley was clean. The fridge was well kept with no build-up of ice. The fridge temperature was recorded on a daily basis. Supplements were stored correctly in the kitchen, though that morning a delivery of supplements had been temporarily stored in the medicines room. We checked a sample of controlled drugs. We noted that there should have been ten ampoules of a controlled drug in stock for

one person but we found there were only nine. The Medication Administration Record (MAR) sheet showed that none had been administered to the person it was prescribed for. The manager was alerted to this and made an investigation. They found that a nurse had administered the missing ampoule to a person who had been prescribed the same medication. The person had received the correct medicine at the correct dose and at the correct time but from another person's stock. This meant that their health was not compromised, however there had been a risk of harm due to the error.

We checked the disposal process for unused and returned medicines and found this was safe and appropriate. We noted a number of unexplained gaps in recording on MAR sheets for paracetamol tablets. This meant there was a risk that people were not administered the medicines they required at the time they required them.

Visitors told us that they felt their relative who lived in the home was, "very safe". They gave an example and stated their relative had recently had a couple of falls. They told us the staff responded very quickly and knew "exactly what to do" to keep the person safe whilst medical assistance and assessment of potential injuries was undertaken. Another relative told us that they felt their relative was "very safe here".

During one observation we saw staff using a hoist to assist a person move in an arm chair. Staff used the equipment safely and with confidence. This meant that the person being hoisted was calm and relaxed whilst the process was undertaken.

We undertook an observation during a meal time. We saw that staff were careful to ensure people were seated comfortably and where used, that wheelchair wheel locks were used to lessen the chance of accidents.

We recommend that the nominated individual follows professional advice to ensure medicines are handled safely and appropriately.

Is the service effective?

Our findings

At our inspection on 10 and 11 March 2015 we found that staff were not receiving regular supervision or appraisal of their work. This meant that staff were not adequately supported in their role. This was a breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 16 July 2015 staff told us they were receiving supervision and support in their role. Records confirmed that all staff had received at least one session of one to one supervision since the last inspection with notes on areas for development and evidence of discussions about support needs. This meant that staff were receiving the support and guidance they needed to ensure people received effective care. Although this meant that the previously breached regulation was met, it was too soon to determine whether this support was consistent or sustained.

At our inspection on 10 and 11 March 2015 nutritional and hydration risks which were identified on people's care plans were not dealt with through the Malnutrition Universal Screening Tool (MUST). Use of this tool is recognised good practice and would have assisted staff to give safe and appropriate care in this area. Charts for nutritional and fluid intake were inconsistently completed. This put people at risk of not having their needs met. Body maps and turning charts were not used consistently. This was particularly important as the home was using a number of agency nurses who would be heavily reliant on records to guide the care they gave. Staff had not been proactive in referring to the tissue viability nurse, speech and language therapy team, or accessing the correct pressure relieving mattresses or profiling beds to assist effective pressure care. When people could not be weighed, staff had not used other methods of estimating weight which meant that changes in weight were not appropriately monitored.

The failure to take proper steps to protect people against the risks of inappropriate or unsafe care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 16 July 2015, staff were consistently using the MUST tool to identify and manage people's nutrition and hydration needs. Body maps were consistently used to monitor skin integrity and a system had been devised to differentiate between differing types of skin damage which reduced the potential for confusion. Turning charts were consistently used with explanations of any gaps in recording. The service was proactive in referring to the tissue viability nurse. We spoke with a tissue viability nurse about this area of care, and they told us that the home had contacted them appropriately recently and had followed their advice. The manager told us that no people had pressure ulcers at the time of this inspection visit. This meant that the previously breached regulation was met.

People were regularly weighed or had their weight estimated by recommended methods. They told us that difficult to clean and ineffective mattresses had been disposed of and new mattresses had been purchased. Records showed that the service had appropriately referred to the speech and language therapy team (SALT) when people needed assessment in relation to eating and drinking safely. We spoke with a member of the speech and language therapy team who told us that the service was quick to refer concerns to them and followed their advice. We also spoke with a member of the community mental health team who told us that the service had involved them in reviewing the care needs of a person and that staff were managing the person's care well. Records confirmed that these professionals had been involved and their guidance had been incorporated into care plans. This meant that the previously breached regulation was met.

