Four Seasons (Bamford) Limited

# Milverton Gate Care Home

## Inspection report

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Tel: 02476635799

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## Ratings

| Overall rating for this service | Requires Improvement |
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| 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

This inspection took place on 01 March 2016 and was unannounced. Milverton Gate Care Home is a nursing home providing care and accommodation to a maximum of 39 older people. On the day of our inspection there were 22 people living at the home, several people were living with dementia and other people had high level nursing needs.

At our last inspection on 14 October 2015 we found there were four breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

These breaches were in relation to the safe care and treatment people received; medicines were not administered accurately and at suitable times to make sure people were not placed at risk. People did not always adequately receive food and fluids to sustain their health and the provider did not continually assess, monitor and improve the quality of the service. There were also insufficient numbers of suitably qualified, experienced staff to meet people's care and treatment needs.

As a result of the inspection the home was put into special measures. We asked the provider to improve staffing arrangements; ensure people received safe care and treatment; ensure people received their medicines accurately; ensure people received the food and fluids required to maintain their health; and improve their quality assurance systems and how the home was managed. The provider sent us an action plan and regular updates to tell us about the improvements they had implemented.

Following the inspection the provider placed a voluntary stop on admissions to the home in order to address the issues we had highlighted.

At the inspection on 1 March 2016, we checked improvements had been made. We found sufficient action had been taken in response to the breaches in Regulations. However, there were some areas where further improvements were required and the provider had plans in place for on-going improvements to be made.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the October inspection, the provider had reduced the number of agency staff who worked in the home, and staffing levels at the home had increased. The home was fully staffed according to the provider's staff dependency tool. This ensured people received support from staff who they were familiar with and knew how people liked to receive their care.

Staff were available at times when people needed them; however staff from the activities team were sometimes involved in providing personal care, and other tasks to people, which took them away from their

main duties.

The provider had made improvements to ensure people received safe care and treatment. Where risk were identified, for example where people were at risk of skin breakdown, or at risk of choking due to a medical condition, staff followed re-positioning guidelines and correctly used specialist equipment to minimise risks.

Following our inspection 1 March 2016 we found the provider had failed to notify us, and the local safeguarding team, of an incident involving a person who had unexplained bruising. They had notified us of other notifiable events within the home.

At our last visit 14 October 2015 many people who could use a call bell to request assistance, did not have one in reach. During our visit 1 March 2016, most people's call bells were in reach but we still found three people who did not have access to theirs. We saw when people used them, staff responded quickly.

The provider had made improvements in how medicines were managed and administered. People received their medicines at times when they needed them and were given pain relief before receiving treatment such as wound care.

People, healthcare professionals and visitors were complimentary of the staff and the care provided at the home. We saw staff engaged well with people. People looked well presented with clean clothes and hair and people's privacy and dignity was promoted. Relatives and friends were able to visit the home at any time.

The provider had made improvements which ensured people received the food and fluids they required to maintain their health. Those people assessed as at risk of dehydration or malnutrition were provided with additional support and monitoring to meet their needs. The registered manager, and staff, of the home worked well with the dietician, GP, speech and language team, and other healthcare professionals to support people with their healthcare needs.

Complaints were responded to appropriately. The registered manager ensured all complaints, both formal and informal, were logged centrally to identify any trends or themes and taken action when necessary.

The registered manager understood their responsibilities and the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (permission needs to be sought when a person who does not have capacity has their liberty restricted).

There were improvements in the management of the home. The provider had recruited a new manager and a deputy manager. People, relatives and staff spoke positively about the new managerial team. They had worked hard to improve the standards in the home, recruit new staff, motivate existing staff, and promote an open and transparent culture.

The provider's regional manager supported the managerial team and staff and was motivated to improve the care given to people living at the home. Staff spoke highly of their support and commitment to improve the service.

Regular quality audits of the home were conducted to monitor and improve the care provided by the service. Analysis of incidents and accidents were carried out to minimise the likelihood of them happening again.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not consistently safe.

Some people did not consistently have access to their call bells when they needed them. The provider had not notified us about unexplained bruising to a person. There were enough skilled and experienced staff to meet people's needs. Staff understood how to safeguard people and minimise the risks to people when providing care. Medicines were managed safely.

### Is the service effective?

**Good**

The service was effective.

