Tamaris Healthcare (England) Limited

Howdon Care Centre

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 4, 5 and 7 August 2015 and was unannounced. This was the first inspection of Howdon Care Centre, under its current configuration. Previous inspections of Swan Lodge and Hunter Hall, the two homes combined to bring about Howdon Care Centre had identified concerns about the level of activities available to people living at the home.

Howdon Care Centre is registered to provide accommodation for up to 90 people. At the time of the inspection there were 63 people using the service, some of whom were living with dementia.

The home had a registered manager who had been registered since December 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home did not have a good supply of equipment to support people with their personal care. We found there

Summary of findings

were no suitable wipes available and staff were providing personal care using either flannels or paper towels. We raised this issue with the registered manager who said suitable stocks of equipment were on order.

We found it was often difficult to locate staff and that areas of the home were sometime unobserved for periods. Staff and people using the service told us the home would benefit from more staff at times. The registered manager told us she had been granted permission to increase the number of care staff working on a day shift.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The registered manager confirmed applications had been made to the local authority safeguarding adults team to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA. We saw copies of applications still in progress and confirmation letters where DoLS applications had been approved.

Staff did not always understand the concept of assessing people's capacity to make decisions or acting in people's best interests. We found some people had bed rails in use, to stop them falling out of bed, and lap belts to support them in chairs without proper assessment and consideration of whether this was in their best interests, as laid out in the MCA. One person was potentially receiving medicines combined with their food, without proper assessment and consideration.

People and their relatives told us they felt safe at the home. Staff were aware of the need to protect people from abuse. There told us they had received training in relation to safeguarding adults and were able to describe the action they would take if they had any concerns. They told us they would report any concerns to the registered manager, the nurse in charge or the local authority safeguarding adult's team. The registered provider monitored and reviewed accident and incidents.

Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found medicines were appropriately managed, recorded and stored safely.

Staff felt they had the right skills and experience to look after people. They confirmed they had access to a range of training and updating. The registered manager showed us the new staff training system that had recently been introduced by the provider and said it would help to monitor individual's training. Staff told us, and records confirmed regular supervision took place and that they received annual appraisals.

People's comments on the food were variable. Some people indicated the food was good whilst others felt there were areas that could be improved. We observed meal times and saw food was generally of a good standard, looked appetising and was hot. Kitchen staff demonstrated knowledge of people's individual dietary requirements and current guidance on nutrition. We noted people on special diets did not always get the same choice as those accessing the home's standard menu.

People and their relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. We observed staff supported people in a caring and appropriate manner and with dignity and respect.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. We saw a range of activities were offered, including exercise classes and other events, such as a gentleman's club and discussions groups. Some people said they would like more trips out and the registered manager told us the home now had access to a minibus.

People told us they were aware of the complaints process and could raise issues if they had concerns. The registered manager told us there had been two recent formal complaints and demonstrated how these were being dealt with.

The registered manager undertook regular checks on people's care and the environment of the home. She confirmed the regional manager also carried out regular audits. Staff told us the recent changes at the home, including the merging of the homes and supporting the closure of another home close by had been difficult at

Summary of findings

times, but things were now settling down. Staff felt the registered manager was accessible and supportive. There were regular meetings with staff and relatives of people who used the service, to allow them to comment on the running of the home. A new electronic feedback system, recently installed at the home, indicated a high level of satisfaction from relatives and people using the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safe care and treatment and the need for consent.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Not all aspects of the service were safe.

There was insufficient equipment to support people's personal care needs and ensure appropriate infection control, in that appropriate stocks of wipes were not available. People and staff told us staffing levels were not always sufficient and we observed it was difficult to locate staff at times. The registered manager had been given permission to increase the levels of care staff at the home.

People told us they felt their relatives were safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Medicines were handled safely and kept securely.

Is the service effective?

Requires improvement

Not all aspects of the service were effective.

Applications had been made to the local authority safeguarding adults team to in relation to the Deprivation of Liberty Safeguards (DoLS). However, capacity assessments and best interests decisions were not always in place for people who were supported with bed rails or in the potential use of covert medicines.

A range of training had been provided and staff received regular supervision and annual appraisals.

