Malhotra Care Homes Limited

Covent House

Inspection report

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Ratings

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

Overall summary

We inspected Covent House on 17 June 2015 and the visit was unannounced. We last inspected the service in January and February 2015. At that inspection, we found breaches of legal requirements in five areas; management of medicines, consent to care and treatment, assessing and monitoring the quality of service provided, safeguarding people who use services from abuse and staff recruitment practices. We asked the provider to take action to make improvements and they told us they would be fully compliant with the regulations by 15 May 2015. On this visit we found improvements had been made in all of the regulations that had been previously breached and the registered provider was now meeting current regulations.

Covent House is a care home which provides nursing and residential care for up to 63 people.

Care and support is provided for older people, some of whom are living with a dementia related condition. At the time of the inspection there were 55 people living at the service.

Summary of findings

The service did not have a registered manager, as the manager who had been in post since February 2015, was awaiting the outcome of their application for CQC registration. 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.

Employment procedures now ensured that appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults. Appropriate risk assessments had now been completed following Disclosure and Barring Service (DBS) disclosures.

Improvements had been made to the management of medicines. Medicines records were accurate, complete and medicines were managed safely. People's medicines were stored securely.

People using the service told us they were well cared for and felt safe at the home and with the staff who provided their care and support.

The home was clean, tidy, well maintained and no unpleasant odours were evident in any part of the home. The home was well appointed, furnished and decorated. It was also suitable and adapted to meet the needs of people living with a dementia related condition.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. A whistleblowing policy and information was available for staff to report any risks or concerns about practice in confidence within the organisation.

Staffing levels were sufficient to meet people's needs. Staff were attentive when assisting people and responded promptly to requests for assistance or help. Risk assessments were in place to ensure risks were assessed and appropriate support, treatment and care was identified.

Accidents and incidents were reviewed and analysed regularly to identify possible trends and to prevent reoccurrences. Duty managers were available out of hours for advice and in the event of a crisis. Detailed and up to date personal emergency evacuation plans described how people should be evacuated from the home in the event of an emergency.

Improvements had been made in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Detailed information was available for staff. The requirements of MCA were followed and DoLS were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interests.

All new staff received appropriate induction training and were supported in their professional development. People received care from staff who were provided with effective training to ensure they had the necessary skills and knowledge to effectively meet their needs. Staff received regular supervisions and annual appraisals were carried out.

People were asked their permission and offered choices before care or support was delivered. People were supported to make sure they had enough to eat and drink and their nutritional needs were met to ensure they stayed healthy. They told us they enjoyed the food prepared at the home and had a choice about what they ate.

People were supported to have access to healthcare services and referrals had been made to health professionals for advice and guidance where required.

People spoke positively about living at the home and told us staff treated them well. We observed warm, kind and caring interactions between staff and people. Staff were patient, unhurried and took time to explain things to people clearly.

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity. Staff regularly checked on people to see if they needed support or assistance. There was a warm, calm and relaxed atmosphere throughout the home. Staff interacted and had a good rapport with people.

People's relatives were involved in the care and support of their family member. Care records confirmed the involvement of people in care planning and reviews.

Summary of findings

Relatives we spoke with told us communication with the service was very good. Advocacy information was accessible to people and their relatives. Surveys were undertaken and people's feedback was acted upon.

A complaints policy and procedure was in place. People and their relatives felt able to raise any issues or concerns. Complaints received by the service were dealt with effectively and the service had recently received a number of compliments.

People's care records were up to date and accurate and were detailed from pre-admission to present day. They contained up to date and accurate information on the needs and risks associated with people's care. Health and social care professionals were involved in the review process where applicable.

Care staff were responsive to the needs of the people they cared for and supported. People and their relatives told us regular activities were organised throughout the home. We noted a comprehensive activities and entertainment programme was available. Regular meetings were held for people and their relatives.

The service was well-led. The service had recently appointed a new manager who had applied for registration with the Care Quality Commission. People, their relatives and staff all told us noticeable improvements had been made to the running of the home which had made a positive impact on the quality of service provided. They also told us the manager was approachable, supportive and listened to suggestions made to improve the service.

