

Bupa Care Homes (GL) Limited

# Westcombe Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 20 and 21 April 2016 and was unannounced. At the last comprehensive inspection on 11 and 12 November 2015 we had found serious breaches of regulations in respect of people's safe care and treatment, staffing and staff training, people's records and arrangements to monitor the quality of the service. Fourteen safeguarding alerts had been raised at the time of this inspection. Since then nine safeguarding concerns had been substantiated and two were partially substantiated. The home was rated Inadequate overall and placed in special measures. The provider placed a voluntary embargo on the home so that no new admissions were made and the home was supported by the providers' recovery team both of which remained in place at this inspection.

We carried out this inspection on 20 and 21 April 2016 in line with our special measures policy. We checked what progress had been made in respect of addressing the breaches identified at the November 2015 inspection and also carried out a comprehensive ratings inspection.

At this inspection the home was providing nursing or residential care and support to 33 people. There was no registered manager in post. The home manager told us they had applied to become a registered manager with the Care Quality Commission. 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.

At this inspection we found significant improvements had been made in relation to people's safe care and treatment. People and their relatives told us there were considerable changes in the home and were all positive about the new manager and deputy at the home. Health professionals told us there were improvements to people's care and in staff engagement with them.

We found a breach of regulations as systems to monitor the quality of the service were not consistently operated. Staff recruitment and training records were not effectively organised or maintained to provide an accurate record of the induction and training carried out. You can see what action we told the provider to take at the back of the full version of the report.

There were some areas which required some further improvement. Staff had received recent training in a number of areas but the training the provider considered mandatory was not fully up to date and arrangements for future staff training were not in place at the time of the inspection. Care plan records required some improvement to ensure they were personalised, accurate and clear for staff to follow.

There were improvements in people's safe care and treatment. Risks to people were identified assessed and monitored and there was guidance for staff to reduce risks. Staff knew what to do in the event of an emergency. There were enough staff to meet people's needs. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. People's medicines were managed

appropriately and they received them as prescribed by health care professionals.

Staff asked people for their consent before they provided care and demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People received a balanced diet and told us the food had improved substantially since the last inspection. People told us staff were kind and caring and treated them with dignity and respect and we observed this to be the case. They had access to appropriate health care professionals when needed.

People had an assessed plan for their care and told us they had been involved in drawing this up. Regular residents and relatives meetings were held where people were able to talk to the manager about the home and things that were important to them. People told us they felt involved in decisions and they had representatives on the food committee. People and their relatives knew about the home's complaints procedure and said they believed their complaints would be investigated and action taken if necessary. People told us there was enough to do to keep them stimulated and we saw improvements were being made to make activities more personalised.

Staff said there had been a number of improvements and they enjoyed working at the home. They were positive about the manager and deputy and felt well supported in their roles. They told us they wanted to provide a caring good quality service and they felt confident they were heading in the right direction

In view of the significant improvements made across a number of areas the home is no longer rated Inadequate in any key question and is no longer in special measures. However the improvements were recent in origin and needed time to become embedded. We discussed these issues with the provider and we have mutually agreed some conditions on the provider's registration to help sustain the progress made. These include the recovery team remaining to support the service until a new registered manager is in post.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The home was safe. People told us they felt safe. Staff knew how to protect people from abuse or neglect. There were sufficient numbers of staff to meet people's needs.

Risks to people were assessed and monitored, and guidance was available to staff on how to safely manage these risks. There were arrangements to deal with emergencies. Recruitment checks were carried out to reduce the risk of unsafe staff. Medicines were safely stored, administered and managed.

### Is the service effective?

Requires Improvement ●

The service was not always effective. Staff had received training but it was not fully up to date in all areas.

People told us there had been improvements with the food and there was enough to eat and drink. People were supported to have a balanced diet and their dietary needs were assessed and monitored.

Staff asked for consent before they provided care. They understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and there were procedures in place to support staff to act in accordance with the legislation.

People had access to health care professionals when they needed to and the service worked closely with a number of different professionals to ensure people's health needs were met.

