Adiemus Care Limited

Copper Beeches

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 1 and 2 December 2015 and was unannounced.

Copper Beeches provides accommodation and nursing care for up to 40 older people, who are living with dementia. The home is situated in the village of Rake in Hampshire.

Copper Beeches did not have a registered manager in post at the time of our inspection. An application for registration was submitted on 2 December 2015. A registered manager is a person who has registered with the Care Quality Commission (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.

At the last inspection on 26 August 2014, we asked the provider to take action to make improvements to staffing levels and care and welfare. This action has been completed.

The provider used agency nurses to staff the home. Although checks were carried out prior to agency nurses working in the home, the provider failed to check the practice of nurses. During our inspection an agency nurse administered medicines in an unsafe way. The provider took immediate action to keep people safe.

A range of tools were used to assess and review risks to people such as risk of poor nutrition, skin damage or risk of falls. Risks had been considered appropriately and plans put in place to mitigate those risks.

Staff had completed safeguarding training and were able to explain to us how they protected people from abuse. Staff knew how to report concerns both internally and externally. The safeguarding policy was available for staff to review.

There were enough staff on duty to meet people's needs. We noted that staff had sufficient time to meet people's care needs and also their emotional needs with friendly interactions ensuring people felt supported at all levels.

Medicines were stored safely in locked cabinets in the nurses station, the medicines trolley was secured to the wall when not in use. Room and fridge temperatures were checked daily to ensure medicines were stored at the correct temperature. An efficient system of stock ordering was maintained and medicines for disposal were recorded and stored safely.

Recruitment and induction practices for permanent staff were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) were completed.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and health

and safety. Staff told us they had had an appraisal but had not had recent supervision meetings with their line manager. We were told that supervision meetings with staff had slipped but they were in the process of being reinstated.

People were asked for their consent to receive care and treatment. Some people had a cognitive impairment and were unable to communicate verbally. Where people lacked capacity to make specific decisions, the provider acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and maintain a balanced diet. Food was prepared in the kitchen of another home on the same site and transferred in food trolleys at mealtimes. The menu included two choices including a vegetarian choice. People with specific dietary requirements such as a gluten free diet, a diabetic diet or a pureed or soft diet were catered for. People who were at risk of malnutrition were identified through risk assessment and appropriate actions taken in terms of referral to GP and dietician, dietary supplements and regular monitoring of people's weight.

People were supported to maintain good health through access to ongoing health support. A GP surgery was held in the home once a week and access to other health professionals was evident from records.

The home had a pleasant atmosphere and people received care from staff, delivered in a kind and compassionate manner. Staff responded promptly to people requesting assistance and they did so in a patient and attentive way. Some people were unable to communicate verbally and staff were able to anticipate those people's needs.

People were treated with dignity and respect. Staff described how they spoke to people in a way which they would understand. A member of staff told us they always went straight to the living room when they arrived on duty to say 'Good morning' to people.

People were involved in decisions about their care as much as possible. Staff told us they showed people different clothes from their wardrobe so they could choose what to wear. Where people were unable to choose in this manner they listened to families who told them the type of clothing their family member liked to wear.

People were supported to be as independent as possible. Staff described how some people were able to eat unsupported but required constant encouragement and supervision. Staff encouraged people to eat for themselves rather than supporting them to eat which maintained people's independence.

Care summaries in people's rooms provided staff with information about repositioning, moving and handling, wound care and consistency of food and fluids. We saw staff deliver care in line with these needs. A handover sheet included key details about people's care needs, which included diagnosis, medication and diet. This was particularly important for nursing staff who were all agency staff. A handover took place in between each shift so that key information was passed between shifts to ensure consistency of care. There was some inconsistency in care plans but this did not impact on the quality of care delivered.

People were supported to take part in social activities of their choice. Planned Christmas activities included a sing along, Christmas shopping outing, music performed by an outside entertainer, Christmas baking and Christmas films.