A range of food and drink was available at the home and specialist diets were supported. Some people felt the quality of food could be improved, whilst others told us it was very good.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. Staff supported people in a caring appropriate manner and with dignity and respect. People and relatives said they had been involved in determining their care plans, although this was not always clear from care records.

People's wellbeing was effectively monitored. They had access to a range of health and social care professionals for health assessments and checks.

Summary of findings

Staff were aware of the need to maintain confidentiality around all aspects of people care.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were activities for people to participate in, including exercise classes and discussions groups. Entertainers and other events were also planned. People said they would like more trips out. The registered manager said the home now had access to a minibus.

People were aware of how to raise any complaints or concerns. Formal complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

The registered manager and regional manager undertook a range of checks on people's care and the environment of the home. Records confirmed that audits were performed regularly.

Recent changes at the home had been challenging but staff felt the situation was now settling down. Most staff were positive about the support they received from the registered manager.

There were regular meetings with various staff groups and with people who used the service or their relatives. A new electronic feedback system had recently been installed at the home. Initial responses indicated a high level of satisfaction with the home.

Howdon Care Centre

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 checked 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 4, 5 and 7 August 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used the information they provided to help plan the inspection.

Because of illness or confusion not everyone who used the service was able to speak with us. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight people who used the service to obtain their views on the care and support they received. We also spoke with four relatives who were visiting the home on the day of our inspection. We talked with the registered manager, two unit managers, two nurses, six care workers, two activities co-ordinators, the cook and a member of the housekeeping team. We also subsequently spoke with two care managers for people living at the home.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation. We reviewed a range of documents and records including; five care records for people who used the service, 17 medicine administration records; seven records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings of people who used the service or their relatives and a range of other quality audits and management records.

Requires improvement

Is the service safe?

Our findings

Staff told us they did not always have access to wipes and other items to effectively support people with their personal care. They said they had been asked to provide intimate care for people using either cloth flannels or paper towels. The flannels were then sent to the laundry, but there was no way if identifying which items had been used for intimate care. This posed an infection control risk. The use of paper towels, not designed for the delivery of intimate care posed a risk to the skin integrity and raised issues around comfort and dignity for people who used the service.

We spoke to the registered manager about the lack of appropriate equipment to support people's personal care. She told us that wipes were available and that an order had recently been delivered. The registered manager and other staff members were unable to locate any appropriate wipes within the home. Some staff told us that family member often brought in moist wipes, purchased from local supermarkets. We saw several rooms and en suite facilities had supermarket moist wipes in them. These are not designed for intimate care and appropriate equipment should be provided by the home.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12(1)(2)(f)(h). Safe care and treatment.

We found the home to be generally clean and tidy. There were occasional transient odours in parts of the home, but these did not linger. Toilet and bathroom areas were clean although one sluice area had several old items stored on the floor, such as waste bins and old lampshades. Domestic staff told us they had ready access to cleaning equipment and cleaning solutions. People we spoke with told us they felt the home was maintained in good order and was kept clean.

During our inspection we found it was often difficult to locate staff. We found there were periods, sometimes as long as 20 minutes, were areas of the home were not supervised or checked. Staff told us that at times the home could be busy and they were always "on the go." They told us they found it difficult to make time and sit and talk with people. One staff member told us that during the period when new residents had moved to the home, there had been times when only one staff member had been available on the top floor area for six people. Comments from staff included, "More staff would be better" and "I feel we could do with one more staff on this unit; especially when it comes to breaks." One staff member described some staff as being "on their knees" and "tired." Nursing staff told us they were always busy and felt it would be helpful to have more support, either through additional nursing staff or senior care workers. One person told us, "I'm no expert but I can quite imagine that caring is a very demanding job. At times there seems that there is not enough staff to deal with people. In general, maybe a little more staff." A relative told us, "There is not enough staff at times on the floor and if there are only two and someone rings in (sick) they are short. There should always be a person in the dining room."

The registered manager told us there were around 60 staff employed at the home, including nurses, care staff, domestics and ancillary staff. She said staffing was changing as a number people had transferred to the home from another location and a proportion of the staff team had also come across with them. She said she was currently looking how to best utilise this larger staff group across the home.