### Is the service caring?

Good ●

The service was caring. People and their relatives spoke positively about their relationships with staff and told us they felt safe and supported.

People and their relatives told us they were involved in decisions about their care.

We observed that staff displayed kindness, consideration, dignity

and respect towards people. We saw positive interactions between staff and people using the service and staff knew people well.

### **Is the service responsive?**

The service was not consistently responsive. People had an assessed plan of their care but some improvement was required to the way in which these were recorded.

People told us there had been improvements to the activities offered and we observed this was in progress.

People and their relatives knew how to make a complaint and they were responded to if they raised concerns.

**Requires Improvement** ●

### **Is the service well-led?**

There had been significant improvements and progress made but the home was not yet consistently well led. The quality of the service was not yet effectively monitored across all aspects. We have mutually agreed some conditions on the provider's registration to support the improvements found.

People, relatives and staff felt there had been changes at the home and were positive about the manager and deputy. There was a structure of meetings to manage the home and there were effective systems to monitor risk and review the quality of the service.

People's views were sought about the running of the service through meetings including food committee meetings and an annual survey.

**Requires Improvement** ●

# Westcombe Park Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 20 and 21 April 2016 and was unannounced. On the first day the inspection team consisted of two inspectors, a pharmacy inspector and a specialist advisor. On the second day one inspector and the specialist advisor returned to the home. They were joined by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our planning we looked at the information we held about the service including information from any notifications the provider had sent us and audits. A notification is information about important events that the provider is required to send us by law. We also asked the local authority commissioners for the service and the safeguarding team for their views of the service.

During the inspection we spoke with thirteen people who used the service and five relatives. We spoke with both day and night staff. These included six nurses, eight health care assistants, two administrative staff, two members of the domestic staff, the maintenance person, the activities coordinator and two members of the catering staff. We talked with the deputy manager and current manager for the home and representatives from the provider's recovery team. We spoke with the GP visiting the service and contacted three healthcare professionals after the inspection to gather their views. We looked at twelve people's care records, seven staff recruitment and training records, and records related to the management of the service such as minutes of meetings, records of audits, and service and maintenance records.

# Is the service safe?

## Our findings

At the last inspection on 11 and 12 November 2015 we found breaches in regulations as risks to people were not always identified or assessed, and adequate guidance had not been provided for staff on how to manage risks or deal with some kinds of emergencies; advice from health care professionals had not always been included in people's care plans.

At this inspection we found significant improvements had been made to the identification, assessment and monitoring of risks and advice from health care professionals was sought promptly and included in people's care plans.

Risk assessments were completed for each person across a range of possible risks that they might be exposed to. These included for example possible risks to skin integrity or from smoking, falls, the use of bedrails or weight loss. Risks in relation to medical conditions were also identified and assessed such as diabetes or risks from specialist feeding regimes. The deputy manager had been involved in the identification assessment and review of people's clinical risks across the service. Clear guidance was available for staff on what to do to reduce possible risks. This was updated in line with any changes to people's conditions and input from healthcare professionals where they were involved. For example one person at risk of possible choking had a recent speech and language assessment which included a change in their dietary needs and the advice had been included into the care plan the same day to ensure information was readily available to staff in meeting the person's needs. We observed the care people received matched their written care plan.

We tracked eight people's care and support and found that the guidance provided to staff to reduce risk was consistently used. For example for one person risks to their skin integrity were recorded as managed safely through the use of pressure relieving equipment, regular repositioning and nutritional input; we checked and confirmed they received this care. For another person staff had documented the need for their bed to be positioned as low as possible to reduce the risk of falls and we observed this had been done to reduce possible risks.

Risk monitoring tools and records such as repositioning charts, wound care charts, body maps and fluid and food charts were used appropriately and completed accurately to show that staff monitored risks. Nurses carried out checks of the charts to monitor for any concerns. There was written guidance for staff on when some monitoring tools should be introduced such as fluid charts to reduce the risk of dehydration. Wound care plans provided guidance on the frequency and kind of dressings that should be applied. Where people had the capacity to make a choice and had declined recommended equipment to reduce risk, such as a pressure relieving mattress, this was documented along with the advice provided and this was regularly reviewed.

