Barker Care Limited

Grosvenor Gardens

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on 24, 25 October and 1 November 2018. Grosvenor Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This was the first inspection of the service since a change of ownership in October 2017.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection, the home did not have a registered manager.

The home is registered to accommodate up to 137 people and 86 people were living there at the time of this inspection. Accommodation was provided in four, single storey Villas. Orchid Villa accommodated people living with dementia who required nursing care; Lavender Villa accommodated people with enduring mental health needs; and Rose Villa accommodated people with general nursing needs. At the time of the inspection, Bluebell Villa was being used as staff accommodation.

The service was being managed by the provider's Operations Director. They told us they had overseen the transfer of the service from Bupa to Cedar Care during the latter months of 2017 and early 2018. A manager had then been appointed but had now left the home.

During the inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

The Operations Director told us that a programme of basic training had been provided for new staff, but due to the considerable staff turnover over the last year, implementation of more in-depth training to give staff a better understanding of the support people needed and their responsibilities in terms of health and safety, had been delayed. Staff supervision records showed an inconsistent provision, with some staff having no individual support meetings.

During the inspection we observed that there were enough staff to meet people's needs, however some of the staff and visitors we spoke with still considered that there were not always enough staff on duty. We recommend that the provider keeps this under continuous review.

People told us they enjoyed their meals and had enough to eat and drink. However, the meal served during our inspection was of poor quality and we saw a lack of choice and variety for people who required their meal to be of a soft texture.

Over the last twelve months, the nurses had been changing people's care documentation from the previous provider's system to the Cedar Care format. We saw that in one of the Villas this had been completed successfully, but this was not consistent across the service which meant that accurate and up to date information was not always available.

People we spoke with believed the home was safe. Maintenance records showed that regular checks of services and equipment were carried out by the home's maintenance person and testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

A programme of refurbishment was almost completed to provide people with a light, bright and pleasant environment. All parts of the premises looked clean and the kitchen had a five star food hygiene rating.

People's medication was stored and handled safely, with minor issues identified for improvement.

A log of accidents and incidents was maintained and the records showed that appropriate action had been taken when accidents occurred.

The service complied with the requirements of the Mental Capacity Act 2005 and appropriate Deprivation of Liberty Safeguard applications had been made to the local authority.

Many of the people who lived at the home, and their relatives, told us that the staff were kind and caring and provided them with good care and support. However, there remained a number of families who were dissatisfied with the service their relative received.

There was a planned programme of regular, varied social activities, including trips out, and we observed that this kept people occupied and stimulated.

Overall the evidence suggested that the service was making progress, but frequent changes of leadership on one of the Villas had led to delays in implementing the provider's improvement programme. A number of quality audits were carried out regularly and these were accompanied by action plans for improvement as needed. People had been given the opportunity to express their views in a recent satisfaction survey.

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.

At the time of this inspection there were enough staff on duty to meet people's needs, however staff and relatives continued to express concerns about staffing levels that they believed were unsafe.

People's medication was stored and handled safely, with minor issues identified for improvement.

All areas of the service were clean and well maintained.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received the support and training they needed to work safely and effectively.

Improvement was needed to the quality of meals, in particular for people who required a soft textured diet.

The service complied with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Requires Improvement

The service was not always caring.

People described the staff as kind and caring and we observed that staff treated people with respect.

People we spoke with, and people who had contacted CQC, considered that a high staff turnover resulted in inconsistency and that staff did not always have time to spend with people.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The quality of care records across the service was inconsistent.

A programme of social activities was provided to keep people stimulated and engaged.

Complaints records were maintained. Some people felt their complaints were not listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

People we spoke with had very mixed views about the quality of the service, and the support available from the provider.

Quality audits and satisfaction surveys were being implemented to identify where improvement was needed.

The home did not have a registered manager. The home was being managed by the provider's operations director to ensure that areas requiring improvement were addressed.

