

Bupa Care Homes (CFHCare) Limited

Godden Lodge Residential and Nursing Home

Inspection report

57 Hart Road
Thundersley
Benfleet
Essex
SS7 3GL

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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

Godden Lodge Residential and Nursing Homes provides accommodation, personal care and nursing care for up to 133 older people. The service consists of four separate houses, Boyce House and Murrelle House for people living with dementia and who have nursing needs, Cephas House for people who require nursing and palliative care and Victoria House for people who require residential care. At the time of this inspection Appleton House remained closed.

Following our inspection to the service in January 2016, a Notice of Proposal and subsequent Notice of Decision was issued to the registered provider advising that no further admissions could be made to the service. In addition, the Care Quality Commission met with the registered provider on 18 January 2016 to discuss our on-going concerns. During the meeting the registered provider's representatives gave an assurance that things would improve. At this inspection we found that significant improvements had been made.

At our previous inspection of 5, 6 and 7 January 2016, we had identified several areas of concern. We completed this inspection on 7, 8 and 9 June 2016 to see if improvements had been made to the service that people received. There were 81 people living at the service when we inspected.

A registered manager was not in post at the time of the inspection. 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. A new manager was appointed following our last inspection to the service in January 2016. At the time of this inspection they were not yet formally registered with the Care Quality Commission however an application to be registered had been submitted.

At this inspection we found that although some areas required further sustained improvement, the majority of improvements had been accomplished.

Further development of the registered provider's quality assurance arrangements were required to ensure that these were robust. Record keeping in some areas relating to people who used the service also required reviewing and improvement, particularly where matters had been highlighted as part of care plan audit arrangements. Furthermore improvements were required to ensure that suitable control measures were put in place to mitigate risk or potential risk of harm for people using the service. Information relating to people's capacity to make day-to-day decisions was conflicting and contradictory.

Improvements were required to ensure that effective arrangements were in place for the management of complaints and to ensure that these were addressed in a timely manner and all elements of the complaint dealt with. Improvements were also still required to ensure that people who predominately remained in bed or in their bedroom received opportunities for social stimulation.

People told us the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff felt supported and received appropriate formal supervision. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity. The dining experience for people was positive and people were complimentary about the quality of meals provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Further improvements were required to ensure that suitable control measures were put in place to mitigate risk or potential risk of harm for people using the service.

Staff recruitment processes were thorough so as to ensure that staff were suitable to work in the service.

The deployment of staff was appropriate at the time of the inspection to meet peoples' needs.

Staff had a good understanding of safeguarding procedures to enable them to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff was able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and when these should be applied. Although people had had their capacity to make decisions assessed, in some cases information recorded was conflicting and contradictory.

People were cared for by staff that were well trained and had the right knowledge and skills to carry out their roles and responsibilities. Staff felt supported and received formal supervision.

People received nutritious meals and fluid and food records were accurately maintained.

People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

Staff interactions were positive and people received appropriate

care. People told us that the majority of staff were kind, caring and respectful.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Is the service responsive?

The service was not consistently responsive.

Improvements were required to ensure that effective arrangements were in place for the management of complaints.

Improvements were still required to ensure that people who predominately remained in bed or in their bedroom received opportunities for social stimulation.

Improvements were still required to ensure that people's care plans clearly recorded all of a person's care needs and were regularly reviewed and updated.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Although systems were in place to regularly assess and monitor the quality of the service provided, further improvements were required to ensure that where issues were highlighted for further action, these were addressed in a timely manner.

The managerial team had better oversight of the service.

Systems were in place to seek the views of people who used the service and those acting on their behalf.

Requires Improvement ●

Godden Lodge Residential and Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 7, 8 and 9 June 2016 and was unannounced.

The inspection team on day one of the inspection consisted of three inspectors and two Specialist Advisors whose specialist area of expertise related to nursing, pressure ulcer management and End of Life care. On the second day of inspection the inspection team consisted of three inspectors and a specialist pharmacist inspector. On the third day of inspection the inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 21 people who used the service, 15 relatives, 19 members of staff, four house manager's, the manager, deputy manager, the Clinical Service Manager and two representatives acting for the registered provider.

