Harpwood House Limited

Harpwood Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 1 and 6 July 2016. Harpwood is a care home situated in Wrotham heath, near Sevenoaks, providing accommodation for up to 50 older people some of whom live with dementia. There were 39 people living at Harpwood at the time of our inspection. The service had recently been registered under a new provider and as such this was the first inspection of the service under the new ownership. The service had three double bedrooms, but these were being used as single bedrooms at the time of the inspection. The remainder of the rooms were single, some with ensuite facilities. There were bathrooms in each wing of the service and planned improvements were underway to add a shower room and to refurbish areas of the premises. There was a large garden for people to use with seating and pathways.

There was not a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left the service in May 2016. The registered provider was recruiting a new manager for the service. The deputy manager for the service was overseeing the running of the home, with support from an internal quality manager and the registered provider, until a new manager was appointed.

Accurate and complete records were not always maintained to allow the registered provider to monitor the delivery of care. We have made a recommendation about this.

Staff had not been trained in using fire evacuation equipment that people's fire evacuation assessments said they needed to use. We have made a recommendation about this.

Staff knew how to recognise signs of abuse and how to report any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place which included the checking of references. Staff were responsive to people's needs and requests. People's needs were assessed and personalised plans written to meet them. Staff knew each person well and understood how to meet their needs.

Staff had completed training to enable them to carry out their roles. There was an ongoing programme of training and development for staff. Staff were supported and supervised by the deputy manager. Staff communicated effectively with people and treated them with kindness and respect. People's right to privacy was maintained. They promoted people's independence and encouraged people to do as much as possible for themselves.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. People were promptly referred to health care professionals when needed.

The premises were well maintained, safe and comfortable for people to use. The home was kept clean and the risk of the spread of infection in the home had been assessed and managed.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered. Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. When necessary, meetings were held to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005.

People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions.

People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. The registered provider had a clear and effective improvement plan for the service and had made a number of positive changes since taking on ownership of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to refer to the local authority if they had any concerns or any suspicion of abuse taking place.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. We recommend that fire drills to practice using evacuation equipment take place.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. There was an appropriate system in place for the monitoring and management of accidents and incidents.

The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff were knowledgeable in the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. The registered manager had submitted appropriate applications in regard to the Deprivation of Liberty Safeguards and had considered the least restrictive options.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises met the needs of the people living at the service and was comfortable and well maintained.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was respected by staff.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

The care to be provided when people reached the end of their lives had been sensitively planned taking into account their wishes.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People were involved in planning their care. They had personalised plans that met their needs. Improvements were underway to the provision of social activities that reflected people's interests and hobbies.

Staff responded effectively to people's needs and requests. People received the care their plan said they needed.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was well-led.

Accurate records were not always maintained to allow the registered provider to monitor care delivery.

The service was planned to be flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

The deputy manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

Harpwood 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 was carried out 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 was carried out on 1 and 6 July 2016 and was unannounced. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

For this inspection we had not asked the provider to complete a Provider Information Return (PIR). Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service. This was the first inspection of this service, since it was registered under the new registered provider.

We looked at five people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and two staff recruitment files. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with seven people who lived in the service and four of their relatives to gather their feedback. We also 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 the deputy manager, the internal quality manager, three care staff, an activity coordinator and one chef to obtain their feedback about the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "They've been good to me" and another said "I find it nice and safe here." A person's relative told us, "Yes she is totally safe." Another person's relative said "He is happy, so we are happy. I think they look after him well. I have no concerns." People told us that they were given the help they needed to manage their medicines. One person told us, "They help me with my tablets and at breakfast time they give me my morning medication." Another person said, "If I was in pain, I'm sure they'd give me some pain relief." People told us that they felt there were enough staff working in the service to meet their needs. They said, "I think there is enough staff, they always come when I need them." People commented that there had been recent improvements in the cleanliness of the service, but one person said "A bit of a more thorough clean is needed, especially in the en-suite bathrooms."

