

Four Seasons Homes No. 6 Limited

Birkin Lodge Care Home

Inspection report

Camden Park
Hawkenbury
Tunbridge Wells
Kent
TN2 5AE

Date of inspection visit:
22 February 2016

Date of publication:
29 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Birkin Lodge Care Home provides care and accommodation to up to 50 older people. The home is set over three floors providing a combination of residential care and nursing care. People that use the service have a range of care needs and complex health needs requiring care from registered nursing staff. The service at Birkin lodge is provided by the Brighterkind group, which is part of Four Seasons Health Care Group.

This inspection was carried out on 22 February 2016 by three inspectors. It was an unannounced inspection. There were 24 people using the service at the time of the inspection. Building work was underway at the service to refurbish the premises. Two of the three floors had been refurbished and work was due for completion on the third floor in March 2016.

There was a new manager in post who had joined the service the previous week. The manager was not yet registered with the Care Quality Commission (CQC), but told us they were in the process of applying. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection, in May 2015, the service was in breach of regulations relating to the provision of personalised care, managing risks to individuals and effective monitoring and improvement of the service. At this inspection we found improvements had been made to these areas and the requirements of the regulations met. However, practices need time to be embedded.

At this inspection we found that staff did not consistently follow safe practice for administering and managing people's medicines. Systems for administering medicines did not ensure that people received their prescribed medicines on time.

Records were not completed accurately. There were gaps in people's care plans about their preferences to ensure they consistently received a personalised service.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There were sufficient staff on duty to meet people's needs. Staffing levels were calculated and adjusted according to people's changing needs. There were thorough recruitment procedures in place to ensure staff were suitable to work with people. Regular checks were made to ensure nursing staff remained registered and safe to practice.

Staff were knowledgeable and competent to meet people's needs. They had the opportunity to receive further training specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions. Staff felt supported in their roles and were clear about their responsibilities. This ensured they were supported to work to the expected standards.

Staff sought and obtained people's consent before they helped them. They understood the requirements of the Mental Capacity Act (MCA) 2005 when helping people to make decisions. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People praised the food they received and they enjoyed their meal times. Staff knew about and provided for people's dietary preferences and restrictions. Nursing staff monitored people's health needs and made prompt referrals to other health care professionals when needed.

The premises had been recently refurbished and were appropriate for the needs of the people living there. The risk of the spread of infection in the service was managed effectively.

Staff understood people's preferences and delivered care in a personalised way. Staff knew people well and provided a caring service. People had their privacy and dignity respected and staff recognised their right to independence.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews that were scheduled. People were at the heart of the service. Clear information about the home, the facilities, and how to complain was provided to people and visitors.

People were involved in the planning of activities that responded to their individual needs. A broad range of activities was available that ways to keep people occupied and stimulated.

Staff told us they felt supported by the manager and supported to provide a high quality service. The manager was open and transparent in their approach. Emphasis was placed on continuous improvement of the service. Improvements had been made to the culture of the service to ensure people received personalised care. The changes need to be embedded in staff practice to ensure they are sustained.

The registered provider kept up to date with any changes in legislation that might affect the service and carried out comprehensive audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines were not managed safely.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to meet people's needs safely.

Safe recruitment procedures were followed in practice.

The environment was secure and well maintained and the risk of the spread of infection was managed and reduced.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager understood when an application for DoLS should be made and how to submit one. Staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Good ●

Is the service caring?

The service was caring.

Staff knew people well and provided a caring service that treated people with kindness, compassion and respect and recognised

Good ●

their individuality.

People's privacy and dignity was respected by staff.

People were consulted about and involved in their care and treatment.

Is the service responsive?

Good ●

The service was responsive to people's individual needs.

People's care was personalised to reflect their wishes and what was important to them. People had care plans that met their assessed needs.

A broad range of activities was provided that met people's needs and interests. People had the opportunity for social interaction with staff on a regular basis throughout each day.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Accurate and complete records were not maintained to ensure care delivery could be monitored.

There was an open and positive culture which focussed on people. The manager welcomed people's suggestions for improvement and acted on these. Emphasis was placed on continuous improvement of the service. However practices need time to be embedded.

The staff told us they felt supported and listened to under the manager's leadership. Staff were clear about their responsibilities and the manager provided clear leadership.

