

Mr Amin Lakhani

Glen Rose

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection took place on 20 and 21 January 2015.

Glen Rose provides accommodation and nursing care for up to 47 older people who are living with dementia and have nursing needs. The home has 31 bedrooms with 15 of these being shared rooms. There were 34 people living at the home at the time of our inspection.

At the last inspection in January 2014 we asked the provider to take action to make improvements to the care and welfare of people who use the service, assessing and monitoring the quality of service provision and cooperating with other providers. The provider sent us an action plan stating the action they would take to meet

the requirements of the regulations. The provider had made some improvements and were meeting the requirements of these regulations, however we identified areas which required improvement.

The home had not had a registered manager since December 2014. The provider had appointed a manager who had been in post for three months. They had applied for 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

Summary of findings

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.

People and their relatives spoke highly of the staff and the home. They told us staff were kind and respectful and supported them to make day to day choices.

Staffing levels were not always maintained at a level to meet people's needs. Staff told us there were not always enough staff on duty. People who remained in their rooms or could not access the communal area on the ground floor did not always receive support for activities and socialisation.

There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm. The provider used this information to reflect on practice and share learning with all staff.

Care records contained information to guide staff about the management of risks for people and staff understood these. Care records contained personalised information to guide staff, however monitoring of people's food and fluid intake was not always effective in ensuring care plans were updated. Care records were not always stored confidentially. Activities were in place for people who could access the communal area on one floor. People's privacy, dignity and independence were not always respected. Staff mostly demonstrated a caring approach to people and understood their needs well.

Thorough recruitment checks were carried out to check staff were suitable to work with people.

People were supported to take their medicines as directed by their GP. Medicines were stored safely and accurate records were maintained. Observations reflected medicines were administered by trained staff safely.

The home was clean and tidy and the provider had plans in place to make improvements to the environment where these had been identified as needed.

Staff were supported to develop their skills by receiving regular training. People and staff said they were well supported. People's dietary and other health care needs were met and the provider worked well with other professionals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the service had submitted applications for DoLS to the local authority. Care records made reference to people's DoLS. Staff demonstrated a good understanding of the Mental Capacity Act and assessments had been completed however the provider could not demonstrate they had always undertaken best interest assessments.

The environment had not been fully adapted to support the needs of people living with dementia. We have made a recommendation about this.

Service delivery was open and transparent. Communication in the home was positive and effective. The provider was undertaking regular checks of the service however these were not always effective in ensuring care plans reflected people's needs. We have made a recommendation about the effective auditing of service provision.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

The home was not always safe. Staffing levels were not always sufficient to meet people's social, emotional and physical needs.

Staff had a good understanding of safeguarding people at risk. They knew what action to take and the provider demonstrated learning from these events. Where risks were identified these were managed safely.

The home was clean and tidy. The provider had plans in place to make improvements to the home.

Medicines were managed safely and by staff who had the knowledge and competence to do so.

Requires Improvement



Is the service effective?

The service was not always effective. The manager and staff had a good understanding of the Mental Capacity Act 2005, however; they did not always demonstrate this was applied in full.

Staff were well supported and encouraged to undertake further relevant qualifications.

Dietary needs were understood and met however, food and fluid intake monitoring was not always effective. The provider worked well with other professionals to ensure health needs were met.

The environment was not always supportive to people living with dementia.

Requires Improvement



Is the service caring?

The service was not always caring. Privacy, dignity and independence were not always respected. Information about people's needs was not always held confidentially.

Staff understood and knew people's needs and preferences well.

People were encouraged to be involved in decisions about their care and the service and their decisions were respected.

Requires Improvement



Is the service responsive?

The service was not always responsive. Care plans were personalised to meet people's individual needs. They provided guidance to staff about the support people required. However, they were not always kept up to date with people's most current needs.

There was a clear complaints procedure in place. People were confident any concerns would be addressed.

Requires Improvement



Summary of findings

The provider sought feedback from people and their relatives and used this to identify where development could happen.

Is the service well-led?

The service was not always well led. The service did not have a registered manager. A number of audits were carried out by the manager and the senior managers, however these were not always fully effective in identifying issues of concern.

Communication in the service was effective and staff were supported and encouraged to learn from incidents.

