Sanctuary Care Limited

Upton Dene Residential and Nursing Home

Inspection report

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14 March 2017

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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

This inspection was carried out on 15 February, 13 and 14 March 2017 and was unannounced on the first day.

Upton Dene residential and nursing home provides a range of support options including residential care, dementia care, nursing care, palliative care and respite care. The service has 74 bedrooms all with ensuite facilities. At the time of our inspection there were fifty three people living at the service.

The service does not currently have 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. The service had a manager in place who has recently applied to the Care Quality Commission to become the registered manager.

At the last comprehensive inspection on the 14 and 15 September 2016 we identified a breach of regulations 12 and 17 of the Health and social care Act 2008 (Regulated Activities) 2014 and found that a number of improvements were required at the service. The management of medicines at the service was not safe. The registered provider did not effectively use systems and processes in place to assess, monitor and improve the quality and safety of care. People were at risk of receiving care and support that was not suited to their needs as care plans did not contain personalised, up to date and accurate information. The registered provider was issued with a warning notice for Regulation 12. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by 30 November 2016. This inspection found that improvements had been made at the service, however we found a continued breach of Regulation 17 of the Health and social care act. You can see what action we have told the registered provider to take at the back of the full version of this report.

Records relating to the management of medicines were not always accurately maintained. Information relating to the administration, application and ordering of medicines was not consistently recorded in a timely manner. PRN care plans were not in place for six people living at the service on the first day of our inspection. Action was taken by the registered provider by the second day of our inspection to minimise and prevent any further potential risks to people supported.

Quality assurance audits completed by the registered provider in relation to medicines management had highlighted some of the issues we raised. However, we found that these were not always completed in full detail to outline the actions that had been taken in response to issues raised by the management team. Audits in relation to pressure relieving equipment had not been completed in line with the registered

managers own timescales.

Care records had improved since the last inspection. An assessment of people's needs was carried out and appropriate care plans were developed. Care plans detailed people's preferences with regards to how they wished their care and support to be provided. Staff updated these in a timely way and in partnership with other professionals to ensure continuity of care. Risk assessments were in place and described the support people required and how best to support them at times of increased risk.

Staff were supported in their roles and responsibilities and provided with relevant training. They were inducted into their roles and underwent refresher training as required in a range of topics. One to one supervisions had been arranged to commence from April 2017 with the new manager. This would provide staff with an opportunity to discuss matters relating to their work and any training and development needs.

Health and safety checks had been carried out and equipment serviced. The service was clean and tidy and the manager and maintenance staff carried out regular checks of the environment to ensure it was safe. There was a fire risk assessment in place and checks of the fire safety equipment had been carried out. Staff had received training in fire prevention and safety.

People told us they felt safe at Upton Dene and family members said they had no safety concerns. Nobody we spoke with or observed expressed any issues regarding their safety. People were safeguarded from abuse as the registered provider had relevant guidance in place and staff were knowledgeable about how and who to report concerns too. There was a friendly atmosphere in the home and people and staff on each unit were welcoming.

Observations showed there was enough staff to carry out care in a timely manner. Staff were attentive to the needs of people and no one appeared to be in distress through lack of attention. Staff had been employed following appropriate recruitment checks that ensured they were suitable to work in health and social care. We saw that staff recruited had the right values and skills to work with people who used the service.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and managers had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. Where people were being deprived of their liberty for their own safety the registered manager had made Deprivation of Liberty Safeguard (DoLS) applications to the local authority.

People were supported to eat and drink what they liked. Where concerns were identified, people received support from health care professionals to ensure their well-being. Health concerns were monitored and people received specialist health care intervention when this was needed.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People were encouraged to be involved in their care planning and delivery. Support was tailored to meet individual needs, wishes and aspirations. People who could not express their thoughts and feelings verbally were settled and supported well. Staff were observed to be attentive to people's care needs as they arose.

There was an effective complaints system in place. People and staff knew who to raise concerns with and there was clear line of accountability amongst senior staff.

People were provided opportunities to give their views about the care they received from the service. Some people chose to use these opportunities to become more involved with their care and support. Family members were also encouraged to give their feedback on how they viewed the service.

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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

Management of medicines had improved. Further improvements were required to be made by the registered provider.

People felt safe at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and the process used to recruit staff was safe.

Is the service effective?

Good

The service was effective

People were supported by staff members who were effectively trained to undertake their role.

People had access to health professionals and other specialists when required and referrals were made in a timely way.