There was an effective system of quality assurance in place. The manager carried out audits and analysed them to identify where improvements could be made. Action was taken to implement improvements.

Birkin Lodge 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 carried out 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 was carried out on 22 February 2016 and was unannounced. The inspection team consisted of three inspectors.

Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service and safeguarding team.

We looked at five people's care records. This included assessments of needs, care plans and records of the care delivered. We observed to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with six people who lived in the service and two people's relatives to gather their feedback. We reviewed comments and feedback sent to the commission and the service to understand people's experience of the care provided. We spoke with the manager, the regional support manager, the deputy manager, the regional clinical lead and three members of staff. We also obtained feedback from health and social care professionals involved in the care of people using the service.

Is the service safe?

Our findings

At our last inspection on 26 May 2015 the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate action had not been taken to assess and minimise the risk of pressure wounds to people. An action plan was submitted by the registered provider that detailed how they would meet the legal requirements by September 2015. At this inspection we found improvements had been made and the registered provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living in the service. One person said, "I am very happy here" and another said "Yes, I feel quite safe". All of the relatives we spoke with said that the home provided a safe place to live and that their relative was being well looked after. People told us that the service was kept clean. Three people we spoke with specifically commented on recent improvements made to the cleanliness of the premises.

People's medicines were not always managed in a safe way. Staff had not been sufficiently trained in administering medicines. All staff responsible for administering medicines had been registered for online training, which was in the process of being completed, however they were unclear about when they had last received training. There were multiple gaps in medicine administration records where it was not clear if a medicine had been omitted or whether it had not been recorded that it had been administered. The regional clinical lead was aware of this issue and had increased the frequency of audits of records. However, this was still happening on a regular basis and the manager could not be sure that people had received the medicines prescribed for them.

Staff were being supported by the regional clinical lead to set up a robust system for ordering medicines. They were working with the pharmacist to ensure that correct procedures were followed. The pharmacist had carried out two visits in January and had one planned in March to audit the processes the home used to manage medicines. It was evident from the audits that some improvements had been made, however there were still areas where improvements were required. Records showed that the temperature of medicine storage areas was not consistently being checked. This meant that staff could not be sure that medicines were being stored appropriately. The audit carried out by the pharmacist on 27 January 2016 stated "Recording of temperatures must be daily with immediate effect" however this had not been achieved. There was a sharps bin in the clinical room which had not been dated when it was opened. Best practice guidance recommends that sharps bins are disposed of after a maximum of three months and without dating the box, it was unclear how long it had been in use.

There were separate medicines trolleys for people receiving residential care and nursing care. The same member of staff was responsible for administering medicines for people from both areas and we saw that the lunchtime medicines took over an hour to administer. This placed people at risk of not receiving their medicines at the prescribed time, which may be essential for particular types of medicine. We saw staff empty a person's tablets from the medicines pot into their hand, without wearing gloves, and place them into the person's mouth. This did not follow the medicines policy for the service.

Some people had medicines prescribed to be given 'as required'. Not everyone had an individual plan in place to inform staff when it was appropriate to offer them these medicines. For example, one person was prescribed diazepam for anxiety. The guidance for staff stated 'Take when agitated or anxious', however it did not guide staff in how to identify when the particular person was agitated or anxious.

People were not always protected by effective systems for ensuring they received the medicines they needed at the right time and in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knew how to identify and respond to allegations of abuse and how to report any concerns. They understood their responsibility to raise concerns about people's welfare and told us they would be confident to do so. Staff knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. Staff training records confirmed that they had recently completed refresher training in the safeguarding of adults. Staff were aware of the registered providers whistleblowing policy that provided protection for staff that wished to raise concerns anonymously. People were protected by staff that understood how to recognise and respond to the signs of abuse. We found that, due to the building works, there was an ongoing presence of contractors walking through the premises whilst some people were in their bedrooms. The registered provider had ensured that all contractors had been subject to a disclosure and barring check, however they had not reviewed the access arrangements for contractors since the work had moved to a different floor. The regional support manager completed a risk assessment with the contracting manager prior to the end of the inspection and this resulted in a restriction in building contractors accessing parts of the building where people were accommodated. This ensured that people were safeguarded from harm or abuse.

