

Forest Care Limited

Rowan Lodge

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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Rowan Lodge is a nursing home for up to 60 older people. When we visited there were 48 people living in the home, including people living with dementia. The home is a purpose built nursing home over three floors.

The inspection took place on 25 and 30 August 2016 and was unannounced. This was a comprehensive inspection that was carried out to check on the provider's progress in meeting the requirements made following our inspection on 24, 25 and 30 November 2015 which resulted in the home being rated Inadequate. As a consequence of this judgement the home was placed in special measures and we took enforcement action in response to this failure to meet the required standards. The provider sent us a monthly update of progress made against their action plan.

The previous inspection on 24, 25 and 30 November 2015 identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had action taken to address the concerns we had identified. Sufficient improvement had been made for the provider to meet the requirements of all seven previously breached regulations. More time is required for the provider to complete their action plan and test out the robustness of the improvements and systems in place to ensure it will be able to continue to provide an improved service when new people are admitted. The provider would need to sustain the improvements made before people could always be confident that they would receive a high standard of quality individualised care that always met their needs and ensured their safety. Following this inspection the service has not been rated as inadequate for any of the five key questions and has therefore been taken out of special measures.

Rowan Lodge did not have a registered manager in post on the day of the inspection. 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. The provider had made changes to the management of the home following our previous inspection in November 2015 and the current manager had been in post since July 2016. They had started their application to be registered with the Care Quality Commission to ensure the provider would meet their registration requirement to have a registered manager in place. The provider had also employed an operations manager and a service manager to support the manager with the day to day running of the home and to monitor the quality of care delivered to ensure regulatory requirements would be met.

People, their relatives and staff told us the changes in the management team had been unsettling but they were seeing improvements in the service people received and needed some time to build a relationship with the new manager. We found the new management team had a good understanding of the home's improvement plan and implemented the principles of good quality assurance to drive improvements. The provider had reviewed the home's quality assurance systems and additional checks had been put in place to support the manager and staff to continually evaluate the quality and risks in the service. We found these systems had been effective in improving for example, the management of medicines, staff training and

supervision and staffing allocation in the home. Sometime was needed to ensure these systems would be implemented consistently to sustain improvements made in the home.

At our previous inspection in November 2015 we found people did not always receive the appropriate care and support they required to keep them safe. At this inspection we found people's risks to their health and safety had been identified and arrangements had been put in place to keep people safe. Staff understood people's risks and how to keep them safe. The manager continued to review people's care plans to ensure staff had all the information they required to keep people safe if they were to solely rely on people's care records.

People had received their medicines as prescribed. The medicine audits had improved the safety of the home's management of medicines and we found the number of medicine errors had significantly decreased. The home's medicine checks had effectively identified these errors and action had been taken promptly to reduce the risk of harm to people from not receiving their medicine as prescribed. The provider was working with the local GP and the community pharmacist to support the service to further improve the prescribing and delivery of sufficient medicine stocks for each medicine cycle.

The provider had improved their recruitment practices and we found all the required staff pre-employment checks had been completed to ensure staff would be suitable to work at the service.

People received the support they needed to eat and drink sufficiently to remain hydrated and well nourished. People told us they liked the food. People were supported to stay healthy and the service worked closely with the local GP surgery and other health professionals.

People told us they had positive relationships with staff. They experienced staff to be kind and caring. The provider had reviewed the number and skills of staff required on each shift. The manager was monitoring the deployment of staff to ensure people would always receive support promptly when required.

Action was being taken to address the shortfalls in staff training and staff supervision was starting to take place. Time was needed to ensure all staff would receive regular opportunities to discuss their development needs and evidence they had the competence to undertake their roles effectively.

People told us they were generally satisfied with the care they received and that it met their needs. We saw that although people's care plans had been reviewed there was not always written evidence that people and their relatives had been involved in care planning. The provider was taking action to involve people and their relatives in the monthly care reviews.

The provider had investigated people's complaints and people told us they knew how to complain if needed.

Action was being taken to ensure people's consent to their care and treatment was gained lawfully. Staff had received additional training to support them to assess people's capacity and undertake decisions in people's best interest when needed. Time was needed to ensure records relating to best interest decisions made met the requirements of Mental Capacity Act 2005 (MCA). We could see that where appropriate and required the provider had submitted correctly completed applications to ensure that restrictions to people's liberty had been legally authorised.