Up to date and accurate records were kept of equipment testing. Other equipment and systems were also subject to checks by independent assessors or companies. Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service, care and support they received.

The manager had formed links with other organisations to improve their knowledge, share good practice, and ensure the home was up to date with current national best practice standards and improve the overall care people received. This had helped improve everyone's understanding and awareness of dementia related conditions.

A monthly newsletter had been introduced to keep people, their relatives and staff up to date and informed about forthcoming events and items of interest. A reward scheme for staff was in place to acknowledge good performance and reward their accomplishments.

We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run. Staff meetings were held regularly. Staff were asked their opinions in an annual satisfaction survey.

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?

Good

The service was safe. Employment procedures now ensured that appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults. Staffing levels were sufficient to meet people's needs.

Improvements had been made to the management of medicines. Medicines records were accurate, complete and medicines were managed safely. People's medicines were stored securely.

People using the service told us they felt safe at the home and with the staff who provided their care and support. The home was clean, tidy and well maintained.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. A whistleblowing policy and information was available for staff.

Accidents and incidents were reviewed and analysed regularly. Duty managers were available out of hours for advice and in the event of a crisis.

Is the service effective?

Good

The service was effective. Improvements had been made in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

All new staff received appropriate induction training and were supported in their professional development. People received care from staff who were provided with effective training and regular supervision to ensure they had the necessary skills and knowledge to effectively meet their needs.

People were asked their permission and offered choices before care or support was delivered. People were supported to make sure they had enough to eat and drink and their nutritional needs were met.

People were supported to have access to healthcare services and referrals had been made to health professionals for advice and guidance where required.

Is the service caring?

Good

The service was caring. People spoke positively about living at the home and told us staff treated them well.

Staff acted in a professional and friendly manner and treated people with respect. There was a warm, calm and relaxed atmosphere throughout the home.

People's relatives were involved in the care and support of their family member.

Advocacy information was accessible to people and their relatives. Surveys were undertaken and people's feedback was acted upon.

Is the service responsive?

Good

The service was responsive. People and their relatives felt able to raise any issues or concerns and complaints received by the service were now dealt with effectively. .

People's care records were up to date and accurate. Health and social care professionals were involved in the review process where applicable.

Summary of findings

Care staff were responsive to the needs of the people they cared for and supported. A comprehensive activities and entertainment programme was available. Regular meetings were held for people and their relatives.

Is the service well-led?

Good

The service was well-led. The service had recently appointed a new manager who was awaiting their application for registration with the Care Quality Commission. People, their relatives and staff all told us noticeable improvements had been made.

Up to date and accurate records were kept of equipment and systems. Management regularly checked and audited the quality of service provided and made sure people were satisfied with the service, care and support they received.

We received positive feedback from people, their relatives and staff about the management team and how the service was managed and run. Staff meetings were held regularly. Staff were asked their opinions in an annual satisfaction survey.

Covent House

Detailed findings

Background to this inspection

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

This inspection took place on 17 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Prior to the inspection, we also spoke with the local authority commissioners for the service who acknowledged recent improvements had been made at the home.

We spoke with 10 people who used the service to obtain their views on the care and support they received, along with 13 of their relatives. We also spoke with the manager, the provider's operations manager, the provider's head of operations, the deputy manager, four nurses, ten care staff, one domestic assistant, one catering assistant and both activities coordinators who were employed at the home.

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 also looked at a range of records. These included care records for 13 people living at the home, 55 people's medicines records, 14 records of staff employed at the home, duty rotas, accident and incident records, policies and procedures and complaints records. We also looked at minutes of staff and relative meetings, results of service user, relative and staff surveys conducted, premises and equipment servicing records and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

At our inspection in January and February 2015 we were concerned that the systems for the recruitment of staff and the safe management of medicines were not working. We told the provider they were in breach of Regulations 13 and 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action against the provider. We wrote to them highlighting areas in which they must improve. During this inspection we checked the progress the provider had made in relation to action plans they had sent us following our inspection in January and February 2015. This inspection was to assess and evaluate how the provider had responded to our concerns.