She told us the home currently had 63 people living there. She showed us the provider's electronic staffing tool (CHESS) and explained how people living at the home had their dependency assessed regularly and this then determined the staffing levels at the home. She said the recent influx of new people to the home, due to the closure of another home, had resulted in an increase in nursing staff for the night shift. She said actual staffing at the home was always above the recommendation from the CHESS tool. We discussed the needs of people at the home and in particular the needs of people living with dementia. On the final day of the inspection the registered manager told us she had been given permission to add an additional care worker to the home's day time rota.

People told us they felt safe living at the home. Comments from people included, "It's quite comfortable. I feel safe, yes"; "Yes I feel safe, but I've just come in last week and things are a bit all over the place" and "Yes I am safe. It's pleasant and people are kind"

Staff told us they had received training in relation to safeguarding adults and records confirmed this. They told us they would report any concerns to the nurse in charge, the unit manager or the registered manager. Staff were also

Requires improvement

Is the service safe?

aware they could report concerns outside the organisation to the local safeguarding adults team. One staff member told us, "There is nothing worrying me. It's a decent place. I've no concerns at all." The manager kept a log of any safeguarding concerns that had been raised about the home. We saw the details of these concerns were recorded, along with information about any meetings or action taken in relation to the concerns raised. As part of quality audits checks were made to ensure all staff were aware of how to raise any safeguarding concerns. Information about the provider's whistle blowing policy was also available throughout the home.

Risks were assessed and monitored. There were organisation wide risk assessments undertaken for issues such as the use of the tumble dryer in the home's laundry, the provisions of food at special events at the home and control of substances hazardous to health (COSHH). People's care plans also contained individual risk assessments linked to their care. These covered areas such as the risk of falls, risk to skin integrity and the risks associated with poor diet or fluid intake. People had personal emergency evacuation plans (PEEPs) in their care records, detailing how they should be supported in the event of a fire or other untoward event. However, these had been pre-printed by the provider, with blanks where the person's name could be inserted, rather than wholly individualised and did not always reflect people's personal circumstances.

We saw evidence that a range accidents and incidents were reported and recorded on the provider's electronic recording system known as DATIX. The registered manager told us each incident was required to be reviewed as part of the reporting system and that the regional manager was also required to monitor and review any incidents. This meant there were effective systems in place to monitor events at the home and review evidence to identify trends or recurring themes in relation accidents and incidents.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, notes from a formal interview process, references being taken up and Disclosure and Barring Service (DBS) checks being made. Registration of the nursing staff was checked on a regular basis, to ensure it was up to date. All nursing staff are required to be registered with the Nursing and Midwifery Council (NMC). This verified the registered provider had appropriate recruitment and vetting processes in place. An adequate disciplinary process was in place and the registered manager was fully conversant with it. She showed us case files which showed the policy and processes were applied appropriately.

We observed the nursing staff dealing with people's medicines and saw people were given their medicines appropriately. We examined the Medicine Administration Records (MARs) and found there were no gaps in the recording of medicines and any handwritten entries were double signed to say they had been checked as being correct. Medicines were stored correctly and safely. There were also systems in place for effective ordering and safe disposal of medicines. A number of people were prescribed "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We found people had specific care plans for these types of medicines. Staff had received training on the safe handling of medicines and confirmed the registered manager checked their competency through direct observation.

Requires improvement

Is the service effective?

Our findings

We found that where people had their liberty restricted, through the use of bedrails or lap belts on wheelchairs, or where significant health decisions had been made, such as the giving of influenza vaccines, then there little or no evidence that capacity assessments had been undertaken or best interests decision making criteria had been followed. The registered manager and one of the home's unit managers confirmed a number of people had bed rails in use and had received vaccines but no Mental Capacity Act 2005 (MCA) assessments had taken place.

We found comments in one person's records that they had become upset and would not take their medicines when it was offered to them. Records showed staff had attempted to give the person their medicine covertly, hidden in food, although they had also refused this. We checked the person's care records and could find no care plan for giving them medicine in this way. We spoke to the registered manager and the unit manager about this. They told us this should not have happened and they would address the issue with staff.