Grosvenor Gardens

Detailed findings

Background to this inspection

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

This inspection took place on 24, 25 October and 1 November 2018. The first day was unannounced. The inspection was carried out by two adult social care inspectors, a medicines inspector, and two experts by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Prior to our visit we looked at the information CQC had received about the home and information sent to us by the provider. The local authority had been carrying out regular monitoring visits and informed us of their findings.

At this inspection we spoke with ten people who lived at the home, 12 relatives, the operations director, and 20 members of staff. We looked at a range of documentation including the care files belonging to five people who lived at the home, staff recruitment and training information, a sample of medication administration records and records relating to the management of the service.

We observed the care and support provided to people in the communal areas and visited some of their bedrooms.

Requires Improvement

Is the service safe?

Our findings

People we spoke with believed that the home was safe. Their comments included: "I feel I can leave and he'll be alright."; "The staff are always around if I need any help."; "It feels very safe here, I have a good room and the staff are very attentive."; "We're safe here; we're vulnerable in the community – to the bad 'uns."; "I sleep happily here; I'm so nice and safe now." and "I can sleep in peace."

A staff member commented that they felt better supported since the new company took over and they had the Operations Director's mobile number to call at any time. They also pointed out that staff numbers are now apportioned against a dependency tool which is updated with each admission. We saw that a detailed dependency tool was completed in order to calculate staffing for each Villa for day and night duties.

Before our inspection, CQC had received complaints from a number of relatives and staff that there were not always enough staff on duty to keep people safe and to meet their support needs. This was reiterated by some of the relatives we spoke with, who said "Don't be fooled by the number of staff on today. I don't know where they've all come from but it's not normal." and "There are just not enough staff here – maybe on paper, but not enough to do the job effectively." However another relative said "There are more staff here than any of the other places I've seen."

Comments we received from staff included "Sometimes not enough staff to meet people's needs."; "There is not always cover available when staff go off sick." and "There is a no agency use policy in place at present."

During the inspection we observed that there were enough staff to meet people's care needs. We did not see that staff were rushed and we did not see any examples of people having to wait for attention. The staff rotas we looked at indicated that these numbers were maintained. There was some use of agency nurses and recruitment of registered nurses was on-going. Agency care staff were deployed to provide support for two people who required one to one support to maintain their safety. We recommend that the provider continues to monitor staffing levels to ensure that adequate numbers are maintained.

The Operations Director provided details of the agency staff who worked at Grosvenor Gardens, including their training and criminal record checks. We saw that there was continuity of staff provided by the agency and one of the agency care staff we spoke with was very familiar with the care the person they were supporting required.

We looked at the recruitment records for four new members of staff. These showed that safe recruitment procedures had been followed to ensure staff were of good character. A number of the care staff were employed by a recruitment agency. The recruitment agency carried out the required pre-employment checks and provided a week's training. The acting manager told us that these staff had a twelve month placement at the home, which could then be made permanent by mutual consent. The file for one of the staff employed by the recruitment agency showed that they had been working for one year at another care home in the UK. There was no reference or other information regarding the staff member's performance during this placement.

We noticed that call bells were not always available in people's bedrooms. The staff we asked explained that the people concerned were unable to effectively use the call bell system due to their cognitive impairment. We saw sensory detectors in place to alert staff to any movement and doors were left open so that staff could observe as they passed.

Before the inspection, CQC had received concerns regarding the time taken for staff to respond to call bells. The Operations Director had been monitoring response times and records showed a significant improvement from the start to the end of October 2018. People told us that when they used their call bell, staff were prompt to answer them. Comments were "Yes, they get here quick" and "Yes they come quickly if you call them." Four visitors said their relatives were unable to use a call bell. Two other relatives said that the bell was answered when they rang it.