During our previous inspection we had concerns staff recruitment practices at the home did not always ensure that appropriate recruitment checks were carried out to determine the suitability of prospective staff to work with vulnerable adults. Additionally, where security checks had been made with the Disclosure and Barring Service (DBS) and had disclosed recordable convictions, DBS disclosure risk assessments had not been completed. DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with vulnerable people. We found at this inspection that appropriate improvements had been made to these systems.

We examined eight records for staff who had recently been employed at the service. We found the service now undertook comprehensive, appropriate and safe recruitment practices. Each staff member's file had a fully completed application form, detailing their employment history, reasons why their employment had ended, details of previous qualifications and experience, proof of their identity and their photograph. At least two written references had been obtained and verified, including where possible, from the last employer. We also saw appropriate risk assessments had now been completed following DBS disclosures.

At our last inspection we had concerns about the accuracy of medicines administration records (MARs) and the service's arrangements for the management of medicines was not always safe.We looked at how medicines were handled and found that the arrangements at the service were now appropriate, efficient and managed safely. The provider had a detailed medicines policy and other medicines information was available for staff to refer to. We observed a nurse conduct two medicines rounds. We saw the lunch time medicines round was conducted professionally, with great care and in a competent manner. During an earlier morning medicines round, we saw people received their medicines sensitively and clear explanations and instructions were given to them as they received their medicines.

We reviewed 55 people's medication administration records (MARs). The MARs were neat and tidy, contained no loose pages and there was a current photograph for each person, to prevent errors and ensure medicines were not given to the wrong person. The MARs were up to date, accurate, with no omissions. Where appropriate, letters of authorisation for covert administration of medicines were kept in people's MARs. We saw medicines were stored and kept securely. Efficient and regular medicines checks and audits were now undertaken by the manager and the provider's head of operations. This helped prevent errors and ensured they were being handled properly and that systems were safe. In addition, the manager told us the service had engaged with a local GP and pharmacy service in order to improve their systems and practice in relation to prescribed topical creams administration. The manager told us they had further plans to improve this area of practice through further training and auditing.

We noted medication room fridge temperature checks to ensure medicines were kept safely were not always recorded on a daily basis. We discussed this with the manager who told us this would be addressed immediately. Overall, we found people's medicines were being managed safely and recording had improved considerably.

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. Relatives we spoke with were happy with the care, treatment and support their relative received at the home. One person told us, "The staff here are excellent; I can confide in any of them."

We saw that where safeguarding incidents were identified, these were reported and acted on appropriately and accurately recorded. An up to date safeguarding policy and safeguarding adult's information was available for staff to refer to. Staff we spoke with had a good understanding of safeguarding and knew how to report concerns. They were able to describe various types of abuse and were aware of

Good

Is the service safe?

potential warning signs. Staff told us if they had any concerns they would report matters directly to the manager. All of the staff we spoke with said they did not have any concerns about the care provided or the safety of the people living in the home. They told us they felt able to raise concerns and felt the manager would deal with their concerns immediately and effectively. We saw that 17 safeguarding adult's referrals had been made to the relevant local safeguarding adult's authorities between January 2015 and the day of our visit.

We saw the service had a whistleblowing policy. Staff we spoke with were aware of the provider's whistleblowing policy and procedure. This meant staff could report any risks or concerns about practice in confidence to the organisation.

We noted that there were sufficient staff to provide a good level of support to people. The staff we talked with felt there were always enough staff to care for people. We looked at staffing rotas for the week of the inspection, the previous two weeks and the two weeks after the inspection and saw staffing levels reflected what we were told by the manager. In addition to nursing and care staff, separate ancillary staff were employed to support the running of the home. These included catering and housekeeping staff, two activities co-ordinators, an administrator, and a maintenance / handyman. The manager told us, and records confirmed, the provider used a dependency tool to determine staffing level requirements.

People and the majority of their relatives told us they felt that staffing levels were appropriate and this was confirmed by our observations. We observed there were sufficient staff on duty to respond promptly to people's needs and requests. Staff spent quality time talking to people and were responsive to call bells and their requests for assistance. One relative commented, "I think they have enough staff."

Records examined confirmed nurses employed at the home, including bank nurses, were currently registered with the Nursing and Midwifery Council.

The manager told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. The manager told us accident and incident audits were undertaken to ensure the appropriate action had been taken and a referral for professional support had been made if required. These were subsequently reviewed by the provider's operations manager and head of operations.