Staff received training to ensure they could carry out their roles effectively.
People were supported to eat and drink so that their health was maintained. People had access to healthcare professionals when required, to maintain their health and wellbeing. Staff ensured they got the consent of people before they undertook any care, staff understood the principles of the MCA and best interest decisions.

### Is the service caring?

**Good**

The service was caring.

Staff were caring and kind to people. They understood how to support people's privacy and dignity. Visitors were welcome at any time.
People made decisions about their care and received support from care workers that understood their individual needs.

### Is the service responsive?

**Good**

The service was responsive

People were supported to pursue their hobbies and interests. People's personal care needs were met by staff in the way they preferred.

Informal and formal complaints were investigated and actions taken when required.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

The new registered manager, deputy manager and the provider had worked hard to improve the quality of care provided to people. However the home was not operating at full occupancy and improvements will need to be sustained when the home is full.
The registered manager had an open and transparent approach to management, and morale in the home had improved. The provider carried out audits to monitor and improve the service.

# Milverton Gate 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 01 March 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before our inspection visit, we reviewed the information we held about the service. We looked at information we received from relatives, the local authority and the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

The provider had sent us an action plan outlining the improvements they intended to make to the service following our inspection in October 2015.

We spoke with five people who lived at the home, five relatives, four care staff, two nurses and three healthcare professionals. We also spoke with the registered manager and deputy manager of the home.

We spoke with commissioners of the service who gave us positive feedback about the service provided and improvements made since our last inspection. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We observed care and support provided in communal areas and we observed how people were supported to eat and drink. We looked at a range of records about people's care including four care files, daily records for personal care and fluid and food records charts for four people.

We also looked at two staff files, staff training records and staff rotas. In addition we requested information from the provider about audits conducted within the home to see what actions the provider was taking to make improvements.

Requires Improvement

# Is the service safe?

## Our findings

At our previous inspection in October 2015, there were insufficient numbers of suitably qualified, skilled and experienced staff to meet people's needs .This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 - Staffing.

Following this inspection, the provider sent us an action plan outlining how they would make improvements to their staffing arrangements. They told us they would review staff rotas to ensure appropriate numbers of staff were on duty with the correct skills. Agency staff use was to be reduced and gaps in the rota were to be filled by existing staff and staff from other homes the provider owned. Recruitment of permanent staff was on going and the provider's recruitment team was exploring ways to employ more nurses from outside of the local area to the service.

Most people we spoke with felt there were enough staff to care for them, comments made were, "They come pretty quickly when you buzz, I think there are enough staff, but they always say they are short." And, "It is difficult to say if there is enough staff, I would say not too bad, I don't have a long wait." Others told us staff responded in a timely manner when they used their call bells to request support, but one person we spoke with told us, "There is not enough staff, no I have to wait sometimes. They come when they can. It can be pretty good, I can't grumble."

Relatives we spoke with told us, "It's much better than it was, sometimes there doesn't seem to be enough staff around but it doesn't affect [persons] care though." Others we spoke with who had expressed serious concerns about the care of their family member at our last visit, told us staffing had improved; "From day one when [manager] came, it has completely changed, we don't go home and worry." Another relative commented, "It's a lot better in every way now, including the care given."

During our visit, call bells were responded to quickly and most people had access to them. However, we saw three people did not have call bells within their reach and would not be able to call for help when they needed it. Staff told us these people were able to use the call bells and should have had them available to use and this was an oversight. We saw the call bells were then put in reach of people. We discussed this with the registered manager who told us they would address this with staff at the next team meeting.

People and relatives told us the reduction of agency staff that the provider was using meant people were now receiving care and support from people who knew them. One relative commented, "Now there is no agency staff, they know [person], we could not ask for better." Another told us, "I see more of the same staff now, I need that, people I can gain trust in."

The provider had recruited additional permanent nursing staff to the service and at the time of our visit only one agency nurse was being used and this was at night. This nurse had worked at the home for some time and was familiar with the people they were caring for. The registered manager told us they had recruited a permanent nurse to work on nights and there would now be a full complement of both nurses and care staff.

The registered manager told us all staff vacancies were now filled and they had sufficient staff to support people who lived at the home now, and in the future, when the home was at full capacity. The provider used an assessment tool that indicated the number of staff that were required to support people according to their dependency needs. The registered manager told us this was an indicator and they would use their own judgement if they felt staffing levels needed to be increased. They went on to say the provider would support them in that decision.