The environment in each of the Villas was clean with no unpleasant smells. We also visited the laundry which was clean, tidy and well equipped and staffed. We spoke with the head housekeeper who was very enthusiastic about their work. They told us there was at least one housekeeper working in each Villa every day. Cleaning schedules were in place. They were detailed and well completed. A relative told us "The hygiene is excellent, it doesn't ever smell and it's always clean and fresh." The kitchen was awarded a five star food hygiene rating in October 2018.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance team. Records showed that testing, servicing and maintenance of utilities and equipment was carried out as required by external contractors.

A fire risk assessment had been written in December 2017 by the company's health and safety manager. A fire officer had visited in March 2018 and made no requirements. The home's maintenance manager carried out and recorded weekly fire alarm tests in each Villa. He also did a daily walkround and regular inspections of fire doors, fire extinguishers and emergency lighting. He told us he gave basic fire instruction to new staff and organised fire drills. Records in each Villa show that two fire drills had been held so far during 2018 and the maintenance manager said more were planned.

Personal emergency evacuation plans were in place on each Villa. but they lacked detail about the support each individual would require should an emergency evacuation be needed. We brought this to the attention of the Operations Director.

Falls audits and accident audits were recorded each month for each Villa. We saw good analysis of when and how accidents had occurred and a record of action taken where appropriate. For example, one person had a number of falls and although they had a sensor mat in their room, their bedroom was at the far end of a corridor so it took staff a little time to get there. This had been discussed with the person's family who did not wish them to change rooms.

We observed people being transferred using a stand aid. Staff clearly described what they were doing, checked the person was happy and ready, and guided the person to put their hands in the correct place. The person said they were okay and had no concerns. Another person was transported using a rollator. Two staff supported and offered reassurance. They explained what they were doing. They prompted the person to sit in their chosen chair when it was safe to do so. Staff sat with the person and held their hand while they adjusted to sitting in a new environment.

The provider had polices in place to guide staff on how to identity and report any safeguarding concerns. A whistle-blowing policy was also in place. Whistle-blowing is when someone reports a concern in the

workplace that they believe is in the public interest. A safeguarding file was maintained for each Villa, and the files showed issues identified, reported, and in most cases, the outcome of an investigation. Staff we spoke with had good knowledge of safeguarding and knew the process to follow to raise concerns.

A CQC medicines inspector looked at how medicines were managed throughout the home. We checked storage and supplies of medicines and checked nine medicines administration records (MAR) on the three units. Treatment rooms were visibly tidy and medicines were stored securely. Medicines were stored at the correct temperature and records showed that minimum and maximum fridge temperatures were monitored daily and remained in range.

Records were clear and there was evidence that stock checks were completed. We checked a sample of medicines and the stock levels were correct. There were no gaps in records indicating that people received their medicines as prescribed. When people required medicine from a patch applied to the skin, we saw clear records where the patch had been applied and checks were done daily to ensure it remained in place.

Some people were prescribed medicines to be taken when required. Additional instructions to guide staff were mostly available but lacked detail, for example, maximum dosage in 24 hours and if a medicine contained paracetamol. Some people were prescribed paracetamol and staff did not record the exact time of administration. This is important to ensure a safe gap is left between doses. We recommend that the service ensure protocols are detailed for everyone prescribed variable pain relieving medicine containing paracetamol.

We observed medicines being administered and staff were kind and clearly knew the people well. One person we spoke with said they always got medicines on time and were happy with the care received. We checked how each Villa managed thickener powder and found it was managed well. This is prescribed when a person has difficulty swallowing. All thickeners were labelled properly and there was sufficient stock for each person. Powder was stored securely and staff recorded when powder was added to drinks.

The home provided homely remedies for people who may require medicines that can be bought over the counter, such as cough medicine or indigestion remedies. Staff recorded all administrations in the record book and on the MAR chart to keep people safe but there was no authorisation from a GP to allow administration to take place in line with the home's medication policy. This was escalated to the provider and we were assured this would be addressed.

Each Villa completed a detailed medicines audit every three months. The audits looked at storage, documentation and administration of medicines. Any issues and actions needed to improve were listed. The documents were signed and dated when actions had been completed. Staff were encouraged to report errors and near miss events. Staff and managers completed an investigation report which were examined for trends and where improvements could be made.