People had their rights protected. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring

People were supported by staff that were kind, caring and friendly.

Staff respected and protected people's privacy and dignity. Confidentiality was well maintained.

People were encouraged to make choices and maintain their independence as much as possible.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

Care plans were person centred and provided information about people's care and support needs.

There were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered provider had improved systems for monitoring the quality of care following our last inspection. However further improvements were required to ensure records completed in detail and in line with their own timescales.

There was a clear management structure in place and people and staff spoke positively of the new manager and deputy manager.

CQC were notified as required of incidents that may affect the service or the wellbeing of people who lived there.

Upton Dene Residential and Nursing Home

Detailed findings

Background to this inspection

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

We visited the service on the 15 February and the 13 and 14 March 2017. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors and a pharmacist inspector on the first day.

We spoke with nine people living at the service and five family members visiting the service. We also spoke with nine members of staff, the deputy, home manager and regional manager. We looked at the care records relating to eleven people who used the service, which included, care plans, risk assessments and daily records. The pharmacist inspector reviewed medication administration records for eighteen people living at the service. We observed interaction between people who received support and staff and spoke with health professionals who visited the service.

Prior to the inspection we reviewed information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service and Health watch who had previously visited the service to obtain their views. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. At the time of our inspection we had not received feedback regarding any concerns about the service.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the service. Comments included, "I have access to my call bell so if I need any help at all I can call the staff and they are quick to get to me", "I am the safest I have ever been. Just having the security of knowing that staff are here around the clock makes me feel secure and also puts my family at rest. I wasn't safe at home anymore" and "Staff are very good. There is always someone to help us at short notice". Family members told us, "It's a blessing that [my relative] is living here now. The staff are very quick to respond to any concerns and we couldn't ask for anything else. [My relative] is very safe here" and "I was a little concerned with the findings of your last inspection, but I can honestly say we have never worried about the safety of [my relative]. They are well looked after by excellent staff".

Our last inspection in September 2016 identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to protect people from risk, as the management of medicines was not safe. We issued the registered provider with a warning notice and asked them to take immediate action. During this inspection we looked at how medicines were managed for eighteen people living at the service. We noted that a number of improvements had been made, however on the first day of our inspection we found that there were still some concerns regarding some aspects of medicines management.

Medication administration records (MAR) did not always evidence the specific time medicines were administered, this included the times medication such as paracetamol was given. Medication that was prescribed to be taken 30 to 60 minutes before food had been signed as given at 'breakfast time'. We observed two people were given medication but the relevant MARs were not signed immediately after both people had taken their medication. We raised this with the nursing staff on duty who took immediate action to ensure the records were updated as required. Observations and discussions with staff on the second day of our inspection showed that safe practices were being followed for the administration of time specific medication. For example, we observed staff explaining to one person why their medicines were required to be given prior to eating. Another person received an explanation regarding the 'safe timing' of the administration of their pain relief. However, the recording of such information did not always reflect the good practice observed. Whilst we did not evidence any impact on people's care due to lack of appropriate recording, people's health was placed at unnecessary risk because specific administration times were not recorded or there was a delay in completing MARs.

The nursing unit at the service provided care and support to a maximum of twenty four people. Places on the nursing unit were provided for a 'discharge to admission' (D2A) service in conjunction with the local hospital. The D2A service supported a maximum of twelve people who required interim support with their health and care needs following treatment at hospital and prior to returning home. The ordering and obtaining of medicines for those people was managed in conjunction with the hospital. On the first day of our inspection we found that three people who used the D2A service had not received some of their medicines for between one to five days. These medicines included topical creams, supplementary drinks and medicines for the treatment of vitamin D deficiency. We spoke with a visiting health professional linked to the D2A service who confirmed that the issue regarding the timely transfer of medicines for those people

had been raised with the hospital and was being addressed. Missing doses of prescribed medicines places people's health at unnecessary risk of harm.

We found that medication for some other people living on this unit was not always ordered or received in a timely manner. Three people had missed doses of one of their prescribed medication for between one to three days. These included medicines for the management of depression and high blood pressure. Records completed by the nursing staff evidenced that medicines had not been received appropriately into the service. They had taken immediate action to alert the pharmacist and GP about the missing medicines and by the second day of the inspection medicines required were in place at the service. At the last inspection we found that some people did not have a protocol in place for the safe administration of PRN 'as required' medicines. Records that were in place contained limited information which did not support the safe administration of medicines prescribed in this way. During this inspection we found that some improvements had been made, however further work was required to be undertaken by the registered provider which included ensuring that records provided guidance to staff about how to recognise someone may require such medicines.