All staff we spoke with commented positively on the recruitment of permanent staff. One told us, "It was stressful having to support agency staff as they didn't know the people here. It was also hard for people living here." Another told us "There are enough staff now and we are getting along much better." They told us there were now sufficient staff in differing roles to provide care that met individual needs and personal requirements.

At our inspection visit in October 2015, we found people did not receive care and treatment in a safe way, and medicines were not administered accurately and at suitable times to make sure people were not placed at risk. We also found staff did not follow the proper and safe management of medicines. This was a breach of Regulation 12 (1) (2) HSCA 2008 (Regulated Activities) Regulations 2014

At this inspection visit people told us they now felt safe, "I feel safe here, there is nothing concerning." And, "I think the home is safe." We saw staff were available to people when they needed support and this included communal areas. Relatives told us they felt their family members were safe living at the home, one told us, "Overall it's a lot better."

One relative we spoke with after our visit told us they had alerted staff about bruising on their family member's arm. They told us, "The deputy manager acted straight away and came to take photographs and started an investigation." However, the provider was required to notify us of this event and we had not been informed. The registered manager acknowledged the incident had been recorded on the provider's system but there had been an oversight in referring to us and the local safeguarding team. The provider had notified us of all other notifiable incidents.

Staff had a good understanding of their responsibilities in relation to safeguarding people, in order to protect people from the risk of, or potential of harm or abuse.

The provider used risk assessment tools to identify risks to people and their safety. Risk management plans were in place to minimise those risks and maintain people's health and wellbeing. At our visit in October 2015, we identified that people were not kept safe as staff were not consistently following plans. For example we found people who were at risk of skin damage if they were not relieved of the pressure on their skin, were not being repositioned regularly to reduce this risk, and records were not kept up to date.

At this inspection we found the provider had made improvements. Risk assessment plans were more detailed and staff we spoke with were knowledgeable about risks to people and the care and support they required. Some people had bed rails which were used to reduce the risk of them falling out of bed and required hourly checks by staff to ensure they were safe. We looked at the charts used to document this and most of them had been completed correctly, however one person had a gap after 8.30am when we checked at 11.25am. We checked again at 13.10pm and the record had been retrospectively completed. This meant staff had not recorded the checks carried out at the time they were done. We asked the nurse in charge who told us these checks were carried hourly to ensure people were safe and that the bed rails were in position. If checks are not made this means peoples safety and well-being may be at risk. They went on to say the nurse in charge of each shift had the responsibility to check records were up to date and people had received the

care they needed to reduce risks to their health and wellbeing. The registered manager also monitored these records weekly.

At our inspection visit in October 2015, we found some people with wounds had not received adequate pain relief before having their wounds treated. The provider had improved wound care charts to accurately document changes and pain relieving medicines were now prescribed and administered regularly to reduce pain and discomfort to people during treatment. The provider had also provided additional training to staff from one of their clinical facilitators. This is a registered nurse who provides support and training to staff. They had assisted to improve documentation and staffs' knowledge and skills regarding skin breakdown from pressure damage.

The registered manager told us anyone with skin pressure damage was referred to the Tissue Viability Service for advice and support on appropriate treatment. The provider had also introduced a chart known as SSKIN which staff used to identify triggers that may contribute to skin damage and made sure people received appropriate care to prevent skin damage.

At our inspection in October 2015, we found the provider was in breach of the Regulations as medicines were not administered accurately and at suitable times for people, and staff did not follow the safe and proper management of medicines. At this inspection visit, the provider had taken positive action and improvements had been made.

We asked people if they received their medicines when they needed them and they told us, "I'm alright I get my medicines on time, no problems there." We also asked whether people who were in pain received their prescribed pain medicine. Comments made were, "They sort this out very quickly, they are very good at that." And "I ask for pain relief and they bring it quickly."

The registered manager told us all nurses were regularly assessed to ensure they were competent to safely administer medicines. This meant people could be reassured that their medicines were managed safely and only administered by staff who were trained and competent to do so. Daily random checks of people's medicine charts were performed to check they were correctly completed and medication audits were carried out by the registered manager weekly and monthly.