There were sufficient numbers of experienced and qualified staff on duty to provide the care people needed. The registered provider completed a monthly assessment of the dependency of each person using the service to ensure staffing levels met their needs. Staff rosters indicated sufficient staff were in attendance on both day and night shifts. Staff told us that there were enough staff on duty to enable them to meet people's needs, including spending time with people who were nursed in bed. Staff told us, and we saw, that the manager and regional support manager were available to provide direct care when required.

The registered provider generally followed robust procedures for the recruitment of new staff. However we noted that the file for one staff member did not contain evidence to show that their employment history had been appropriately checked prior to their appointment. The regional support manager arranged to obtain this information following the inspection. The staff files we viewed included interview records, references and a disclosure and barring check. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. All staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. The registered provider made an annual check of the registration status of nursing staff employed in the service to ensure they remained qualified and safe to work in their roles. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The premises had been assessed to identify risks and action taken to minimise these. Bedrooms were spacious so that people could mobilise safely. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. People and their relatives said that the building works were being managed in such a way that they had not noticed any untoward impact on their relative or their experience of the service. The registered provider ensured that a monthly check of the safety of the premises was carried out and action was taken to address any shortfalls.

Maintenance staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. Equipment was maintained in good working order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. A passenger lift that facilitated safe access to the upper floors was serviced yearly and was being serviced and repaired during the inspection. There was a system in place to identify any repairs needed and action was taken to complete these in a reasonable timescale. Risks within the premises had been identified and minimised to keep people safe.

Risks to individuals had been assessed by nursing staff as part of their care plan. This included the risk of falls, developing pressure wounds and poor nutrition. Staff we spoke with were aware of the risks that related to each person. We saw that staff helped people to move around safely and that people had the equipment they needed within easy reach. Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced.

People at risk of developing pressure wounds had appropriate pressure relieving equipment in place. The service had introduced self-adjusting pressure mattresses to ensure that the mattresses were at the correct settings for the person using them. Checks were carried out by managers on a weekly basis to ensure that they were operating correctly. Assessments were carried out to determine people's skin integrity and whether there was any risk of their skin breaking down. Where people had pressure wounds or areas of skin at risk of breakdown additional records were kept with information about how to manage the area in order to promote healing. Pressure areas were regularly monitored for all people in the home by the manager and deputy manager to assess whether they were improving. Where advice was sought from healthcare professionals such as tissue viability nurses, hospices and podiatrists, it was recorded in people's care records and it was clear that the advice was followed. For example, in one person's care records it was recorded that staff should offer high calorie snacks frequently which was documented in the person's daily records. Staff took appropriate action to reduce the risk of skin breakdown.

People were weighed regularly in accordance with their needs. Some people were weighed weekly, if they were identified as being at risk of losing weight too quickly, and others were weighed monthly. One person had lost a significant amount of weight in a short period of time. The deputy manager had contacted the GP and also had them assessed by the healthcare professionals linked with the local hospice. Both doctors had advised how to manage the person's weight loss and staff were following the guidance to reduce the risk of further weight loss for the person. This included giving the person supplements to increase their calorie intake and monitoring their food and fluid intake daily. The risks to individuals' wellbeing were assessed and minimised.

The registered provider had considered the risk of social isolation to those who spent much of their time being nursed in bed. Whilst this had not been included in the written care plan we saw that systems were in place to ensure that staff spent time with people who were at risk of social isolation. The activities co-ordinator visited a person in their bedroom to find out what music they liked. The person had communication difficulties, but the activities co-ordinator was skilled and patient and managed to establish what the person enjoyed. The activities co-ordinator promised the person that they would return later that day to listen to music with them and we saw that they did this. The activities co-ordinator also regularly went in to see people in their rooms to have a chat with them throughout the day. The risks to individuals' wellbeing were assessed and minimised.

The service had an appropriate business contingency plan that addressed possible emergencies and identified temporary accommodation in the event of the service becoming uninhabitable. Staff were trained in providing first aid. Staff had been trained to use the fire policy in practice and to use the fire protection

equipment around the home. Personal evacuation plans, that reflected people's mobility levels and individual needs, were available to staff and emergency service personnel and regularly reviewed. This meant that staff knew how to respond in an emergency to ensure people's safety.

People lived in a clean environment. People and their relatives told us that there had been improvements to the cleanliness of the service. Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. Records showed that the manager made regular checks of the cleanliness of the service. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risks from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Guidance about handwashing was displayed above hand wash basins. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. There was a pedal bin in the toilet next door to the lounge on the lower floor which was not functioning and people had to lift the lid with their hands to dispose of paper towels. People's risk of acquiring an infection was reduced; however we recommend that the registered provider ensure all pedal bins are operational.