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 home was not consistently safe.

People's risks to their health and safety had been identified and staff knew how to manage people's risks. Time was needed for all nurses to implement risk management systems consistently.

There were sufficient staff to meet people's needs. Staff knew what action they needed to take to protect people from abuse. Where people were deprived of their liberty to keep them safe this was done lawfully.

The provider had appropriate arrangements in place to safely manage people's medicines. Time was needed to ensure people would always receive their medicines as prescribed.

Is the service effective?

Requires Improvement 

The home was not consistently effective.

Improvements had been made to the training and supervision staff received. More time was needed to ensure all staff would routinely receive the guidance and support they needed to enable them to meet people's day to day needs effectively.

The manager had started to apply the principles of the Mental Capacity Act 2005 when decisions were made in respect of people's care and treatment. More time was needed to ensure people's records would always reflect the decisions that had been made in their best interests.

People had access to sufficient food and drink of their choice. People's health needs were managed effectively. Health professionals were contacted promptly when people became unwell.

Is the service caring?

Good ●

The home was caring.

People told us they liked the staff at Rowan Lodge. Interactions between people and staff were good humoured and caring.

People were supported to make daily decisions. They could choose how they spent their time and whether they wanted to stay in contact with relatives or to practice their faith.

People were treated with respect and their dignity was maintained.

Is the service responsive?

Requires Improvement ●

The home was not consistently responsive.

People told us they were generally satisfied with the care they received and that it met their needs. The provider was improving the involvement of people and their relatives in care plan reviews to ensure people's care met their wishes and preferences.

People knew how to complain and their complaints had been investigated.

The provider had created more opportunities for people and relatives to provide feedback about the service. More time was needed to ensure people's feedback would be taken into account when service improvements were made.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider had put quality assurance and risk management systems in place to monitor the quality of care people received. More time was needed to ensure these systems would sustain improvements made over time.

Staff had a better understanding of their roles and responsibilities and communication between teams had

improved. More time was needed for people and staff to build a relationship with the new management team and to trust that improvements would be sustained.

The manager was taking action to develop a culture of openness, respect and person centred approach in the home.

Rowan Lodge

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 25 and 30 August 2016 and was unannounced. The inspection was carried out with 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.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service 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 requested and received 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. During our inspection we spoke with eight people using the service and one person's relatives. We also spoke with the operations manager, manager, service manager, cook, two kitchen assistants, two hostesses, the maintenance person, an activities coordinator, two nurses and six care staff. We also spoke to the commissioners prior to our visit.

We reviewed records relating to four people's care and support such as their care plans and risk assessments. Additionally 21 medicines administration records were reviewed. We also reviewed training and supervision records for 64 staff and personnel files for three staff, and other records relevant to the management of the service such as quality audits.

Is the service safe?

Our findings

At our previous inspection on 24, 25 and 30 November 2015 we found people were not consistently protected through the effective assessment, identification and management of people's risks relating to falls and medicines. People had not always received their medicines in a safe and effective way. Prescribed medicines were not always available in the necessary quantities and people had not always received their medicines as prescribed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and told the provider they needed to make the required improvements by 29 April 2016. At this inspection we found improvements had been made in this area and this regulation had been met. However, more time was needed to ensure these improvements were fully completed and sustained.

Risks to people's safety had been assessed using universally recognised screening tools. The risk assessments that were in place had been reviewed and the information relating to people's risk management plans was more comprehensive to ensure people would receive safe care. Staff had an understanding of people's risks including what action to take to keep people safe in accordance with their care plans.

Mobility plans were in place for people at risk of falls and we observed staff supporting people who were walking to remain safe. They reminded people to walk slowly, highlighted trip hazards and reassured people if they became unsteady on their feet. The provider had implemented new falls and mobility risk screening tools to support nurses to identify when people were at risk of falls. Some time was needed for nurses to become experienced in using these tools effectively. Following people falling, staff documented what had happened and the action they had taken to keep the person safe. For example, records showed that following a fall, the GP was informed and post-falls observations were completed on the person. This was to ensure nurses would be able to identify immediately any non-visible injuries that might require medical attention. Time was needed to ensure people's falls risk assessment and mobility care plans were evaluated in accordance with the new falls screening tool following each fall to ensure risk management plans were still appropriate to keep the person safe.