People living at the home had up to date and appropriate risk assessments in place to ensure risks were identified and reduced. For example, care records identified risks in relation to nutrition and choking, pressure area care, mobility, safe moving and handling and falls risks. We saw that where external professionals had been involved in supporting people, their assessments and advice had been incorporated into the risk assessments.

Personal emergency evacuation plans (PEEPs), describing how people should be evacuated from the building in the event of an emergency, were in place for each person at the home. Each PEEP took into account the person's cognition and mobility and what support would be required to evacuate each person in the event of an emergency.

Records confirmed that the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies. Up to date and comprehensive contingency plans were in place in the event of a flood, fire, loss of utility, or other emergency situation.

We found the home was clean, tidy, well maintained and decorated, with no unpleasant odours evident in any part of the home. One relative commented, "The place is so clean and there is no smell."

Good

Is the service effective?

Our findings

At our inspection in January and February 2015 we were concerned that the system for obtaining and acting in accordance with people's consent was not working. We told the provider they were in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We took enforcement action against the provider. We wrote to them highlighting areas in which they must improve.

During this inspection we checked the progress the provider had made in relation to action plans they had sent us following our inspection in January and February 2015. This inspection was to assess and evaluate how the provider had responded to our concerns. During this inspection we checked the provider's arrangements for obtaining and acting in accordance with people's consent in relation to the care and treatment provided for them in agreement with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards. We found appropriate improvements had been made to these arrangements. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

Since our last inspection, the registered provider had made significant progress in implementing the MCA and DoLS. We saw the provider now had detailed MCA and DoLS policies and up to date MCA / DoLS information was available for staff at the home.

Mental capacity assessments and documentation were in place and completed for people as required. We noted MCA assessments had been completed to support applications for standard authorisation for lawful restriction of some people's liberty. Information included why restriction of liberty was required and for what purpose. For example, the use of key pads on doors, observations and medicines. We also noted care plans now contained references to 'best interest' decisions made by professionals regarding people's decision making, choices and support. For example, a best interest record documented the least restrictive practice and the requirement for the use of a specialist armchair. There was also evidence of the person's family involvement where a person was unable to give informed consent.

Care records viewed showed mental capacity assessments were reviewed monthly. Staff told us they had completed training on MCA and DoLS and had an improved understanding of these important areas and how they applied to the people they cared for. A care assistant told us, "My MCA training is planned." A nurse commented, "I'm going on a day's course on Friday with another member of staff to receive more training about Deprivation of Liberty. The course is run by the Tyne and Wear Care Alliance (regional training body)."

The manager told us, and records confirmed, that six DoLS applications had been authorised by the local authority since our last inspection. We noted these applications had been appropriately applied for and were detailed with information available as to why they were required, or if the application was urgent.

Care plans for people with distressed behaviour showed referrals had been made to external health professionals and the plans included their advice and guidance. For example, a psychiatrist, specialist consultants and the challenging behaviour team. We spoke with the manager, the provider's operations manager and head of operations regarding improving documentation in relation to recording visits from professionals and were told this would be addressed immediately.

We saw care records contained DNACPR (do not resuscitate) forms for people and noted they were accurate, had been discussed with relevant people and contained appropriately completed MCA documentation. We also noted they were regularly reviewed.

The provider's head of operations told us all new staff were required to complete a six month probationary period and their suitability was reviewed after three months and on completion. We were also told new staff were required to complete their Care Staff Induction Programme within 12 weeks of commencing their employment. This period also included shadowing an experienced and established colleague before working unaccompanied. A recently appointed care assistant said their induction to the service had gone well and told us, "It was very good and comprehensive." Another care assistant said, "I had three

days induction when I started. I couldn't start until I'd done my training; such as moving and handling." Following a successful completion of their probationary period, staff were enrolled on National Vocational Qualifications to gain adult health and social care qualifications, or diplomas.

Staff told us and records confirmed that staff had undertaken mandatory safe working practices training. For example, health and safety, moving and assisting, fire safety, emergency first aid, infection control, safeguarding adults and food hygiene. Staff also told us, and training certificates confirmed that staff received other developmental training specific to the needs of the people they cared for. For example, end of life care, caring for people with dementia, continence, distressed behaviour, dignity and team building. A relative said, "The staff are very good; they seem to understand and cope with those with dementia very well."