We saw medicines were administered safely and people's consent obtained, for example we heard one of the nurse ask, "Can I please give you your medicines?" We found medicines were administered, stored and disposed of correctly. Some people required their medicines "as required" and we saw there was information available in a medicine plan, so that staff understood why and when people might want these. We heard staff asked if people were in pain and followed the medicine plans. Medicines were stored securely in line with best practice and manufacturers guidelines.

The provider's recruitment policy and procedures minimised risks to people's safety and ensured only suitable staff were employed. Prior to staff working at the service, the provider checked prospective staff member's suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the service until checks had been received from the DBS and reference requests had been returned.

Good

# Is the service effective?

## Our findings

At our previous inspection visit October 2015 we found people did not always receive food and fluids to maintain their health and wellbeing. This was a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

The provider sent us an action plan which outlined the improvements they intended to make. They told us charts recording how much people had to eat and drink would be checked by the nurse on each shift and also checked by the registered manager to ensure they had been completed correctly. People's weight would be monitored and their nutritional needs assessed monthly, or sooner of there was any change in their condition.

Referrals to healthcare professionals would be made if there were concerns about people's weight loss. Nurses would support care staff at mealtimes to ensure people received their meals on time. Anyone receiving specialist food via a 'percutaneous endoscopic gastrostomy' (PEG) tube would have this recorded on their medicine chart in addition to their fluid charts, to ensure they had been given correctly. A PEG feed is used when people are unable to swallow food or fluids, and need these to be delivered through a feeding tube inserted into the stomach.

We saw improvements had been made by the provider and they were no longer in breach of the Regulations.

We asked people if they were receiving their food and drinks on time, they told us; "The food is not bad, I get enough to eat, there are two choices, you get tea about four times a day." And, "I've enough to drink. There is always something."

We observed staff supported people to eat and drink and did so at a pace appropriate for the individual. Drinks were in easy reach of all the people we saw, and charts recording how much people had to eat and drink were up to date.

The registered manager had a computerised audit of people's weight to identify if there was anyone whose weight loss was concerning. This would lead to further investigation and referral to a healthcare professional for additional support where appropriate. Care records confirmed this had happened. We looked at peoples' care records and saw where people had been assessed as at risk of malnutrition they had been weighed regularly and received specialist support from dieticians or speech and language therapists where extra support and advice was needed.

At our last inspection visit in October 2015 there had been concerns some people had not received their PEG feeds during the night. We saw PEG feeds were now recorded on people's medicines charts and the registered manger told us all feeds were given during the day time and no longer at night to ensure people correctly received them.

During this visit we saw staff encouraged people to have drinks and snacks. Staff we spoke with were knowledgeable about the nutritional needs of the people they supported. We asked could we give one person a cup of tea if they asked and they correctly responded, "No you can't, they are at risk of choking."

People told us they felt staff were well trained and had the correct skills and knowledge to provide their care. They told us, "I think staff are trained right, they do what they need to do and I have not got any concerns." And, "The staff all seem to know what they are doing."

Staff received training suitable to support people with their health and social care needs and they felt confident and suitably trained to effectively support people. Staff new to the home told us they completed an induction programme and 'shadowed' (worked alongside) an experienced member of staff before they supported people independently. One told us, "I had enough training to carry out my role; I've learned about safeguarding, dementia awareness and I am doing my NVQ 2."

The registered manager told us the provider had recently started enrolling staff on the Care Certificate Course. The Care Certificate assesses the fundamental skills, knowledge and behaviours of staff that are required to provide safe, effective and compassionate care to people. Prior to this the home followed the Skills for Care Common Induction standards.

The registered manager confirmed they were encouraging staff to gain further qualifications and that staff had completed a course called "React to Red. This is training offered by the local tissue viability team (nurses who reduce the risks of skin problems) with the aim of educating care staff about the dangers of pressure ulcers and the simple steps that can be taken to avoid them. The registered manager told us they were a qualified trainer in this area and provided ongoing support to staff. In addition the provider was taking steps to register all staff on an online training programme which would be a mandatory for all staff. This program records training records for staff and allows them to access essential training required to carry out their role.

Staff felt supported by the registered manager with one to one meetings, known as supervision, this provided them with the opportunity to discuss their work performance and learning and development needs.

The staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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.