Some people were prescribed blood thinning medicine which can have significant side effects including, prolonged and intense bleeding and bruising. Nurses could identify the significant risks associated with this medicine and how staff should monitor for these and address the concerns they may have. Records showed there had been an improvement in people being supported to have their routine blood clotting tests done at the time required as when tests were missed, the dosage people received may not be sufficient to prevent the risk of clotting or bleeding. A system had been put in place to ensure when people's tests had not been completed on time, this would be reported to the manager through the incident reporting systems and the GP contacted to agree a dosage until the test was completed. Time was needed for staff to familiarise themselves with this newly introduced system to ensure concerns would always be reported so that the manager could check whether appropriate action had been taken to keep people safe..

Following our previous inspection regular medicine checks had been completed, these included nurses

checking people's medicine administration records (MARs) daily and checking medicine stocks to ensure people received their medicines as prescribed and to support the home manager to monitor medicine practices in the home. A system had been put in place to alert the manager when medicine concerns were identified through the incident reporting system. We saw the home manager reviewed and monitored the action taken in response to these concerns with the nurses at the daily nurses meeting to ensure people were safe and to prevent concerns recurring. The manager was working with their local Clinical Commissioning Group (CCG) to understand what reporting these agencies required in relation to medicine incidents. Some time was required to ensure all nurses would always complete the incident reports so that the home manager would always be informed of any medicine incidents and could report these to the local agencies as required.

The provider continued to meet with the prescribing GP and their local pharmacy to review their joint working to ensure sufficient medicines were prescribed and delivered so people had sufficient stock to receive their medicines as prescribed. Systems had recently been introduced to check all stock at the beginning of the monthly medicine cycle and we saw shortfalls had been identified and action taken to request sufficient stock from the GP and pharmacy. Time was needed for this monitoring system to be sustained in the home to ensure the availability of people's medicine would be closely monitored.

MARs showed that people had received their medicines as prescribed. Medicines were stored securely by staff and all medicines, including those requiring refrigeration, were kept within recommended temperature ranges. Liquid medicines and eye drops had "dated opened" written on their labels, so that nurses could dispose of medicines when required to prevent the risk of contaminants.

Homely remedies (medicines which the public can buy to treat minor illnesses like headaches and colds) were available within the service. Information about people's allergies, "when required" and "variable dose" medicines was held within each person's MAR. This supported nurses to know how they needed to support people to take their medicine as prescribed. However, sometime was needed to ensure risk management records included information for people who independently took some of their medicines to ensure nurses would know how to support people to take their medicines as prescribed.

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.

At our previous inspection on 24, 25 and 30 November 2015 we found people's rights and liberty had not always been protected when care and treatment arrangements were made to keep them safe. People had been deprived of their liberty for the purpose of receiving care or treatment without lawful authority. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed people's capacity to consent to living at the home and receiving their care and treatment. We could see that where appropriate and required, the provider had submitted correctly completed applications to ensure that restrictions to people's liberty would be legally authorised. The manager told us sometime was needed to ensure records showed how it had been decided that it would be in people's best interest to live at the home with these restrictions in place and if other less restrictive

options had been considered when agreeing people's care arrangements.

People told us they felt safe living in the home. Staff told us and records confirmed they had received training in safeguarding people from abuse and all understood the types of abuse which they may observe and how to report this. They felt confident any concerns they raised would be dealt with appropriately by the manager or nurses. The manager was aware of their responsibilities to manage and report any safeguarding concerns to the local authority. Safeguarding concerns had been investigated and learning had been identified from these investigations to improve the information provided to emergency services when people were admitted to hospital.

People and their relatives told us and we saw, people had call bells within their reach and staff generally responded promptly when people rang. People told us they were able to get up when they chose. There were sufficient staff numbers to support people. People were not left waiting to be attended to and staff were visible throughout the service during our inspection.

The current staffing level was determined by people's individual support needs and risks. Following our previous inspection the provider had introduced a dependency tool to monitor the level of support people required to ensure there were sufficient staff on duty at all times to meet people's care needs and manage the home. The service manager was responsible for monitoring and reviewing staffing levels as people's needs changed. They told us "As this is a new tool so we decided to staff the home at the top end of the suggested staffing to ensure we have enough staff. We are now working with staff to see how they are using their time so that we can make changes if needed to how we use the staff effectively". Some time was required for the home to embed this staffing tool and evaluate the effectiveness of this system in ensuring sufficient staff would always be available to support people at the time they required their support.