Requires Improvement



Glen Rose

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 20 and 21 January 2015 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience who had experience in caring for people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including notifications. A notification is information

about important events which the service is required to send us by law. In addition we gained feedback from a social care professional and attempted to gain feedback from two health care professionals.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We spoke with three people using the service and three family members. We spoke with the director of operations, general manager, home manager and nine staff including nursing, care staff, kitchen staff and activity staff. We also spoke with an external social care professional and an agency worker. We looked at the care plans and associated records for nine people and sampled the records of a further three. We reviewed records relating to medicines management and wound care, staff duty records, six recruitment files, supervisions records and training records. We looked at records of complaints, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas.

Is the service safe?

Our findings

Relatives said that they felt their loved ones were safe at Glen Rose. Comments included, “Everyone is kind and we don’t worry that [X] is going to come to any harm”. Everyone said they would recommend the home.

There were not always enough staff on duty to meet people’s needs. On the day of our visit staff were rushed and were not always able to spend time with people. For example, on the second day of our inspection, we observed a period of 55 minutes when five people were left unsupported in the lounge on the first floor. The five people in this area were sat along the wall and they had limited verbal communication skills. For one person who was not able to verbally communicate, we saw they had no way of attracting staff attention if staff were on the other side of the building, supporting people in their rooms. Staff said 14 of 15 people on the first floor needed two members of staff to support them with personal care. There were two care staff and one nurse on that floor. At 11am only four of 15 people had received personal care. On both days of our inspection we observed people in the ground floor lounge. This area was supported by one member of staff between 09:00 and 16:00. Throughout our observations there were between eight and 12 people in this area. We observed times when due to people’s conditions and anxieties there were altercations between people. The staff member responded positively and provided distraction to prevent these situations escalating, however it was apparent through observation that time to provide stimulation was difficult with only one staff member. Several people remained in their rooms or beds throughout our visit. Little social stimulation was provided for these people. One staff member told us of lots of ways they had to provide stimulation, however they would probably only “manage a couple of minutes over the course of a week”. Another member of staff told us, “There are 3 carers and 1 nurse at nights which considering the demands of residents feels uncomfortable. Also early evenings when many people need moving around, that’s an uncomfortable time too”. Staff told us there were not enough of them to be able to sit and spend time with people.

The provider’s policy stated “Each home has an agreed staffing level set which was variable according to the number of residents in the home”. The policy made no reference to these levels being based on people’s individual

needs. However, additional guidance had been provided to managers to support them in assessing staffing levels. This stated the layout of the home should be considered as well as the dependency of people. We asked the general manager if they used a tool to assess the staffing levels. They told us they did not. They said they provided a minimum staffing level of six carers and two nurses per shift. The rota we were provided with, for the three weeks prior to our inspection did not always demonstrate that the minimum staffing levels were provided. For example, on 4 January 2015 five care staff were available for the morning shift and four were available for the afternoon shift. On 6 January 2015 only one registered nurse was on the rota for the afternoon shift. The rota was planned by the home manager based on the providers guidance and we were told was sent to the director of operations for approval. The home manager was responsible for deciding if the staffing levels needed to be increased and we were told would discuss this with senior management for agreement. We had been made aware the provider had supplied 1-2-1 support for one individual from the 12 January 2015. However we saw the rota for this week showed that on one day staffing was below the provider’s minimum staffing level.

The lack of sufficient staffing was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures regarding the safeguarding of adults at risk and staff demonstrated a good knowledge of these and how to apply them. Where safeguarding incidents had occurred in the home these were reported to the local authority and investigation took place. The provider’s director of operations had reviewed all the safeguarding issues that had been raised within the last six months and produced an analysis of common themes and produced a reflective learning tool. They were intending to share this with all staff at the home to encourage learning and development. They had discussed this with the managers of the organisations others homes to ensure that common themes could be used to ensure good practice across the organisation.

Risks were managed safely for people. Staff knew people well and were aware of any risks associated with their care. Care records identified risks and gave guidance about the

Is the service safe?

management of these. For example, two people were at risk of choking. They had been assessed by an external health professional and the care records reflected the guidance provided. This was being followed by staff. The care records identified the signs of choking and what action the staff should take. Staff were aware of such actions. For another person a high risk of falls had been identified. The care records provided clear guidance about how to reduce the risk of falls for this person and there were records to describe what equipment staff should use if this person did fall. Where people displayed behaviours that may present a risk to the person and others, the risks were identified and planned approaches to reduce the risk and manage them if they occurred were in place.

The provider had a business continuity plan covering area such as extreme weather conditions, staff shortages, and power failures. The risk of these had been assessed and clear guidance about the action to take had been identified.

Recruitment records for staff contained all of the required information including two references, an application form and Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) checks. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services.