Is the service effective?

Our findings

People and their relatives told us that the staff had the skills and understanding required to effectively care for people and meet their needs. One person told us "The staff here are very good and most of them know what I need help with". Another person told us "The staff they have here are all very good, I trust that they know what they are doing." People told us they had enough to eat and enjoyed the meals. One person said, "I am very satisfied". "They always give us two choices and ask which we'd like. I think there is a good selection."

Staff had completed the training they needed to provide safe and effective care and had been booked for refresher training courses where required. Staff in all roles completed training sessions in health and safety, equality and diversity, safeguarding adults, fire safety and infection control. Additional training was provided for staff relevant to either their nursing or care roles to meet people's specific needs. This included pressure ulcer prevention, Mental Capacity Act, dementia and safe moving and handling. We saw that staff were confident in their roles and where they had completed training they demonstrated that they applied the principles of their learning in practice. The registered provider had a programme of implementation for the Care Certificate for all new staff to complete. The Care Certificate was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The manager said this was to be introduced at Birkin Lodge this summer. Care staff were supported to gain qualifications and study for a diploma in health and social care. Registered nurses were supervised and supported by a clinical lead for the service. A regional clinical lead was working regularly in the service at the time of the inspection to ensure improvements made, following our last inspection, were maintained. The regional clinical lead provided support and clinical guidance to nursing staff. This meant that staff were able to develop their skills and knowledge to care for people effectively.

Staff told us they felt supported in their roles. One staff told us that the manager "makes sure I get time to read care plans so I can give personalised care". Staff had a supervision meeting with the manager or deputy manager every two to three months. They said this was an opportunity to discuss their work and to identify any further training or support they needed. Records showed that positive feedback was given to staff in supervision along with guidance and support relevant to their role. The regional support manager and the manager monitored staff skills and competence regularly to make sure they were working to expected standards.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the principles of the MCA were applied in practice. Staff understood the importance of communicating clearly and giving people the time they needed to think about and make decisions. We saw that staff sought and obtained people's consent before they helped them. When people had been assessed as not having the mental capacity to make specific decisions, a recorded meeting had taken place with their legal representatives to decide the way forward in people's best interest. This ensured people's rights to make their own decisions were respected and promoted when applicable.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interests. The registered manager had considered the least restrictive options for each individual. This ensured that people's right to liberty were protected.

People were consulted when menus were planned and specific requests were taken into account. There was a four week rolling menu that provided a choice of meals. People had an assessment of their nutritional needs. Throughout the day we saw that people in their bedrooms had drinks that were placed within their reach. People in communal areas were offered drinks and snacks throughout the day. Jugs of cold drinks were available in the communal areas for people to help themselves. People told us that they were enjoying their lunch and had adequate portions. Staff asked people if they would like their food cut up before assisting to promote their independence. Staff offered people drinks with their meals and offered them more if they had finished. People were offered second helpings of the meal. Some people were being supported to eat in their rooms and staff were patient with people and assisted at their own pace. People were provided with sufficient food and drink to meet their needs.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. A chiropodist visited every six weeks to provide treatment. An optician visited people upon request. Staff responded quickly to refer people to relevant health professionals when needed. For example, to the tissue viability team when concerns about skin integrity were identified. People's care plans included relevant information about their specific health conditions. Records about people's health needs were kept and the outcome of health appointments was recorded within people plans so that staff knew what action to take. This ensured that staff responded effectively when people's health needs changed. People had clear and effective plans to respond to their health needs.

Within the last six months the registered provider had undertaken a programme of refurbishment of the premises. As part of the refurbishment they had considered the needs of people that used the service or may use it in the future, for example people with mobility difficulties, visual impairments and those living with dementia. Appropriate signage for people who lived with dementia was in place throughout the premises to help people understand their surroundings and find their way. Toilet seats and grab rails of contrasting colour had been fitted and there were handrails around all areas of the home. Consideration had been given to how the premises could be arranged to meet the people's individual and changing needs.

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. They told us, "The staff are really kind, they are so patient no matter how busy they are" and "they are all lovely, every one of them" and "The staff are caring". People told us that the staff treated them kindly and always respected their privacy.