Staff we spoke with were complimentary and enthusiastic about the training and opportunities available. They also told us their training was face to face, as opposed to being on a computer. One care assistant told us, "There are plenty of opportunities for training. I'm due to do some next week." Other staff comments included, "The manager is keen on training," "My training is up to date," and, "Training is on-going; I've had updated dementia care, challenging behaviour and coping techniques training."

Staff told us they now received regular one to one meetings, known as supervisions, as well as two appraisals a year. Supervision sessions were used to check staff progress and provide guidance. Appraisals provide a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. We saw an accurate and up to date supervision and appraisal matrix planned out when each was due throughout the year. We saw areas discussed during supervisions and appraisals included staff performance, team issues, safeguarding adults, suggestions for improvement in practices and company policies and health and safety. A nurse told us, "I'm supervised by the manager and I supervise a group of carers." Another nurse told us, "We talked about training and record keeping; I supervise six carers."

During the course of our visit we saw people were asked their permission and offered choices. For example, when choosing their meals or refreshments. We saw staff were pleasant and gave people ample time to consider their options and make their choices. Staff gave us examples of involving people in their everyday decision making. For example, showing two plates of food, or two items of clothing to help them make their choices. One care assistant told us, "We ask people on the day what they would like from the menu." Another staff member said, "We are planning to use pictorial menus as well to help people choose their food."

We observed the lunchtime experience in all of the dining areas at the home. We saw the meals were well presented, hot and looked appetising. There was a quiet and relaxed atmosphere in the dining rooms. People were assisted to eat, or prompted as required by staff. Where people were unable to eat or drink independently, care staff sat with and assisted them. We also noted staff served the meals with care and courtesy. A selection of snacks, home baked cakes and refreshments were available throughout the day outside of meal times.

The cook told us they were kept up to date with people's nutritional needs, or specialist diet requirements by the nurses and care staff. Care records showed evidence of the involvement of external health professionals. For example, speech and language therapists and dietitians advising supplements, thickened fluids and soft diets. We also saw a care plan was in place for one person with swallowing difficulties. We noted people were weighed regularly.

People told us they enjoyed the meals at the home and were complimentary about the variety, choice and quality of the meals. One person told us, "You get a very good meal here; you get what you want." Other people's comments included, "I used to be a master chef and the food here is good all the time," "There's a good choice of food and I can always get more if I want," and, "The food here is well cooked." A relative said, "Their food has to be pureed; it looks good on the plate and they're eating okay."

People were supported to keep up to date with regular healthcare appointments, such as occupational therapists, the speech and language therapist team, physiotherapists, district nurses, GPs and other health and social care professionals. We saw regular reviews were undertaken which involved outside professionals and family members.

Relatives we spoke with told us communication with the service was very good. People and their relatives told us family members were always contacted should anyone become unwell, or where a GP has been called to attend

Good

Is the service effective?

the home. One relative told us, “They keep me up to date with their care.” Another relative said, “They’ll let me know if the doctor has to be called.” Other relatives’ comments included, “They keep me informed if there are any changes in health,” and “The staff are good at communicating with me; they are quick to let me know of any problems.” A nurse told us, “There is good communication between nurses and care staff. The carers are very good at communicating if they are concerned at a change in a person’s health and feedback is good too.”

The home was a purpose built relatively new building which was well appointed, furnished and decorated throughout. The environment was well designed, bright and encouraged the independence of people with a dementia related condition. Corridors were wide and seating areas were available. We noted there was a passenger lift between floors and there was good wheelchair access around the building. Appropriate signage indicated division of different areas. Other communal recreational areas included a café area, a cinema room, a hair dressing salon, a hydro pool and a roof top garden terrace area which was equipped with tables and chairs.

Good

Is the service caring?