This meant people were not protected from inappropriately receiving treatment or having their freedom restricted because the legal requirements of the MCA were not being adhered to.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11(1)(2)(3). Need for Consent.

Records showed staff had undertaken training in relation to MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed the home was working with the local safeguarding adults team to put in place DoLS for those people who fell within the requirements of the MCA definitions. Assessments had been undertaken, or were planned for the near future. Commission records showed there had been three DoLS granted in recent months.

We saw that where possible on a day to day basis people were asked for their consent. We witnessed staff knocking on doors before they entered. Staff also approached people and asked them questions, such as; "Would you like to?" and "Would we be able?" Staff told us that where people could not readily understand what they were asking they would still take time to explain things to them and always acted to reassure them during activities such as personal care. One staff member told us how he would take a person living with dementia to the shower room so they could better understand he was asking them if they wanted a shower.

People told us staff had the right skills and experience to support them. One person told us, "I feel they have the right skills. I don't think the staff could do any better. I think they work hard." Comments from relatives included, "There is nothing they could do better. They are accommodating and adhere to everything" and "Oh yes, they have the skills. They always come and help. They are confident and brilliant."

Staff told us they had access to a range of training, but told us there had been some difficulties recently as the provider had changed the system for access electronic training, which they were still getting used to. We saw copies of staff training records and noted a range of training was available and was up to date. One staff member told us, "The training is pretty good. I've had training on dementia, depression and anxiety. I've also been to a local venue for face to face training from community nurses." Another staff member said, "The training is good. I'm up to date. I've just finished my NVQ level 2." The registered manager showed us the provider's new online training system. She said there had been some difficulties as records from the old system had not always transferred across, but it was settling down. She said the new system would allow her to track individual training needs and alert her when training needed refreshing.

People told us they had access to regular supervision and appraisal sessions. We looked at some supervision documents for staff who worked at the home and saw sessions occurred approximately every two to three months. We saw some supervision sessions focussed on set topics such as the CQC's fundamental standards. Other documents indicated staff had the opportunity to discuss issues more personal to their own development and circumstances. Where there were specific concerns we saw these had been discussed. For example, we saw there had been issues in the past around cleanliness in certain parts of the home and this had been raised during supervision. Staff were also subject to an annual appraisal. Staff were graded in areas such a quality of work, team work and knowledge. Staff had opportunity to comment and key areas for future development were identified.

Requires improvement

Is the service effective?

People's comments about the food were variable. Comments included, "The food is good. I've had cornflakes and toast for my breakfast. They asked me if I wanted a cooked breakfast"; Food and drink are fine. Enough? Oh yes"; "I don't think much of the food"; "The food? I can't say it is first class but it is adequate. It has improved recently. Don't know if they have changed the cooks, but it's been very tasty recently", "The food is like everywhere else I suppose, but it's a bit on the cold side when it gets to you. All day they give you cups of tea and that" and "The food is absolutely brilliant. You get a full dinner and a sweet."

We observed meal times at the home and saw that food was generally hot and well presented. People were supported with their meals in an appropriate manner and there was access to specialist cutlery and crockery. We spoke with kitchen staff who demonstrated a good understanding of people's individual dietary needs and were aware of special diets such as diabetic meals and soft and pureed diets.

People had a choice of two main meals for lunch and a choice of items for tea. We saw one person, who did not like anything on the main menu asked for, and was given, egg and chips as an alternative. We saw foods such a pies and soups were home made by the kitchen staff. People requiring a soft diet option did not always get the same range of choice as other people at the home.

The home was accessible with wide corridors and doors and lifts to all floors. We saw on the Hunter Unit, where the majority of people were living with dementia, doors of different colours were used for toilets and bathrooms so they were differentiated other doors. Rooms there were not normally accessible to people, such as offices and sluices were painted a similar colour to the walls, to make them less immediately visible. The manager told us they had changed parts of the home around following consultation with people and professionals. Dining areas and lounges had been switched, meaning lounge areas were now easier to observe and more accessible. In the Hunter Unit the registered manager had created a café area and a hairdressers. The hairdressers had been decorated to look like a commercial hair salon, including a barber's pole outside.