Staff helped people to take their medicines. There was a policy and procedure for the receipt, storage and safe administration of medicines. Storage arrangements for medicines were secure. Controlled medicines were stored and recorded in line with guidance. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. Registered nurses were responsible for administering medicines. They had received training and undergone a competency assessment prior to being able to do this unsupported. Records were held of competency assessments and observations.

The provider had an infection control policy and had completed an annual infection control statement. There was also a cleaning schedule that was up to date and complete. Domestic staff told us they had training in infection control and management. They knew how to locate the provider's policy and had a good understanding of infection control processes. The home generally looked clean. Some aspects of the home required attention in terms of the infection prevention and control measures. However the home had a plan in place to address these issues. Some areas we had identified were not on the plan, however the general manager contacted us 48 hours after our inspection to advise us of the action they had taken.

Is the service effective?

Our findings

People and their relatives expressed their satisfaction with the home. Comments included “They all seem to know what they’re doing”, “They always keep us well up to date about everything”, “We have meetings with various professionals like the psychiatric nurses and [X] is involved in them too, as well as us”.

At our last inspection we found that the provider was not always working effectively with other providers. We asked the provider to make improvements and found at this inspection they had.

People had access to a range of health care professionals including opticians, dentists, GP and specialist nurses. Referrals to other health professionals were made promptly. Care records were updated to reflect outcome of the appointments and staff acted on advice and guidance. Relatives were confident that medical attention would be sought and that a GP or emergency services would be called if needed. One told us how the home had responded quickly and sought medical attention following a fall.

Staff demonstrated a good understanding of the Mental Capacity Act(2005). One said, “It’s about people being able to choose, to make their own decisions for as long as they possibly can and it is our job to make sure they can choose”. Relatives described how people’s decisions were respected. One said, “Sometimes she doesn’t want to have a wash and they don’t push it but they have a way with her to encourage her “. People were offered choices and these were respected. We heard staff asking people before they carried out an activity. For example, we heard staff say “Shall we do your nails and would you like some cream on your hands?”, “Would you like to do some more art work for the walls?”. Staff asked permission to put on tabards to protect peoples clothes at lunch time and people were given choices about what drink they wanted with their meal. One member of staff said, “People have rights to move around...it’s about giving people choices and freedom not to keep getting people to sit down”.

We saw evidence that where people had appointed a Lasting Power Of Attorney for health and welfare decisions they had been consulted and their decisions on behalf of their relative had been respected. Care plans indicated where people had capacity to make a number of decisions about their lives such as what to wear, what to eat, when to

socialise. However, where mental capacity assessments regarding living in the home with a key code system had been undertaken and determined the person lacked capacity to make this decision, there was no evidence of best interest meetings being held to discuss this and agree the support. The manager told us a Deprivation of Liberty Safeguards (DoLS) application had been made for these people. Use of the DoLS ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests. For one person we found evidence that a best interest meeting had taken place regarding the person being able to go out with a friend. An agreement had been reached as to how this could happen safely, however we found no evidence the person had been consulted or that a mental capacity assessment had been carried out to determine if they could make this decision themselves.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the environment was not always conducive for people living with dementia. We saw at this inspection that some improvements had been made, for example, door frames and radiator covers had been brightly painted to ensure visibility. However visual aids to support people with dementia to recognise the functionality of rooms and equipment were not in place. People had their names on their bedrooms doors, however, this was in small letters and very high up, which made it difficult to read. There were no pictorial signs for bedrooms, bathrooms or any other rooms. Some corridors had even floors which were not easily visible and there were areas of poor lighting, meaning the risk of tripping was increased. Some rooms were very cold and there were no thermometers in people’s rooms to monitor this. One person told us how they wanted to retire to their room but this was far too cold. We told a staff member who then bought a portable heater, however the leads were left across the floor creating a trip hazard. Following our inspection the general manager advised thermometers had been ordered for all rooms and a room temperature checking system would be implemented daily. At meals time the dining area was sparse. Tables were bare, with no cutlery, table clothes or condiments. The lack of visual connections for people with dementia would make it difficult to recognise the purpose of this area.

Is the service effective?

The general manager and home manager were open about supervision and appraisals having not been completed for all staff. They told us this was an area they had recognised required improvement and they had made steps to rectify this. Staff told us they did not receive supervision but felt well supported and able to approach the manager at any time. Supervisions had taken place for 10 of 27 care and nursing staff since the end of August 2014. These involved observations of elements of practice and discussions following this. Appraisal had taken place for six staff and the general manager said the others staff's would take place in 2015.