There were a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. The registered provider reviewed staffing levels each month using a dependency tool to ensure that sufficient numbers of staff were provided. As a result, and in response to feedback in a recent customer survey, they had increased the number of staff available at breakfast time and the number of housekeeping staff employed.

The registered provider followed robust procedures for the recruitment of new staff. The staff files we viewed contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. We saw records of staff inductions that evidenced this and staff told us that they had not been required to work unsupervised until they were competent to do so. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were protected by staff that understood how to recognise and respond to the signs of abuse. They knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. The policy reflected the guidance provided by the local authority and had been recently reviewed. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One staff member told us "I would always report any safeguarding concerns to the manager. I would contact social services too if I was worried." Staff training records confirmed that their training in the safeguarding of adults was up to date. The deputy manager understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified.

Risks to individuals had been assessed as part of their care plan. This included the risk of falling, developing pressure wounds and poor nutrition. An action plan was in place to minimise the risk of harm and staff we

spoke with were clear about the action they were required to take to keep people safe. The risk assessments were reviewed monthly by the senior care staff to ensure they remained effective. Where advice had been required from other professionals, for example from the falls prevention team, referrals had been made and the advice included in the person's care plan. During the inspection we identified that some people that used bed safety rails did not have cushioned covers over these to reduce the risk of trapping a limb in the rails. The deputy manager immediately undertook a risk assessment of all those who used the bed rails and put cushioned covers in place.

The premises were safe for people to use and had been well maintained. The registered provider was undertaking a programme of redecoration of the premises and had replaced some carpets. Bedrooms were spacious and clutter-free so people could mobilise safely. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Maintenance staff tested the temperature of the water from various outlets each month to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. The security of the service had been recently reviewed and repairs made to fencing to ensure people were kept safe. A recent fire risk assessment had been completed and a number of remedial works were identified. The registered provider had ensured all required works had been undertaken. The service had an appropriate business contingency plan for possible emergencies. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. People had individual evacuation plans outlining the support they would need to safely evacuate the building. Four people had been identified as requiring the use of an evacuation mattress to be moved, but these were not available in the service at the time of the inspection. The deputy manager placed an order for two of these mattresses during the inspection, for delivery the next day. Staff had recently completed training on the evacuation procedures, however, they had not yet been able to practice using the required equipment. We recommend the registered provider ensure that all staff understand how to use the new evacuation equipment and who will require this.

People's medicines were managed so that they received them safely. The service had a policy for the administration of medicines that was regularly reviewed. We saw staff administering medicines and accurately recording when people had taken these. People's medicines were stored appropriately and accurate records were maintained. A recent audit of medicine management had been completed and the registered provider had identified the need for all staff to undergo a review of their competence to administer medicines. This had been included in the improvement plan for the service to be achieved within the forthcoming two weeks.

The premises were clean and free from any unpleasant odours at the time of our inspection. However, the registered provider had identified the need to review the cleaning procedures and record keeping systems for the service. A new cleaning programme had been devised and was to be implemented at a scheduled housekeeping meeting the following day. The registered provider was in the process of obtaining quotes for a deep clean of the kitchen. They had plans in place for refurbishing the sluice room to ensure it was easy for staff to keep clean and hygienic. The registered provider was also investigating possibilities of a second sluice room on the upper floor to reduce the distance staff had to carry commode pots and therefore reducing the risk of the spread of infection. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Recently the registered provider had identified the need to make personal protective equipment, such as gloves and aprons, more readily available to staff and had arranged for these to be situated in key areas of the service. Staff understood and followed safe procedures for managing

soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Good

Is the service effective?

Our findings

People told us that the staff were skilled in meeting their needs. One person told us, "The staff know what they are doing. I think they do a pretty good job." Another person told us, "They've got the GP before for me when I was unwell." Further comments included, "I feel they are confident when they move me with the hoist" and "The staff are excellent, I cannot fault them, they are very helpful and know what help I need." People told us that they enjoyed the meals provided and had enough to eat and drink. Comments included, "The food is always nicely cooked and well presented" and "I think the food is good. Occasionally there is something I don't fancy. I always tell them and I get something else."