At our previous inspection in November 2015 we found the provider had not implemented safe recruitment practices as all the required staff pre-employment checks had not been completed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. At this inspection we found improvements had been made in this area and this regulation had been met.

The provider had reviewed their recruitment and selection procedure. All of the required information was available in the staff files reviewed. Records showed appropriate checks had been undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. A full employment history with written explanations of gaps in employment was available. References had been obtained from previous employers to alert the provider to any concerns in relation to staff's conduct in previous employment that might make them unsuitable to work with people using care services.

We asked the manager what action they would take if the available pre-employment information raised concerns about an applicant's suitability, for example if they had a previous criminal conviction. They were clear how they would systematically evaluate the risks applicants could pose to people prior to making a decision about their suitability or deciding whether additional monitoring would be required during their probation period to confirm their suitability. The manager had recently become aware that decisions and monitoring arrangements had not always been recorded where potential risks had been identified prior to employing an applicant. They were taking action to address this and some time was needed to ensure recruitment decisions would always be recorded to show all known risks had been taken into account when making recruitment decisions.

Is the service effective?

Our findings

At our inspection on 24, 25 and 30 November 2015 we found staff did not always receive appropriate support, training and supervision as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the requirements of this regulation were now met. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. However, more time was needed to ensure these improvements were sustained.

Action had been taken by the provider to improve staff training to ensure staff would have the skills and knowledge needed to meet people's needs effectively. Staff had received fire safety, safeguarding, infection control, caring for people living with dementia and moving and handling training following our previous inspection. Records showed all nurses still needed to complete specialist training for example in falls and pressure ulcer prevention, diet and nutrition and the prevention of choking. The operations manager told us the provider was not admitting people with increasingly complex nursing needs to the home until they were satisfied that staff had the skills to support them effectively. Time was still needed for the provider to ensure all staff received the training they required to enable them all to meet the complex nursing needs of some people in the home.

Staff told us their induction programme was sufficient to prepare them for their role. The manager was working to ensure a record was kept of the structured induction programme completed by new staff. This would show new staff had been supervised until they could demonstrate the required levels of competence to carry out their role unsupervised. The manager told us they would be instructing new care staff to complete the Care Certificate induction workbook. The Care Certificate standards are nationally recognised standards of care which care staff need to meet before they can safely work unsupervised. The manager had taken action to re-introduce supervision for staff so they would have the support, skills and competence to undertake their role effectively. Time was needed to ensure all staff would always receive regular supervision.

Following our previous inspection the provider had taken action to support agency nurses to fulfil the requirements of their role. Agency nurses who worked regularly at the service told us they had received improved support and information to enable them to carry out their duties. For example, agency nurses told us they were clear on their recording, observation and reporting responsibilities. They understood the procedures to follow if medication errors were to occur, if people were to become unwell and the provider's requirements for post falls observations. Supervision arrangements were being put in place for agency nurses and agency care workers who worked regularly at the service to ensure they could demonstrate they maintained the required levels of competency to carry out their roles effectively.

At our inspection on 24, 25 and 30 November 2015 we found the care and treatment of people was not always provided with the consent of the relevant person. Where people were unable to give such consent because they lack capacity to do so, the provider did not act in accordance with the Mental capacity Act

(MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. At this inspection we found improvements had been made and the requirements of this regulation were now met. However, more time was needed to ensure these improvements were sustained in the home.

Some people living with dementia did not have the mental capacity to independently make decisions about their care arrangements. 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 understood the importance of gaining people's consent before undertaking care tasks. They were observed seeking consent before carrying out tasks and explaining the procedures they were about to carry out, for example, when asking a person if they wanted their medicines or if they wanted to see a doctor. Following our previous inspection staff had received training to develop their understanding of the principles of the MCA. Staff could describe who they would identify when people's mental capacity might be fluctuating and therefore knew when people would be most likely to be able to contribute meaningfully to decisions about their care and treatment.

The provider had not needed to make any new decisions on people's behalf since our previous inspection. Previous decisions made on people's behalf in relation to, for example, the use of bedrails and photos were being reviewed to ensure they met the requirements of the MCA. The manager told us that they were reviewing the MCA assessment and best interest recording paperwork with nurses to ensure the recording of best interest decisions, made on people's behalf, met the requirements of the MCA. More time was needed for staff to embed learning into practice to ensure mental capacity assessments and associated best interest decisions would always be completed in accordance with current best practice guidance.

