Ark Care Services Limited

Highermead Care Home

Inspection report

College Road
Camelford
Cornwall
PL32 9TL

Tel: 01840212528
Website: www.arkcare.co.uk

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 7th February 2017 and was unannounced.

Highermead Care Home is a care home which provides accommodation for up to 22 older people who require personal care. At the time of the inspection thirteen people were using the service. Some of the people who lived at the service needed care and support due to dementia, sensory and /or physical disabilities.

At the time of the inspection there was a new manager in post who was seeking to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the comprehensive inspection on 3 and 4 October 2016 we found multiple breaches in regulations. We found that people who used the service were not always protected from the risks of abuse. There were some instances, where people who were at risk of harm, were not reported to safeguarding authorities, or satisfactory plans were not put in place to minimise the risk of harm to others. Staff were not always trained so they knew what to do if people were at risk of abuse.

There were not always enough staff on duty, and employed to meet people's needs. Staff were seen to work hard, but unsatisfactory numbers of staff meant they struggled to meet people's basic needs. Although people thought staff were caring, we had concerns about some incidents we witnessed and were told about, which were not considered to be professional and respectful.

There was a lack of activities for people who lived in the home. This meant many people had little to do apart from watch television or sleep. People could not use the garden without staff, and staff had little time to socialise with people. Care plans did not contain accurate and up to date information, and were not regularly reviewed. Care plans did not provide suitable guidance to help staff where people had complex needs which may have put them and others at risk.

The registered persons had not ensured the service worked effectively to meet the needs of people who lived at the home. Suitable quality assurance systems were not in place to check the service was operating effectively and bring about improvement where this was required.

The Care Quality Commission was not always informed of incidents which according to regulation we need to be informed about as they may have put people at risk. The building was not maintained to a good standard. For example there was a need to improve furnishings
and some fixtures and fittings.

Staff did not always receive a suitable induction, for example working for a reasonable period of time with experienced staff before working on their own. Staff training was not satisfactory to provide people with the skills and knowledge to do their jobs. For example most staff had not received training about the needs of people with dementia.

Medicines were not always given to people as prescribed by their doctor. Medicines were not always stored securely. Staff were not always trained to give medicines.

Arrangements for people to receive suitable help to eat and drink, for example at meal times were not satisfactory. People did not receive the right support when they needed it. Routines to keep the home clean were not always satisfactory. For example commodes were not always emptied and cleaned in a timely and appropriate way.

As a result of the findings of this inspection, the service was rated as inadequate and was placed into special measures. Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Following the inspection, the service was required to submit to the Care Quality Commission, detailing the provider's immediate response to the concerns raised. The service was then required to submit regular ongoing action plans of their progress. The service also received support from the quality assurance team and commissioners.

At this inspection, we found that improvements had been made. One relative said; "Since the last inspection report, they have made big strides in every respect". We found that people who used the service were protected from the risks of abuse. Staff knew how to recognise and report signs of abuse, including which external agencies they should alert. Although alerts had been made to the local authority and care Quality Commission, these had occasionally not been made in a timely manner.

There were sufficient staff on duty to meet people's needs in an unhurried way. Staff had time to sit and chat with people and engage them in activities. Staff were caring and we observed positive interactions between people and staff in which they were treated with kindness and respect.

There was a programme of activities for people to participate in and the service employed an activities coordinator. There outside area was being renovated so that people would soon be able to enjoy the enclosed garden area. Care plans were detailed and contained accurate and up to date information about people's needs. Care plans had been reviewed and updated.

Suitable quality assurance systems were not yet in place to check the service was operating effectively and to bring about improvement where this was required, however the provider explained that processes were first being put in place and that audits and quality assurance would flow from that, as processes became established.

There was a programme of refurbishment at the service. Some areas had been redecorated, including new wall paper, freshly painted areas, a new sluice machine which was due to arrive imminently and new flooring to parts of the service. The service was visibly clean and free from adverse odours throughout.