Requires Improvement

Is the service effective?

Our findings

We asked to look at staff training records, which showed that very little training had taken place during 2018. Care staff had completed some courses during February and March, but no training was recorded for ancillary staff. The Operations Director told us that a programme of basic training had been implemented when the provider took ownership of the home in 2017, but the high turn-over of staff experienced within the first 12 months of the take-over had meant that they delayed the delivery of further training. Staff we spoke with said they had not had any recent training.

Following the inspection, the Operations Director sent us details of the comprehensive plan of training for all staff starting November 2018, aiming for all care staff to complete the Care Certificate by February 2019.

A supervision planner was in place, and records showed that some members of staff had attended either one or two supervision meetings during 2018, but others had none. Supervision provides staff and their manager with the opportunity to discuss their role, any concerns they may have and their training needs. Staff we spoke with said "I have supervision every few months." and "I have supervision with the nurses every few months."

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing, because staff had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Most people we spoke with were satisfied with the meals. They told us: "He loves the food, good variety and there's always cake and fruit in the afternoon."; "The food is good and there's always lots of choice, the cakes and puddings are great."; "The food and drink is perfect; I've never lived so well in my life!"; "You can't knock it.."; "The food's good – there's always choice."; "The food's not bad." and "I'm happy with the food. I'm a vegetarian so I usually just eat the potatoes and vegetables."

However other people were less positive: "[Name] was given orange juice yesterday and she's not supposed to have orange juice."; "The plates are always really hot but for some reason the food is really cold. It's especially bad with liquidised food because feeding takes so long that by the end it's freezing which isn't very nice."; "The food's a bit of a mixture really – I'm not complaining." and "They ran out of yoghurts for a while. How can you run out of yoghurts?"

During the inspection we observed lunch being served. People could choose to have their meal at a dining table, in the lounge, or in their bedroom. Dining tables were laid with napkins, cutlery, cruet, and tumblers that looked like glass but were made of plastic. There was a relaxed atmosphere at lunchtime although a lot of people needed support to have their meal. Staff were attentive and offered choices and explanations to people.

The main meal of the day was in the evening, and soup, sandwiches and fish cake and chips were on offer at lunchtime, followed by Tiramisu or custard with banana. Two members of the inspection team sampled

lunch and they commented "I asked for the 'light option' for my lunch. This consisted of two fishcakes in batter and chips. The fish cakes tasted very processed; the entire meal was one colour and very unappealing. I was not offered any vegetables." and "The soup was good, but the fish cake and chips was bland and rather dry." We also noticed that the sandwiches were all white bread and people were given a variety of sandwiches rather than being asked what filling they would prefer.

Menus were displayed and were based on a four weekly rotation. They did not show what was available for people requiring a textured diet at lunch time except for soup (only one type). Relatives who were supporting people with pureed meals told us they had no idea what the food was.

There appeared to be no choice of evening meal for people requiring a pureed or fork mashable meal. The meals on offer for these people were very limited, for example on week one, Monday's evening meal was 'blended pasta topped with rarebit cheese sauce', Tuesday's meal was 'cauliflower cheese with tomato sauce', Wednesday and Friday were both Tuna, and Thursday was 'potato, mushrooms, scrambled egg with cheese sauce'. We brought this to the attention of the Operations Director who said they would investigate.

In one of the Villas people told us they were offered hot drinks regularly. However, when we looked at fluid charts in another Villa it was noticeable that on some days the records showed that people had juice and smoothies throughout the day. On some days they had tea at 9am, but thereafter only juice or smoothie was recorded. On one occasion, a person who required a fluid chart had no drink recorded between 8pm on one day and 9am the next day. We brought this to the attention of the Operations Director who said they would investigate.