People were supported to have a varied diet with a choice of meals, which included healthy options. One person told us "We get the menu in the morning and I make my choice on that. I eat in my room by choice." Another person said "The food here is quite good, the cook does cook what I want." The Chef and catering assistants told us they were aware of people's dietary needs, allergies and preferences. We saw a list of people's dietary requirements in the kitchen to ensure kitchen staff remained kept up to date when preparing people's food.

Staff understood the importance of supporting people to drink enough to prevent dehydration and associated complications. We saw people were encouraged to drink throughout the day. People were routinely screened to identify if they were at risk of malnutrition and those who had experienced significant weight loss had been identified. People at risk of losing weight were monitored to make sure they ate and drank enough. Plans in place for improving people's weight were discussed with the manager at the daily nurses 'Flash' meeting to ensure action was taken in line with good practice guidance to prevent people from becoming malnourished and dehydrated. The manager was reviewing the weight checks to ensure people's weight was accurate and small amounts of weight lost over a period of time which might accumulatively indicate a concern, would not be overlooked. Some time was needed for these improvements to embed in the home to ensure people's weight would be monitored effectively.

People with swallowing difficulties had been assessed by a Speech and Language Therapist (SALT) and where needed they received a soft or pureed diets to reduce their risk of choking. Staff could describe how

they would support people with swallowing difficulties during meal times and how they would thicken people's drinks in line with their SALT guidelines. We observed people with swallowing difficulties being supported to eat and drink in line with their guidance. Staff were seen to seat themselves at the same level as the person and support appropriately at their pace without rushing them.

People were supported to access specialist health practitioners when needed. One person told us "If I need a doctor or anything like that they will sort it out for me and currently I'm being measured up for hearing aids which I desperately need". Records showed people were routinely able to see a number of health care professionals including, a chiropodist, dentist, mental health specialists and optometrist as required. A local GP visited the home weekly in order to treat anyone who was unwell and to review the nurses' treatment plans and people's medicines as required. Records showed people's care plans had been updated to incorporate health professionals' guidance to ensure all staff would have the information they needed to support people to maintain good health.

Is the service caring?

Our findings

People and relatives were complementary about staff at Rowan Lodge. Their comments included "They are very kind and considerate and quite affectionate", "The caring here is, on the whole, quite good" and "The carers do their best most of the time I have to say". We observed kind and caring interactions between staff and people at meal times and at other times during the day. Staff told us how they had built relationships with people and their family members which enabled them to understand how best to support people. One person told us how a member of staff had put stickers on their walking frame to prompt them to use their frame.

Interactions between people and staff were good humoured and caring. Staff spoke with kindness and affection when speaking about people. Staff were able to describe people to us in a detailed way and knew people well. Their descriptions included details about people's care needs, as well their personal histories, why they were living at Rowan Lodge and specific details about their likes and dislikes when receiving care.

People's individuality was recognised by staff and people were supported to make day to day decisions that reflected their preferences. One person told us "They always let me do as I please, if I want to join in I can if I want to stay in my room I can do that". We found staff knew people well, but also checked with their relatives and care records to ensure they had all the information they needed to support people to make decisions about their care. People had been supported to make decisions about their living environment and staying in contact with loved ones. Rooms were individual and personalised and people could choose to have the objects they valued around them. People's relatives and other visitors were welcomed into the home. One person told us "My daughter's come in when they can and when they do, they're usually offered refreshments".

People could choose whether they wanted to take part in activities or spend time by themselves and staff respected their choice. One person told us "I like to be alone so I don't go to any of the activities. It doesn't matter what they are, I don't go". Staff understood the importance of keeping people involved in their care and encouraged people's participation in daily tasks. Staff were able to explain to us how they involved people in making decisions about their care, including choosing their clothes, their meals, whether they wanted a bath or shower or whether they wanted to join in with activities. We observed people being supported to make these choices.

Arrangements were in place to support people who chose to pursue their religious needs with a monthly visit from a multi-faith group. When people found it difficult to understand some of the information presented to them, staff spoke slowly using short sentences. Staff used their knowledge of people to remind them of the things they liked to support them to make a decision, reminding people of the food and activities they enjoyed.