The garden area was in need of renovation. Paved areas and paths, including access ramps were uneven making it unsafe for people to access without supervision. Paths round the outside of the building, which may be used for access or escape in the event of a fire were also uneven in places. Outside flower areas were not well cared for. Despite the day being sunny and warm there were no people accessing the garden area. The manager told us the home was trying to raise money to overhaul the garden area, but there was no substantive funding available to upgrade the outside areas.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received at the home. Comments from people included, “The staff make sure I am comfortable, smart and clean. I therefore have complete satisfaction regarding that”; “I can’t complain about the staff and they work jolly hard and, yeah, they are there for you if you want them” and “Oh yes, all the girls are very, very nice.” One relative told us, “It’s the little extras they do. They are very caring.”

We spent time observing how staff interacted with people living at the home. We found they were patient, caring and understanding of people’s needs and their reactions. We saw staff took time to explain things to people and attempted to reassure anyone who was confused or disorientated. We observed one care worker approach a person and ask it they would like a shave. They crouched down so they were on eye level with the person and spoke to them, noting that the person had refused a shave for the last few days. They gently talked to the person, persuading them they would look and feel better if they had a shave and a “tidy up.” The person agreed then the care worker could help them.

Although busy, staff took time to chat to people whilst they were going about their duties. For example, one staff member chatted to each person whilst they were offering them tea, coffee and biscuits. Some staff told us they would value more time to sit and chat to people. One care worker told us, “It would be better if we had more time to sit with residents. Obviously we are here for them. I’d like to know more about them and want to be able to get to know them.” One staff member told us that recent changes at the home had meant care staff had been moved around the units and felt this limited the ability of staff to get to know people individually. One person told us, “Yes, they listen and have time to talk to me.”

Some people and relatives told us they had been involved in developing and reviewing care plans. However, although care plans stated, “This care plan has been written after discussion with X and family..”, it was not always possible to identify from written plans how people had been actively involved in developing them. We spoke to the registered manager about this. She said she was looking at how this could be better incorporated into future care planning.

Information was available for people and relatives about the home. There were various noticeboards detailing future meetings or events, displaying copies of minutes from relatives’ meetings and identifying local services and support that people could contact. Information was available on the home’s summer fayre, a “beside the seaside” event and a gentleman’s discussion group. Posters were displayed asking for volunteers to help develop the garden area. Staff told us no one at the home had any particular cultural or religious needs, but said a minister came to the home on a regular basis to conduct a communion service.

We saw people’s wellbeing was monitored and maintained. People’s care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. Copies of letters from other health and social care professionals were also available, indicating people had attended hospital or outpatient appointments. A general practitioner attended the home on the day of our inspection, at the request of one of the nursing staff.

The registered manager told us no one at the home was currently accessing or utilising an advocacy service. She told us some people had used such services in the past and this could be arranged, if necessary. She said independent mental capacity advocates (IMCA) had been involved for some people during assessment for DoLS. An IMCA is an independent person appointed to ensure the views and rights of people are protected when significant decisions about their care or treatment are being considered.

Staff we spoke with were aware of the need to maintain confidentiality with regards to people’s personal and care information. They were aware they should not discuss issues outside of the work environment. We saw the issue had also been addressed during a staff meeting.

We observed staff treated people with dignity and respect. Staff called people by their preferred names and regularly checked their clothes were clean and tidy. Staff we spoke with understood the importance of maintaining people’s dignity. They told us how they ensured people’s bedroom doors were closed and curtains drawn during personal care. We saw this was put into practice throughout our time at the home.

Good

Is the service responsive?

Our findings

People told us that staff responded to their needs. Comments from people included, "They come to me about 11 (o'clock) and ask if I want a wash. I had a nice shower yesterday"; "They always come when I ask them" and "Oh aye, they are there for me when I press the bell." One relative told us they had recently moved their relative to the home and found the care was good. They told us, "The staff can't do enough for (relative). He isn't well at the moment and they were quick to get the doctor out. He was upstairs at first, but it was a bit noisy for him, so they asked if he would like to move downstairs."

Some people living at the home had information near their rooms detailing their past life, jobs, achievements and interests. This meant staff had information about the backgrounds of people they were caring for. One relative told us, "They are always interested in (husband's) medals and keen to learn and make conversation."