One person told us, "I like the food and the choices of food"

We spoke to the cook and they told us they had systems to ensure food was prepared as people needed it to be. They showed us that for some people where swallowing was a risk, the home had engaged with SALT to undertake an assessment of people's ability. The cook told us that they knew about people's likes, dislikes or any allergies regarding food and that they knew when foods needed to be fortified, pureed or prepared as a soft diet. They told us that there were usually two choices at meal times, but that people could request something different and they could usually provide this. They told us they bought foods in that were people's favourites so that they could have a treat.

Copies of choking risk assessments were on file which gave instructions on how food needed to be prepared. We saw

Is the service effective?

some people needed thickeners in their drinks, whilst other's needed food to be finely chopped or pureed. This information was displayed on records on the trolleys and a chart in the kitchen and food was prepared in accordance with those needs. The cook and their assistants served up the food in order to ensure people received the food specially prepared for them.

The manager told us that they had introduced wound progress records and that nursing staff were getting used to filling these in. The manager had identified that these were not yet consistently used. They had introduced a guidance chart for staff in how to complete these records to improve the monitoring of wound care. This meant that the previously breached regulation was met, however it was too soon to determine whether this improvement was consistent or sustained.

At our inspection on 10 and 11 March 2015 there was no evidence that people were involved in decisions about the environment. The décor of the building did not lend itself to effective dementia care. There was little signage to assist people with a dementia to orientate around the home. For example, toilets did not have a picture of a toilet on the door and people's bedroom doors were not all labelled with their name or a picture they might find familiar. The corridors were badly lit. In the communal areas of the home devoted to caring for people with a dementia there were no objects or rummage boxes to stimulate people's interest. Pictures on the walls were uninspiring and did not promote conversation or reminiscence. The nominated individual had not acted on published best practice advice on creating an environment which promoted the well-being of people with a dementia. Jigsaws, dominoes and other games were shut away in a cupboard, not on display to encourage people to take an interest. This meant that the environment did not support people's needs in relation to dementia.

The failure to provide a suitable environment to meet the needs of people with a dementia related illness was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 16 July 2015 the décor of the building was much improved. The manager had held a residents meeting where people's views had been sought. Walls had been painted and stained and damaged chairs were

replaced with attractive, comfortable furnishings. The signage around the home had improved with pictorial prompts to guide people towards important rooms such as toilets. Radiators which had been coming away from the wall in people's rooms had been secured and in a number of cases replaced. People's individual room doors had been repainted in fresh colours and a poster with the person's name and a picture relevant to each individual was on each door. Corridors were well lit to assist people with orientation around the home. In the communal areas of the home pictures and photographs decorated the walls which would promote conversation and reminiscence. This was work in progress and there remained some areas of the home where pictures were not appropriate for the needs of people with dementia or sight impairment. The manager explained that they were working on how best to provide objects which would provide interest and comfort to people in communal rooms. They told us that some people claimed ownership of objects and prevented free access to others, often taking things to their rooms. The manager was consulting dementia care best practice guidelines on finding a way of working with this.

Outside, a courtyard had been cleared and turned into an attractive outdoor space, with flowers in tubs which staff told us that people tended. To the front of the building the lawns had been tidied and a small putting green had been created which staff told us people used on warmer days. A washing line had been erected so that people could assist with hanging washing out to dry. We saw that the washing line was in use during the day of inspection. This meant that the previously breached regulation was met.

We noted that some window restrictors were not strong. There was a risk that people could break them and potentially fall from a window. We asked the manager to attend to this urgently and they told us the unsafe restrictors would be replaced by the following week. We telephoned the home the following week to check on this and staff told us that the restrictors had been replaced so that they were safe. This meant that people were protected from the risk of falling from windows.

At our inspection on 10 and 11 March 2015 we saw that people's capacity to make decisions about their care had been assessed. We saw records of decisions which had been made in people's best interests where they lacked capacity to make those decisions unaided. However, we could not find any record or plan of training in the Mental

Is the service effective?