Staff received a suitable induction which including shadowing more experienced staff members. Staff

training was satisfactory to provide people with the skills and knowledge to do their jobs and an e-learning package had been introduced.

People had their medicines as prescribed and on time and there was a suitable system in place to store, administer and dispose of medicines safely. Arrangements for people to receive suitable help to eat and drink, for example at meal times were satisfactory. People received the right support when they needed it. A new snack station had been introduced in the lounge which people could access independently which contained items such as fruit, crisps and yoghurts.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Although there was significant change at this inspection, we have rated the service as requires improvement because it is too early to be certain that the service will maintain full compliance in the future.

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

Aspects of the service were not always safe.

We found that action had been taken to improve aspects of safety however; safeguarding alerts and notifications to the Care Quality Commission (CQC) had not always been made in a timely way.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People's medicines were stored, administered and disposed of safely.

People were supported by staff who had been safely recruited.

Is the service effective?

Requires Improvement

Aspects of the service were not always effective.

People's rights were upheld and their best interests were promoted in line with the Mental Capacity Act (MCA), however consent was not always accurately recorded.

People were supported by staff who were motivated and had received training to undertake their role. Induction processes for new staff were thorough and all staff received supervision and support.

People's health and social care needs were met through access to a range of professionals.

People were supported to have their health and dietary needs met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and interacted with people in a way which was respectful.

People were supported to maintain relationships with people who mattered to them. Relatives were treated with kindness and were made to feel welcome and valued.

People's confidential information was securely stored.

Is the service responsive?

Requires Improvement

Aspects of the service were not always responsive, although had been taken to ensure the service was more responsive.

People had care plans in place which reflected their current needs; however these were continuing to be improved, developed and embedded. Care plans gave additional guidance and direction to staff about how to meet people's care needs.

Staff had read people's care plans and developed systems so they knew when people's needs had changed.

People's interests, activities and opportunities for remaining stimulated had improved and further developments were being planned.

People knew how to raise complaints and concerns

Is the service well-led?

Requires Improvement

Aspects of the service were not always well led.

Notifications required by the regulations had not been submitted to the Care Quality Commission to inform us of all instances where people may have been put at risk. This was not always done in a timely way.

As a number of new processes and systems had been introduced at the service they were not yet fully embedded and monitoring and auditing was not yet fully established.

There was a new manager in post who was in the process of registering with the Care Quality Commission (CQC).

Staff meetings had been introduced to enable staff to have their say and to raise suggestions and concerns.

Highermead Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 7 February 2017 and was unannounced. The inspection was undertaken by two Adult Social Care inspectors.

Before visiting the service we reviewed information we kept about the service such as previous inspection reports and notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we spoke with five people who used the service and observed others who could not communicate verbally. Following the inspection we contacted three relatives and obtained their feedback. We also spoke with the owner of the service, the manager and eight members of staff. Following the inspection visit we made contact with four external health and social care professionals who visited the service regularly. We inspected the premises and observed care practices during our visit. This included the lunchtime experience. We looked at four records which related to people's individual care. We also looked at four staff files and other records in relation to the running of the service.

Requires Improvement

Is the service safe?

Our findings

At the comprehensive inspection on 3 and 4 October 2016, we found concerns relating to the reporting of incidents. There were several recorded incidents where a person had been verbally and physically aggressive towards other people who used the service, and also to staff members. These concerns had not been reported to the local authority under their adult safeguarding procedures and there were no records of the service taking action to prevent this from continuing.
We were told by staff that another member of staff had been dismissed for misconduct. When we spoke to the registered manager about this matter we were told that the person was dismissed for shouting at people in the service. CQC subsequently made a safeguarding alert about these concerns. Since this inspection, improvements have been made and CQC have been notified of incidents that have occurred within the service, although on some occasions, these notifications have not been made to us in a timely manner.