On the first day of our inspection we found that three people living at the service and three people in the D2A beds did not have PRN care plans in place. Medication care plans for those people identified that they could verbally request and discuss specific medicine needs with staff. They told us, "They will ask me if I need any pain relief and I will let them know" and "They will speak to me about what I need". On the second day of our inspection visit all people who required one had a PRN care plan in place. They had been reviewed and contained appropriate information and clear guidance to staff as to how to administer such medicines safely. However, at the last inspection, in September 2016, we saw that one person had two analgesics containing paracetamol prescribed for them and no PRN care plan in place. At this inspection we saw that both tablets had been re-prescribed by the GP nine days prior to our visit. Staff on duty confirmed through discussions that they were aware that both tablets should not be administered together and stated that this had been raised with senior management team for further review. We raised this immediately with the registered provider who told us that the day after our visit the GP had ceased one of the tablets. By the second day of our inspection all relevant PRN care plans for this person had been updated and contained accurate details highlighting any potential risks associated with their medicines.

During our last visit we found that there was not always enough information recorded to assist staff to apply topical creams properly. Records had been updated and included a 'body map' outlining where such creams were required to be applied to people. However, we found that records relating to three people on the nursing unit did not provide specific guidance to staff as to when to apply creams in line with their prescription. We noted that staff had not consistently signed records to confirm creams had been applied. We raised this with the registered provider who advised they would review the records. On the second day of our inspection we found that records had been updated and contained relevant specific information regarding the application of creams and appropriate signatures confirming the application were in place.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the management of medicines and associated records was not consistently safe.

At our last inspection we found that the medicines fridge temperatures had not been recorded. Improvements had been made and fridge temperatures records were now in place, up to date and accurately recorded daily. This helped to ensure that medicines were stored at the temperature required by the manufacturer so they remained effective.

We previously raised concerns that records detailing the quantity of medication in stock did not always

match the number of doses that had been signed for by staff. In addition medication stock levels at the service had not always been recorded accurately and there were unexplained gaps on the medicines records. At this inspection we saw that the registered provider had introduced a medication audit system to highlight and address any areas of concern in relation to medicines. Although there were still some areas of inconsistencies with the safe management of medicines, we found significant improvements had been made.

Where people were at risk of developing a pressure ulcer their records explained what specialist equipment was required to ensure they were comfortable and how the risk of deterioration was safely managed. Records we reviewed on the second day of our inspection relating to the monitoring of changes in people's skin integrity and application of dressings were robustly completed. Health records evidenced that regular reviews by external agencies such as the tissue viability or district nurses were undertaken. Equipment such as pressure relieving mattresses and cushions were recorded in care plans. During our inspection people had the appropriate equipment they required in place and pressure mattress settings were correct. Care plans outlined how staff were required to monitor and check pressure mattress settings in line with people's weight. Visiting health professionals confirmed that staff were vigilant at raising any concerns with regards to people's skin integrity. This meant that people were being adequately protected from the risk of developing pressure ulcers.

Risk assessments were in place across all units which identified any risks that people may be exposed to and evidenced ways that staff were to work in order to minimise these risks. They included areas of people's needs such as mobility, nutrition, medicines and skin care. Staff demonstrated through observation and discussion that they knew about the risk management plans and how to support people to stay safe. We noted that for a person living on the dementia service there had been a recent change in distressed behaviours shown towards other people. Risk assessments had not been updated to reflect how these behaviours presented and how staff would manage any difficult situations that arose. We raised this with the registered provider who stated they would undertake a review of the risk assessments and care plans following our visit.

There were sufficient numbers of suitably skilled and experienced staff to keep people safe. Throughout the inspection staff were visible in all areas of the service which people occupied and there was a relaxed and unhurried atmosphere throughout. People told us that there were always staff around when they needed them.
The service practiced safe recruitment. We looked at eight staff files for recruitment and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were from the most recent previous employer in accordance with the registered provider's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

Staff we spoke with had a good understanding of how to protect people from harm. All staff confidently confirmed that they would report any suspected abuse immediately to the manager or to external professionals if necessary. The manager had reported any concerns raised appropriately to the local authority safeguarding team. Concerns had been investigated, including internally when this had been requested or by the local authority. Staff told us they understood about whistleblowing and felt that they could raise any concerns and knew the procedure for this. Whistleblowing is where staff can raise any concerns inside or outside the organisations without fear of reprisals.