Capacity Act (2005). Staff told us that they had received training in their induction but had not received separate training in this area. This meant there was a risk that staff were not fully aware of best practice around the Mental Capacity Act and Deprivation of Liberty safeguards and that people would not have their capacity to make decisions sufficiently taken into account. We made a recommendation about this.

At this inspection 16 July 2015, staff told us that they had received training in the Mental Capacity Act (2005) (MCA) and could correctly tell us the main principles. The manager told us that six staff had received this training and that all staff had received a briefing in the five main principles of the MCA. A member of staff showed us a small card listing the five main principles which they told us all staff carried with them. The manager told us that supervisions had also included one to one sessions on the MCA. This meant staff had the information they needed about the MCA to ensure people were cared for according to its principles. People's consent to care and treatment was recorded along with their capacity to make decisions about their care. The support people required to maximise their independence in decision making was recorded including the support of informal advocates and Independent Mental Capacity Advocates (IMCAs). This ensured people were cared for in line with the principles of the MCA.

At our inspection on 10 and 11 March 2015 we had received a concern that people were not offered anything to eat after 16:00 which would have been too long a gap between this meal and breakfast. There was a discrepancy between the concern raised and what the manager told us was usual practice. We made a recommendation about this.

At this inspection 16 July 2015, staff and the people we spoke with told us that the evening meal was now served at 17.30 and that snacks and drinks of people's choice were offered at other times and on request between meals and throughout the evening. This meant that people had a variety of food and drink to choose from and at times to suit them.

During the lunch time observation we saw that staff ensured that people had the choices of food they wanted and the amounts they wanted. We saw in one case where a person had a difficulty manipulating the cutlery that they had special large handled cutlery and that a plate guard was used (this prevented food from being pushed off the plate). This was important as it ensured that person's dignity was supported by providing them with equipment they could use to feed themselves.

Is the service caring?

Our findings

At our inspection 10 and 11 March 2015 we noted that those people who would benefit from pain relief administered by syringe driver did not have this option open to them as the nurses did not all have syringe driver training. This meant that pain relief had to be arranged in a different way. Training was available but staff had not attended. This meant that pain relief was not tailored to individual care needs. We made a recommendation about this.

At this inspection 16 July 2015 the manager told us that some staff had received training in delivering pain relief administered by syringe driver. However this option of pain relief remained unavailable at the service. Medicines for end of life care were stored by the home and the manager told us that people received the pain relief they were prescribed. However, the manager had plans to introduce syringe driver pain relief so that people had the option to choose this.

We recommend that the service follows best practice guidance in end of life care particularly relating to the use of syringe drivers.

Is the service responsive?

Our findings

At our inspection 10 and 11 March 2015 we found that care plans were not personalised sufficiently to give staff the information they needed to give care that was centred on each individual. The home did little to particularly engage and stimulate residents with dementia and there were no activities focused on sensory stimuli. We saw that care plans were regularly reviewed, but that there was little consideration of a holistic approach to care in either written records or the care we observed.

Failing to provide personalised care was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection 16 July 2015 care plans were improved. Each person's care plan contained details of clinical, social, cultural and recreational needs and were based on a holistic assessment of each person's care needs. Information about people's personal histories, their likes, dislikes, important relationships and interests had been compiled and used to produce personalised care plans. For example, we saw that the care plan included details of one person's interest in football, another person's interest in pets and singing, another in gardening, with guidance on how to engage people in conversation about these topics. Personal preferences were recorded, for example, one care plan stated "always wears a shirt and tie." And "likes to have two digestive biscuits at 11 am with a cup of coffee." Family and friends were named, with significant dates recorded. The manager had conducted a resident's meetings and people had been consulted for their views. We observed that staff offered care to meet people's needs. For example, one member of staff was engaged in a reminiscence game with a small group of people and a person was struggling to remember a name which was the answer to a question. The member of staff asked them if they could picture the person they were thinking of and the person told them they could. The member of staff told them this meant they had answered the question. The person was visibly pleased with this.