In one of the Villas we found that care plans contained detailed information about people's individual needs and preferences with regard to food and drink. However this was not consistent throughout the service. People were weighed monthly and we saw evidence of referrals to a dietician and a speech and language therapist when concerns were identified.

We visited the main kitchen and spoke to the head chef and company's catering manager. The head chef had been in post for a few months and said he was keen to make a positive change. He told us he spent time talking to people who lived at the home and visitors. He told us menus were created centrally but there was flexibility to produce alternatives where people wished.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.

There was a DoLS file for each Villa, and these were kept updated by the home services manager. DoLS applications and authorisations were also shown in people's care plan files. We looked at the care file for one person who required their medication to be administered covertly ie disguised in food or drink. A best interests process had been followed to ensure that this was done legally and safely.

Care notes showed that people living at the home had visits from healthcare professionals as needed. An Advanced Nurse Practitioner visited twice weekly, and a GP when required. Visits were clearly documented, including the reason for the visit and any actions or changes to the care plans. Relatives were informed of health professionals visits to keep them updated. We also saw records of home visits by a consultant psychiatrist who had written in one person's notes "Her cognitive and Parkinsonian symptoms are managed well by staff."

The home was going through a programme of redecoration and refurbishment. The work on Orchid Villa was complete and provided a spacious, light and bright environment for people to live in. We noticed that the name labels on people's bedroom doors were very small and considered there could be better signposting to help people find their bedroom.

All of the accommodation is on one level which helped people to maintain mobility and meant there was plenty of space for people to walk around freely. The entrance door to each unit was accessed using a key fob, but there were no restrictions on movement within the Villas. People had access to a secure garden and a covered hut for smoking. The gardens had some nice plants but also some areas that needed to be tidied up and weeds removed.

Requires Improvement

Is the service caring?

Our findings

We observed interactions between staff and people living at the home throughout the day. All the staff dealt with people in a friendly and caring way and greeted them using their names. We also observed physical contact such as an arm round the shoulders or holding a hand. We received many positive comments about the staff including: "The staff, you can't fault them. They're all friends of mine and they're determined to keep me going. They don't miss a thing."; "The staff are lovely and the quality of care is great."; "I really love it here; we all love each other here."; "I get on well with them."; "The staff have a personal touch which works well." and "Staff are very friendly and always around."

There had been a large turnover of staff over the last year and some of the people we spoke with felt the quality of staff was not consistent: Comments included, "Some carers are very good."; "Some carers aren't as good as others." and "I think they're alright. Some are friendlier than others."

Other people considered that staff did not have enough time to spend with people: Their comments included "The carers are caring but they struggle because they're so understaffed."; "The girls are lovely here – and the boys, but they're under pressure. I feel for them."; "The residents are just left. Staff are so busy doing paperwork that they never come and sit down and talk." and "The staff never sit with them."

We observed that people appeared well cared for and heard a member of staff asking a person if she would like her to come and curl her hair for her later. Two visitors told us "He's always neat and clean and seems happy." and "He's always clean and well cared for." However, other visitors felt their relative's personal care needs were not always met. Their comments included "They are not washing her hair and her care plan says it should be done twice a week." and "They never check [Name's] continence pads during the day while we're here. Sometimes that can be longer than 4 hours."

Most people we spoke with considered the staff to be respectful and we observed that staff spoke politely to people. One person told us "They are very respectful. They always knock on my door." Another person told us that they felt one member of staff had spoken to them disrespectfully. We observed that all personal care interventions took place discreetly and in privacy.

We observed that staff appeared to know people well and a relative commented "I feel like they've really got to know dad really well – there's a real continuity of care here – they completely know what they're doing." Another person told us "They're really good with the difficult ones." Staff we talked to spoke affectionately about the people they were supporting.

We spoke with an agency carer who was providing one to one support. She knew the person well and said she enjoyed coming to Grosvenor Gardens and would be taking the person out in a wheelchair later. The person liked going to a nearby park, and although she had very little sight she could see the trees moving and enjoyed this.