The home was responsive to concerns and complaints from people and staff, and provided regular

opportunities for people and staff and relatives to provide feedback.

There was a positive and open culture within the home. Staff said they felt able to raise concerns and there was good morale. Staff commented on how the atmosphere had improved since the recruitment of the manager and the overarching manager. They felt confident raising concerns and were reassured that if a mistake had been made, they would learn from it.

The manager and the overarching manager told us they were dedicated to promoting good care across the board. Good care was evident in the home, where people's physical, social and emotional needs were met. Staff were happy and confident and this translated into the level of care they provided.

Staff told us they understood their role and responsibilities. They had been given job descriptions and were aware of their responsibility to keep people safe. Staff had completed the relevant training to ensure they were able to carry out their responsibilities. There was a system of quality assurance in place to ensure the quality of care provided to people and to drive improvements to the service.

During our inspection we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we asked the provider to take at the back of the full version of the report.

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 always safe.

The provider did not check the safe practice of agency nurses. Medicines were not administered safely on the day of the inspection, but the provider took immediate action.

Medicines were stored safely.

People's identified health risks had been addressed in their plan of care.

People told us they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse and knew how to report concerns.

Staffing levels were sufficient to meet people's needs in a timely way to ensure their safety.

Is the service effective?

Good

The service was effective.

Staff did not have receive regular supervision meetings but staff said they felt supported and management were in the process of reinstating regular supervision meetings with staff.

People were supported to have sufficient to eat and drink.

The principles of the Mental Capacity Act 2005 (MCA) had been followed, which meant that the provider had sought valid consent.

Appropriate DoLS applications had been made which meant that people were not illegally deprived of their liberty.

All staff received appropriate training to carry out their roles and responsibilities effectively.

Is the service caring?

Good

The staff were caring.

Staff treated people in a kind and compassionate way. They made sure that people were safe and comfortable and anticipated their care needs.

Staff were able to describe how they respected people's privacy and dignity whilst caring for them.

People were involved in decisions about their care, wherever possible.

Is the service responsive?

Good

The provider was responsive to people's care needs.

Staff responded appropriately to people's individual care needs and there were systems in place to ensure staff and agency staff were informed about people's individual requirements.

People were supported to take part in social activities of their choice.

Is the service well-led?

Good

The home was well-led.

There was no registered manager in post at the time of the inspection, although the provider submitted an application on 2 December 2015 and there were valid reasons for the delay in registration.

A manager and an overarching manager for the three homes on the same site, managed the home. People knew who was in charge of the home.

Quality assurance audits were in place in order for the provider to check and improve the service provided.

There was a positive and open culture within the home.

Staff and people were involved in contributing to the future development of the service.

Copper Beeches

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 2 December 2015 and was unannounced. The inspection was carried out by an inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses nursing and dementia care services. A specialist advisor is someone who has clinical knowledge and experience of working with people who require nursing care and who may be living with dementia.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the CQC. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make.

We spoke or interacted with 15 people using the service and one relative. We also spoke with the manager, the overarching manager for the three homes on the site, a project manager, the chef, one nurse, two care workers and the activities co-ordinator. We reviewed records relating to seven people's care and support such as their care plans, risk assessments and daily monitoring records. We reviewed medicine administration records (MARs) and looked at various records in relation to the running of the home such as staff rosters and training and recruitment records.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt safe. One person said "I came here to be safe." Everyone was living with dementia. Most people were unable to communicate opinions or understand how to keep themselves safe. We observed staff supporting people in a safe, caring and conscientious way. Most people were unable to use their call bell to call for assistance but everyone was checked hourly.