Our findings

Due to their health conditions, some people were unable to tell us their experiences of living at the home. However, people we did speak with and their relatives were very positive and complimentary when they spoke about the care and support people received at the home. One person told us, "My (relative) chose this place for me; the staff are very kind." Another person commented, "I think it's great here, I rather like it. The staff are excellent and I depend on them." A relative said, "The staff are very caring; it could not be better." Another relative told us, "The staff are very caring, they're around when you need them."

We saw there was a calm and relaxed atmosphere throughout the home. People were able to enjoy a lie-in if they did not want to get out of bed early and were able to enjoy a later breakfast. Staff were observed regularly checking on people in their bedrooms and spent time sitting with people and engaging with them in communal areas. One person told us, "It is always cheerful and happy here; the staff are alright."

During the course of our visit care staff and both activities coordinators were observed acting in a warm, professional and friendly manner, treating people with dignity and respect. Staff respected people's privacy and asked people for their approval before discreetly rearranging their clothing items to maintain their dignity, or knocking on people's bedroom doors and waiting for a response before entering the room.

People and their relatives spoke fondly about the rapport they had with staff and our observations confirmed staff members interacted well with people. We noted staff took the time to stop and chat with people, taking a genuine interest in what they had to say. Both people and staff referred to each other informally, using their first names. People and staff spoke comfortably with each other and generated spontaneous conversations between them. For example, one person was asked if they would prefer to watch a 'Chick Flick' type movie, or the television later that afternoon. Another person was laughing and discussing with a care assistant when they considered the best time to start preparing and buying Christmas presents was and that there were only 27 Friday's left this year before Christmas Day.

We saw staff were patient with people, taking time to explain things to them in an unhurried way. We saw staff providing clear explanations to people and describing what support they were offering to assist them with. For example, one care assistant asked one person, "Can I help you with your chair?" Another care assistant asked another person, "Let me give you a drink." We also observed a person being assisted to eat their breakfast in a lounge, whilst the care assistant sat at the same height as the person and provided gentle encouragement and chat whilst they assisted them with their meal. We noted staff took the time to listen to people attentively and were careful not to make assumptions and just provide support without their gaining approval. For example, one care assistant asked one person whether they would prefer a small or large cup of coffee with their lunch.

Relatives we spoke with told us, and records confirmed that they were involved in the care and support their family member received, including care planning and reviews. This helped to ensure that important information was being communicated effectively and care was planned to meet people's individual needs and preferences. One relative told us, "I'm kept informed and I am involved in decision making about their care."

The manager told us, and records confirmed, people and their relatives were consulted about the environment in which they lived and the quality of service they received by means of an annual survey. We saw the results of the recent residents and relatives surveys published in February 2015, the majority of people were satisfied. People and their relatives' comments included, "Covent has some excellent staff who really take an interest in the residents and their care," "I always find everything ok," and, "(person) is well looked after."

Information and the contact details for seven advocacy organisations were prominently and clearly displayed in the reception area and on notice boards throughout the home. We also noted the provider had an up to date advocacy policy and advocacy information and contact details were now published within the service user's guide and the 'Covent House Welcome Pack.' Advocacy ensures that people, especially vulnerable people, have their views and wishes considered. Specifically when decisions are

Good

Is the service caring?

being made about their lives, people are enabled to have their voice heard on issues that are important to them. The manager told us no one was currently using an advocacy service at the time of our visit.

Good

Is the service responsive?

Our findings

Many of the people living at the home were able to share and tell us about their experiences. One person told us. "This is a lovely home, the staff are very helpful." A relative commented, "The nurse who is on today is fantastic; they're good and there are good facilities here as well."

At our last inspection we saw the service had a complaints policy and procedure in place. However we found the provider's policy and procedure was not always followed. During this inspection we saw the provider's complaints policy and procedure had recently been updated and reviewed. This detailed the process that should be followed in the event of a complaint and indicated that complaints received should be documented, investigated and responded to within a set timescale. We found complaints received were now being dealt with appropriately and efficiently.

People and their relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. They told us that they felt able to raise any issues or concerns and were able to speak to staff or the manager in confidence.

We examined the complaints records for the service and saw 13 complaints had been received since our last inspection in January and February 2015. Records confirmed the provider's complaints policy and procedure were now being consistently followed. We noted all 13 complaints had been documented, investigated and resolved, where possible to the complainant's satisfaction. We saw evidence to confirm a response had been provided to the complainant and the outstanding complaints highlighted during our previous inspection had now been completed.