Staff understood when people required emotional support and took practical action to relieve people's distress or discomfort. We saw during the day staff were quick to recognise when people, became confused, anxious or agitated. Staff sat with people to reassure them and distracted them with a joke or a chat.

We saw that staff treated people with dignity and respect. One person told us "They certainly do treat me with the greatest of respect and they would preserve my dignity" and another said "They most certainly do treat me with respect, they have never been rude to me". We observed a nurse administering medicines patiently and discreetly, giving people the time they needed to take them and readjusting people's clothing to protect their modesty. Throughout our visit, all communication heard between staff and people that used the service was polite and courteous.

Is the service responsive?

Our findings

At our inspection on 24, 25 and 30 November 2015 we found staff did not always have sufficient written information about how to support people to meet their individual needs, preferences and wishes and there was a risk that people's needs would not be recognised by staff that did not know them well. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. At this inspection we found improvements had been made and the requirements of this regulation were now met. However, more time was needed to ensure these improvements were sustained.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. The manager gave examples of how they considered the needs of other people in the home and the experience of the nursing team before offering a place to someone. The operations manager told us the provider was scrutinising all possible new admissions closely to ensure the staff would be able to meet people's needs, whilst completing the home's improvement plan.

People's care records were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. Following our previous inspection a system had been introduced to review people's care plans at least monthly or more often if their needs changed to ensure the information provided to staff would remain current. People were involved in discussing their needs and wishes and their relatives also contributed. One person told us "My daughter was involved in setting up the care plan with the home". The manager ensured that all teams were involved in people's routine care plan reviews to ensure, for example, that people had the opportunity to discuss their concerns and wishes with the catering, housekeeping and maintenance staff.

The provider had completed an action plan for their local Clinical Commissioning Group (CCG) to improve some care plans that the CCG nurse had identified required further information. The manager told us they had through this work, identified the need to ensure the quality of information in people's care plans was consistent across the home and they were supporting nurses to develop their care planning skills. We found the information in some behaviour support, mobility and diabetes care plans had improved since our previous inspection. For example, one person's diabetes care plan gave staff clear information how to identify if their blood glucose levels were to become unstable and the action they needed to take. However another person's diabetes care plan had not yet been reviewed and did not provide the same level of detail. Sometime was needed to ensure all care plans were reviewed and included all of the information staff required to know how to provide appropriate care for each person.

Communication across the staff team about people's needs had improved. Following our previous inspection the shift handover sheet had been reviewed and two new formats had been created one for nurses and one for care staff to provide them with key information about people's needs relevant to their role, for example, for nurses this included information about wound dressings requirements and any infections requiring antibiotics and for care staff information about people's repositioning requirements to relieve pressure on their skin and their personal care preferences. Nurses told us this had provided more

comprehensive information for agency staff who were reliant upon the daily handover sheet to understand people's care needs as they had not always had time to read people's care plans before starting to care for them. The clinical manager told us "I am keeping the new handover sheets under review and we will continue to make changes to ensure it is updated when needed and will provide the key information staff require". Time was needed for the handover sheet format to be finalised and embedded in the home to ensure there would always be effective communication and a shared understanding of people's changing needs across the staff team.

People were supported to maintain their independence, remain mobile and socially engaged. One person told us "They do encourage me to be as independent as I can, they let me try it and, if I can cope, they let me carry on". Where people were frail and primarily cared for in bed, they were assisted to get out of bed at least once a day to maintain their mobility and muscle strength where possible. One staff member told us "The new manager has told us it is important to get people up and give them the opportunity to join others in the dining room and lounge. I have never seen so many people up and I can see they are enjoying being more active and spending time with others".

There was an activities team named the 'Pink Ladies', who managed regular activities around the home including one to one time with people. People told us they participated in a variety of activities including musical entertainment, reminiscence, quizzes, bingo, arts and crafts and one to one time. Their comments included "I certainly do go to the activities they put on", "When I go, I do enjoy them" and "I have been to a couple of activities and they do some very nice things". A relative said "He used to stay in his room quite a lot, not get involved, but that has now changed for the better I'm pleased to say. During our inspection we saw people participate in the daily exercise session and told us of the trips they had been on. One person told us "We recently went to the seaside, I was not really keen to go but I have to say I thoroughly enjoyed it and will go again". Activities staff were working with the clinical manager to review the activities provided to ensure everyone could pursue their interests and that people living with dementia would be supported to partake. They were also planning activities that care and nursing staff could support people with during the weekend so that people would receive ongoing stimulation to enhance their wellbeing.