The service now has a new manager in post who will be responsible for ensuring that CQC and other organisations such as the Local Authority safeguarding team are informed of incidents as and when they occur. Additionally, staff we spoke with were clear about their role in recognising and reporting abuse or mistreatment. One staff member said; "Any issues, I would report to the manager, or make a safeguarding alert. I might even call the police, depending on what it was. I would do it for the safety of the residents. I wouldn't want my family member treated badly, so the same applies".

At the comprehensive inspection on 3 and 4 October 2016. We found concerns relating to medicines management. For example a delivery of medicines to the service several days prior to the inspection had not been checked or securely stored. The labels for some liquid medicines did not specify who they were for, creating the potential for them to be administered to the wrong person. We found ten incidences of dosages of medicines being signed by staff as being administered when they remained in the monitored dosage system. One person had not been given medicines for the management of their blood pressure on five occasions over a nine day period as they had been asleep. Medicines which required cold storage were kept in a medicine fridge, however the daily temperatures of the fridge were not being recorded.

At this inspection, we found these concerns had been addressed and observed improvements to the way medicines were managed within the service. People received their medicines as prescribed and on time and there was no excess stock of medicine. However we found medicines were not always securely stored and noted two broken locks on medicines cupboards. This was reported to staff. Medicines which required more strict controls were correctly accounted for, however the system for holding the key to the cupboards required improvement. We noted that the medicines fridge temperature display read; "fail". This was reported to the provider, who told us that a new fridge had been ordered and they were awaiting delivery.

At the comprehensive inspection on 3 and 4 October 2016 we found concerns relating to staffing. We found that staffing levels were not sufficient to meet people's needs. For example, we observed staff were constantly busy and were unable to take any breaks because of attending to people's personal care needs. Staff were rarely seen spending time with people, apart from when they had to attend to an individual's care needs or provide them with a drink. Staff told us it could take them until midday to assist people to get up

and get dressed. At this inspection, improvements had been made. On the day of the inspection, we observed suitable staffing levels. We saw staff were able to attend to people's needs in an unhurried way. For example, we saw staff sitting with people in the lounges and engaging them in activities. We also saw that people were supported with their meals in a timely way. Staff told us that staffing levels were much improved. Comments included; "The staffing team is increasing. We have more time to sit and talk to people. It's more relaxed. There is time to chat with people"; "There are new staff starting. New names are appearing on the rota and we are still recruiting" and "The new staff seem capable and right for the job. We are able to choose now, rather than just desperately trying to cover shifts".
Recruitment checks were in place. Staff had completed an application form. There was either one or two references from someone who had known the person prior to them working at the service. There was a Disclosure and Barring Service (DBS) check in the staff files we checked.

Risk assessments were in place for each person. For example to prevent falls, pressure sores, and poor nutrition and hydration and these had been recently reviewed. However, we found that risks associated with people's health needs were not always safely managed. For example, one person had a high Waterlow score, which meant they were at increased risk of developing skin damage and pressure areas. Although this information was linked to the person's care plan, and guided staff to ensure the person remained as mobile as possible throughout the day, we did not observe this to be happening. We saw that this person remained in their chair throughout the inspection, only mobilising to go to the dining room at lunchtime. This was highlighted to the provider who said it would be communicated with all staff.

Since the previous inspection, some people living at the service had been re-assessed and had moved to a different setting. In some cases, this was due to their needs being considered to be better met within a nursing environment. People living at the service were now felt to be appropriately placed and this also helped to alleviate pressures for staff, contributing to a calmer and better organised atmosphere.

Some people living at the service could become agitated and distressed. Staff had received training on managing this behaviour and there was guidance in people's care plans for staff on how to help them stay calm. For example, one person's record detailed signs that the person may be becoming distressed, such h as a raised voice. There was then guidance for staff on how to manage the situation, such as "ensure [person's name] is warm, safe and comfortable and allow her space. Re-approach later with a warm drink".

The service was visibly clean and free from adverse odours throughout. People's bedrooms were clean and tidy and commodes were empty. Staff told us that the role of housekeeping staff had been re-defined, meaning that care staff did not have to undertake domestic duties. This had meant that rooms were cleaned more promptly and care staff had more time to focus on care duties.