The registered provider had a policy and procedure in place to review and monitor accidents and incidents.

Staff were able to describe how they were required to record information about any accidents and incidents that occurred to people using the service. These included such things as slips, trips and falls. This showed that staff understood the importance of notifying the manager about any accidents and incidents that occurred at the service.

All parts of the service were clean and hygienic. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection.

Environmental risks were managed appropriately and records showed repairs to fixtures and fittings were identified and made promptly. Regular checks of gas and electrical equipment were conducted and water temperatures across the service were checked on a monthly basis. Safety checks on equipment used at the service such as bed rails, pressure mattresses, and call alarm systems were recorded. There was a process in place to check fire safety equipment and staff had received fire safety training. Personal emergency evacuation plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were knowledgeable about people's specific plans and the fire procedures for the service.

Good

Is the service effective?

Our findings

Staff at Upton dene supported people to maintain their health and wellbeing. People told us, "I have been quite unwell the past week or so. They spoke with me about contacting the GP as they wanted to make sure I was ok. They are very good" and "I have skin like tissue paper but they bring the nurse to check on how my skin is doing quite regularly. I have needed some dressings on occasions and they always make sure they are here ready when they need changing, they are very good". Where people were unable to provide feedback as to the support they received, family members confirmed that staff were very good at keeping them up to date with any changes in their health or if other health professionals had visited.

Previously we raised concerns that where staff had made medicines errors there was no documentation to demonstrate their competence to administer medicines had been re-assessed. In addition staff induction processes and training had not been completed within the registered provider's own timescales. This inspection showed that the registered provider had made the required improvements.

Since our last inspection the registered provider had retrained all staff responsible for the management and administration of medicines. This included all staff undertaking an advanced knowledge and safe handling of medicines test with the pharmacy used by the service. Members of the senior management team then completed a medicines competency assessment with each staff member to ensure they were fit for practice. Competency assessment records evidenced the completion of three direct observations of medicines being administered to people, followed by questions and answers in relation to practice. Where staff had made a medicine error following these assessments, they were removed immediately from administering medicines. Staff were required to undertake further training and competency assessments prior to returning to administering medicines. Records showed that where required the registered provider had followed their own performance management policy and procedures to address concerns relating to performance in this area.

People were supported by staff who received the necessary training to meet their needs and staff spoke positively about the training provided. The registered provider's induction programme included online learning, face to face training and mentoring from a colleague. Induction training included the completion of The Care Certificate. This is a nationally recognised qualification introduced in April 2015 for health and social care workers. The Care Certificate sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. One staff member told us that they had recently achieved completion of the care certificate and had been fully supported and encouraged by the manager.

The registered provider had processes in place that enabled the manager to update training records and identify what training staff required. An up to date training matrix was in place and evidenced the schedule of training taking place for the coming months. Training included, safeguarding adults and children, moving and handling, dementia awareness, dignity in action and first aid. In addition, training updates and initiatives within the local authority such as the 'react to red' campaign had been undertaken by the management team. React to red is a pressure ulcer prevention campaign highlighted by the NHS that aims

to raise awareness about the dangers of pressure ulcers and how to prevent them occurring. This showed that the registered provider had ensured staff received appropriate training to undertake their roles.

Staff confirmed that both the deputy manager and home manager were approachable and that they could speak to them whenever needed. Daily meetings and group supervisions were undertaken were information relating to the service was shared. This was an opportunity for the manager to provide staff with an overview of any updates or changes affecting the service. Staff told us that they felt supported in their roles and teamwork had improved over the last few months since the new manager had joined the service. However, records showed that supervisions had not always been recorded in line with the registered provider's own policy and procedural guidance. The registered provider was introducing a new 'My performance' booklet for managers to use with staff. This booklet including the introduction of personal performance objectives, individual supervision meetings and an annual appraisal. The manager and records confirmed that supervision meetings with the senior team members had been completed and meetings with support staff were scheduled to recommence as of April 2017.

Records confirmed that staff were proactive in requesting visits or reviews from health professionals, such as GP's, district nurses, tissue viability nurses when they had any concerns about people's health. For example, a number of people received regular visits from a tissue viability nurse to review and assess wound care. A family member told us that they thought the staff were extremely competent in this area and understood when and if their family member needed the input of a health professional. Health professionals we spoke with confirmed that the staff were responsive in meeting the ever-changing health needs of people living at Upton Dene.
People also had access to a range of other health care services including chiropody and opticians.