Staff received essential training to enable them to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included dementia care, mental capacity, safeguarding, first aid, infection control, end of life care and safe moving and handling. The registered provider had launched a new online training system for staff to enable them to update their skills and knowledge through on-line refresher courses. Face to face training had been scheduled for staff in other courses, such as safe moving and handling and fire safety. The deputy manager had reviewed staff training needs and booked staff to attend refresher sessions as required. Staff told us that the training was relevant and useful. They said they were given the opportunity to practice their skills, for example in using a hoist, before they were required to support people to use the equipment. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. Whilst staff had completed a dementia awareness course the deputy manager was sourcing further training for staff in dementia to help staff understand how to respond to the symptoms of dementia, such as confusion and memory loss.

Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. 18 of the 25 care staff employed had completed a relevant health and social care qualification. The Care Certificate had not yet been implemented in the service. The 'Care Certificate' was introduced in April 2015. It is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The registered provider planned to implement this during the summer of 2016. We saw that the 15 standards of the Care Certificate had been printed and shared with staff so that they could familiarise themselves before undertaking the qualification. All staff received a supervision session with their line manager at least every two months. The records showed that staff were given the opportunity to discuss their role, their development needs and any support required. The records showed supervision of staff was carried out through a range of formats, such as individual meetings, observational and group supervisions. Group supervision sessions had been used to discuss recent changes to the handover and shift planning process.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff we spoke were able to confidently

describe the main principles of the legislation. We saw that staff obtained people's consent, for example before providing care or helping people to move. Where people had difficulty making a decision an assessment of their mental capacity to make the decision had been carried out. When people did not have the mental capacity to make certain decisions, meetings were held with appropriate parties to decide the best way forward in their best interest. We saw that this had happened in respect of some people who were unable to make a decision about residing at the care home and receiving care.

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 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 on authorisations to deprive a person of their liberty were being met. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest and were unable to come and go as they pleased unaccompanied. The registered provider had considered the least restrictive options for each individual.

People's dietary needs and preferences were documented and known by the chef and staff. The chef described the principles they had used when planning the menu to ensure people received a balanced diet. Fruit was provided at each meal. High calorie, low calorie and low sugar snacks were available for those that needed them and the chef gave examples of how they fortified meals with high fat foods to increase weight gain when people required this. We saw that people always had drinks close by and were encouraged to drink. People were given the assistance they needed to eat their meals. Tea and cake was provided each afternoon, which people told us they enjoyed. There was a menu displayed in the dining room and the registered provider had recently identified the need to provide daily menus on the tables to make it easier for people to choose. This was in the process of being implemented as we saw the menu holders had been purchased. The menu provided two choices of meal per day. People told us that if they did not want either meal they could have a jacket potato or an omelette. We discussed with the chef the need to ensure that sufficient vegetarian options were available for people to choose from. On some days both meal options were meat or fish. This meant that a person who followed a vegetarian diet could only choose a jacket potato or omelette. The chef arranged for more vegetarian meal options to be included on the menu by the time we visited on the second day.

People's care records showed many health and social care professionals were involved with people's care, such as district nurses, GPs, dentists and dieticians. Care plans were in place to meet people's health needs and were regularly reviewed. The care plans included advice from other health care professionals, for example to introduce a fortified diet to help a person gain weight or to increase the frequency of repositioning to avoid pressure wounds. People were weighed fortnightly and fluctuations of weight were noted in their care plan. Staff reported concerns about people's health to the person in charge of the shift. Records showed they contacted the GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