Accident and incident reports showed appropriate actions had been taken following any accidents which had occurred within the service, and that these were reviewed and monitored for any trends. We saw one person had been referred to their GP and a falls clinic following minor falls to ensure risks were minimised.

At the last inspection we had identified risk in relation to the response times to some call bells. At this inspection we found people nursed in bed or in their rooms had call bells in reach and they told us these were answered promptly in the day and at night. People told us the response to call bells had improved since the new manager came. One person said "They do come when I call. It is a lot better now." Another person told us "Before I used the call bell in the middle of the night it felt a really long for them to come. Now it is better when they have the extra staff at night. If they are short at night then it takes much longer" A third person commented "The staff make sure the call bell is close to me. When I call them they are usually quick to respond" Call bells and response times were checked daily and the manager told us any delayed responses would be investigated. Records showed there had been no delays in responses since the last inspection. This showed that people's needs were met in a timely manner.

Possible risks in relation to emergencies situations had been planned for. At the last inspection in November 2015 some staff had not been able to explain what to do in the event of a fire and told us they had not received recent training. At this inspection both day and night staff were able to confidently explain their roles in the event of a fire and we confirmed from records they had received training. One staff member said "I know what to do in the event of a fire; I have had training on fire safety twice and been involved in two practice fire drills." Fire drills had been carried out and we saw they included practice on safe evacuation techniques to maintain staff awareness; staff also confirmed this. The fire drill reports included a list of attendees any problems identified and actions taken. For example one fire drill recorded a little confusion with the fire panel for some staff and this was resolved during the drill.

Staff knew what to do to if there was a medical emergency and we saw there was information available for staff on each floor. On the evening of the first day of the inspection we saw staff safely and sensitively managed a possible medical emergency.

Equipment such as hoists, pressure mattresses, wheelchairs, call bells, the lift and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including windows, water temperatures, legionella, and electrical and gas installation safety. Staff told us there was enough equipment when they needed it and individual hoist slings were now provided to minimise the risk of infection.

There was a system to carry out recruitment checks before staff started work to reduce the risk of unsuitable staff being deployed at the service. We saw that checks had been carried out on potential new staff. These included police checks, identity, right to work and health and character checks; application forms requested a previous employment history. Checks on agency staff had been carried out and were accessible if needed by a relevant staff member. Nurses registrations were checked to ensure their professional registration remained valid.

At the inspection in November 2015 we had found a breach of regulations as there were not always enough staff deployed in the day or at night. At this inspection on 20 and 21 April 2016 people told us there were enough staff at all times. One person told us "There are more staff at night now which is better. You used to have to wait ages before the new manager came." Another person said "There are staff around if you need something. I don't have a problem now." Some staff told us there had been improvements. A member of night staff said "We were short of staff at night the last time you came but now we have that extra staff member it makes all the difference." Another staff member commented "We are busy but there are enough of us to look after people well."

The manager told us they had increased the number of night staff by one since the last inspection. More recently they had reviewed the staffing levels using a dependency tool and due to smaller number of people



currently living in the home and decreased level of need had reduced the day staff numbers in accordance with the assessed levels of need. We were told this reduction was being considered for the night staff.

We checked the staff roster for three weeks and found it reflected the assessed staffing needs. The manager said staffing levels could be adjusted in line with any changes in needs. Our observations on the evening of the first day of the inspection and the feedback from people and staff showed that the additional staff member was still required to ensure people's needs could be met in a timely way and to allow for possible emergencies. We discussed this with the manager and the recovery team and they agreed to keep the existing levels of staff at night. The home had reduced the numbers of agency staff employed since the last inspection but had a nursing vacancy which required the use of some agency nurses while they recruited into the post. We saw that the same agency nurses were requested to try and ensure as much consistency as possible.

People told us they felt safe from harm at the home. One person said "This is a very safe place can't ask for any better. The staff are always around to help in case anything happens." A relative commented "I'm very happy about that, not worried about it here." The manager was the safeguarding lead for the home and understood their role in safeguarding adults. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look out for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. They had received training on safeguarding adults from abuse. They were aware of the organisation's whistle-blowing procedure and told us they would use it if they needed to ensure people in their care remained safe.