People's rights were protected because staff had acted in accordance with the requirements of the mental capacity act and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 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. The manager and staff demonstrated a good understanding of mental capacity and how to make best interest decisions.

The manager understood when an application under DoLS should be made and how to submit them. This ensured that people were not unlawfully restricted. DoLS applications had been completed appropriately by the manager where required.

People were supported to make their own decisions and were given choices. Information was provided in a way they could understand and they were allowed the time to make a decision. Staff were able to tell us what this meant in terms of the day to day care and support for people. They confirmed that decisions people made such as choosing what they wanted help with, what to eat, drink or wear were respected. Staff had a good awareness of the need to complete best interests meetings where people had been assessed as lacking the capacity to make a specific decision. Records on both the residential and nursing unit showed that appropriate assessments had been carried out to establish whether people had capacity to make specific decisions. Where they lacked capacity relevant others had been involved in the decision making processes including family members who held lasting power of attorney, GP's and/or care managers. However, we noted that for three people living on the dementia service capacity assessments had not been completed in relation to administration of medicines. We raised this with the manager and regional manager and they advised us that they would address this following our inspection.

People told us that they had enough to eat and drink and that the food was good. Comments included "We are very lucky here. There is an excellent chef. The food is fantastic" and "The food is very good. You get a choice and they will always find you something else if you don't like it". Information about people's dietary requirements and any allergies or food likes and dislikes was shared with the chef. Meals were well presented and were specifically made with the needs of older people in mind and were nutritionally balanced.

The dining experience was relaxed and people chatted with each other. Observations showed that staff patiently and politely assisted people to the dining room when their meals were ready. Staff were observant and gave verbal prompts and encouragement to people (where required) to ensure they ate as much of their meal as they wanted. Those who required assistance with their eating were supported in a calm and supportive manner. One person received assistance where the staff member put food onto a fork and then passed the fork to the person. This allowed the person to still eat by themselves but with minimal support needed. People ate at their own pace and were not rushed. A choice of drinks were made available for people to choose from which included hot or cold drinks. Where changes were noted with regards to people's eating and drinking support needs, staff described how they would contact relevant professionals such as the Speech and language therapists for advice and support. This meant staff had the information they needed to support the person with their nutrition.

Good

Is the service caring?

Our findings

People told us that the staff working at the service were kind, caring and helpful. Comments included, "The staff are fantastic", "I couldn't have wished for a nicer group of people to help me" and "The nurses are wonderful, they are so very good at what they do". Family members confirmed that the staff looked after their relatives well. Statements such as, "Individually they are caring people" and "Their approach towards [my relative] is wonderful. Such caring staff here." were shared with the inspectors.

The atmosphere across the service was relaxed and staff supported people in a calm and friendly way. Throughout the day we saw the staff being kind, attentive and caring towards people. They sat and chatted with them and made sure they were comfortable, warm and entertained. When staff spoke with people, they approached them in a calm and gentle way, bending down to their eye level (where required) to speak with them. Where people were unable to communicate with staff verbally, they described how they used pictures or dictionary's consisting of photos and symbols to aid communication. For example, one person had a set of communication cards to help staff understand their decisions about how they wanted specific elements of their care to be delivered. Staff described how when asking questions or offering choices to people, they also gauged their responses through observing their body language and gestures. This showed that staff understood the importance of effective communication with people living at the service.

There was a person centred culture within the service. People were addressed by their preferred names and were acknowledged as individuals. We observed staff working with people in an equitable way. They did not see people's diagnosis as being a barrier to people having their needs and wishes met. People were treated in a way that respected their human rights. We noted that the ethos within the team was that people who living at the service had the same rights as everyone else and these should be promoted at all times.

People were supported to be as independent as they wanted and were able. Family members told us that staff would encourage and promote independence but also knew when to take a step back and respect their family members need for assistance. For example, people were encouraged to pour their own drinks and to help keep their own rooms clean and tidy. Where people were known to have some difficulty in mobilising independently staff encouraged them to walk when possible and did not rush them. Care plans promoted and focussed on maintaining independence and choices. Information included tasks people could complete themselves and how they should be encouraged to do these.