The accommodation was spacious, comfortable and welcoming. All areas were wheelchair accessible through the use of a lift. There were three double bedrooms, but these were being used as single bedrooms at the time of the inspection. Some bedrooms had en-suite facilities and bathrooms were available in each wing of the building. The registered provider had a plan in place for the completion of a shower room (wet room) with works to begin in August 2016. People could choose to spend their time in their own rooms, the large lounge, dining room or a smaller quiet lounge. The gardens had been recently cleared and made more accessible. Raised planters had been purchased so that people could easily be involved in planting over the

summer months. The premises had not been designed to specifically meet the needs of people who were living with dementia. The registered provider was aware of the changing needs of the people using the service and had longer term plans in place for the development of a new purpose built care home that would better meet these needs. We discussed with the deputy manager how clearer signage may help people find their way around the service until the new building is developed. we saw that this had already been identified in an audit by the registered provider and added to the improvement plan for the service.

Good

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them with kindness and compassion. One person told us, "I find all the staff are nice" and another said, "There all so kind here." Other comments included, "I don't think I could be anywhere nicer", "It's a nice atmosphere" and "I would say I get on well with all of the staff." People told us that the staff respected their privacy and treated them in a way that protected their dignity. One person said, "Oh yes, they treat me with dignity and respect" and another said, "The girls always treat me with dignity. I never worry about that."

Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. During the inspection we saw that people had positive experiences which were created by staff that understood their personalities. Staff were able to tell us what was important to individuals, for example staff told us how one person loved to sing. We saw that staff sang with the person whilst helping them move from the lounge to the dining room. Staff understood the importance of meeting people's emotional needs. They took time, as often as was needed throughout the day, to provide reassurance to people who were anxious or confused. A person was watching a remembrance service on the television and had become upset. Staff immediately went to them and provided comfort and tissues. They spent time with the person and acknowledged the importance of their feelings. The staff member was sensitive to the subject matter and the person's response to this and gave them the opportunity to talk if they wished or just sit quietly.

Staff were aware of the needs of people living with dementia and had provided appropriate occupational items such as boxes of fabrics, to provide sensory stimulation and to give people things to do that helped them feel valued. For example one person liked to feel busy by folding laundry so had been provided with a box of clothing to sort through and fold. Staff told us that they had begun helping another person make their own bed each morning as this was important to them. The activities coordinator told us they were looking into the use of dolls for people to care for. They said that a person had a doll previously and it provided much comfort and occupation for them when they were taking care of the doll.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had helped people to dress in the way their plan said they preferred and to have belongings with them that were of importance, for example their handbag. People had been supported to wear their glasses, dentures and hearing aids if they needed these. Staff spoke with people in a respectful way and addressed them by the name they preferred. Where appropriate, staff were lively and joking in their approach or were quieter and more discreet depending on each person's personality. The registered provider had recently completed an audit of the service and had arranged for plastic plates and cups to be replaced with a more discreet alternative for those that required them to promote people's dignity. People's records were kept securely to maintain confidentiality.

Staff encouraged people to do as much as possible for themselves. People's care plans reflected where they could do things for themselves and where they required support. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their

independence. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. People were provided with equipment, where needed, to enable them to move around independently and to eat without assistance.

People's spiritual and cultural needs were met. There was a monthly Church of England service held in the home and information was displayed on the noticeboard about other churches and the support that could be provided in order to attend these. People told us that they could watch church services and celebrations of significant events on television. Significant events, such as Christmas and birthdays were celebrated in the service. Photos around the service showed that people had been supported to celebrate other events such as the Queen's birthday, Mother's day and Easter.

Clear information about the service was provided to people and their relatives. A brochure was in draft form to be provided to people who wished to move to the service. There was a clear complaints procedure which was made available to people. The deputy manager told us about plans in place to make information more accessible to people, for example by providing the menu in a pictorial format to help people make choices. People were involved in their day to day care and in the reviews of their care plans when they were able to and when they wished to be.