The provider did not employ any nurses. All nurses working in the home were supplied by an agency. Profiles were supplied by the agency so that the provider could check that potential nurses had suitable skills and experience. The provider also checked nurse's PIN numbers. PIN numbers are allocated to nurses by the Nursing and Midwifery Council (NMC) and demonstrate that the nurse has a current registration with no restrictions or cautions. However, the provider failed to check that a nurse was competent to administer medicines safely while working in the home and this meant people were at risk. During our inspection on 1 December 2015 the agency nurse administering medicines used the same beaker of squash to administer medicines to four different people. This put people at risk of infection. One person required their fluids to be thickened when using them to take their medicines. The nurse did not measure out the set amount of thickener prescribed on the side of the container. This put the person at risk of choking. Another person needed to take their medicine with milk in a special beaker; however the nurse gave that person a glass of squash to take their medicine. The nurse did not speak to people in a person centred way using their known or preferred name. For example she said to one person "Lady wake up, wake up good lady." Additionally she supported a person to use the commode whilst leaving their bedroom door open. This was disrespectful to the person and did not protect their dignity. When notified the overarching manager ensured the agency nurse left the premises. She confirmed that competency checks had not been carried out in respect of agency nurses, however this would be done in the future.

The provider had not checked the practice or competence of nurses before allowing them to work in the home. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to Fit and proper persons employed.

We saw a range of tools were being used to assess and review people's risk of poor nutrition, skin damage or risk of falls. Risks had been considered appropriately and plans put in place to mitigate those risks such as regular repositioning for people at risk of developing skin damage. There was a falls protocol; people at risk of falls had been risk assessed and appropriate actions had been taken to reduce risks such as pressure mats which alerted staff when people were mobilising. A number of people were at risk of choking and required a pureed diet. Appropriate speech and language therapist (SALT) assessments were in place around people's ability to swallow and SALT guidance had been written into care plans to ensure the risk of people choking was mitigated. Bed rails were used where appropriate to keep people safe and these had been risk assessed to ensure safe use. Staff were aware of individual risks to people and how to mitigate them.

Staff had completed safeguarding training and were able to explain to us how they protected people from abuse. One staff member said "If I see anything of concern, I will always raise it." Staff knew how to report

concerns both internally and externally. The telephone numbers for external organisations were displayed on a noticeboard to ensure staff could access these numbers easily if needed. The safeguarding policy was available for staff to review.

Staff were supported to 'whistle blow' if necessary. All the staff we spoke with said they knew how to whistle blow and wouldn't hesitate to do so, if they felt it was necessary. Staff were aware of the provider's 'whistleblowing' policy.

There was no formal dependency tool used to calculate staffing numbers to ensure they were appropriate to meet people's identified needs. The overarching manager showed us a tool; she planned to put in place, which assessed each person's dependency in relation to their assessed needs. During our inspection we observed that there were enough staff on duty to meet people's needs. The duty roster took account of one person who required one to one support at all times. We noted that staff had sufficient time to meet people's care needs and also their emotional needs with friendly interactions ensuring people felt supported at all levels. Staff, we spoke with, confirmed there were enough staff to meet people's needs. They told us people's varying care needs were always taken account of. For example, some people liked a shower every day, some people liked a weekly bath and some people randomly chose. Whatever people chose, their needs were met.

Medicines were stored safely in locked cabinets in the nurses station, the medicines trolley was secured to the wall when not in use. Room and fridge temperatures were checked daily. Temperatures were appropriate and records were up to date. An efficient system of stock ordering was maintained and medicines for disposal were recorded and stored safely.

We looked at records and storage in relation to controlled drugs (CDs). Controlled drugs are medicines which require extra security. We found the CD cabinets were locked and the contents were checked and recorded daily.

We observed a medicines round and found the administration of medicines to be unsafe. An agency nurse carrying out the medicines round was observed in unsafe practice. The medicines trolley was left open and unlocked at times during the round which meant that unauthorised people could access medicines. They did not follow safe swallow advice for people with a swallowing difficult and they did not follow infection control procedures. People were at risk of choking and infection. We reported this to the manager and the overarching manager straight away. They responded immediately by ensuring the agency nurse would not be able to put anyone else at risk. They ensured the agency nurse left the building as soon as possible and reported the unsafe practice to the appropriate agencies. The provider took immediate action to keep people safe.