People were supported to be involved in discussions and make decisions about their care alongside their family members to maximise their independence. Where able, people had signed their care plans to say they agreed with the content. People (where required) also had access to an advocate to support them in making any decisions. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us that staff treated them with respect. One person commented, "The staff always listen to me and never rush me. They know I can become flustered if I feel rushed. They make sure they have plenty of time to help me". People told us their privacy was respected and we saw this to be the case. Care was

provided discreetly. For example, when the staff supported a person who had requested to go to the bathroom, they were quiet and discreet in discussing what help they would like. Observations showed that staff knocked on bedroom and bathroom doors and waited for an answer before they entered. They told us that respect and privacy were very important as they would want to be treated in the same manner. Staff and records confirmed that they had received training to understand about respect, privacy and dignity.

People had personalised bedrooms with things that were important to them, such as photographs and ornaments. People were happy to show us their own rooms and told us, "I chose my own room. I like this one as I have the sunshine in the afternoon and can see on to the garden" and "I have all my things from home. Its smaller, but having my own things give me comfort and reassurance. It's all very familiar". People were happy with the environment they lived in.

The registered provider had received a number of compliments about the service. Comments included, "We consider ourselves very fortunate to have found you", "[Our relative] was treated with respect and well looked after during their stay. We can't thank you enough" and "I have been well supported whilst staying with you. The staff without fail helped me when they wrote everything down for me as they knew I couldn't hear very well". These reflected that staff had treated people with kindness and showed concern for their wellbeing.

The service was able to provide support to people with their end of life care needs. Staff spoke to us about the importance of ensuring that the wishes, preferences and choices of people at this stage of care were listened too, respected and valued. Care plans outlining people's end of life wishes were in place and staff knew where to locate them when required. Discussions regarding end of life wishes had been held with some people living at the service and their GP and/or relevant others. Do Not Attempt Resuscitation forms in the event of their death were in place for staff to follow. Training and additional support was accessed via specialist healthcare teams as required and the staff understood the importance of ensuring people remained comfortable and were as pain free as possible. Staff told us that supporting family members through such a difficult time was as important as helping the person to experience a dignified death.

Care records were held securely at the service and staff confidently discussed the importance of ensuring privacy concerning people's records. We observed staff returning care records back to the locked cupboards to minimise the risk of any data protection issues. When discussing people living at the home, staff did not use people's names, Instead room numbers were stated to ensure people's identity was protected. People who used the service had been provided with information about the service and standards they should expect from the registered provider. This information included details of how confidentiality and maintaining people's safety and security would be supported by staff.

Good

Is the service responsive?

Our findings

People told us that they knew how and who to raise their concerns with. One person told us, "I usually speak with the staff and they are very good at sorting out any issues I have. I have never needed to speak with the management team" and "If I have a complaint it's usually about something quite small. The staff are very good at listening to any concerns and dealing with them".

On the previous inspection, we had concerns as personalised, accurate and contemporaneous care records were not held in respect of people supported. This placed people at risk of receiving unsafe care or treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made.

People's care and support needs were assessed before they came to live at the service to determine if they could be safely supported. Staff confirmed that assessments were robustly completed in order to attempt to ensure people could stay at the service on a long term basis if they wished. Consideration had been given to people's potential long term needs, and the needs of the people already living at the service. Assessment records showed that the service gathered as much information and knowledge about people during the pre-admission procedure. This information was taken from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person and or their relevant others decided they would like to move into the service.

People told us, "The staff talk to me about how I want to be supported. They then update my records so all staff know if there have been any changes. I sign my records to say that I am happy with the information" and "They take time to talk to me about what I want and need. They also understand and respect that I may change my mind from time to time". Care plans across the residential, dementia and nursing units contained personalised information about people, such as their background and family history, health, emotional, cultural and spiritual needs. People's care plans had been developed from the initial assessment to advise staff about what support was needed for each person. The records contained information about the person's practical and daily living needs and their emotional wellbeing and how they preferred to spend their time. Care plans were regularly reviewed, and had been updated when people's care needs had changed.

Care plans for people living with dementia provided a basic level of detail in relation to their specific needs around their diagnosis. For example, where people experienced difficulty with communication or environment this was recorded in a dignified and respectful way. Comments such as, 'Please use short sentences when you speak with me. If you talk too long I do not like it as I can lose my concentration" and "I may not be aware of my surroundings at times and can become distressed. Please give me reassurance and stay with me until I am settled' were recorded in care plans. Staff were able to describe how they would support individuals living with dementia during times were they may become distressed such as during personal care interventions. Staff described how knowing about the person's life history or important events and engaging in conversation could offer comfort and reassurance. This meant that people's experiences of

the care provided was personalised to their needs.