Where people lacked capacity they were assessed in accordance with the MCA. We saw where decisions needed to be made, people's family, or healthcare professionals, had been involved in the process. However one persons' notes we looked at stated they lacked capacity to make decisions regarding their health and any need for treatment. We saw this person required attention to their nails which were overgrown. Staff told us they were unable to cut them and the chiropodist had tried, but the person refused. A visiting social care professional reviewing these persons' records was concerned a best interest decision had not been made and discussed this with the registered manager. We asked the registered manager about this and they told us they would review the persons care records and a best interest decision would be made and the relevant people supporting the person would be involved.

We checked whether the provider was working within the principles of the MCA, and whether conditions of authorisation to deprive a person of their liberty were being met. Staff understood issues around people's capacity to make certain decisions and why DoLS authorisations may need to be in place for some people. One staff member told us "We always ask people first if we think they have capacity to make a decision and we also use pictures if they can't talk, to help them."

People and relatives said that they had access to healthcare services when they needed them and told us, "They get the doctor out to me quickly, one is here today." Another told us, "They are very good at getting other professionals in." During our visit we saw the local GP attended to see two people who were unwell.

People told us staff helped them with healthcare appointments, one told us, "They are good, they get me all my hospital appointments, they are arranging a scan." One relative we spoke to told us, "They were really on the case about [person] and their health, that's good and it's much better than it was."

We spoke with two healthcare professionals who had previously expressed concerns over the service provided by the home. Both spoke positively about the improvements and had no current concerns. One told us they were now accompanied by staff when they attended to see people so staff were aware of what was discussed with the person and any changes in care and treatment. They told us this had impressed them as this did not always happen in the past. They also commented on the high standard of care given to people who were receiving end of life support from staff.

Good

# Is the service caring?

## Our findings

At our last visit we had received some concerns from relatives that people were not consistently having their personal care needs met and their privacy and dignity was not always respected. We found the provider had made improvements.

Everyone we spoke with during our visit spoke positively about the care they received. Comments made by people were, "The staff here are nice, they have good staff." "The staff are respectful, they do what they need to do, there are no problems."

Relatives told us, "Overall it's a lot better, I can't praise the staff enough." Another told us, "Its brilliant, amazing, we could not ask for anything better, it's perfect."

The registered manager told us. "When I first came here the staff and people living here appeared stressed, it's better now." We found the home had a calm, relaxed atmosphere and we heard laughter between staff and people. We saw staff touch people on the hand and arm and people responded positively to this.

We observed good communication between people who lived at the home and staff, when one staff member was going off duty we heard them say, "I am not here until Friday, I miss you all when I am not here." One person replied, "I will miss you." It was clear that staff had built up good relationships with people and had a good understanding of their needs and any preferences they had in relation to the way their care and support was provided.

One staff member told us, "I love the people living here, I come here every day with pleasure and people smile at us." Staff who had worked at the home at the time of our last visit told us they now felt more cared for by the provider and were much happier about coming to work. They told us morale had improved.

People were encouraged to maintain relationships important to them and visitors were welcomed at the home. Relatives told us they felt the home had a happier atmosphere and the communal lounges had been reorganised so people could sit in a group with their visitors in a more intimate setting. We spoke with some relatives who had expressed concerns about their family members care at our previous inspection visit. They told us, "We have been able to sleep and stay over if we want and we are confident to leave [person] now. They ask us 'do you want some toast', and support us too; it is about that little bit extra."

People told us their dignity and privacy was respected by staff. We saw this was the case; staff greeted people by their preferred names and personal care was provided in private. We saw one person in bed had uncovered themselves and a staff member passing the room went in and covered them up to protect their dignity. We heard them speaking gently to the person and explained what they were going to do, "Come on [person] let's put your blanket back over your legs."

People and relatives we spoke with confirmed they were involved in making decisions about their care. Relatives we spoke to told us they were able to sit and discuss their family member's care with staff, one told

us, "They involve me, for example in how to encourage [person] to be a bit more independent with eating when sitting out of bed."

We saw and heard staff encouraged people when they carried out tasks for example when people were eating, "You are doing ever so well." And people responded positively. One staff member told us they encouraged people to be independent, "It's about what people are able to do for themselves." One relative we spoke with told us staff had encouraged their family member to be more independent with their own personal care and they had seen an improvement in what their relation was now able to do.

Good

# Is the service responsive?

## Our findings

At our last inspection visit October 2015 we had mixed responses from people about the support they received to pursue their hobbies and interests, and we found improvements were required.