The service looked after some monies on behalf of people. When staff purchased items, such as toiletries on behalf of a person, a receipt was obtained and the transaction was recorded in a finance record. We checked four people's money. We found one error, which was reported to the provider. This was found and corrected. Aside from this, cash kept matched what was recorded in peoples' records.

Health and safety standards within the building were satisfactory. For example, the boiler and gas appliances had been tested to ensure they were safe to use and portable electrical appliances had been tested. Equipment such as hoists had been tested and were satisfactory. There were weekly fire drills and alarm tests. People had personal evacuation plans (PEEPS) in place, which detailed the level of support they would need to evacuate the building in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

At the comprehensive inspection on 3 and 4 October 2016, we found that staff had not received appropriate training in order to carry out their roles effectively and that arrangements for induction and supervision were not satisfactory.

At this inspection, improvements had been made. A new programme of e-learning had been introduced which all staff were required to complete. Staff had received training in a number of subjects identified by the provider as mandatory, such as safeguarding, infection control, fire safety and moving and handling. In addition, they had received training which was specific to their role such as dementia awareness and challenging behaviour awareness. We reviewed the staff training matrix and found that staff were up to date with their training. There was a system in place to prompt staff when their training was due to be renewed or refreshed. One staff member told us; "There has been lots of training since the last inspection. Someone came in to do the moving and handling with us. [Provider's name] is looking into train the trainer for some staff here too".

We reviewed a new induction booklet which had been introduced for new staff. This covered policies and procedures including safeguarding the Mental Capacity Act and infection control. The booklet also contained a training contract and a supervision contract. New staff confirmed that they had undertaken shadow shifts prior to commencing their role in which they were supported by more experienced staff. One staff member said; "I was just shadowing for the first three days and I completed online training and exams before I started". Staff told us that they received supervision. The manager told us they would be looking to provide staff with six face to face supervision sessions per year, alongside an annual appraisal and "job chats", which were more informal than supervision, but were also recorded.

At the comprehensive inspection on 3 and 4 October 2016, we found that arrangements to support people with their meals were not satisfactory. In addition, there were not appropriate arrangements for people to access fluids. People were not given the support they required at mealtimes. At this inspection, improvements had been made. We observed the lunchtime experience. Tables were laid with napkins and condiments and the food looked appetising and plentiful. There was a choice of two hot meals on offer and these were written on a blackboard outside the dining room. Staff reminded people what was being served as they took their seat in the dining room. People were provided with their meals reasonably promptly after sitting at the table. Those who required support with eating were not kept waiting and were assisted as the food was served. There were sufficient staff on duty to help people with their meal. One person did not like the food that was served and was quickly offered a sandwich instead, which was brought to them. People were given a choice of hot and cold drinks. The staff brought two large jugs of juice to each table and asked which people preferred. This helped provide a visual aid for those who might have difficulty with making decisions. Staff chatted to people as they were having their meal, creating a relaxed atmosphere. One person was seen to be slipping down in their chair, and a staff member quickly brought extra cushions to help them sit comfortably. People were regularly offered drinks throughout the inspection and there was a drink and snack station in the lounge, which contained a fridge with items such as fruit and yoghurt for people to access independently.

At the comprehensive inspection on 3 and 4 October 2016, we found areas of the environment within the service required refurbishment. We noted trip hazards and badly stained flooring. In addition, there was nowhere for people to access to sit outside, or walk around independently. For example there was no secure outside area where people could go for exercise or have an opportunity to have some fresh air. At this inspection, improvements had been made. There was an ongoing programme of refurbishment at the service which included a new downstairs shower room and new carpets in the lounges. The trip hazards which had been identified at the previous inspection had been addressed. A new sluice machine had been ordered and was due to be delivered imminently. Several areas had been re-painted and re-wallpapered. There were fresh flowers and well maintained plants around the setting. The overall environment was warm, comfortable and bright. Outside in the courtyard area, flowerbeds were being raised, a manhole was being lowered to minimise the risk of falls and new gates were being fitted to make the environment more secure. Staff told us they hoped people would enjoy this area in the warmer weather. One relative told us; "It was a bit scruffy from the outside. Like nobody cared too much. Now they really are sprucing it up and it is so much more attractive". We noted that the heavy staining to the flooring in the corridor downstairs was still there and that the exterior of the building still required some attention. The registered manager explained that this was going to be addressed.