We reviewed 25 people's care plans and care records. We looked at the service's staff support records for eight members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection on 5, 6 and 7 January 2016 we identified concerns relating to poor medicines management. We found that the arrangements for the management of medicines were inconsistent and unsafe. People were not protected against the risk of receiving support that was inappropriate or unsafe, as suitable control measures were not put in place to mitigate risk or potential risk of harm for people using the service. People and those acting on their behalf told us that there was not enough staff on Cephas House and Victoria House to support them and this was confirmed by our own observations. Not all staff had been recruited properly and in accordance with the provider's own policy. Following our inspection we asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and June 2016 their action plan detailing their progress to meet regulatory requirements. We found that the majority of improvements they told us they would make had been accomplished.

Whilst intuitively staff knew the people they supported and the majority of risks were identified and recorded relating to people's health and wellbeing, such as, the risk of poor nutrition, poor mobility, risk of falls and the risk of developing pressure ulcers, further improvements were required to ensure that suitable control measures were put in place to mitigate risk or potential risk of harm for people using the service. For example, on Victoria House we found that four people's individual bedrail assessment recorded that the use of bedrails for each person was not suitable or safe. However, the information had been disregarded and the bedrails remained in place. Although there was no evidence to show that either person had experienced an accident or injury as a result of the bedrails being in-situ, there was a potential risk that people could be harmed as a result of the bedrails remaining in place. This was brought to the management team's attention at the time of the inspection. An assurance was provided that the above would be reviewed as a matter of priority following our inspection. A response was received by the manager on 10 June 2016 and this confirmed that all people who had bedrails in place had been re-assessed.

Environmental risks, for example, those relating to the service's fire arrangements were in place and this included individual Personal Emergency Evacuation Plans (PEEP). These ensured that the provider was able to respond effectively to untoward incidents and other emergencies that may occur at the service.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the medication administration records for 16 out of 79 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Observation of the medication round showed this was completed with due regard to people's dignity.

The above showed that lessons had been learned and suitable measures had now been put in place by the provider to improve the accuracy of medicines administration since our last inspection in January 2016. However, where some people were prescribed emollient creams used to manage dry and eczema-prone

skin, these were not always labelled with the person's name or dated once commenced. Additionally, for one person we found that their topical cream was still in use after an instruction recorded that it should not be used after 17 May 2016. It was not possible to determine if portable syringe drivers used to deliver medication and to control the symptoms of pain, sickness, agitation or seizures were working on Cephas House. We found that one of four syringe drivers had been loaned to another house, one needed to be returned to the local hospital and had not been serviced in May 2016 and it was not clear if the remaining two items of equipment were working. Equipment should be ready for use at all times as people's physical condition can change quickly. We discussed this with the Clinical Service Manager and deputy manager. On the second day of inspection fully working syringe drivers had been obtained.

Staff involved in the administration of medication had received appropriate training. Where staff's practice had resulted in a medication error, appropriate steps had been taken by the management team to ensure that individual staff received appropriate refresher training and/or had their competency reassessed. This showed that suitable arrangements were in place to safeguard people using the service. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken so as to ensure future learning.

People told us that there was always enough staff available to support them during the week and at weekends. One person told us, "There are definitely enough staff. They are always around." Another person told us, "There are enough staff around to help me or to have a chat. The staff don't seem to be too rushed." Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Staff told us that they could not remember when they were last short staffed.

Suitable arrangements were in place to determine the basis for the service's staffing levels, so as to ensure that these remained suitable and flexible to meet people's individual care and support needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs. For example, we noted that communal lounge areas were supported by staff throughout the day. Care was also taken by staff to ensure that people who were immobile and who spent the majority of their time in bed or in their room were monitored, and checked at regular intervals to ensure their safety and wellbeing.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed since our last inspection in January 2016 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "I feel very safe and sound here. The staff help to reassure me at night if I get scared."

People were protected from the risk of abuse. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the manager and deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive.

Is the service effective?

Our findings

At our last inspection on 5, 6 and 7 January 2016 we found that improvements were needed to ensure staff had a structured opportunity to discuss their practice and development through formal supervision and appraisal arrangements. In addition we identified concerns relating to where people were at risk of poor nutrition, appropriate actions had not always been taken so as to ensure that people's nutrition and hydration needs were met. We found that some people's healthcare needs were not recorded as well as they should be or included evidence of staff interventions and the outcomes of healthcare appointments. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and June 2016 their action plan detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been accomplished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

Not all staff was able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and when these should be applied. Although records showed that each person who used the service had had their capacity to make decisions assessed, in some cases information recorded was conflicting and contradictory. For example, one person's care plan made reference to them not having capacity to make day-to-day decisions and in another part of their care plan this stated that the person could make some basic decisions and choices. This meant that the person had variable capacity to make day-to-day decisions.