Staff completed a daily log for all the support provided and the entries we looked at on all units described the care that had been given to each person. Records on the nursing unit detailed any interventions undertaken by the nursing staff. Examples written included, changes of dressings, catheter care and pressure ulcer management. However, we noted that on the dementia unit broad statements such as 'unsettled', 'appeared confused' and 'agitated' were used to describe how people's behaviours had presented during the day. The use of such terms did not allow for specific trends to be identified with regards to peoples well being. Through conversations with the staff and manager they told us that they would immediately discuss the specifics relating to any changes in people's health or well-being, but this had not always been simply written in records. The manager confirmed that this would be reviewed following our visit to ensure that staff described what these terms meant for each individual person supported.

When people's diet and nutrition needed to be monitored for health reasons this was recorded by staff supporting them. Records were kept to assist staff to monitor whether someone had adequate food or fluid intake during a 24 hour period. They outlined the target daily fluid intake that had been agreed for the person with the relevant health professionals. Fluid intake charts on both the nursing and residential units were accurate and completed in full, however we noted that the target daily fluid intake level for people living on the dementia unit had not always been recorded. Observations showed that people received regular drinks and had access to fluids in their own rooms. However, fluid intake was not always recorded in a timely manner. We noted for one person who was known to be at risk of dehydration the last recorded entry on their chart was at 10am on the morning of our visit. The records were reviewed at 3pm. We raised this with the registered provider during our visit who confirmed that they would discuss the importance of accurate and timely completion of supplementary records following our visit

People's changing needs were identified quickly and monitored by staff. Staff's knowledge of people, supported them to recognise when changes in people's conditions occurred. For example, nursing staff quickly identified when one person became unwell during our visit. Care plans contained background information about the person's presenting health needs and the nurses identified a rapid change in their condition. Appropriate actions were taken quickly and calmly to ensure the person received the treatment they required.

People were supported to participate in activities they enjoyed and that had an impact on their quality of life. One person said, "I love the flower arranging. It's such a nice time together. I really love flowers they make you feel happy". Another person told us, "It's very good here. There is always something going on. Sometimes we watch a movie together or we do a bit of baking. Today there is a magician. I am really looking forward to that". A number of different activities and entertainment was organised for people, and people were involved in deciding what they wanted to do at the service. People were given the choice and support to move into other areas of the service so they could participate in the activities, and other people were able to spend time in their bedrooms if they did not wish to join in. One family member told us, "[My relative] has such complex health needs, but that doesn't stop the staff from helping them to join in with activities. It's so nice to see they make sure [my relative] doesn't become isolated".

A complaints procedure was in place which explained what people or their family members could do if they were unhappy about any aspect of the service. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything and understood how they could support people to make a complaint. The registered provider had received four complaints since our last inspection visit. Complaints were investigated and people were updated on their progress and outcome, with a suitable solution

identified. The complaints procedure was displayed at the service and a copy was provided to all of the people living at the service and their relatives.

Requires Improvement

Is the service well-led?

Our findings

Overall, people and their family members were positive about the service and told us they thought the management of the service was improving. One person commented, "I have met the new guy, he pops round each day to check on a few things. He seems nice enough". Another person told us, "It's a lovely place and the care is excellent". We received a mixed response when we asked people if they knew the manager, with some people telling us they didn't know him directly but it was more important to know the staff on their floor. People and family members were confident that they could contact the manager through staff when needed.

The service is not currently managed by a person registered with the Care Quality Commission (CQC). There was a manager at the service who has applied to CQC to become the registered manager. The home manager, regional director and company director visited the service during our inspection.

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the provider did not effectively use systems and processes to assess, monitor and improve the quality and safety of care. This visit found that a number of improvements had been made, but further work was required by the registered provider to evidence actions taken in response to issues identified as part of the quality assurance processes.

The registered provider had a system of quality management in place which was designed to identify areas for improvement in the service. The audit system included a review of different aspects of the service, such as medicines, health and safety, care plans, clinical practice and the control and prevention of infections. However, we found that specific audits were not always completed in full or kept up date.