People's bedrooms were personalised with their own belongings, such as furniture, photographs and ornaments, to help them feel at home. People had chosen the colour and decoration of their bedroom door. Some had chosen large murals which covered the entire door. One featured butterflies and another featured pictures of pebbles on a beach. The provider explained that these helped people to orientate themselves within the home. Along some corridors, brightly patterned wallpaper had been hung which also helped people to know where they were and increased their independence. People and relatives had commented positively on the decoration.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People had a mental capacity assessment within their care files. This detailed in what areas individuals had (or lacked) capacity. Where appropriate Deprivation of Liberty Safeguard (DoLs) applications had been submitted to the local authority. Staff had received training on the MCA.

People's consent had not always been accurately recorded within their care records. We saw examples were a relative, without a Lasting Power of Attorney had signed to say they consented to elements of a person's care. Nobody can consent to an adult's care without a Lasting Power of Attorney (LPA). If there is no LPA, a documented best interest decision must be made in line with the principles of the MCA. This was explained to the provider who said that this would be addressed and care records and practices would be amended to reflect this. We observed staff seeking consent throughout the day, prior to assisting them with tasks. For example, asking; "Can I tuck your chair in?" and "Can I help you with this?".

People's health care needs were effectively monitored at the service. We saw from people's care records that they had access to a range of health care professionals including GPs, dentists, district nurses, and

chiropodists. On the day of the inspection, the GP was visiting a person who had a sore finger.

People's care records had assessment tools in them, for example, the Cornel Scale, which is used to assess a person's risk of depression. Although these had been completed and linked to the person's care plan, they were not always dated. We were therefore unable to ascertain whether they were representative of the person's current needs. We reported this to the provider who said that it had been an oversight on her part as they had just been completed. The provider said this would be immediately addressed.

Good

Is the service caring?

Our findings

At the comprehensive inspection on 3 and 4 October 2016, we found that care provided to people, by staff, was not always carried out with dignity and respect. For example, we observed staff speaking to people in a manner which could be perceived as disrespectful. At this inspection, we found improvements had been made.

People and their relatives told us they were well cared for at Highermead. Comments from people included; "They take great care of me" and "I was glad to come here". Comments from relatives included; "We have been very satisfied. Mum looks amazing, beautiful, clean and comfortable". The relative also commented; "The staff are very caring. They are on the ball" and "I take [relative's name] out for lunch, and I see her looking at her watch, she is always happy to go back and tells me staff will be missing her".

We witnessed positive, caring interactions between people and staff. Staff used appropriate touch when supporting people. One person had just been supported to move using a hoist. The staff gave them an encouraging smile and stroked their arm kindly. The person responded with a smile. Staff took the time to sit and talk to people and to offer support and comfort to them and they stopped and chatted as they passed people in the lounge or corridors. Staff paid people compliments and made them feel special. For example, we heard a staff member tell a person; "What a beautiful smile you have. Your whole face lights up when you smile, and it makes mine light up too". Another staff member was taking a flower arrangement around so that people could look at the flowers and smell them. The staff member said to one person; "They smell as lovely as you".

Staff were kind and caring and committed to providing good quality care. Comments from staff members included; "I really love it here. It makes my day to see people happy" and "It's a lovely place to work with all the residents. I love them all". One person we spoke with commented; "I love it here. I love everything about it. All the staff are fine". The atmosphere at the service was calm and relaxed and people appeared comfortable. Staff were engaging with people in a relaxed and welcoming manner. One staff member was showing a person how to use a smart phone and telling them about different ways of staying in touch with loved ones. The person appeared to be enjoying this. Another staff member was sitting reading the paper with a person in one of the lounges.