We noted a number of compliments had recently been received by the service. We saw comments included, 'To the staff at Covent House – Thank you for your care and dedication,' and '(Two care assistants) show compassion and interact with their residents. It's really nice to see.'

The provider employed two full-time activities coordinators. They told us they worked staggered shifts to provide activities seven days a week. We saw both activities coordinators were enthusiastic about their roles and were particularly vigilant and committed to good care of people whilst they were participating in activities and exercises.

People and relatives told us regular activities were organised throughout the home. The majority of people and relatives were complimentary about the range of activities available and how people were engaged and stimulated.

We saw forthcoming activities were advertised on notice boards throughout the home. These included visits to the home by line dancers, entertainers and children from a local school choir, coffee mornings, church services, a cheese and wine evening, music therapy and an old fashioned sweets sale. Other regular activities advertised included the weekly visit to the home by the hairdresser, bingo, crafts and gentle exercise. The manager told us people also enjoyed trips out from the home into the community and visits to local shops, Beamish open air museum and a garden centre. The home held a monthly church service and a local priest conducted communion at the home every Sunday.

We examined 13 people's care records and saw they were up to date and accurate and were detailed from pre-admission to present day. We found people's care records were stored correctly, were neat and tidy with the contents clearly indexed in a logical order. All records examined contained a pre-admission assessment and a comprehensive set of risk assessments and care plans that reflected the assessed needs of the residents.

Care records examined contained evidence of systematic reviews and evaluation of the care plans and overall care, with evidence of the involvement of G.P.'s, other health and social care professionals and relatives in the review process. Care records also contained a full life history of the person and their likes and dislikes relating to their care or food preferences. Key risk assessments regarding safety including nutrition and choking risks, falls, tissue viability and pressure areas.

The manager told us, and records confirmed, meetings were held every two months for people and their relatives. The dates and times of meetings were well advertised on notice boards throughout the home. We noted topics discussed during the meetings held in February and April 2015 included improvements to the home, future activities, outings and entertainment, staffing issues and an out of hours manager's surgery for relatives to attend if they were

Good

Is the service responsive?

unable to attend the home to speak to the manager during recognised weekday office hours. One relative told us, “The manager is very approachable and relatives’ meetings are advertised every month.”

Good

Is the service well-led?

Our findings

At our inspection in January and February 2015 we were concerned that the systems for assessing and monitoring the quality of the service were not working. We told the provider they were in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We wrote to them highlighting areas in which they must improve.

This inspection was to assess how the provider had responded to our concerns. During this inspection we checked the quality monitoring arrangements the service had in place to ensure the home was operating safely and effectively. We found appropriate improvements had been made to these arrangements.

We discussed checks and audits the home manager and senior management conducted and completed in order to ensure people received both appropriate support and care. The manager told us, and records confirmed, they conducted monthly and three monthly audits and checks in order to ensure health and safety in the home was maintained. These included medicines management, people's care plans, accidents and incidents, infection prevention and control, catering, pressure sore care and people's weight loss / gain and their nutrition. We noted other checks called 'walk about audits' were conducted by the manager. Records confirmed these were undertaken on a weekly basis and included environmental areas within the home and the exterior of the building.

We noted other regular checks and audits were undertaken by the provider's maintenance / handyman. These included the nurse call system, bed rails in use at the home, window security, hot and cold water quality and temperature, shower head cleaning, fire drills and fire escape routes.

We saw records were kept of equipment testing and these included electrical appliances, emergency lighting, fire alarm and firefighting equipment tests. Other equipment and systems were also subject to checks and servicing by independent assessors or companies. For example, records showed gas and electrical tests, slings, hoists and medi-baths, electronic chair scales calibration and passenger lift servicing were carried out at appropriate servicing intervals. We saw these were up to date and completed regularly.

During the course of our inspection we were assisted by both the provider's head of care and operations manager. They told us and records confirmed, in addition to the checks and audits undertaken by the home manager; monthly senior management checks, audits and visits to the home were also conducted. These checks and audits included the overall presentation of the home, safeguarding adult's referrals, care plan documentation, complaints received, a review of all accidents and incidents, medicines management, maintenance at the home and health and safety. We also noted where issues had been identified and improvements required, these actions had been tracked and the audit checked and dated to confirm the areas identified had been rectified.