The provider used protocols for people who took their medicine 'as required.' These gave clear guidance for staff about when the person may require their medicine and how much they needed. Pain assessments were also used for people who were unable to express pain. This ensured that people received pain relief when they needed it.

Recruitment and induction practices for permanent staff were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records we reviewed showed that a full employment history had been obtained. The provider checked that potential employees had no unexplained gaps in their employment history which might make them an unsuitable candidate.

Good

Is the service effective?

Our findings

Staff had received appropriate training to meet people's needs. Records showed that staff had completed training in key areas such as infection control, fire training, moving and handling, food hygiene and health and safety. Staff told us they had received the right amount of training to meet people's needs. The manager showed us a programme of face to face training they were in the process of instating in the home. This was in relation to the Care Certificate and included specific training in relation to dementia. The Care Certificate is an identified set of standards that health and social care workers should adhere to in their daily working life. Some staff had additional training and qualifications such as a vocational qualification in health and social care.

Staff told us they had had an annual appraisal but had not had recent supervision meetings with their line manager. The manager and overarching manager told us that due to recent manager changes, supervisions had slipped but they were in the process of instating a programme of supervision meetings for staff.

People were asked for their consent to receive care and treatment. Some people were unable to communicate verbally. Staff told us they asked people for their permission and explained what care and support they were carrying out. Staff said they knew people well and how they liked to receive their care. One member of staff said "You can tell in their face if they are accepting. The way you approach is very important." Staff told us that if people demonstrated they were not happy to receive care, they would respect their wishes and try again later. They told us they sometimes played music to keep people calm at this time.

Where people lacked capacity to make specific decisions, the home acted in accordance with 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 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments had been completed which were decision specific. Where people were deemed to lack capacity, appropriate consultation had been undertaken with relevant people such as relatives to ensure that decisions were being made in a person's best interests. For example best interest decisions had been recorded for some people in relation to their day to day care needs as these people did not have the capacity to make these decisions for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 on authorisations to deprive a person of their liberty were being met. We found that the manager and overarching manager understood when an application should be made and were aware of a Supreme Court Judgement which widened and clarified the definition of the deprivation of liberty. Relevant applications had been submitted for people, to ensure they were not illegally deprived of their liberty.

People were supported to have sufficient to eat and maintain a balanced diet. Food was prepared in the kitchen of another home on the same site and transferred in food trolleys at mealtimes. A four weekly rolling menu had been prepared, which included two choices of main meal each day and took account of people who were vegetarian. The chef told us that if people did not want what was on the menu for that day, they prepared alternatives such as jacket potato, omelette or salad. The chef said they discussed preferences with people during residents meetings and told us about one person who had a preference for noodles. People had specific dietary requirements such as a gluten free diet, a diabetic diet or a pureed or soft diet. The chef and other members of care staff were all aware of who had specific requirements. There was a system in place which ensured that everyone received the correct diet in terms of content and consistency. The system was updated daily which ensured that any changes to diet were taken into account immediately.

People who were at risk of malnutrition were identified through risk assessment and appropriate actions were taken in terms of referral to GP and dietician, dietary supplements and regular monitoring of people's weight.

Lunchtime was a pleasant experience for people. The menu for the day was beef casserole and vegetables or stuffed peppers. Twelve people ate their lunch in the dining room and all required support or encouragement to eat. Staff supported people patiently and carefully to eat. They were cheerful and attentive ensuring they engaged in conversation with the person they were supporting or encouraging. Christmas music was played in the background for people and conversations between people and staff about Christmas were overheard. Dessert and tea and coffee were served.