At this visit, we asked people if they were supported to pursue their hobbies and interests. In response to this, everyone we spoke with at the home spoke positively about the two activity coordinators who worked at Milverton Gates. People told us, "[Person] is alright. I'm quite happy, she sits with me, I don't get bored." And, "I like to watch TV. [Person] is very nice, she comes to see me." Relatives told us, "[Person] is very good she gets my family member to dance and does arts and crafts." One of the coordinators was creating a "Life history" section about people and which would be placed in their care plan.

Following our visit another relative told us their family member recently had spent more time in their room due to their health condition and said, "Sometimes they will come in and sit with [person] and talk but often there can be little interaction with staff when she is in her room. It can be isolating." They went on to say their family member did get involved with entertainment when singers came into the home but they wanted to see more staff contact when they were not providing personal care. They went on to say they were happy with the care their family member was receiving and they had noted improvements overall at the home and would now, "Rate it eight out of ten."

On the day of our visit, we observed the activities co-ordinator was also involved in tasks such as handing out meals and drinks, we asked them about this and they told us, "I will feed people or give them drinks if I am in the room rather than activities, but that's important." They went on to say to support the care workers they would also assist getting people up and help provide personal care such as hair washing. This was used as an opportunity to spend time talking and engaging with people. They told us staffing levels had improved but they would like to see more in order for them to spend time with people carrying out more activities. We asked the registered manager who acknowledged this and told us now the home was fully staffed they were focusing on improving the range of activities and the activity coordinators would be more available to support people.

During our visit we observed the activities coordinator carried out individualised activities with people in the communal lounges and in their own rooms. They told us, "I do whatever people want me to do with them. I do a lot of 'one to ones'. Some people just like to sit and talk, but it depends how well they are." They went on to say they spent time talking with people and their families to find out what their interests and hobbies were. This was important especially for people living with dementia so that activities could be centred around people's individual likes and dislikes, for example some people enjoyed hand massages and hobbies such as knitting. We saw one person enjoying a one to one painting session during our visit.

At our previous inspection visit in October 2015 we observed people were sat for long periods with little interaction in front of the televisions which were playing loudly. During this visit we saw a lot more engagement between staff and people in the communal areas and we saw the registered manager spent time with two people choosing a film for them to watch. This was a western and we observed people were

clearly enjoying it. Later in the day a musical was put on and the volume of the television was at an appropriate level.

We found care plans contained relevant information about people and were centred on the person and their individual needs. Since our last inspection, they had been reorganised and information was easier to find. Staff told us how useful the input from the provider's' clinical facilitator had been who had helped with the changes. They told us, "We weren't always clear on the care plans and they were confusing, it's a lot better now."

People and their relatives provided information to staff about peoples' care and support needs. This information was written in to the person's care plan. One relative said, "We sat down and reviewed [Person's] care; and another told us, "I spent a long time with the deputy manager discussing [Person's] care plan." One staff member told us they enjoyed getting to know the people they cared for and it was important to speak to the family to get information. "The other day a family told me their relative liked coffee; I never knew that, it just shows how important it is to find out about a person."

Care plans outlined how people wanted to receive their care and support and the choices they were able to make for themselves. They included instructions for staff to follow and useful information about people's lives and interests. We asked staff if they had time to read the care plans and they told us, "Yes, we get time now to sit and read the care plans." "The care plans are a lot more detailed now." We looked at some care plans and then asked staff about people's needs. We found they were well informed about people and the support they required.

The registered manager told us care plans were reviewed regularly and they audited them monthly to ensure this was carried out. Staff told us they were kept informed about people's changing care needs and we saw that care plans were regularly updated to reflect this. This ensured that people's changing needs were met at the home.

We looked at how the provider managed complaints. We asked people if they knew how to make a complaint about the service. People told us; "If I wanted to complain I don't know who I would speak with, but I have no complaints." And, "I would complain to the people who support me."
Relatives we spoke with told us they would approach the registered manager or deputy manager if they had concerns.

We saw there was a 'tablet computer' in the reception area which was available for anyone who visited the home to use. This could be used to request an appointment to speak to the registered manager and also to raise concerns and complaints. There was a sign above the computer indicating where it was and why it was there. The registered manager told us they reviewed information entered onto the computer regularly and addressed any issues raised. During our visit, we saw the provider's complaints procedure was on display on the notice board in the entrance of the home.