People told us they received their medicines as prescribed; one person told us "I do check my medicines and staff make sure I get them on time." Another person said "Medication is brought around at a good time for me." We found the provider made suitable arrangements to ensure medicines were managed safely and people were protected from any risk associated with unsafe management of medicines. At this inspection, we checked medicines administration record (MAR) charts, storage and medicines supplies. All prescribed medicines were available at the service and were stored securely and at correct temperatures which were regularly checked to ensure the medicines were effective for use.

Medicines were administered safely. We looked at 14 MAR charts and found no gaps in the recording of administered medicines. Controlled drugs were administered safely and drugs were disposed of in line with requirements. There were protocols for the management of as required medicines to guide staff on their use.

We observed a medicines round and saw staff wore a protective vest to ensure that they were not disturbed during the medicines round. The medicines round took almost two hours on one floor and we observed that staff prioritised medicines that had to be administered on time, to avoid negative health outcomes for people. The manager told us that senior carers had been appointed since the last inspection and they were to start training in the administration of medicines to assist the nurses and reduce the length of the medicines round. Medicines reviews were carried out to ensure people had medicines appropriate to their current health needs.

When asked, staff confirmed there had been no medicines incidents or near misses reported since the last inspection. They were able to describe to us what they would do should an incident or near miss arise in the future and we checked this was in-line with the provider's policy.

## Is the service effective?

### Our findings

At the last inspection in November 2015 we had found a breach of regulations in respect of staff training. We had identified some gaps in some areas of nurses training and staff had not received regular supervision to support them in their roles.

Since the last inspection we were aware that the home had been supported with a variety of training courses from the local home care support team to help provide staff with the necessary knowledge about aspects of people's care needs for example, training to prevent and reduce falls, emergency first aid, catheter care, phlebotomy training and pressure ulcer prevention. At this inspection we found staff had received this training and further training on these and other areas such as diabetes and dysphasia was planned. There had also been internal training course including fire safety to address the gaps in staff training and knowledge we had found at the last inspection.

People told us they thought staff were competent and understood their roles. However we found there was some room for improvement. The home's training matrix showed that staff were overdue in some areas of mandatory training. Records confirmed that staff refresher training in the areas the provider considered mandatory was not fully up to date. For example 12 staff were overdue for safeguarding training, 19 for manual handling and 15 for food hygiene. We discussed this with the manager and recovery team and they explained that the provider was moving to eLearning refresher training for most areas and that they were in the process of setting up the training room for staff to be able to access their training. The practical manual handling course was not eLearning and the manager told us this was being requested as a priority. We were unable to verify this at the time of the inspection but will check at our next inspection to ensure appropriate support and training is in place for all staff so that they have the skills and knowledge to meet people's needs.

Staff told us they felt they received enough training to meet their needs and had attended a number of training courses recently. One staff member told us "We have had plenty of training and I understand a lot more now." They said they received induction training when they first started and a period of shadowing before they started to provide care. The staff induction followed the Care Certificate, the nationally recognised qualification for health and social care workers. The deputy manager told us the provider had made arrangements to support nurses to work towards their validation with the NMC as now required.

Staff said they had received supervision since the last inspection and records confirmed this. One staff member commented "I've had supervision a few times now which was really helpful." The manager told us staff had previously had poor experiences of supervision and it had taken a while to re-establish their confidence in it. They were in the process of setting up a supervision matrix so they could more easily monitor that all staff received regular support through supervision. They told us that annual appraisals would be conducted in the near future now that supervision had been established.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before any care was provided and our observations confirmed this. One person said "Staff always ask if I would like help to get up or if I want to stay in bed longer." Another person remarked "They ask my permission before doing anything like giving me a wash." Staff understood the need to ask for consent before providing care. A staff member described how they were able to use signs to communicate with someone who was unable to speak and how they recognised particular signs which meant they did not want something. Another staff member said "People can choose even when they can't express themselves verbally. You can tell by their gestures." For those people who lacked the capacity to make a decision staff understood the need to check their ability to make each decision separately and to involve relatives and professionals as necessary in making best interests decisions. The manager and deputy manager knew how and where to submit a request for DoLS authorisation and the necessary steps to take. Where people had a DoLS authorisation for their own safety these were monitored to ensure any conditions were met.