We saw that people had easy access to fluids and were encouraged to drink. Drinks were served with breakfast, lunch and supper and there was a morning coffee and afternoon tea round. People also had access to jugs of water in their rooms. We observed these to be replenished throughout the day however, the ground floor rooms were not replenished until late morning. Some people were unable to drink without support. These people had fluid monitoring charts in place and these showed that people had sufficient to drink to meet their needs.

People were supported to maintain good health through access to ongoing health support. A GP surgery was held in the home once a week and access to other health professionals was evident from records, such as a speech and language therapist (SALT) and a community psychiatric nurse. The manager told us he was able to access tissue viability advice by telephone.

Good

Is the service caring?

Our findings

There was a family atmosphere amongst people living in the home which was encouraged by staff. One person said "I came here 18 months ago and you can't better it. I'm comfortable – too comfortable – I like all the attention." Another person said "I'm enjoying it here. People are kind."

The home had a pleasant atmosphere and people received care from staff, delivered in a kind and compassionate manner. Staff responded promptly to people requesting assistance and they did so in a patient and attentive way. Some people were unable to communicate verbally and staff were able to anticipate those people's needs. We observed that the staff practised person centred care. Person centred care involves putting people and their families at the heart of all decisions about their care. Staff showed they knew people well and interacted with them in a calm and affectionate way.

Staff showed they had good relationships with people, speaking about them warmly indicating they held them in high regard. Staff had a good knowledge of people as individuals and knew what their likes and dislikes were. They showed respect for people by addressing them using their chosen name, maintaining eye-contact with people and ensuring they spoke to them at their level, seated and not rushed. One person said "The bed's comfy; the food's good; the people are kind, and most of us get on pretty well."

Kindness and understanding was demonstrated by staff. One member of staff told us about a person who had kept horses and led an active outdoor life. They told us it was difficult for the person to be inside so much of the time so they ensured they went for a walk with them every day so they could enjoy the outdoors and fresh air. The member of staff went on to describe how the same person had run their own business so they ensured the person had access to paper and pens so they could write things down. The member of staff showed an understanding that the person would feel more comfortable in a familiar environment.

Some people demonstrated behaviour which may challenge. Staff responded calmly and appropriately using tactics which had clearly worked before. One person was noisy, shouting and banging their mug. This agitated other people. Each time this happened staff spoke quietly to the person and they calmed down.

People were treated with dignity and respect. Staff described how they spoke to people in a way which they would understand. One member of staff told us that one person had a photograph album in their room. They remembered the people in the photographs and staff showed them the album if they became distressed. This calmed the person down. Another member of staff told us they always went straight to the living room when they arrived on duty to say 'Good morning' to people. Staff told us they closed doors and curtains when supporting people to receive personal care. There was a colour coded plate system so that staff knew how much support a person required by the colour of the plate they were eating from. For example a red plate meant that full support was required. Visitors to the home would not be aware of the system, therefore appropriate support could be given without others being aware. This helped to maintain people's dignity.

People were involved in decisions about their care as much as possible. Staff told us they showed people

different clothes from their wardrobe so they could choose what to wear. Where people were unable to choose in this manner they listened to families who told them the type of clothing their family member liked to wear. People close what to eat by looking at pictures as this made it easier for them to choose. Staff told us they knew the time that people liked to go to bed but if anyone looked tired they would support them to go to bed earlier. They understood how people were feeling from their behaviour. This was especially important as everyone had a cognitive impairment and some people were unable to communicate how they felt verbally.

People were supported to be as independent as possible. Staff described how some people were able to eat unsupported but required constant encouragement and supervision. Staff encouraged people to eat for themselves rather than supporting them to eat which maintained people's independence. One member of staff described how she sat a person in front of the sink so they could contribute to their personal care by washing their hands. These small gestures were important to people to maintain their independence in an environment where most people required considerable support.

Good

Is the service responsive?