It is a recent legal requirement for providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. We saw the ratings from our previous inspection in January and February 2015 were clearly displayed in the main reception area of the home. In addition, they were displayed on the provider's website, along with a link to the inspection report.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

The manager currently in post at the home was awaiting the outcome of their application for registration with the Care Quality Commission. They had joined the service in February 2015. The manager was a registered psychiatric nurse with extensive experience in care home management. The manager told us they had recently been awarded a diploma in change management in dementia care, and they were a qualified National Vocational Assessor in leadership and management. They also had experience and other qualifications in relations to dementia and end of life care. The manager spoke enthusiastically about their role in ensuring the care and welfare of people who used the service. They also spoke passionately about continuously improving good quality care and support for people and also the care provided for people living with dementia and their determination to drive improvements at the home.

Good

Is the service well-led?

We received positive feedback and comments from people, their relatives and staff about the management at the home. One relative told us, "The manager is very approachable." Staff we spoke with confirmed the new manager was approachable. They told us significant improvements had been made since our last inspection and the new manager had made a positive impact on the quality of service provided at the home. One care assistant told us, "Things are improving at the home," and, "(manager's name) is a lovely manager; they listen and ask if there are any problems." A long serving member of staff said, "Things are coming together now and the new manager has made a positive impact on the service." Other staff members' comments included, "The manager listens to any ideas," "(Manager's name) definitely knows the home," and, "Communication is very good, everything is going well so far."

Staff told us they were able to discuss important matters with the manager and they felt confident they were listened to. They were also positive about their roles and felt equipped and supported to do their job. One senior care assistant told us they had suggested to the manager that instead of putting senior and more experienced staff together on a same floor, staff experience should be shared throughout the home on different floors. This gave less experienced staff the opportunity to work with more knowledgeable and skilled staff and to share good practice. This had been implemented by the manager following the proposal. A care assistant told us, "I've been here four months and it's the best place I've worked."

We discussed the overall improvements within the home since our last visit with the manager. They told us the improvements made had been achieved through team work and a lot of effort by all the staff at the home. The manager also told us they had received support from the provider and a member of the provider's senior management team visited the home every day to provide support. The manager told us, "Historically there have been problems; but there's lots of positives, the staff have worked hard and there's been lots of effort – we want good quality care here."

Staff told us, and records confirmed staff meetings were held regularly. We saw matters discussed included staff sickness levels and the use of agency staff, completion of night duty tasks, the cleaning of mattresses and the importance of the availability of fresh drinks and glasses throughout the home. One care assistant told us, "Staff meetings take place and communication is very good." Staff were consulted and asked their opinions by means of an annual employee satisfaction survey.

We also saw the manager conducted daily head of department meetings, which were attended by the manager, nurses and senior care assistants, as well as ancillary staff and the provider's maintenance / handyman. One senior care assistant told us, "The manager holds a head of department meeting every morning for about 15 to 20 minutes, to get feedback from night staff. A senior care assistant and a nurse from each floor will attend and then we feedback to the rest of the staff on the floor the information about people's care."

The manager told us, since their arrival at the home, the service had developed links and partnerships and the home now worked with other organisations. This was to improve their knowledge, share good practice, and ensure the home was up to date with current national best practice standards and improve the overall care people received. For example, the Alzheimer's Society organisation had recently visited the home. Connections had also been made with the Dementia Friends organisation, who had also visited the home. The home had an open day where Dementia Friends had talked with staff regarding dementia training and best practice. The manager told us this event had been advertised and made available to the local community and had been well attended by nearby residents and people's relatives. They told us this had helped improve everyone's understanding and awareness of dementia related conditions.

The manager told us the provider had recently introduced a monthly 'Covent House News Letter' for people, their relatives and staff which advertised forthcoming events, people's birthdays that month, hairdresser and chiropodist visits to the home, new staff, items of interest, puzzles and good news stories. The provider had also recently introduced a reward scheme for staff to acknowledge good performance and reward their accomplishments.