The unit leader on the Hunter Unit told us assessments were carried out prior to people moving in to help ensure their needs could be met. She said the registered manager or a qualified nurse visited people in their own homes or in hospital to carry out the assessments. A keyworker was than allocated to the person so they could visit to get to know them better and help them settle when they moved in. Assessments were reviewed monthly or more frequently if this was necessary.

Care records contained personal information such as, next of kin, GP and other significant people. Care plans had been developed to cover the aspects of people's care, such as mobility, personal hygiene, pain management and psychological and emotional needs. They had been evaluated monthly. Care plan agreement forms were in place and had been signed by the person or their representative.

The care records contained documents 'My choices, my preferences' and detailed information about 'what a good day/bad day looks like,' 'things important to me', dress preference, favourite place and food. The information was limited and needed to be expanded with more detail. However, information in one record showed a person wished to have her hair done and lipstick applied each day. We saw this person's hair and been done and they were wearing lipstick. Another person's file stated staff should ensure the CD player was on in their bedroom during the day, as the person liked to dance. We heard a member of staff asking them which CD they would like to listen to. There was also information to say whether people preferred a female or male carer to support them with personal care. A member of staff told us people were given their preference as there was always a male in the building, if required.

The home employed two full time activities organisers and another 20 hour activities organiser was to transfer from another home owned by the provider, which had recently closed. One activity organiser told us had recently attended a course on activity and wellbeing called "OOPH." She said the course was very good and given her lots of ideas about how to involve people in themed activities, such as a day at the seaside. Activities included quizzes, Fruity Friday (when people made fruity drinks), gardening, glass painting, ladies afternoon, gentlemen's club and memory boxes. We witnessed an "OOPH" session taking place, where people were encouraged to move and exercise through the telling of a story. There were boxes located in the lounge areas which contained items which people would relate to, such as bags, hats, purses and activity aprons. One person was cleaning the skirting boards and the unit manager told us the person enjoyed this as they felt they were useful.

People we spoke with confirmed activities took place at the home, but would perhaps like to get out more. One person commented, "They do try and entertain with some activities. They put events on and arrange entertainment. I enjoy that. Occasionally you get out in a wheel chair; a little outing, but not on a bus." Another person commented, "I was saying yesterday that we should have a charabanc to take us out along the coast. We are missing out on the lovely weather."

The unit manager told us they were in the process of personalising people's bedrooms with items they would relate to. She showed stickers of cats she had obtained for one person's room, as they loved cats. She also intended to theme the corridors, for example the cinema, the playground and the beach. She told us finding the right activities could be difficult as people's needs changed. However, she said the staff tried different activities and observed whether people enjoyed them or if they needed to be changed. The activities organiser asked one person if

Good

Is the service responsive?

they would like to continue the activity they started the previous day. They refused and the staff member said, "Okay I'll call back later and see if you've changed your mind."

People told us they were aware of how to complain and would raise issues if they needed to. Comments from people included, "I have never complained but I would ask to see someone" and "If I had a complaint I would just see the lady in charge." One relative told us, "I would go to the manager if I had a complaint." The complaints procedure was displayed at the entrance of the home. A complaints book was maintained to record any complaints received and the outcome of the investigation. Two formal complaints had been received in the previous 12 months. One about lack of communication and another about a person's preference not being respected. The complaints had been dealt with appropriately and in line with the provider's complaints policy. A relative told us they had never needed to complain but felt confident to do so if necessary and felt they would be taken seriously.

Several thank you letters had been received but some were not dated. Two recent compliments stated, "The care and compassion that was demonstrated by your staff to both her and the family was of the highest level" and "Thank you for the excellent care and support given to my mother in the month she stayed with you. I could not have asked for better care for my mother. Well done."

A number of people had recently moved to the home from another establishment which had closed. People told us things were now settling down but they had found the transition difficult at times. One staff member told us, "It's been a bit stressful, not always knowing where things where. It's settling down now. It could have gone more smoothly, but we are getting there." The registered manager told us it had been quite an undertaking sorting out the move, that there were still boxes of items to unpack and still some issues to sort out. She said the home was not only accommodating people from the previous home but was also taking on the care of pets from the location.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since December 2014. She was present on all of the days we were at the home and assisted us with the inspection.