People or their legal representatives were consulted about how they wished the service to manage their care and treatment when they approached the end of their lives. When appropriate, people were invited to take part in 'advance care plans' (ACP) and were supported by staff during the process. These plans give people the opportunity to let their family, friends and professionals know what was important for them for a time in the future where they may be unable to do so. This included how they might want any religious or spiritual beliefs they held to be reflected in their care; their choice about where they would prefer to be cared for and their preference of treatment and pain relief. People's wishes regarding resuscitation were appropriately recorded. Staff had undertaken the six steps to end of life care training with the local hospice and further raining was planned.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests. One person said, "I'm quite happy, I feel I have enough care." Another person said, "When I press my call bell they respond very quickly." Another person said, "Staff come and help me if I need them to." People felt that they were listened to and they were confident to raise any concerns about the service they received if they needed to. One person said, "I've got no complaints; if I need anything they are there to help me," and another said, "I don't complain unless I need to. I think they would listen to me if I did complain." A person told us "They do listen to you, the other day the chef came round and asked what we would like on the menu. I suggested a leg of lamb and a couple of weeks later, a leg of lamb was on the menu." People told us that the routines of the service had become more flexible. One person said "For breakfast now you can come down between 7 -10am and get served straight away, it's quite good."

People told us that they felt there could be improvements made to the range of activities that were available in the service. One person told us, "I spend most of the day in my bedroom. I can't really hear the TV in the lounge, so I prefer being in here." Another person said, "The only trouble is there isn't lot of activity or things to do. The girls sometimes come and do my nails and I go to the hairdresser, but there isn't much else." A person's relative told us, "They could do with more activities. People are often dozing in the lounge and I think it is often because there is not much going on." However, some people told us that the registered provider had listened to their concerns about this and was planning to introduce more activities.

People's care plans for their social needs were in the process of being reviewed and expanded to include information about their hobbies and interests. A new activities coordinator had been appointed recently and was working with people to record information about their life story so that personalised social needs plans could be written. We saw examples of the life story books that were underway. The improvement plan for the service included a number of action points to improve the range of activities available to people. The activities coordinator described their plans for improving the activities. They had a clear understanding of the importance of people being meaningfully occupied and that this is not always about the provision of group activities. They told us they had begun doing some 1-1 activities with people to undertake household tasks such as making their own bed, baking and gardening. They told us "I see no reason why the ladies shouldn't be supported to wash their own smalls if that's what they would have done at home." They also told us, "I believe everyone has something to give and keeping busy makes people feel better about themselves. I want to reach out to everyone." The activities coordinator was also researching musical entertainers and actors that could visit the home to provide shows. They had begun drawing up a schedule of activities for the summer months.

People's needs had been assessed and a care plan written to meet the identified needs. The assessment process included seeking the views of the person about their own care needs. Recently the registered provider had reviewed everyone's care plans to ensure they were person centred and sufficiently detailed to provide consistent care. These plans were in draft form and were being read by staff to see if there was any further information to be added. We reviewed some of these care plans and found they were detailed and reflected people's preferences and needs. For example, people's preference of night time routine was

recorded, with one person's plan noting they liked a glass of water by their bed at night. Care plans for meeting people's personal care needs detailed the support they required, what they could do for themselves and any equipment that was needed. The person reviewing the plans told us they were adding further information in to guide staff in responding to people who were living with dementia if they became confused or disorientated.

People we spoke with, and their relatives, were aware of how to make a complaint. A complaint that had been made recently had been investigated and responded to in line with the registered provider's policies and procedures. The deputy manager had taken appropriate action to ensure improvements were made following the investigation and had provided honest and timely feedback to the complainant. Detailed information about how to complain was provided for people in the brochure, in the reception area and on the noticeboard in the main area of the home. People had an opportunity to give their feedback about the quality of the service through the resident and relatives meetings. A relatives meeting had been held in February 2016 as an opportunity for people to meet the new registered provider and to discuss the planned improvements for the service. The quality manager told us about plans to introduce a 'Resident of the day' system in the service to ensure a full person centred review is carried out every 4-6 weeks. People and their relatives were invited to complete an annual satisfaction survey. The most recent survey had been sent out May 2016 and the results had been collated and a report produced in June 2016. The report included a 'You said, We did' section which responded to areas of required improvement. The responses were positive and clear for the reader and we saw that action had been taken to address the areas of improvement people had identified.