Another person's care records stated that the person had full capacity to make day-to-day decisions and was able to consent to their care and treatment. There was evidence to show that the person had signed their care plan to confirm that the information recorded was accurate, were happy for a photograph to be taken, for staff to administer their medication and for their relative and others to have access to their care plan documentation as and when required. However, the person had not been consulted or involved on the best action to be taken should the person suffer cardiac arrest or die suddenly. There was no evidence as to why the person had not been involved in the decision-making process surrounding 'Do Not Attempt

Cardiopulmonary Resuscitation (DNACPR) as part of a recent hospital admission. The DNACPR had not been signed to show that the person had agreed the decision recorded.

This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had not been clearly recorded or considered. Furthermore it was not always clear if people's relatives had formal 'Ordinary Power of Attorney' or 'Lasting Power of Attorney' arrangements in place for healthcare and personal welfare. The latter was discussed with the management team to review following our inspection. The manager and deputy manager provided an assurance that suitable arrangements would be made.

Where people were deprived of their liberty, the manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. Where these had been authorised the manager had notified the Care Quality Commission.

Staff were trained and supported effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us. The staff training matrix provided by the manager showed that staffs' mandatory training achieved compliance between 94.3% and 100%.

All newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The manager confirmed that this could be flexible according to a staff member's previous experience and level of competence.

Staff confirmed that they received regular supervision and were supported by the manager and other members of the senior management team. Staff told us that they felt valued by the manager, deputy manager and Clinical Service Manager.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People's comments about the quality of meals provided were generally positive. One person told us, "The quality of the meals are variable, sometimes they are lovely and sometimes not so. However, there is a menu whereby you can choose what you want. If you don't like the meal provided they [chef] will do you something else." Another person told us, "There is a lot of food I cannot eat but staff do well to cater for me and provide me with food and meals I can have. The food is generally good and there are choices, even for me."

Observation of the dining experience for people over two days of the inspection was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. Where people were unable to verbalise their individual meal choices, staff were noted to help communicate food choices by showing people the plated variations available and enabling them to choose by pointing. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example,

people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace.

People told us that their healthcare needs were well managed. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. One relative stated that staff were very good at getting the GP or seeking other medical advice straight away for their member of family. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. For example, one member of staff told us that there had been a recent incident whereby a person had choked on a piece of bread. An incident form had been duly completed, a request to the person's GP had been made for a referral to the local Speech and Language Team on the same day and the incident had been discussed in the weekly clinical review meeting.

Additionally, evidence showed that the management of pressure ulcers for people using the service was much improved since January 2016. A clear audit trail was apparent detailing the care and treatment provided, sterilised dressings were readily available, photographs of wounds clearly recorded people's name and the date it was taken and there was evidence to show that advice by the Tissue Viability Nurse was being followed. Assessments of pain were carried out and managed. People were asked if they had pain prior to sterile dressings being applied during the management of pressure ulcers and where appropriate pain relief medication was administered.

Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Healthcare professionals were very complimentary about the care and support provided by staff employed at the service. They told us that advice and guidance provided by them or other members of their team to staff at the service was always followed. In addition staff were responsive and proactive to people's care and support needs and referrals were provided at the earliest opportunity. The healthcare professionals advised that there was a good working relationship between the management team, staff at the service and the local healthcare professional team.

Is the service caring?

Our findings

At our last inspection on 5, 6 and 7 January 2016 we found that the service needed to improve the way they delivered personalised care to people in a caring and compassionate way. This included areas such as end of life care, communication, general care provision and understanding people as individuals. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and June 2016 their action plan detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been accomplished.

People's comments about the care provided were much improved and positive since our last inspection in January 2016. One person told us, "I really like it here. The girls are very nice and look after me well." Another person told us, "The staff care, that's the important thing isn't it. They [staff] go out of their way to do anything for you." A third person told us, "It's very good here, I'm happy here, I like everything, the food is good, I've got a nice room, I've got no complaints." One relative on Boyce House told us that their loved one received appropriate care and support. They stated, "They [staff] look after my relative very well and my relative is very fond of all the staff here." Another relative on Murrelle House told us, "It is all for the better and the unit has been turned around drastically. [Name of house manager] has made a real difference, she has turned it around. I can have a conversation with [name of person who uses the service] and they tell me the staff are lovely. [Name of person] is happy here." Another two relatives confirmed they were happy with the care and support provided for their member of family. They advised that the care provided was much improved since our last inspection in January 2016.