Confidential information about the people who lived at the home was kept securely in an office in each of

the Villas. We saw evidence that one of the people living at the home had support from an independent advocacy service.

Requires Improvement

Is the service responsive?

Our findings

Relatives we spoke with had different opinions about how well the service responded to people's needs. One relative said "If we say something they listen and put it into action. Once when I came there was not enough Fixadent on [Name's} dentures. I wrote them an email about it and they printed it, laminated it and stuck it on the wall by his sink. He's been very poorly and they monitor him very carefully. We also told them that when he has a water infection it affects his dementia. In the last place they didn't believe us but they listen to us here and they can see that it's true."

Other relatives told us "[Name] has dry eyes and sometimes on the medication rounds they come and do it, but today I've been here since first thing this morning and no-one's been and her eyes are sore and sticky. It's just not consistent." and "I don't always feel listened to when I raise concerns.'

Members of staff we spoke with also gave mixed feedback. One member of staff said "All staff attend handover and are told about residents' changing needs." Another commented "We do not ever have time to read care plans."

Over the last six months, the nurses had been changing people's care documentation from the previous provider's system to the Cedar Care format. We saw that in one of the Villas this had been completed successfully. The care files contained details of people's health conditions and how it impacted on them. An identity profile recorded people's fondest memory, proudest achievements, things they would prefer not to think about, what makes them happy, and what upsets or saddens them. This information enabled staff to have a better understanding of each person. There was a clear description of people's preferred personal hygiene routine and the care interventions they required. Daily notes were completed consistently in the three care plan files we looked at and included reflections on the person's mood, diet, activity and medication.

In another Villa we found that new care plans had been written in June and July 2018 but the information was not always detailed and we saw no evidence of reviews to keep the information up to date and relevant. The third Villa had experienced several changes of leadership and the Villa manager told us that the care files were not up to date and there was still a lot of work to do to complete the change over to the Cedar Care documentation.

In the care files we looked at we did not find any information about people's wishes regarding end of life care. Some people had a 'do not resuscitate' decision recorded, but others did not, and it was not clear why some people had this and others did not.

Full-time activities co-ordinators were employed for two of the Villas, with a vacancy for the third. People we spoke with were very positive about these members of staff. They told us "She's brilliant with them, she does a lot." and "The activities co-ordinator is lovely – she plays Bingo with them and takes photos of them." We spoke with the activities coordinators and they told us they planned two weeks in advance. There were usually chair exercises each day at 11.15am and social activities at 2.30pm and 4.15pm.

One-to-one activities included reading poems, stories and picture books, birdwatching, manicures, and just chatting. A 'Namaste' programme involved hand massage therapy with music and candles. Regular activities included chair fitness, holy communion, ramblers club, bingo, animal quiz, bible quiz, name that tune, rhyming word game, crosswords, jigsaws, chocolate fondue fun, reminiscence and 'old wives tales'. One person who lived at the home went on holiday twice a year with their key worker. A number of people had been out on trips or taken into town or for short local walks.

There was a good schedule of entertainment from outside sources such as singers, art workshops with school children, a therapy dog and popular visits from church groups.

We checked whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

In one of the Villas we found that communication details were clearly described in people's care plans. For example, '[Name] experiences rigidity of the face on occasions and cannot speak, [Name's] communication fluctuates due to their mood as they have severe depressive episodes. Grimaces may be an indication of pain or mood. Staff to speak slowly, don't use too much detail, give time to process and to respond.' Information about the services available was provided in a service user guide. We looked at this document and found that it was written in clear and accessible way and gave people the information they needed about the home.

The provider's complaints procedure was displayed in the main reception building and was written in the service user guide. It gave people details of who to contact within Cedar Care if they wished to make a complaint or raise a concern. However, it did not reference the local authority or CQC.