Staff received training to support them in their role. The provider ran regular training sessions on safeguarding, first aid, infection control and moving and handling. They required staff to update these annually. In addition 20 staff had received training about dementia and communication, 19 had received training in supporting people whose behaviours may present a risk. The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively.

People said they enjoyed the food and relatives said that alternatives were offered to encourage people to eat. The cook had a four week rolling menu and prepared a variety of options for people. They were aware of each person's dietary needs and how they preferred their food to be cooked, for example those who needed/preferred finger foods. Meals were plated up according to people needs and likes. The presentation of soft and pureed diets was taken into account and presentation was given attention in terms of food not all being mixed together. There was food available for snacks through the night if required. The cook told us "If they don't want what's on the menu I just make them something else". Four staff spoke about people's nutrition and hydration needs and had a good understanding about individual's needs and preferences.

People had care plans associated with eating and drinking, including their preferences and the support they required. For example, one person's care plan described where they

preferred to eat their meals and how they should be seated. It detailed their food and cutlery preferences. It also made references to a care plan regarding a risk of choking and what staff should do if they had any concerns about the person's nutrition and hydration intake.

Where there were concerns about a person's food and fluid intake, monitoring charts had been implemented, however monitoring was not always effective at ensuring the care plans provided sufficient information. For example, for two people their weight and body mass index was monitored regularly. This indicated for both people they were underweight. Care plans provided information about any special dietary needs and people's preference but had no guidance to staff to ensure they knew how much a person should be eating over the course of 24 hours. There was no information to guide staff about people's ideal fluid intake. Fluid charts and care plans for one person contained no guidance about their ideal fluid intake. The fluid intake charts had not been totalled for four days prior to our inspection. We saw this intake varied with the lowest being 750mls in 25 hours. A lack of guidance about a person's ideal intake means staff would find it difficult to monitor if their nutrition and hydration needs were being met, and identify if further action was required.

People's records evidenced monthly weight records and risk assessments to determine if people were at risk of malnutrition. The records also verified that when people had swallowing difficulties they were referred to the Speech and Language Therapy Team for advice. This ensured people had professionally constructed nutritional care plans to instruct staff about what type of food people should have and the frequency and amount of intake. As a result of this when people required soft or pureed food this was recorded as guidance to provide staff with the information they required to provide care that met people's needs.

We recommend that the service explores relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Is the service caring?

Our findings

People told us of their satisfaction with the home.

Comments included “They do look after me”, “They are nice people here, I like them”, “I’m happy here...I do get a bit lonely sometimes but I don’t like to bother them, they are very busy”. Relatives said staff were caring and treated their loved ones with dignity. One relative said “This home has the most wonderful staff who will do anything for us. I can honestly say I trust the staff, I can sleep knowing [X] is safe and I did not feel this before [X] came here”.

Observations of how staff respected people’s privacy and dignity were mixed. One occasion we observed a staff member say, “Is he still not feeding himself. ...oh dear he just forgets doesn’t he?”. This was said over the persons head. On a second occasion staff turned the TV on loudly in a room where the radio was also on loudly. There was no consultation with people in the room and both pieces of equipment remained on for an hour. However, other observations showed staff knocked on people’s doors before entering. Staff used people’s preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff showed they had a caring attitude towards people and recognised when they needed support. Information about people was not always kept confidential. For example, a care plan folder was held in the main communal areas on a desk. This contained all people’s care and support needs. This was not locked away and could be accessed by any visitor. Information about peoples Personal Emergency

Evacuation needs were held next to the communal lift. This provided the person’s name and room number along with the support they required to mobilise. This was not stored confidentially.

Staff were knowledgeable and understood people’s needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. For example, care staff supported a person during their meal. This person became anxious during this time. The staff responded calmly and appropriately, giving the person time to calm and walk away before returning to eat their meal. One member of staff demonstrated they cared passionately about meeting people’s individual needs and had a good insight into the dynamics of the people who regularly used the communal area. They gave examples of how people had choices about where they wanted to be but that certain people being together also had to be avoided. They described how they gathered lots of knowledge about a person and the importance of involving families to understand how their approach to supporting them needed to be. They said “The families are my bible”.

Staff engaged with people in a warm and friendly manner. In communal areas they responded promptly to people’s requests for assistance and recognised when they were required before people asked for help. We saw interactions that showed staff treated people respectfully and differed with each individual. However, some people were on their own in their rooms for long periods with only routine visits from staff. While staff were supporting people with personal care, not all calls for help were responded to promptly as staff were not available to do this.