People's nutritional needs were met. At the last inspection we had received mixed feedback about the quality of the food. At this inspection most people told us they had plenty to eat and that the food had improved considerably since the last inspection. One person told us "The new chef is really good. The food is so much better now." Another person commented "The food used to be rubbish but it's improved a lot since they got the new chef."

The menu was on a four weekly rotation and the chef told us they tried to vary it slightly to provide more choice. Most people told us there were sufficient choices although a relative said they would like to see that the alternative options were offered to people more frequently. Two people also commented that they would like more choice; we had already heard the manager remind staff to offer the alternative menu at the handover that morning.

People told us their dietary needs were better managed than previously. A relative told us "At the beginning they gave her the wrong foods, but now they are on the ball with it. Last year she didn't used to get what she ordered and I would hear her complain about it almost every day but she stopped mentioning it now." We found the chef was aware of people's dietary needs and allergies which were displayed in the kitchen. They knew peoples likes and dislikes and cultural needs and spent time discussing options individually with people on a weekly basis. A range of drinks were provided throughout the day. Most people preferred to eat in their rooms although two people told us the enjoyed being in the dining room to eat with other people.

People were weighed frequently if there were concerns about weight loss or gain. Where a person had lost weight, previously we saw they had been seen by a dietician in response to this. Fortified drinks and foods were used to help people at risk of weight loss. Weight records revealed most people had recently put on appropriate amounts of weight. People were supported where needed to eat in a dignified, calm and unhurried manner.

People told us they were supported to maintain good health and had access to health care support from a range of health professionals when needed including dentists, a dietician or optician. One person told us "They look after all my health needs. I have seen the GP recently and the physiotherapist." Another person remarked "Last week I had a cough and they called down the doctor to see me. They look after everyone efficiently." People's care records documented the contact from health professionals and we saw that any health needs had been promptly identified and relevant action taken. The GP visited the home regularly and was accompanied by a nurse so there was a system to ensure his advice was recorded and included in people's care plans. Health professionals including the GP also recorded in people's care plans to help guide staff of any treatment needs. We spoke with the GP at the inspection and three health professionals who visited the service regularly following the inspection. They all told us they felt there had been considerable improvements in people's care with the arrival of the new deputy manager and that staff worked proactively with them to ensure people's needs were met.

## Is the service caring?

### Our findings

At the last inspection in November 2015 we had found there were some areas for improvement in the way some staff interacted with people using the service and some concerns about the way night staff provided care and support. At this inspection people gave us positive feedback about both the day and night staff at the home and told us they thought staff were kind and caring. Our observations confirmed this to be the case. One person told us "I am very happy here and the staff are very, very good. They are always busy but have time to chat with me. We always come first; they always like to please us." Another person said "I am comfortable and happy here. The staff are nice to me and treat me with respect always." A third person commented "Staff are wonderful. They talk to you with care and they listen to your problems. They are very relaxed and listen."

We found there was a caring, calm and supportive atmosphere on both inspection days. We observed staff talking with people in the communal areas at times throughout the day, sharing jokes as they supported them. They knew people well and understood their needs, preferences and about their routines and health. One person remarked "The staff are lovely, very kind and caring. I am very happy here." People were comfortable and relaxed in their presence and enjoyed their company. One person told us "We do have a laugh and a chat it helps a lot." We witnessed many examples of good care being provided and saw that people were treated with understanding, compassion and dignity. Staff actively listened to people and encouraged them to communicate their needs. Staff talked about the people they supported with interest and consideration. They demonstrated a commitment to the importance of providing good sensitive care to people. One person remarked "The staff know me and what my needs are. I just came out of hospital and all of the staff greeted me when I came home. It was really nice to feel that I was missed."