Our findings

Staff responded appropriately to people's care needs. Staff understood people very well and were aware of their specific needs. They were able to anticipate people's needs, especially those people who were unable to communicate verbally.

Care summaries in people's rooms provided staff with information about repositioning, moving and handling, wound care and consistency of food and fluids. We saw staff deliver care in line with these needs. For example one person's plan said they liked music and enjoyed bed rest in the afternoons. We observed this taking place. Another person's plan said they were at risk of choking; they required a pureed diet, drank from a special cup and needed full support to eat. We observed the person being supported in this way to eat their lunch. The member of staff supporting them ensured they were propped up in bed at an appropriate angle in order to eat safely. This was in line with the care plan.

A handover sheet included key details about people's care needs, such as their diagnosis, medication and diet. This was particularly important for nursing staff who were all agency staff. A handover took place in between each shift so that key information was passed between shifts to ensure consistency of care. For example at handover information was given to day staff that one person had been particularly agitated during the night. Another person had seen their consultant the previous day and information was passed between shifts to ensure that medical instructions were followed and any concerns highlighted.

Care plans were reviewed monthly. We noted that the plans were repetitive and the manager and overarching manager agreed. This made it difficult for them to tell a coherent story and involved lots of ticking boxes which led them away from being person centred. For example, we reviewed a wound which was incurred during personal care. The records were not clear about how the wound had actually occurred and the actions taken following the event. With support from the manager, we were able to determine that the care plan did in fact show the wound had been caused by a burst blood vessel and the provider had taken appropriate actions both in dealing with the wound and reporting the incident. Another person's care plan described them as a vegetarian but later described the foods they liked as 'white meat.' When we requested clarification on this point, the manager explained that the person was not a true vegetarian and did indeed like white meat. The care plan did not make this clear. Whilst care plans were difficult to follow with clarity, there was no indication that this impacted on people's care. Staff were able to describe and demonstrate that they knew people's individual care needs. They knew about people's backgrounds and their social history and were able to include this as part of their care.

The overarching manager told us that on 16 January 2016, care in the home would be taken over by a new provider. This meant that all the care plans would need to be rewritten in a new format. Whilst they acknowledged that current care plans were not ideal, they had not spent time correcting inconsistencies because they knew that care plans would be rewritten in the new year.

People were supported to take part in social activities of their choice. The provider had recruited a full time activities co-ordinator. They told us they previously worked as a care worker but had "Leapt at the chance to

be activities co-ordinator." They told us they loved their role and were undertaking extra training to ensure they gained extra knowledge and resources. Their enthusiasm was evident. They told us "I'm trying to get lots of lovely things happening this month, before Christmas. That means finding more outside entertainers." Planned Christmas activities included a sing along, Christmas shopping outing, music performed by an outside entertainer, Christmas baking and Christmas films. On the first day of our inspection the Salvation Army visited the home in the evening; relatives also joined in the celebrations and enjoyed the music and singing. The next day staff and people told us they had enjoyed the evening. During our inspection we saw people were engaged in unravelling and putting up Christmas lights. There was much discussion about Christmas as the decorations were going up. Staff chatted to people about how they would help them with their Christmas shopping. Person centred chat was evident in the home making the atmosphere calm and pleasant. Some people were being nursed in bed and we saw that these people were relaxing listening to music or radios. Staff carried out one to one sessions in people's rooms enabling them to listen to staff talking to them about various articles in the newspapers or enjoy hand massages.

There were plans in place to replace some dated reminiscence material with something better and more up to date. The manager told us the fruit and flower market was going to become a Hollywood walk of fame. There were also plans to update a quiet seating area to be a themed room based on the 1960's or the 1970's. This would provide more stimulation for people and open up more discussion and memories for people.