Is the service responsive?

Our findings

People's relatives felt confident the care and support being provided was making a difference to their relative's lives. One told us "“Because of their care, [x] has really come out of their shell and got more confident....in fact recently I've noticed a lot of them have. It is much better now”.

At our inspection in January 2014 we found the provider was in breach of a regulation 9 of the Health and Social Care Act 2008 (Regulated activities) regulations 2010 because people did not always receive care and support in a way that was intended to meet their needs and maintain their safety. We asked the provider to take action to ensure people's care and welfare needs were met. At this inspection we found improvements had been made.

Before people moved into the home they received an assessment to identify if the home could meet their needs. This assessment included the identification of people's communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed. These contained detailed information about people's needs including their preferences. The home manager told us how they gathered information about people and used this to inform their care plans. This included discussions with the person, their relatives and care staff. They told us a new form had been introduced to evidence the agreement of either the person or the relatives with the care plans. These had not been embedded yet however relatives confirmed their involvement and said the staff always kept them up to date.

At our last inspection it was not clear how staff were made aware of people's care plans or the support they needed. Care plans were computerised and only nurses had access to these. Care plans were not always personalised and did not always reflect people preferences. At this inspection care plans were personalised and based on how what people needed and how they liked to receive support. They were printed from the computerised records and were held in a file for all staff, including agency to access. All staff including agency were aware of these and where they were held. Agency staff told us they received a good handover which supported them to understand their role and peoples support needs.

At our last inspection care plans did not contain information for staff about how to support a person who was displaying behaviours that placed themselves and others at risk. Care plans had been improved upon in this area. They identified the behaviours, and the risk if these were displayed. They described known triggers to people's behaviours and provided detailed and personalised guidance about how staff should provide support to prevent the behaviours and manage them if they occurred. Where people were prescribed 'as required' medication to support them with anxious behaviours, care plans made reference to these however we found no guidance to indicate when this medicine should be used. However staff were able to tell us when they would use this.

At our last inspection we found no evidence that people's falls had triggered a risk assessment and care plans did not evidence that action had been taken to prevent subsequent falls. In addition there was no guidance for staff about the actions they should take when they found a person had fallen.

At this inspection people's mobility care plans gave clear information about their needs and the support they required. Some of these highlighted if the person was at risk of falls and detailed the action staff should take in the event a person was to fall. Accident records were completed by staff following falls and the manager held a central log of all falls and the action taken. However, where people had fallen this was not always identified in the care plan and the falls did not always trigger a reassessment of their needs. For example, one person had recently slipped out of their wheelchair. The accident record and falls log identified why this had happened and the action to be taken. Staff were aware of this, however the care plan had not been updated to reflect this. This meant not all staff, including agency workers would be aware to monitor for this. For another person who had been found seated on the floor in December 2014, the care plan identified a pressure alarm mat had been put in place. However this person had also fallen on 18 October, 2 November and 14 November 2014. The care records did not reflect these falls and the falls had not triggered a reassessment. Reviews of the care plan had taken place every month, however the care plan had not been updated to reflect the persons changing needs. Staff were fully aware of this persons needs and the support they required.

Is the service responsive?

At our last inspection there was little stimulation for people and activities were not taking place. The provider had since employed a lounge assistant/activities coordinator. This person role was to spend time engaging people in various activities throughout the day. People and their relatives spoke highly of this person and how they had seen improvements. Comments about the co-ordinator included, "x is amazing, they always makes sure there are things going on", "has made all the difference, they seem to really understand them", "has the personal touch and knows all of us well".

The lounge area had chairs in clusters where people could sit with groups of others, individually or in pairs. There were various items available for people including games, books, DVDs, newspapers, magazines, colouring, housework box and "rummage boxes". Throughout the two days we saw people accessing these as they chose. On the wall was a large clock, the date, and weather conditions were also displayed as well as various artwork done by people who lived at the home. People, staff and their relatives told us about a range of activities provided including, singing, pets coming in, crosswords, word searches, looking at old photographs and film shows. The activities coordinator had developed weekly plans for activities based on people's interests, these were adapted to people's changing needs on the day

During the inspection the activity co-ordinator was the main person who interacted with people and engaged in activities whilst other carers were focussed on physical tasks, including personal care. A relative confirmed this saying "when [X] is in bed a lot they would only see them [staff] when they pop in hourly to check [X] other than that there wouldn't be any other stimulation."