People told us staff supported them to be as independent as possible. People's care plans guided staff on what aspects of their care people could manage for themselves and the areas they needed help with. One person told us they booked their own hospital transport when they needed it. We heard at handover staff discussed how to ensure someone's independence was maintained as far as possible when they were supported to be weighed.

People told us they were treated with dignity and respect. One person commented "When staff help me to get ready in the mornings they close the door to make things private for me. They definitely know how to respect my privacy." Another person said "They knock on the door before coming in and they don't talk about your problems in the open." We observed staff speaking to and treating people in a respectful and dignified manner. Staff knocked on people's doors throughout the day and wait for a response before entering their rooms. They addressed them by their preferred names and were aware of the need of confidentiality and spoke discreetly to people when needed. They gave people encouragement whilst supporting them and did not rush them. People told us they were supported at their own pace. One person commented "They let me go as slowly or quickly as I can manage or want. There is no pressure."

People told us they were involved in decisions about their care. They told us staff consulted them about their care and support preferences. One person told us "They are always checking with me about how I

want things done." People had a key worker that they could develop a closer relationship with and who was responsible for monitoring some aspects of their care. Staff demonstrated that they involve people continually in decision making. One staff member told us, "We all like different things on different days and depending on our moods sometimes. You have to remember that and not just assume you know what people want." People spoke about the relatives and residents meetings and it was evident they had been consulted about how these should be organised and felt their views were listened to and respected. One person said "We didn't have a good cook so we told the manager at the meeting. They got us a new cook; they are good and make great cakes. The meals are nicer and more interesting. Now there are always some snacks available for us at night, sandwiches, soup." Another person said about the meetings "They are great, we get to talk about things that are important to us. We are encouraged to put our views forward. It's good to feel that they listen and care for us."

Where people were receiving care towards the end of their life we saw that there were anticipatory planning meetings organised with people, their families where appropriate and professionals in relation to people's health needs, conditions and wishes should their condition deteriorate, so that people's wishes and expectations had been discussed and recorded. Do not attempt cardiopulmonary resuscitation forms (DNAR) were completed by the GP in consultation with people and or their families where appropriate. However the standardised and universally recognised form as recommended by the UK Resuscitation Council had not always been used. We advised the manager about this and they agreed to discuss this with the GP following the inspection.

## Is the service responsive?

### Our findings

At the last inspection in November 2015 we had found a breach of regulations as records related to people's care were not always available, accurate or up to date. At this inspection we found records in relation to people's safe care and treatment were up to date and were regularly reviewed. People had an assessed plan for their needs and the care they needed to support these needs. This included areas such as mobility, eating and drinking, skin care and choices and lifestyle.

People told us their individual needs were recognised and met. For example for one person for whom English was not their first language we saw staff had developed communication cards to develop better communication with them and a member of the staff who spoke the same language spent time talking with them regularly. People were supported with their cultural needs in respect of their diets and their spiritual beliefs with regular visits from spiritual representatives. One person told us that staff respected the timing of their spiritual worship and did not disturb them at these times. Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related for example to disability, gender and ethnicity.

However people's care plans needed some improvement to ensure they were consistently personalised to reflect how people's individual needs and goals. For example for one person a daily record entry stated, 'Due care rendered' and did not accurately describe the support given. For another person their ability to make choices and decisions was not always clearly recorded in different parts of their care plan. For another person who also had communication cards and pictures it was not clear from their care plan what their first language was and therefore whether the cards were in the right language to be useful. There was also limited information about two people's life experiences, goals and interests to assist staff in communicating with them and supporting them. Staff did not always record the care provided in the same part of the care plan so that for two people it was difficult to track and monitor the care provided in relation to their health needs. The manager and the recovery team told us these issues had been identified and they had organised coaching for staff in these areas in the near future.

At the last inspection we had found some improvements were required to the organising of activities to ensure that people's individual needs for stimulation were met. At this inspection we found improvements were in progress but not yet completed to ensure activities were more personalised to people's individual needs for stimulation or social interaction.