The provider was responsive to concerns and complaints from people and staff, and ensured there were regular opportunities for people and staff and relatives to provide feedback. Staff and relatives meetings had been held. During the relatives meeting, relatives had asked about keyworkers for people. This was now in place. A keyworker is a member of staff who has special responsibility for ensuring all a person's needs are met. Staff told us they would always go to the manager if they had a query or a concern. The manager confirmed he had an open door policy and would rather all concerns were out in the open so they could be investigated and responded to. One relative had made several complaints to the manager but these had all been responded to appropriately and in a timely way.

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. There was a manager in post who was liked and respected by staff and an overarching manager who over saw three homes on the same site in Liss. An application to register a manager was submitted on 2 December. There were disciplinary reasons, in relation to previous management, which had prevented an application being made before this date. We were satisfied that the provider had taken appropriate actions to recruit and register a manager for the home.

There was a positive and open culture within the home. Staff said they felt able to raise concerns and there was good morale. For example, one member of staff said "I love coming here." Staff commented on how the atmosphere had improved since the recruitment of the manager and the overarching manager. They felt confident raising concerns and were reassured that if a mistake had been made, they would be supported to learn from it. One member of staff said "We can always go to (the manager)."

Staff told us they thought that there was honesty and transparency at all management levels, and said that management treated them "nicely." One member of staff told us "If there is any problem we can just call (the manager) and he will take action." Staff said they felt included in the future of the home and had been involved in decision making. For example their opinion had been sought about proposals to link the home with it's neighbouring home by building a row of shops. Some of these would be fake such as the bakers and the haberdashery and would be designed to bring back memories. There would also be some real shops so people could access day to day items they needed such as toiletries and stationery. Staff had felt involved in the process and were excited about the development of the home.

The provider had displayed a 'service user charter' in the reception area of the home. The charter included people's individual rights such as confidentiality, choice and the right to receive information. The manager and the overarching manager told us they were dedicated to promoting good care across the board. Good care was evident in the home, where people's physical, social and emotional needs were met. Staff were happy and confident and this translated into the level of care people received.

Action had been taken to promote links with the local community. A person who ran the local Alzheimer's group had visited the home and offered to do talks in the home educating staff and relatives about the impact that Alzheimer's has on people's lives and how they can support people living with Alzheimer's. The manager was a 'Dementia Friends Champion.' The Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. A Dementia Friends open day had been held in the home, 29 people including relatives, staff and members of the public visited the home to learn more about dementia.

The staff and people had recently experienced a traumatic event when a long standing member of staff passed away suddenly. Both staff and people had been very upset and the manager had provided extra support for staff. A service had been held in home in memory of the member of staff and people lit candles to remember them. Later a tree had been planted outside as a celebration of their life. Staff said this had

been comforting for them at a difficult time.

Staff told us they understood their role and responsibilities. They had been given job descriptions and were aware of their responsibility to keep people safe. Staff had received training to ensure they were able to carry out their responsibilities.

The manager and overarching manager described the key challenges to the service. This included a new approach to managing the home, successfully implementing change and ensuring staff were aware of the developing new and open culture. Change was already underway and staff were positive and happy about the changes. The management team said they led by example and wanted staff to follow their lead to ensure the future of the home.

There was a system of quality assurance in place to ensure the quality of care provided to people and to drive improvements to the service. An infection control audit and a care plan audit had taken place. Actions had been drawn up and all identified actions had been completed. The overarching manager had carried out an audit of staff's personal and recruitment files. This meant the files were all up to date with no missing information when we carried out our inspection. The provider employed a member of staff to ensure compliance across all homes. The compliance officer had visited the home and there was a record of actions which needed to be taken. These included an infection control audit which had been carried out, a fire risk assessment which had been completed and the updating of the first aid box. The audit also identified other actions which had not yet been completed but which were in progress such as ensuring a plan of regular supervision meetings for staff and preparing a comprehensive activities programme for people

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not ensure that persons employed for the carrying on of the regulated activity had the competence, skills and experience necessary for the work to be performed by them Regulation 19 (1) (b)