There was a complaints procedure in place and the manager told us that complaints and concerns were responded to in a timely manner. One complaint had been made in the last 12 months. A record of the complaint was held together with the action the provider had taken. The provider had introduced a suggestion/comments box. The home manager checked this weekly and responded. Where suggestions constituted a complaint, the manager reported these to the provider as such and documented the action taken.

Relatives questionnaires were used to gained feedback about the home. The last one carried out in August 2014 showed generally positive comments. However, one comment was noted regarding difficulty in finding staff. The provider had documented that staffing levels were reviewed weekly, however it did not state if they had identified any concerns with staffing as a result.

The provider had introduced resident/relatives meetings to give people the opportunity to discuss any issues they had and give people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed the last meeting held was to introduce the new manager. This meeting discussed the vision of the home and allowed people to make comments. Where concerns were raised the manager requested additional information after the meeting and acted upon this. We were told these meetings would take place every quarter; however the next meeting had yet to be planned. People could be confident the provider encouraged feedback and took action to make improvements where needed.

Is the service well-led?

Our findings

Relatives and people spoke highly of the manager. All the relatives told us that the management was much better now and they had seen a lot of improvement.

At our inspection in January 2014 we found the quality systems in place were not always effective in identifying where improvements were required. Following our last inspection the provider sent us an action plan telling us what they would do to meet the requirements of regulations. This included for example, ensuring care plans were available to all staff, employing a lounge assistant and involving people and their relatives in care planning. We saw these improvements had been made.

At this inspection the director of operations told us they had reviewed the system used for quality monitoring and revised this. This was introduced in January 2015 and a plan of monitoring was carried out throughout the year. This included auditing of various aspects of the home, including clinical issues, complaints and the environment. The first clinical audit had commenced on 15 January 2015. This identified information regarding the Mental Capacity Act 2005 was being created for a staff noticeboard board. We saw this work being undertaken at the time of inspection. The audit identified staff should be encouraged to write more detail in daily records. A staff meeting was planned for 15 February 2015 to discuss this. It also identified the need to consider more use of music throughout the home. We saw this was included within the annual development and improvement plan for 2015.

Monthly management reports were completed by the manager and sent to the director of operations to support monitoring of the home. We were told this supported the senior management team to monitor the service. These included information about any complaints, accidents, incidents and safeguarding issues. We found these provided minimal information and focused on numbers rather than quality. For example, October and November 2014 reports listed the number of accidents and incidents rather than any detail about the actions taken to prevent reoccurrence.

Care plans were audited on a monthly basis by the manager and recorded that care plans were reviewed and in date. A weekly falls audit was completed. This identified where and when a fall had happened, the cause of the fall

and the action to be taken. However, this information was not always included within the care plans. For example, for one person who had fallen out of their wheelchair the falls logs stated they were not to be left unattended while in their chair, however the care plan did not reflect this. The audits did not identify the potential breach in confidentiality that could occur by storing all care plans in the communal areas. These audits did not ensure all necessary information was recorded in care plans for staff to adhere to and stored confidentially.

Other audits that were completed included area such as infection control. We saw that areas that required improvement had been included within the provider's development plan for the service. For example, some maintenance work required had been planned for 2015.

The home did not have a registered manager at the time of our inspection. A manager had been appointed and had applied to become the registered manager. The manager and general manager explained the ethos of the service and this was echoed by staff throughout the inspection. They encouraged open communication and operated an open door policy, welcoming feedback. They were confident the home had made improvements and were continuing to strive for this. They were confident staff felt supported and would talk with them if they had any concerns. Staff confirmed this and stated they could make suggestions at any time and these were listened to and acted upon as necessary. Records showed staff meetings had not taken place since the new manager had commenced their role however they were planned for February 2015. The manager told us they would also be re-introducing clinical meetings for nursing staff to discuss concerns and plan actions. Staff were confident the manager was responsive to them and to the people living in the home. They had no hesitation in raising concerns. Staff were actively engaged in making suggestions to improve care and in developing the service. Staff told us how there was a culture of learning from incidents and that this was addressed as a whole team in order to make improvements to the home and people's care.

A social care professional told us the home responded well and took action. They told us they had no concerns about the home and the manager appeared to be working well to make improvements.

Is the service well-led?

We recommend the provider seek guidance from a reputable source about effective auditing of service provision.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered provider did not ensure that where people lacked the mental capacity to make certain decisions that the Mental Capacity Act was applied in full. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Regulation 11(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered provider did not ensure there were enough suitably qualified and skilled staff to meet people's needs at all times. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Regulation 18(1)