People told us they had enough to do and that there were weekly daily activities they could join if they wished. One person said "There is something on every day to keep you interested." The activities coordinator told us that they visited people who preferred to remain in their rooms in the mornings and we saw they had identified the kind of activities that people preferred to engage in for example one person had made a scrap book of their favourite singer; another person enjoyed being read to from a book of their choice.

Group activities were varied and there was a list displayed in the communal areas which included which

included visiting entertainers, so that people knew what was planned in advance. During the inspection we observed a bingo session, skittle and a tea party to mark the Queen's birthday celebration. People spoke highly of the activities coordinator and the activities organised. One person said, "The activities lady is fantastic, she works really hard. There is always something for me to do. In the summer we sit in our lovely garden. I can also go out with my family." Three people told us they would like more to do at the weekends and have more trips out. We attended a planned residents meeting during the inspection and progress on the appointment of a coordinator for weekend activities and cover for the reception area was discussed. There was also a discussion of a proposed garden work to provide a better seating area for the summer which was welcomed.

People were encouraged to maintain links with the community, their families and friends. Relatives told us they were made welcome by the staff and could visit when they wished. The home had established links with a local primary school and some people from the home had visited the school recently.

People and their relatives told us they knew how to raise a complaint and that they felt their concerns would be addressed. One relative said "I complained about how late my (family member) was getting a shower but she now gets it a lot earlier. I think everything has improved a lot since the new manager has come in." The complaints policy was displayed throughout the home and there was also a suggestions box in the reception area. One person commented "I know how to complain if I need to. I would tell staff or the manager. We can also raise concerns at the residents and relatives meeting. Most of the time they listen to what we have to say, they really try to get things right." Most relatives told us they had not needed to make a complaint and if there had been an issue this was dealt with promptly. During the inspection we observed a concern raised by a relative about missing laundry and this was acknowledged and action taken by the manager to address the issue. The complaints log showed one formal complaint had been raised since the last inspection and this had been dealt with in line with the provider's complaints policy.



## Is the service well-led?

### Our findings

At the last inspection in November 2015 we had found breaches of regulations as the systems to monitor the quality of the service was not operated effectively to identify issues, or, where these concerns were identified they were not promptly acted upon. Systems to manage and reduce risk to people were either not operating or ineffective. People's records were not accurately maintained.

At this inspection we found significant improvements in these areas. People were all positive about the management of the home. Most people told us there had been definite improvements to the home since the last inspection. Two people and a relative said they had always felt the home was well run and had not had any problems. One person told us "Since the new manager has been in it has changed for the better. This place is now running a lot better." Another person told us "Things are much better organised now. The food is better, the activities better and staff are more relaxed. The manager and deputy are good they are often about. We had a bad period of hiccups and problems before. Things work well now" A third person remarked "I would like the current manager to stay, she is good." A relative commented "Things are improving. The staff are kind and caring; the manager is approachable."

However some aspects of the service were not yet consistently managed to ensure quality was maintained. Staff records had not been recently audited and were poorly organised. We found there were missing training and recruitment records which were not located safely in staff files and could not be located at the inspection; although copies were sent to us subsequently. Staff induction records were not held in staff files and although we were shown evidence that these had taken place this was not recorded on the staff file. We were sent the induction booklet for the one new staff member and found they had not signed to confirm they had completed the induction. No record had been made for the shadowing period to establish that this staff member was fully ready to work. In addition, although there were competency assessments for nurses there was no specific induction booklet for new nurses to record their role specific induction training. We were told this was in the process of being developed by the provider.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We were told a full audit of staff records was completed after the inspection and that previous staff training records had been located and staff training files were being created. However, we were not able to verify this at this inspection.

The previous registered manager had left the home in September 2015 and the home had been managed by a relief manager since October 2015. They were in the process of becoming a registered manager although we were told the service would be looking for a new permanent registered manager in the future. The current manager understood and had fulfilled the responsibilities of a registered manager and had sent us notifications as required. They were supported by a new deputy clinical manager who had started work at the home in February 2016. The home was being supported to make improvements by the provider's Recovery Team since the last inspection.