Staff interactions with people using the service were observed to be encouraging and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or supporting people to mobilise within the home environment. We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately about their lives and interests. For example, people living on Victoria House were observed talking with staff about the planned 'film night' and film they'd chosen. Additionally there was much discussion about the approaching 'mock tail party' which they were looking forward to attend.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, people confirmed to us that they were able to maintain and attend to their own personal care needs so as to support their independence and freedom. Where appropriate, others were supported to eat their meal either independently or with minimal staff support.

Staff told us that they were made aware of changes in people's needs through regular handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to

ensure that people who used the service would receive the care and support they needed.

Staff were able to give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome.

Is the service responsive?

Our findings

At our last inspection on 5, 6 and 7 January 2016 we found that people using the service did not always receive care that was responsive to their needs or care that was carried out in a person centred way. This was because staff shortages at times meant that staff's approach was often task focused and routine based. We found that the provider was not responsive and able to meet peoples' basic care and support needs. This referred specifically to a lack of hot water supply on Appleton House to wash and bathe people living within this house. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and June 2016 their action plan detailing their progress to meet regulatory requirements. We found that the improvements they told us they would make had been accomplished.

Whilst there were many positives noted in relation to the quality of the information included within people's care records, further improvements were required to ensure all aspects of a person's care needs and the support to be provided by staff were included within their care plan and information recorded was person-centred. One person's care plan showed that there was conflicting and contradictory information recorded relating to a medical condition. For example, one part of the care plan suggested that on-going treatment was being undertaken however when discussing this with the house manager they confirmed that the medical condition had healed. Additionally, further improvements were required to ensure that people's care records were reviewed and updated at regular intervals. For example, elements of two people's care plan had not been reviewed and updated since March 2016 and April 2016 respectively.

Although there was evidence recorded to show that some people were supported to lead meaningful lives and to participate in social activities, further improvements were required to ensure that people, in particular, people living with dementia were engaged in meaningful activity. On the first two days of inspection, many houses had the television on throughout the day and people responsible for providing activities were noted to primarily engage with those more able to verbally communicate. The most positive activities were undertaken on the second and third day of the inspection. Firstly, when an external entertainer was present on Cephass House. Although only 11 people were present, people were noted to enjoy the singer. People were observed to clap, to tap their feet and to sing-along to the songs sung. The entertainer was very good at encouraging people to suggest songs and enabled them to sing using the microphone. People were noted to be stimulated and motivated. On the third day of inspection a small group of people accessed the local community. When people returned they told us that they had enjoyed the experience. There remains little evidence that people who predominately stay in their bedroom benefit from regular opportunities for meaningful activity.

The service had a complaints process and procedure in place that identified how people could raise concerns and what would happen. Information on how to make a complaint was available for people to access and 'suggestion boxes' were evident within each house which people using the service and those acting on their behalf could use. People and their relatives told us that if they had any worries or concerns they would discuss these with the staff on duty or members of the management team. One relative told us, "If I thought there was something wrong or that my relative was not getting the right care, I would definitely

not hesitate to bring it to the management's attention. If that didn't work, I'd contact you [Care Quality Commission] or Social Services."

The complaints log showed that since our inspection in January 2016 there had been nine complaints. Prior to the newly formed management team being in post, complaints at the service were managed by a relief home manager. Records showed that although a record was kept of each complaint raised, action taken and outcome; complaints dealt with by the relief home manager in January, February and March 2016 had not always been responded to in line with the provider's own policy and procedure or addressed all issues raised by the complainant. For example, one complaint received early February 2016 had not been responded to until late April 2016. This was brought to the area manager's attention so that future learning could be acquired.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be detailed. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care and support relevant to their specific needs and in line with information recorded within their care plan.

Is the service well-led?