Staff were caring and focused on providing a personalised service. They had developed positive relationships with people and they had taken time to find out about people's life history, family, interests and what was important to them. This information was not always recorded in people's care plans to ensure it could be used consistently by everyone involved in the person's care. However, this did not impact on the care people received because staff knew them well.

People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. Staff supporting people to eat their meals explained to people what they were eating and gave encouragement. Staff took time, as often as was needed throughout the day, to provide reassurance to people who were anxious or confused. Staff were comfortable in displaying warmth and affection toward people whilst respecting people's personal space. Recently staff had introduced the use of 'Twiddle Muffs'. These are knitted hand muffs that provide people, usually those living with dementia, with sensory stimulation. The service used Pets as Therapy (PAT) and staff said that people responded positively to the animals and it had encouraged them to talk more. This showed that staff understood the importance of meeting people's emotional needs.

People told us that their privacy was respected and that staff always knocked on their doors before entering. Staff were consistently discreet when offering to provide personal care to people. Arrangements were in place to ensure that people's records were stored securely and that their personal information remained confidential. Staff did not discuss personal information in communal areas of the service. During the inspection we found that building contractors had access to areas of the home where people were in bed with their doors propped open. We raised this with the regional support manager who took immediate action to change the access arrangements. Staff respected people's privacy and treated them with respect.

People and their families where appropriate, were involved in their day to day care. People's care plans and risk assessments showed they had been consulted on their views of their care and asked what was important to them about their daily routines. Each person had a named keyworker. A key worker is a named member of staff with special responsibilities for making sure that a person has what they need. Relatives told us that they knew who their relatives' keyworker was and were able to talk with them about their care plan at any time. People were involved in planning and reviewing their care to ensure it met their needs and preferences.

People were provided with information about the service. They were given a brochure that contained information about the services provided and how to make a complaint if they needed to. There was an information folder in each person's bedroom providing key information about the services provided.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. Staff described how they encouraged people to do as much of their care as they were able to.

Is the service responsive?

Our findings

At our last inspection on 26 May 2015 the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had not ensured that people received a personalised service. An action plan was submitted by the registered provider that detailed how they would meet the legal requirements by September 2015. At this inspection we found improvements had been made and the registered provider is now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the staff responded well to their needs. One person said "They are quick to arrange for me to see a doctor if I need to" and another person said "The staff are available when I need them and if they are busy they always get to me as soon as they can". A person's relative told us "Now that there are more staff here there is less waiting time for care". Another person's relative told us "If I ask for something for X I get it. The care as I see it is excellent."

Each person's needs had been assessed before they moved into the service. This addressed their needs in relation to their personal care, safety, mobility, skin integrity, nutrition, health and personal preferences. People's care plans included information about their needs, for example in relation to their communication needs, if they required glasses or a hearing aid. Staff followed people's care plan to deliver care and records showed that their needs were met.

We saw examples of personalised care, for example staff were talking with a person about their favourite music and other people were supported to take part in activities and hobbies of interest to them. People's care plans included information about preferences, for example what time they liked to get up and whether they preferred a bath or shower. Staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected.

The service responded in a timely way to changes in people's needs. A person who had lost weight had been supported to see their GP. Prompt referrals were made to relevant health services when people's needs changed. People's health and psychological needs were met in practice and staff responded to people's changing needs.

A new activities coordinator had been appointed and had been working in the service for a week. They had begun consulting with people about their social needs and interests. The service had a planned programme of entertainment including musical entertainers and shows each week. People told us they had enough to do to occupy them and that they enjoyed the entertainment and activities that were provided. People had their social needs met.

People's views were sought and listened to. The manager had scheduled residents and relatives meetings for the week during which we visited. Records showed people were asked about their views of the care, the range of activities, the quality of the food and, more recently, the impact of the building works. People and

their relatives told us that they could speak with the manager or staff at any time about their care. The service sent a series of annual questionnaires to people's relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. The last survey indicated people were satisfied with the support they received.

People knew how to make a complaint. The provider had a clear complaints policy and procedure. The complaint procedure was displayed in the reception area and within the information folder in each person's room. Complaints were recorded and responded to appropriately. We saw that the registered provider had dealt with complaints in an honest and transparent way. Where a complaint was upheld they had apologised to the complainant and described the action taken to put things right and improve the service for the future.

Is the service well-led?