People's confidentiality was maintained at the service. For example, people's confidential information was securely stored within locked filing cabinets and the office was secured when not in use. People's dignity was protected. We noted a person get up to leave the table before their meal had arrived. A staff member discretely asked the person where they were going. The person replied that they were going to use the toilet. A second staff member then tried to re-direct the person back to the table. The first staff member crossed the room and whispered to them that this person was going to the toilet. People's privacy was respected, for example staff always knocked on people's doors and waited to be invited to enter.

Care plans we inspected contained information to assist staff to understand people's needs, likes and dislikes. This information had been recently reviewed and updated. Relatives were involved with care

planning where possible and this was reflected in the care records. Staff knew the people they cared for well. They were able to tell us about their preferences, background and history. One relative said; "The staff are very kind. They know my mother so well. They are always able to tell me what she had for breakfast, how she slept, how she is feeling".
People's religious and spiritual preferences were noted in their care plan, however religious ministers did not attend the service to visit people. This was actively being looked into by staff at the service, and we were assured that it would be addressed.

People had end of life care plans in place, however these were very basic and mostly directed staff to discuss with next of kin, with little further detail.

Requires Improvement

Is the service responsive?

Our findings

At the comprehensive inspection on 3 and 4 October 2016, we concluded that arrangements for activities at the service were not acceptable. People did not have the opportunity for any stimulation or exercise, and were able to go outside of the home. At this inspection, improvements had been made.

There was a clear commitment from the staff to developing the programme of activities on offer. Comments from staff included; "We are building this up. We are building our resources at the moment" and "The residents seem happier now they have more to do". People took part in a range of activities at the service. We noted that some people had been involved in making valentines cards for their loved ones. Others had taken part in making flower arrangements which were being used to decorate the dining room and lounges. Some people had been involved in a wine tasting session which had been popular. There were also entertainers such as singers who came to the service, and petting animals. We observed that some people living at the service were engaged in doll therapy. The staff had researched this and learned of the positive impact it had on some people living with dementia. Staff told us that more dolls were being purchased for those that wished to engage in this therapy.

A new nail bar had been created at the service where people could go to have a manicure and have their fingernails painted. This had the appearance of a professional salon, with a large range of nail polish colours displayed on a wall mounted unit for people to choose from. Staff told us the nail bar was very popular with people living at the service, including males who enjoyed having a hand massage and some pamper time. We observed many of the female residents had their nails painted in bright colours. A staff member explained; "They choose the colour. One lady chose the bright yellow, which was unusual but she loved it". The outdoor area was being renovated so that people could access a secure court yard safely and independently. Work had begun on this and the provider talked us through the changes that were being made. Although improvements had been made, there were still no external activities, such as trips away from the service. The staff were working on this and were keen to expand the range of activities and opportunities for engagement on offer.

At the comprehensive inspection on 3 and 4 October 2016 we found issues relating to people's care records. For example, many had not been recently reviewed or updated and did not contain sufficient guidance for staff on how to meet people's individual care needs. People's life history documents were often not filled out in detail, and some were left blank. Some people had bathing charts which were irregularly completed. For example one person was recorded as not having a bath from mid-June to the date of the inspection.

At this inspection we found improvements had been made. Care plans had been re-written in a new format and had been recently reviewed. Care plans contained guidance for staff on how to meet people's needs. For example, one person had a visual impairment. Their care plan directed staff to keep the person's bedroom clutter free and not to move items of furniture as they might use these to orientate themselves. We checked this person's bedroom and found it to be clutter free as the care plan stated it should be. Another person had a high Waterlow score, which meant they were at risk of pressure damage to their skin. Their car plan guided staff to encourage armchair exercises and walks. Although the care plans were more

informative than they were at the last inspection, improvements were still required. For example, some care plans lacked detail. One person's care plan stated that they were able to wash some parts of their body independently, but did not say which body parts. These details are important for staff providing care, especially new or agency staff who do not know the person well. Documentation kept in people's bedrooms such as bathing charts had improved and were completed regularly to reflect the care provided.