People and their relatives had the opportunity to provide regular feedback about the service. One person told us "There are regular resident's meetings but I tend not to go. My son and his wife do go and they give me some feedback". Two monthly residents and relatives meetings had been introduced and records showed meetings had been held on 11 and 18 August 2016 to introduce the new management team. Following the meeting the monthly activities plan and menu were shared with people and their relatives so that they could support people to make their choices and to make suggestions of activities and meals that people might enjoy in the future. People told us they had not all had the opportunity recently to provide feedback about their experiences especially relating to the responsiveness of staff when they called for assistance. The manager was introducing additional residents meetings to further create opportunities for people to provide feedback about their experience of the service.

We saw a copy of the satisfaction survey that was being sent to people and relatives during September 2016 to gather information about people's satisfaction with the service and areas that could improve to inform the provider's improvement plan. Arrangements were also being put into place to provide relatives with an opportunity to contribute to people's monthly care plan reviews. Time was needed to ensure these feedback systems were implemented effectively to ensure the provider took people and relatives views into account when improving the service.

At our inspection on 24, 25 and 30 November 2015 we found the provider did not operate an effective system for responding to complaints. People could not be assured that the home would use complaints

investigations to identify shortfalls in the service and use this learning to improve the service for all people. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan and told us they would be meeting this regulation by 29 February 2016. At this inspection we found improvements had been made and the requirements of this regulation were now met. However, more time was required to ensure these improvements were fully completed and had become sustained in the service.

A copy of the provider's complaints policy was available to people and their relatives informing them of how to make a complaint. A suggestion box and feedback book was available. People told us they would speak with the manager if they had any concerns. One person told us "I've never needed to raise a complaint but I would know what to do if the occasion ever arose. I'd go straight to management and sort it out with them". Some people felt time was needed for them to be confident that their concerns would always be listened to by the new management team and used to drive improvements in the home.

The provider had received four complaints since our previous inspection. The manager spoke about the two complaints investigations they had completed and their investigation had been thorough and questioning. They had identified wider learning during their investigation and an action plan was being drawn up to address staff deployment and staff's communication with relatives which had been identified as contributing factors to the person being dissatisfied with the care provided. Time was needed for these planned improvements to be made and sustained for people to be assured that the provider would learn from complaints to improve the home.

Is the service well-led?

Our findings

At our inspection on 24, 25 and 30 November 2015 we found there was a lack of effective leadership and quality monitoring in the home and the provider had not identified the shortfalls we found at our inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and told the provider they needed to make the required improvements by 29 April 2016. At this inspection we found improvements had been made and the requirements of this regulation were now met. However, more time was needed to ensure these recently implemented improvements were fully completed and sustained.

The provider had made changes to the management of the home following our previous inspection on 24, 25 and 30 November 2015 and the current manager had been in post since July 2016. They had started their application to be registered with the Care Quality Commission to ensure the provider would meet their registration requirement to have a registered manager in place. The provider had also employed an operations manager and a service manager to support the manager with the day to day running of the home and to monitor the quality of care delivered to ensure regulatory requirements would be met.

People and relatives told us the management changes had been unsettling and they needed time to develop trust in the new management team's ability to deliver the required service improvements. Their comments included "They told us what they were going to do about it and they have started to do it and hopefully, will continue to do so. I think generally now the place is being well managed and the staff well led. Fingers crossed it carries on", "As far as I'm concerned, the home is very well managed, yes and I should say the staff are quite well led by the management. I haven't noticed any real improvements yet although it's early days and I feel it will happen in due course" and "I do know from feedback that [the manager] is trying her best to get this place turned around and I'm sure she will because it is certainly improving slowly."

The management team understood and implemented the principles of good quality assurance to drive improvements. They could describe the progress that had been made against the home's action plan and the improvements that were still required to ensure good nursing care was provided. The provider had reviewed the home's quality assurance systems and additional checks had been put in place and more effectively operated to support the manager and staff to continually evaluate the quality and risks in the service.