We looked at the complaints file and saw there had been three complaints since our October 2015 visit which records showed had been investigated and responded to in accordance with the provider's complaints policy and procedure. Learning from complaints had been shared with staff in staff meetings and individual supervision sessions, for example ensuring people could reach their call bells.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection visit October 2015, we found the home was not well led and the provider was in breach of the Regulations. The provider did not continually assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (2) (a) (b) (c) HSCA 2008 (Regulated Activities) Regulations 2014.

The provider sent us an action plan which outlined the improvements they intended to make. They informed us their computer audit system known as The Quality of Life would be used to regularly assess, monitor and improve the quality of care delivered. This system had been in place at our last inspection however it had not been completed regularly by the previous management team.

We saw the provider had made improvements. The provider had recruited a new registered manager who started work at the home shortly after our last inspection and they registered with us in February 2016. They had previously worked at one of the provider's other homes. A new deputy had also been recruited, and a new permanent regional area manager now supported the home. Both had worked for the provider before moving to Milverton Gates.

We found all were highly motivated to improve the quality of the service and this was acknowledged by people, staff and relatives we spoke with. We asked people if they felt the home was well led and they told us, "It is very, very good here, excellent, there is nothing for me to criticise." And, "This is a good place." Another person told us "I am satisfied with the home, I would not change anything, and I've got a nice room."

Relatives of people who lived at the home at the time of the last inspection told us, "From day one when [manager] came, it has completely changed; we don't go home and worry." Others told us, "The leadership change is amazing." "The deputy manager is very good as well, really on the ball."

Staff told us they felt well supported by the new management team, one told us, "The new manager is lovely and has changed a lot of things around. I was going to leave before but not now." Another member of staff told us how they had been supported through a difficult personal time by the management, "The manager was so supportive of me, now we all work together as a team." There was a 24 hour on call system so staff could always speak to a senior member of staff.

Staff told us morale was higher and there was a positive team spirit. One told us, "We help each other now. We are here to support each other and pull together." They went on to say, "Good leadership makes all the difference." Staff told us this had reflected positively on people living at the home. One member of staff told us they felt people and staff had been through a challenging period and, "We are all seeing the positive changes now."

Staff told us they had a good understanding of their role and responsibilities and we observed that they enjoyed their work and valued the service they provided. They told us that they were happy and motivated

to provide high quality care.

We asked the registered manager if they felt well supported by the provider and they told us, "I get outstanding support from the regional manager and managing director." They told us they enjoyed working at the home and had welcomed the challenge to make improvements. They were familiar with the provider's policy and procedures they told us they wanted to make sure these systems were imbedded into the home in order for it to run smoothly. They felt this was essential so staff had clear guidance on how they should be providing care and support to people.

The deputy manager spoke with us and held the same views as the registered manager. They told us, "The staff know we are here to support them. I hear laughter in the home now and people living here, and their families, seem happier." The new manager was fully aware of the issues we had highlighted at our last visit and was taking positive steps and actions to address the concerns raised.

A range of audits were undertaken to check the quality and safety of service people received. This included checks on the management of medicines, care records, health and safety issues, staff training and the safety and cleanliness of the premises. Actions were taken in response to any shortfalls identified to ensure people received a good quality service. The registered manager updated the regional manager of the weekly and monthly audits undertaken. The quality assurance system identified when the audits had not been undertaken and alerted the regional manager if this was the case. It was the regional manager's responsibility to address any audits not completed, with the registered manager.

The registered manager also conducted daily "walkabouts" of the home. This was to carry out spot checks on the cleanliness of the home, to check if people looked well cared for, to ask if people had any concerns about their care and if they felt safe. Random checks of care plans were conducted and staff were spoken with to see if they had any concerns. We asked the registered manager what happened at weekends and she told us these checks were still conducted by the staff on duty.

Negative responses given by people or staff showed as 'red' on the system and this gave a visual cue for the manager to address the issues. If these were not addressed, the regional manager would follow this up directly with the registered manager to establish why. The registered manager also conducted spot checks at night to check on the quality of the service and occasional weekends. Analysis of incidents and accidents were carried out to minimise the likelihood of them happening again, any learning points were shared at the provider's regional staff meetings.

Whilst we acknowledge significant improvements have been made by the provider since our last inspection, the home had been operating at reduced levels of occupancy. We would expect to see the improvements made are sustained when the home is full.