Staff had responded to a survey of their views. One had written, "the activities that have been introduced are encouraging."

Although this meant that the previously breached regulation was met, it was too soon to determine whether this improvement was consistent or sustained.

At our inspection 10 and 11 March 2015 we found that people were at risk of being isolated in their rooms as staff did not have time to visit them to engage in social interaction. At this inspection 16 July 2015, we spoke with a person who spent most their time in their room and they told us that the call buzzer was close to hand and that if they used it "staff would come quickly". They also told us that staff spent more time with them on a one to one basis in their room than before, which they liked and looked forward to. The person confirmed that they had a chance to contribute to their care plans and felt that staff listened and responded to their needs.

One person told us that the staff were "all good here". They told us, "when I have the slightest sign of illness the staff are quick to get the doctors in".

A relative told us of a recent event where their relative was unwell. They told us that the staff were "quick to call an ambulance and get [them] off to hospital". They told us, "the staff were very efficient and organised in getting it sorted".

Staff told us about the resident of the day initiative. This focused on one person each day of the month, who would have their care reviewed with their involvement, their room deep cleaned, a particular focus on their choice for food and drink and any activity they may wish to pursue, for example a trip out to a cafe. They felt this was a good way of making sure people had a regular review of their needs and it was an important time to feel special and cared for.

This meant that people were at less risk of social isolation, and that the service was more responsive to individual needs.

Is the service well-led?

Our findings

At our inspection 10 and 11 March 2015 the systems for assessing and monitoring the quality of service were not adequate and there was little evidence of people's involvement in developing the service. The nominated individual had not ensured that people were consulted and involved in their care. The service had not had a registered manager for over 12 months and there had been a history of changing management over the past few years. There were no reliable lines of communication to and from management, staff and people living at the service. This meant that the service was not well monitored or well led. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice about this.

At this inspection 16 July 2015 the nominated individual had appointed a manager who took up post on 16 March 2015. However, the manager was not yet registered with CQC. The manager told us that the home had a vacancy for a deputy manager but that this post had not yet been filled.

The new manager had set up a comprehensive system of audits and checks to ensure shortfalls could be identified and improvements planned. These included audits which were not being carried out at the last inspection such as for falls, pressure care, wounds, medicine handling, cleaning and infection control. There were also reviews of care plans, and recorded checks on the safety of the environment and equipment. Where the need for improvements had been identified, plans had been put in place to address these.

The manager was visible about the home and people told us that they were approachable and helpful when consulted. Staff reported that lines of communication to and from the manager were good and that the new 'ten at

ten' initiative was developing well. This was a commitment to taking ten minutes at ten o'clock each morning to speak with all staff for a quick update and to share concerns and comments.

Records of recent staff surveys showed that staff felt they were involved in decisions and informed about developments in the home. One member of staff had written, "The home is in the best state it has been for a number of years." Another member of staff had written, "It has now become a very enjoyable place to work." Staff told us that staff morale had improved and that staff had attended recent meetings where their views were listened to and acted on.

Records of recent friends and relatives surveys showed that they felt the home had improved under new management. One person had written, "Pleased with the new manager." We spoke with some relatives of a person who lived at the service. One relative told us that the new manager had "made some big changes within the home" and that these had been positive. They told us the manager had gone out of their way to support them at a recently difficult time. They told us, "(The manager) is really lovely; she really listened to us and gave us practical help". They went on to say that it had been "an all-round positive experience" both for them and the person who used the service. Relatives also told us that the manager had been open and honest about some of the challenges that had faced the service recently and had talked with them, asking for their views and explaining the planned improvements. A meeting for relatives and friends had been planned recently but no relatives had attended. The manager told us that they had arranged another meeting, had publicised this more widely and encouraged people to attend so that their views could be heard.

The manager held a meeting for people who lived at the home, which had not been well attended. However, they planned to continue with these and to consider other ways to enable people to voice their views.

Although this meant the previously breached regulation was met, it was too soon to determine whether improvements were consistent and sustained.