Requires Improvement

Is the service well-led?

Our findings

People told us the service was well-led. They told us, "After my experience, I would recommend living here" and "I think it is managed quite well." People and their relatives told us that recent changes in the ownership of the service had been positive and the transition had been smooth with no disruption to the service. However, people did comment that they were not sure who the manager was. One person said, "I don't know who the manager is, I think they've changed over again." Another said, "I don't think I've ever met the manager." Staff told us that they felt the transition to the new ownership had been managed well. One staff member said, "I feel there have been lots of positive changes, the home is definitely cleaner and more organised." As there was no registered manager at the service we recommend that the registered provider ensures all people using the service understand the current management arrangements for the service.

The registered provider had not always ensured that records for the purpose of monitoring the care delivered to people had been accurately completed and properly maintained. We found that records to show that people had been repositioned at night when they needed to be had not been consistently completed. Records for three people whose care plan said they required repositioning every two hours had not been completed between 5am and 10am on four dates within the last two weeks. We found that records about people's care and wellbeing were focused on personal care tasks and did not reflect people's emotional and social needs. The deputy manager had taken action to address the completion of repositioning charts when we visited on the second day. We found that this had been effective and they had been completed. We recommend that the registered provider review the completion of daily care notes to ensure they reflect all areas of people's needs and not just their personal care needs.

The registered provider had carried out a number of audits of the quality of the service focussing particularly on improvements that could be made to provide a more personalised service. Recent changes included making mealtimes more flexible and appointing an activities coordinator to work with people to plan activities they will enjoy. The quality manager told us the service was registering with the 'Ladder to the moon' programme which helps providers plan services that support people to achieve their goals. The deputy manager told us that the registered provider was "supportive and has given the resources needed to make changes." The deputy manager was knowledgeable about each person in the service and was able to tell us about their current needs and care plan. The service was integrated into the local community. The deputy manager had built good links with local churches. Volunteers from the community came in to spend time with people and to provide entertainment. For example a person had recently been in to give a talk on areas of British history.

Staff were positive about the support they received from the deputy manager. They reported that they could approach the deputy manager with concerns and that they were confident that they would be supported. One staff member told us, "We are able to talk openly and freely about things with the manager, she listens to our ideas." The deputy manager had recently introduced a staff suggestions box. Two suggestions had been given so far and the manager had responded to these. The deputy manager held monthly staff meetings and encouraged the staff to be involved with the running of the service. A new handover and shift planning system was being introduced to help staff organise the running of each shift more effectively to

ensure people's needs are met. The registered provider visited the service once or twice a week and staff said they could speak with him when needed. The deputy manager had a monthly meeting with the registered provider to review the service and attended a monthly meeting with other manager's in the group to share ideas and discuss policy and common practice themes.

There was a robust system of quality assurance and governance in place to monitor the quality and standards of the service. A number of audits had been completed and the findings of these had been used to develop an improvement plan for the service. The improvement plan had been frequently updated and showed that action had been taken to address the required improvements. The registered provider had completed a self-assessment document to establish how well the service was meeting the needs of people with dementia. There was an action plan in place that included the provision of clearer signage to help people find their way and more comprehensive training for staff in caring for people living with dementia. The quality manager described observational tools that were to be introduced to help the registered provider assess the quality of people's experiences, for example their dining experience or social activities.

The registered provider and deputy manager had consistently notified the Care Quality Commission of any significant events that affected people or the service. They were aware of updates in legislation that affected the service and communicated these to staff effectively. Where incidents or accidents had occurred the deputy manager had ensured these were appropriately reported and made monthly checks to ensure that any trends were identified and risks reduced. The service's policies were appropriate for the type of service. They were clear for staff to follow when they needed to refer to them. They were reviewed on an on-going basis, were up to date with legislation and fully accessible to staff for guidance. All records were kept securely and confidentially.