There was a document in people's records which contained details about the person's background, history, likes and dislikes. The level of detail in these varied, however some were very comprehensive and staff told us they were a work in progress. Comments from staff included; "I love reading the life histories, I was amazed to learn that [person's name] used to be a ballroom dancer" and "The care files are a lot better now. They have life stories in there. It helps paint a picture of people and you can pick up a conversation with people more easily".
Staff were responsive to changes in people's needs. We observed one staff member call a doctor as a person had a sore on their finger which they were concerned about. We heard the staff member requesting that they GP visit to examine the person. Another staff member saw a small bruise on a person's foot. They reported this to the shift leader and were completing a skin record of the bruise.

Relatives were made to feel welcome at the service and there were no restrictions on visiting times. A staff member told us; "We make relatives feel welcome. We offer them a drink and a private space to see their family member. We chat and check they are doing okay". Another staff member told us that they had recently invited a relative to have lunch at the service with their loved one. They went on to explain; "We keep an eye on him and make sure he is alright".

There was a system in place for receiving, investigating and managing complaints. This practice was underpinned by a complaints policy. Staff and relatives we spoke with said they would feel confident to raise a complaint and felt it would be dealt with to their satisfaction.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider did not have adequate systems and processes in place to ensure the quality of the service. Due to the significant amount of issues found during that inspection, it was evident that the service was not being effectively monitored.

At this inspection we were told that auditing of the service had not yet begun. The provider explained that this was due to the fact that many new processes and systems had recently been implemented and therefore there had been little to audit so far, due to the fact that changes had been made so recently. The provider explained that the frameworks needed to be put in place before they could be monitored.

Morale amongst staff at the service had improved since the last inspection. Comments from staff members included; "It was hard going through the previous inspection, but in a way it's the best thing that could have happened, because we have turned it around"; "It's so much better now"; "I love it here. It's got a lot better" and "The atmosphere is better now". The provider had invested a great deal of time and resources at the service addressing issues highlighted at the previous inspection. By doing this, they had forged positive relationships with the staff. Staff told us they now felt confident to contact the provider and discuss any concerns, should they arise in the future. Comments from staff included; "If there are issues I wouldn't hesitate to call [provider name] now"; "[provider name] is so approachable and supportive" and "[provider name] talks to the staff and residents. She is good with the residents and very friendly".

There was a new manager in post who was in the process of registering with the Care Quality Commission. The new manager was being supported in her induction phase by the registered manager from Greenways, another location owned by the provider. The provider was also present throughout the inspection, handing over to the new manager so they could begin their new role. The new manager told us they were committed to increasing standards and was looking forward to the challenge of making improvements at Highermead. Comments from staff included; "The new manager is efficient and good at her job" and "I could go to [provider's name] with anything. She is supportive and absolutely lovely". One relative said; "There is a new manager and she is very capable and very nice. I am sure she will do well there".

Staff told us they felt confident to raise suggestions with the provider and new manager and felt these would be listened to. There were regular, minuted staff meetings which were well attended and provided a forum for open communication. However, staff told us they had not had sight of the minutes and were not always kept up to date with what had been discussed at the meeting, if they had been unable to attend. This was reported to the manager who said they would look at alternative ways of circulating the minutes.

There were no residents' meetings at the service. This was raised with the manager and provider. They felt that residents' meetings were not the best forum for obtaining feedback and suggestions from people using the service and that they could be seen as institutionalised. The provider explained that feedback was sought on a one to one basis, however we saw no evidence of this in people's files.

There was a regular cycle of quality assurance at the service. Surveys were regularly sent to relatives to

obtain their feedback on the quality of the service. This was used to drive continuous improvement. There was a display in the reception area of thank you cards, which contained positive and heartfelt comments from relatives about the care their loved one had received.