Our findings

At our last inspection on 26 May 2015 the registered provider was in breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had not ensured that effective systems were in operation to monitor and improve service delivery. An action plan was submitted by the registered provider that detailed how they would meet the legal requirements by August 2015. At this inspection we found improvements had been made and the registered provider is now meeting the requirements of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that they felt the service was managed effectively and in an open and transparent way. People knew who the new manager was. One person told us, "This care home is being run well now and is getting better all the time. The redecoration has really improved the feel of the place". Another person told us, "I would be happy to go and talk to the manager if I wanted anything changed, they do listen and are happy for you to make suggestions". A further person told us, "The staff work really hard here and it is good to see that the company is investing in this home now". Staff told us they enjoyed working in the home. One staff said "Coming here was the best move I ever made". Another staff said, "The atmosphere is so much better here now since there are more staff and better management".

Whilst improvements had been made to the management and leadership of the service we found that accurate and complete records were not always maintained. The service was in the process of transferring to a new care planning system, but the care plan records in use by staff were centred on people's health needs and did not reflect people's social needs, their interests or their life history. Staff knew people well so this did not impact on people's wellbeing, but it meant that the manager could not always ensure that staff had the information they needed about people to consistently provide a personalised service. We found that some files contained out of date information that had not been removed when the plan had been updated. This made it difficult for staff to ensure they were accessing the most up to date information about people's needs. The risk of social isolation had been considered and reduced by staff, but this had not been recorded to ensure all staff followed the guidance consistently. There were gaps in medicines records. People's written care plans did not detail how staff should promote people's independence to ensure this was consistent. The manager showed us new care plan documents, which were being written at the time of our inspection, which prompted staff to include information about promoting independence and about people's personalised needs. Accurate and complete records were not maintained to ensure people received a personalised and safe service that met their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records.

The newly appointed manager demonstrated strong values and a desire to implement best practice throughout the service. Improvements had been made to the culture of the service since our last inspection and people were receiving personalised care. Staff were encouraged to share their ideas for improvement

with the manager. The manager and regional support manager were both visible in the service and we saw people, staff and relatives approach them comfortably with questions or just to chat. The manager had only been working in the service for just over a week, but had worked hard to get to know people and was sensitive to their needs. People were placed at the heart of the service and the manager placed emphasis on continuous improvement in all aspects of their care. We discussed with the manager the importance of sustaining the improvements made and that whilst the improvements were clear, they needed to be embedded in practice by all staff.

The manager provided clear and confident leadership for the service. However they were not yet registered with the Commission. They held a daily flash meeting for the heads of all the departments in the service to discuss current issues, gain feedback from staff and to plan care and service delivery for that day. Staff were positive about the leadership of the new manager. One staff said "The home is starting to feel more settled and I think X [the manager] will be really good for this place." The manager had sought feedback from staff when they started about the areas of the service they felt were successful and where improvements were required. Staff felt listened to, supported in their roles and were clear about their responsibilities. The registered provider had a policy for the annual appraisal of staff performance, but this had not been completed within the last 12 months. We recommend that all staff have a regular appraisal of their performance to ensure they are competent to provide safe and effective care.

The registered provider had effective systems in place for monitoring the quality and safety of the service and making continuous improvements. Nursing staff reviewed people's care plans on a monthly basis to ensure it met people's needs. A wide range of audits were carried out to monitor the quality of the service. Monthly checks were made of areas of the service, such as medicines, infection control and the safety of the premises to ensure that people were safe. Although shortfalls were found in the management of medicines, this had been identified by the registered provider and a plan had been devised for improvement. The manager told us that the registered provider was supportive and provided the necessary resources to improve the service when needed.

The registered provider was open and transparent. They consistently notified the Care Quality Commission of any significant events that affected people or the service. They participated in safeguarding meetings concerning people's safety when necessary. They showed us action plans they had devised to respond to the recommendations made in safeguarding meetings to ensure they learned from mistakes to improve how the service was run. The manager made use of available resources, such as the 'Skills for Care' and the 'National Institute of Excellence' websites to obtain updates on legislation and useful guidance relevant to the management of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who use services were not protected against the risks associated with the unsafe management of medicines. Regulation 12 (2)(g)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered provider had not ensured that accurate and complete records were maintained. Regulation 17 (2)(c)
Treatment of disease, disorder or injury	