People and their relatives told us they felt the registered manager was approachable and they were able to speak with her, if necessary.

The registered manager told us she carried out a range of checks and audits on the care delivery at the home including audits of medicine records and systems, monthly reviews of the meals served at the home and the overall dining experience. The manager showed us the homes electronic recording system (TRaCA) and demonstrated how issues were recorded and monitored through the system. We saw that where issues were identified on the system then action was taken to address the matter. For example, an audit of medicines at the home had identified a person was receiving "as required" medicines for pain relief on a regular basis. Action had been taken to review the issue with the person's general practitioner and make the pain relief a regular medicine.

The home had recently introduced a new tablet based system to allow relatives and people who lived at the home to leave immediate feedback, through the use of an electronic pad. We saw there had been 31 reviews on the system at the time of the inspection with an overall satisfaction score of 9.3 out of 10. People were able to rate the facilities, cleanliness and management of the home, along with the care delivered and items such as food and drink. Overwhelmingly people and relatives rated the home as excellent or good. One comment from a person who lived at the home stated, "I have lived here for over a year now and I feel safe; there is always care 24/7. My family come to see me almost every day and they are made to feel at home. I don't see the staff as staff, they are my friends. I would definitely recommend this home."

The results of the last residents' survey, carried out at the end of 2014, were displayed on the noticeboard. 68% of those surveyed had rated the home as good or very good.

Improvements that had been made included the introduction of PEARL (a specialist dementia care system), personalising rooms, to create a homely environment, gentle music and rest stops around the premises.

The majority of staff told us they were happy and felt the atmosphere was positive and enjoyed working at the home. They felt the registered manager was supportive and helpful. Comments from staff included, "(Registered manager) is good, very good. She is settling in and slowly sorting the place out"; "It's a really good atmosphere with good staff. The manager is really good" and "(Registered manager) is really helpful. I feel I can approach her and things will be addressed." The registered manager identified that, due to nursing staffing issues, it had not always been possible to balance the clinical and management time of the unit managers, but she was committed to sorting this out when nursing staff number increased. Some staff stated they would have welcomed more support during the recent move to the home.

A range of meetings took place at the home, including staff meetings and health and safety meetings. We saw actions from audits were noted at these meetings and action taken. For example, we saw in one staff meeting it was noted people's nutritional assessments were not always fully completed. This was discussed and the importance of maintaining up to date assessments was stressed. In a health a safety meeting it was noted there were problems with the floor of the laundry and that vinyl needed to be relaid. We checked the laundry area and saw the work had been undertaken. A residents' / relatives' meeting had been held and included discussion about person centred activities (PEARL), use of the minibus, the garden project and events.

Most people told us the staff seemed happy in the roles. However one person told us, "I don't think the staff are happy, but I think it is due to all the changes that are going on in the place." The registered manager told us the move to the home had been a considerable challenge and there was still work to be done. She told us her aim was to move away from the continued identification with the old homes and develop a home wide ethos; making the whole building accessible to all. She said this was difficult, but was looking to move staff around the home to develop their skills and experience. She said she was also looking at the identity of the home and was perhaps considering renaming the home to mark the new start.

Good

Is the service well-led?

We found most records were up to date and complete, although noted some care records had not been recently reviewed and updated. Shift hand over notes were sometimes limited with comments such as “settled” or “No concerns” used, which were of limited benefit to agency staff. Safety records, such a fire checks, gas safety and Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment were in place. Portable appliance testing (PAT) of small electrical equipment was up to date as were Legionella and water temperature checks.

The manager said the home was trying to link in with the local community. Staff told us there was a regular car wash at the home to help raise money for activities and a care boot sale was also held on some weekends. The manager told us a local company had donated a wood burning stove to the home which was being raffled to raise funds.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Systems were not in place to assess people's capacity to make decisions and act in line with the Mental Capacity Act (2005). Regulation 11(1)(2)(3)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Systems were not in place and sufficient equipment to manage the risk of infection were not available. Regulation 12(2)(f)(h).**