People we spoke with all said they felt able to make a complaint. Their comments included: "I don't know about any manager but I'd tell a carer, they'd listen to me, they're pretty good"; "If I was unhappy I'd tell [Villa manager's name]."; "I'd be happy to tell a carer." and "I'd speak to one of the nurses if we had any issues." Complaints records were maintained, with a file in place for each Villa. The records showed that complaints had been investigated and responded to appropriately.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection, the home did not have a registered manager. It was being managed by Cedar Care's Operations Director with support from two other head office staff. A new manager was being actively recruited. There was also a vacancy for a compliance officer. Two of the Villas had established managers and deputy managers, but the third had experienced a number of changes of leadership. This was reflected in the comments we received from people we spoke with.

Most people we spoke with felt that the home was improving since Cedar Care took over. One person commented "If I had to live anywhere else other than home, it would be here." and a visitor said "There seems to be a nice relaxed atmosphere here."

Other relatives were clearly discontent and their observations to us included: "I feel disillusioned and lied to by the provider."; "There's been no communication from management about the refurbishment."; "The management are arrogant; they never tell you anything."; "Things improved for about six months after the take over; then in the last six months it's gone downhill again in every respect."; "They promised the earth; no agency staff, better training, better basic skills. There are more agency staff now than there were before.": "They got rid of a lot of the good staff." and "Management are arrogant. It's like they're up here and you're down here."

A senior member of staff told us they felt under pressure and their workload was excessive. However, other members of staff said: "I feel I can talk openly about any concerns or worries I have."; "I am happy working here."; "I feel supported working here." and "We've had a big staff changeover but it's more settled now."

We were able to speak with a health professional who visited the home regularly. They described one of the Villas as "a very well run unit" and added "They deal with people very well and very sensibly. Staff are very sensible and really good and follow directions clearly." Regarding a second Villa they said "Staff and nurses follow directions as I expect them to. This is well run and I don't have any concerns at the moment."

However they expressed "doubts and concerns" regarding the third Villa. They told us "Trained nurses are not dealing with day to day issues. There is no continuity of staff, sometimes it is unclear if staff are following directions. Poor leadership has been an ongoing issue and very high use of agency staff. Staff don't know people very well or do not have the most up to date information when we are visiting."

We looked at records of meetings that had been held during 2018. The Operations Director provided evidence that regular meetings were held for people using the service and their relatives. The relatives we spoke with said did they not attend relatives meetings but felt they could get any information they needed through conversation with the care and nursing staff.

People had been given the opportunity to express their views through a recent satisfaction survey. The acting manager told us that surveys are conducted every October. They shared the results and analysis with us and these showed a mix of good and outstanding ratings for one Villa, 'good' in all areas for another Villa,

and a mix of 'inadequate', 'adequate' and a 'good' for the third Villa.

Areas of concern had been identified and a programme of action was in place to address the issues raised.

We looked how the Operations Director monitored the quality of the service. They were kept up to date by daily handover reports from each Villa and a daily walk-round by a senior member of staff. This recorded important events such as hospital admissions, deaths, accidents and new admissions.

Falls audits and accident audits were completed every month for each Villa. These showed good analysis of the data and records of action taken where appropriate. Infection control audits were recorded quarterly for each Villa and were comprehensive, including clinical audits done by nurses, and general environment audits done by housekeeping staff. These were well completed and identified actions needed and dates for completion. Monthly medication audits were conducted to ensure compliance and any serious errors were addressed with nurses, and training provided as a matter of urgency.

Very detailed monthly 'Care Management Audits' covered a range of areas including pressure sores, malnutrition, falls, and behavioural issues. At the time of our inspection, the provider's 'placement and compliance officer' was reviewing a number of areas including 'adverse events recording', 'care risk management', safe medication management' and 'compliance in care planning'. A meeting for senior nurses was held on 30 October 2018 to discuss their findings and agree action plans for improvement.

The registered provider is required by law to notify the CQC of specific events that occur within the service. Prior to the inspection we looked at notifications that had been submitted by the provider and found that this was being done.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.