Our findings

At our last inspection on 5, 6 and 7 January 2016 we found that the provider's quality assurance systems were not effective and there was a lack of managerial oversight of the service as a whole. As a result of our concerns we issued a Notice of Proposal and subsequent Notice of Decision to restrict admissions to the service. A suspension of placements by the Local Authority was also imposed following our inspection in January 2016. We asked the provider to send us an action plan which outlined the actions to be taken to make the necessary improvements. In response, the provider shared with us at regular intervals between January 2016 and June 2016 their action plan detailing their progress to meet regulatory requirements. We found that some of the improvements they told us they would make had been achieved.

The registered provider confirmed that following our last inspection to the service in January 2016, concerns raised by us had been taken seriously and additional support had been deployed to the service to provide stability and ensure future compliance with regulatory requirements. Our findings at this inspection showed that significant improvements had been made to protect people using the service against the risks of receiving inappropriate or unsafe care. The manager, deputy manager and Clinical Service Manager were newly employed, were visible at all levels, had an understanding of their key roles and responsibilities and had resources and support available to help drive improvement. Although the manager was not yet formally registered with the Care Quality Commission, an application had been submitted.

The registered provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of clinical and other audits. This showed that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provides, and its outcomes. This also included an internal review by the provider's representative.

Audits and quality assurance checks carried out, both internally and externally, recognised the issues we identified during our inspection. For example, the audits highlighted that continued improvements were required to the service's care planning arrangements. This was further evidenced through individual care plan audits completed. However, not all actions recorded for corrective action had been completed. For example, a care plan audit for three people had been completed in April 2016 and May 2016 respectively. The 'Rag Rating' for each person was recorded as 'Red', however recommendations and actions required had not been completed, such as, up-dating of risk assessments. 'Rag Rating' is a method used to rating reports based on a traffic light system. In some cases it was unclear as to why some elements had been completed whilst others remained outstanding. We discussed this with the management team and they were unable to provide a rationale. Additionally, not all audits had been updated to reflect where amendments and adjustments had been completed. This showed that these arrangements were not as effective as they should be. An assurance was provided by the manager and the provider's representative that the issues raised would be addressed as a priority.

People using the service, people acting on their behalf and staff had many positive comments about the overall management of the service. They told us that the service had improved since the newly appointed management team had taken up their post. They said that they listened and took action when necessary. Staff told us that they now had confidence that there was an effective management team in place. One member of staff told us, "I have seen many positive changes since January 2016, in particular since the new management team were introduced. The new management team are better. They are more approachable; before you couldn't talk to the management team and they never listened. Now you can talk to them without worrying about repercussions." Another member of staff stated, "The new manager, deputy manager and Clinical Service Manager are really good. They are very approachable and listen to what staff feel and listen to our views. Staff morale is good and I really enjoy working here. It is now a nice place to work." One relative told us, "In my opinion the home is well run."

Staff demonstrated that they were clear about the provider's and management team's expectations of them. Staff told us that they were well supported and that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication and morale was generally very good and much improved. This meant that the provider and management team of the service demonstrated and promoted a positive culture that was now person centred, open and inclusive.

The manager confirmed that the views of people who used the service and those acting on their behalf were sought in May 2016. At the time of this inspection, a total of 29 responses had been received. Comments received were generally very positive. They confirmed that people and those acting on their behalf believed that the calibre of staff was of a high standard and that the majority of staff were kind-hearted, caring and compassionate. Additionally, people recorded that the care provided for their member of family was overall satisfactory and that there had been noticeable improvements to the level of care provided since January 2016. One comment recorded, 'Cephas has improved and the atmosphere is less fraught.' This concurred with our observations during the inspection. Where negative comments were made this was in relation to the usage of agency staff as relatives did not feel that they always knew or understood their member of family's care and support needs. Also some negative comments were recorded in relation to the level of activities provided, particularly for people who remained in their bedroom. The manager told us that the results of the questionnaires would be reviewed and analysed by the end of June 2016 and a subsequent action plan put in place.

Staff told us that regular staff meetings were held at the service to enable the management team, house manager's and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved. The Clinical Service Manager confirmed that a weekly clinical meeting was held for each house. Additionally, the house manager's told us that meetings were held for people using the service and those acting on their behalf. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service.

The manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service.

The manager confirmed that encouragement to increase staff performance and to recognise staff's hard work was provided through the registered provider's 'Personal Best' programme. The manager confirmed that people using the service, those acting on their behalf and staff colleagues are able to nominate an

individual who 'goes that extra mile' and who puts people who use the service at the centre of everything they do.