Following our previous inspection routine medicine checks had been put in place. The operations manager also reviewed the medicine management as part of their Monthly Home Audit and their audits for July 2016 and August 2016 did not identify any significant concerns in relation to medicine management. They had identified that the new nurses required an assessment of their medicine competence and the home manager told us this was being completed. A weekly operations report was also sent to the provider to keep them informed, for example, of all safety incidents, complaints, staffing concerns, pressure sores, audits and training that had occurred in the home. More time was needed to ensure this information reflected progress made against action plans as well as any trends that might indicate action was required to improve the quality of their care or to keep them safe.

The operations manager and the manager were reviewing the home's policies to ensure they supported staff to know what current best practice looked like so that people would always receive care and treatment in line with current quality and safety standards. The Falls Prevention and Risk Assessment Policy had been reviewed. The new policy included a post falls protocol and a falls intervention tool that guided nurses thorough possible falls risk factors and the preventative action they needed to consider when developing each person's falls prevention plan. More time was required for nurses to familiarise themselves with this new guidance and to ensure all risk factors for example, risks related to blood thinning medicines were incorporated into people's post falls management plans.

Improvements had been made to the clinical governance system to support the home manager and the provider to review nursing decisions and to monitor if nursing care was being provided in line with good practice standards. The daily nurses 'Flash' meetings were used to provide the home manager with a 24 hour report of all clinical concerns for people including falls, skin concerns, hospital admissions, medicine changes and the outcome of health professional's visits. At the 'Flash' meeting they agreed any revised treatment and escalation plans with the nurses to ensure consistency in nursing practice and to support nurses to make clinical decisions. At the 'Flash' meeting we attended on 25 August 2015 we heard a discussion about the most appropriate dressing to use when people had thinning skin, when a nurse had raised concerns that the dressings being used could increase people's risk of bruising and skin tears. The manager had tasked nurses to explore alternative dressings based on current best practice and to agree a plan of action. More time was needed to ensure a record of actions agreed at these weekly nurses meetings would be available to the nurses to refer to when making ongoing treatment decisions to ensure their work would consistently reflect best practice.

A system had been implemented by the provider to assess and review the required level and skill of staff on each shift. The working hours of the activity team had been extended to ensure people with dementia would receive support at the end of the day when the manager identified people were often more restless and prone to falling. The management team were aware of people's concerns that staff did not always respond promptly to their request for assistance. The service manager told us they would be observing the deployment of staff on each shift over the next month to ensure staff with right skills and experience would always be deployed according to people's needs and dependencies on each shift. More time was needed for staff deployment to be monitored and action taken to ensure each shift would be managed effectively.

Staff told us the changes implemented by the management team had been unsettling but they were getting to know the new manager and were developing confidence in their leadership. Staff commented "I think most staff were sceptical when the new manager came and were not happy when she immediately started changing things, but things are settling and she has some good ideas about dementia care", "I think roles and responsibilities are getting clearer" and "Things are far more structured and organised since they came". Nurses told us that they felt more supported in leading the shift and making clinical decisions. More time was required for the new management team to settle in the home, build relationships with people, relatives and staff and install confidence in their ability to complete and sustain the required improvements.

Systems had been put in place to aid communication between staff teams, the manager and the provider with several routine meetings being introduced to promote a culture of openness and ensure all teams were up to date and monitored. The service manager and clinical manager had met with each staff member individually to hear their views about the service and the support they required. The clinical manager told us "We are working to improve the culture to ensure staff can comfortably raise concerns and be part of shaping the service". They told us people were not always confident that all staff would display the provider's values of respect and person centred approach. They were addressing these concerns through

the supervision and staff disciplinary process.

Staff told us they had been given opportunities to develop the activity programme and nurses said they had been supported to introduce medicine management systems and share ideas that would increase the quality of the service people received. The clinical manager was building relationships with the local community nursing services to support nurses to remain up to date with current good practice. Relative and carer meetings had also been held to introduce the new management team and provide an opportunity for involvement in the development of the service. More time was needed to ensure these new communication and sharing arrangements were embedded in the service and their effectiveness evaluated to ensure they would drive improvements across the service.

Following the implementation of the inspection rating system, providers are required to display their most recent rating conspicuously and in a place which is accessible to people using the service. The provider had printed a copy of their inspection report from the inspection on 24, 25 and 30 November 2015 which clearly showed the rating for each domain. This was displayed in clear view in the home's entrance. People and their relatives told us they were aware of the outcome of the previous inspection.