People were consulted about the running of the home. The manager had established a food committee with representatives from staff and people using the service. We saw from the minutes that there were contributions from all attendees and actions identified were acted on. People told us they felt consulted about changes and that their views mattered. One person said, "The new manager has listened to us and arranged the residents and relatives meeting together instead of a separate meeting for residents and relatives." Another person told us "You can talk to the new manager she is wonderful, always on the ball. Best manager we have had." The reception area at the home had been altered, in consultation with people, to provide a small area for people to relax and talk with visitors or with the administrative staff. People's views about the home were sought through an annual survey which identified strengths and areas for improvement.

Some aspects of the quality monitoring system were effective. There were internal medicines audits and an external audit completed to ensure medicines were managed safely. Audits were carried out on care plans and other care records and had previously identified the issues we raised. The manager reviewed the accidents and incidents to monitor for any trends. The provider had an electronic quality monitoring system for aspects of clinical care. There had been some delays in the manager being able to complete these as they had problems accessing the electronic system. However they were being supported to access and use the system and complete current audits. Regular spot checks of night staff were carried out by the manager or the deputy to monitor the quality of the service.

Risks to people were now consistently monitored and reviewed through twice daily handovers and weekly clinical review meetings. We observed two handover meetings that included discussions of any changes in people's needs, guidance to staff about the day to day management of the service, coordination with health and social care professionals, and any changes or developments within the service. We observed that staff worked well together and felt able to express their views and engage in learning from the deputy manager. Staff used a written handover sheet to record the support needed and any changes in people's care; these were up to date and reflected people's current needs. We observed the weekly clinical review meeting which was effectively led by the deputy manager and discussed and highlighted people's health and clinical needs. These meetings were recorded and we found any actions identified were completed.

Staff told us the manager had made considerable improvements and changes at the home and they felt the support from the recovery team was helpful. One staff member told us, "They have made such a difference here; you will notice a big change The manager has done an amazing job." Another staff member said "The new manager has been here one year, can I give them ten out of ten, yes. We get fantastic support from the manager. Before she came there were less staff, residents and relatives complained about things. Since she came there have been many improvements for example there is a new chef, the food is better, staffing levels have increased, and people's personal care and dressing has improved." A third staff member said "Team morale is better, we are relaxed and the home is more calm and organised than it has been for a long time." Regular staff meetings were held and staff told us they felt able to raise any issues or concerns. There was a daily meeting of heads of departments and nurses to encourage effective communication across the home.

Care workers told us they felt valued and respected and those staff who were newly appointed as senior care workers spoke enthusiastically about their responsibilities and future training. Nurses told us they valued the input of the manager and deputy manager and that they had made significant improvements with people's clinical care under the guidance of the deputy manager. The atmosphere and staff culture had improved significantly at the home. Staff were open, relaxed and happy to discuss their roles and were proactive in their aim to provide good care. We observed staff had a sense of ownership, pride and responsibility about their work. For example a staff member commented, "We have senior carers now, residents are eating nice food, they are not losing weight anymore, the home is calm and relaxed, the

residents know we are around. The residents are our number one priority. This is again the residents' home, last year it felt like it wasn't."

The manager and deputy manager told us they felt well supported by the recovery team and provider. They acknowledged that while there had been a lot of hard work undertaken and improvements had been made there were still some areas that needed to be addressed. We considered the sustainability of the changes had yet to be assured. .

While we recognised the improvements made at the service, they were recent in origin and had not had time to fully embed. The deputy manager was only recently in post. The changes needed time and support to ensure they were sustained and we discussed these issues with the provider. We mutually agreed with the provider some conditions on the provider's registration for this location to support the improvements made. These included the provider notifying us when they lifted their voluntary embargo on new admissions, the recovery team's continued presence at the location to support the management at the home until a permanent registered manager as appointed and any withdrawal of the recovery team to be discussed with CQC.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Arrangements to assess and monitor the quality of the service and risks to the health, safety and welfare of service users were not always effectively managed.  Regulation 17(1)(2)(a)(b)