Following our last visit the registered provider had introduced a number of audits to ensure that people were protected from the risk of not receiving their medicines safely. Checks included a weekly stock count record, a daily peer check of records and a medication error reporting form. We found that the weekly stock count records for the residential nursing service dated December 2016 to February 2017 had highlighted a number of actions to be completed. Comments such as 'need to check stock cupboard' and 'check meds error form completed' and 'check on datix' or '1 out' were recorded. However, we found no completed action plan to state what had been done in response to these highlighted actions by whom and by when. Medication error forms were not always completed in full when reviewed by the senior management team. Questions such as 'Action taken as a result' and 'How can this incident be prevented in the future' were left blank. We spoke with a member of the senior management team who was able to describe and evidence what actions had been taken in response to these areas, but this information had not been clearly recorded.

Some people required the use of pressure relieving mattresses to help prevent their skin from breaking down. These need to be set so that they correspond to the person's weight. Where pressure relieving mattresses are not set correctly, this can compromise people's skin integrity 'Mattress and daily pump' checks had been introduced by the registered provider. These enabled staff to safety check all pressure

relieving equipment and ensure that it was safely working. Records were not consistently completed. We found pressure relieving mattresses on the ground floor had not been checked for 18 days in January. Whilst we did not evidence any impact on people's care due to lack of appropriate recording, people's health was placed at unnecessary risk because records of checks were not completed as required.

Completion of records was discussed with the registered provider during our visit and they advised that they would ensure that all records would be completed in full and reviewed appropriately following our inspection.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as records were not always completed in full detail or in line with the registered providers own timescales.

Accidents and incidents were monitored through the registered provider's quality assurance processes. Where accidents or incidents had occurred these had been appropriately documented and investigated. Records included a description of what had happened, when and who was involved. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly. This meant the registered provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The manager and regional manager discussed the process for the monthly audits that they completed at the service. An annual audit schedule was in place and the manager completed an audit in relation to a specific topic on a monthly basis. Januarys audit looked at 'Dignity in care' at the service and a 91% score had been achieved. This corresponded with our findings of the practice undertaken by staff with people supported. The manager spoke with people as part of this process to gain feedback about areas of good practice and improvement. This showed that the registered provider understood the importance of gaining the views of people living at the service to shape and deliver how the service is run. In addition he spoke with staff to establish their understanding and knowledge in relation to specific areas such as consent, nutrition and dealing with concerns or complaints.

The registered provider's internal reporting systems highlighted areas of development and focus and this was then reviewed by the regional director alongside the manager. Medication management was an ongoing area of focus at the service. A 'service improvement plan' was in place and clear actions were recorded and monitored.

The management team told us how they had worked with the staff to address the concerns found at the last inspection. We found the assurances of good intention which the management team had given since the last inspection, were put into practice and there was an improved oversight of the quality of the provision. The new manager told us they felt well supported by senior managers and this enabled them to address the challenges they faced when first appointed. The management team felt there had been an improvement in the culture at the service and the new manager said there was an 'open door policy' for staff to approach them any time. Staff told us that there had been lots of positive changes and commented that the management and leadership at the service had improved. They confirmed that the new manager was approachable and very supportive. They stated that they felt valued and were encouraged to improve their skills and knowledge and develop in their roles at the service.

Family members told us they had attended regular meetings where they could raise concerns or speak with management. Minutes from meetings held in November 2016 had outlined the findings in relation to the CQC inspection completed in September 2016. Improvement plans and actions that were going to be taken

by the registered provider were discussed and feedback from family members was considered. This showed that the registered provider operated in an open and transparent way to ensure people were kept up to date with anything that may affect the service.

People's views were gathered on the service and their comments and opinions used to monitor and improve the quality of the service. Surveys had been completed in 2016 and residents meetings had been completed. Feedback received was mostly positive, for example, one person had written, "The service I received is excellent". Where people had spoken about areas of improvement, we found the manager had taken action to address this. For example, some people had requested that the main meal be served at lunchtime. The chef had been involved and a trial period had been completed. A meeting was scheduled in March 2017 for people to make a final decision on their preferences. Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

Registered providers are required by law to inform CQC of important events that happen at the service. The manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had a comprehensive set of policies and procedures for the service, which were made available to staff along with other relevant up to date information and guidance. This information assisted staff to follow legislation and best practice when providing support and care to people.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines and associated records was not consistently safe. 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating the safe management of the service were not always completed in full detail or in line with the registered providers own timescales. 17(1)(2)(a)(b).