

Care UK Community Partnerships Ltd

Harry Sotnick House

Inspection report

Cranleigh Avenue
Buckland
Portsmouth
PO1 5LU

Tel: 02392820703
Website: www.harrysotnickhouseportsmouth.co.uk

Date of inspection visit:
30 May 2017
31 May 2017
01 June 2017

Date of publication:
11 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 8 and 9 November 2016 and found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After this inspection we took enforcement action for breaches in Regulation 10 (Dignity and Respect), Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing). We placed two conditions on the registered provider's registration for this location. One condition required the registered provider to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with all the required Regulations. A second condition required the registered provider to supply information to the Commission on a fortnightly basis with regard to the number of permanent and agency staff deployed in the home during the previous two weeks. The service was also placed into special measures with the expectation that significant improvements would be made in the service within six months of this inspection.

We undertook this unannounced comprehensive inspection on the 30, 31 May and 1 June 2017 to check the registered provider had met all the legal requirements. We found they had taken steps to address all of the breaches in Regulation which we had identified in our previous inspection, although further work was required to embed working practices in the home. The registered provider was complying with both of the conditions placed on the registration of this location. The service had demonstrated sufficient improvement to be taken out of special measures.

Harry Sotnick House provides accommodation, nursing and personal care for up to 92 older people, most of whom live with dementia. Accommodation is arranged over two floors with stair and lift access to all areas. A third floor of the home accommodated office space for staff. At the time of our inspection 64 people lived at the home.

There was a registered manager in post at the home. They had been a registered manager in another of the registered provider's homes and transferred their registration to Harry Sotnick House to provide strong and effective leadership. 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.

There were sufficient staff deployed to meet the needs of people and staff felt supported by the new management team in the home. There was a clear staffing structure in the home and training, supervision and staff meetings provided an effective support network for staff. The registered manager promoted open and honest communications with staff which was reflected in the way staff had responded to changes and new ways of working since our last inspection.

Risk assessments had been completed to support staff in mitigating the risks associated with people's care. Plans of care were informed by these assessments.

Whilst medicines were managed in a safe and effective manner, improvements were required in the safe administration and record keeping of some medicines.

People were supported by staff who had a good understanding of how to keep them safe, identify signs of abuse and report these appropriately. Processes were in place to check the suitability of staff to work with people.

Health and social care professionals were involved in the care of people and care plans reflected this.

Staff ensured people who were able to consent to their care were involved in making decisions about their care. Where people could not consent to their care staff were guided by the principles of the Mental Capacity Act 2005 (MCA). The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the registered provider was meeting the requirements of these safeguards.

People's nutritional needs were met in line with their preferences. The risks associated with malnutrition and dehydration had been assessed for people and actions were taken to reduce these risks.

Care plans in place for people were person centred and gave clear information for staff on how to meet the needs of people. People and their relatives told us they were involved in the planning of their care and work was on-going to involve people further in regular reviews and updates of their care plans.

There was a wide range of activities available for people and the home provided a stimulating and homely environment for people, particularly those who lived with dementia and mental health conditions.

Complaints were recorded and responded to in line with the registered provider's policy.

Systems and processes were in place to assess, monitor and improve the quality and safety of the services being provided in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe although some further work was required to embed practices in the home.

There were sufficient staff deployed to meet the needs of people. Staff had been assessed during recruitment as to their suitability to work with people. There had been a significant reduction in the number of agency staff working in the home since our last inspection.

Risk assessments had been completed to support staff in mitigating the risks associated with people's care.

Medicines were managed in a safe and effective manner. We have made a recommendation about the documentation of some medicines.

Systems were in place to support staff in recognising signs of abuse and they knew how to report these.

Requires Improvement 

Is the service effective?

The service was effective.

Where people could not consent to their care staff were guided by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received training and supervision to enable them to meet the needs of people.

Staff knew people well and could demonstrate how to meet people's individual needs.

People received nutritious food in line with their needs and preferences

Good 

Is the service caring?

The service was caring.

Staff were caring and supportive of people's needs.

Good 

Staff knew people well and respected their privacy and dignity. They cared for people in a kind and empathetic way, providing time and support in a relaxed and friendly manner.

Is the service responsive?

Good ●

The service was responsive.

Care plans reflected the identified needs of people and the risks associated with these needs. Whilst people were not always involved in the review of their care, this was being addressed.

A wide range of activities was available for people and the environment had been adapted to support people who lived with dementia and other mental health conditions.

Systems were in place to allow people to express any concerns they may have and complaints were recorded and responded to in a timely way.

Is the service well-led?

Requires Improvement ●

The service was well led although further work was required to embed good working practices in the home.

A registered manager had been appointed and they provided strong and consistent leadership in the home. A new management structure in place provided clear and consistent leadership for staff who felt supported in their roles.

The registered provider had systems and processes in place to monitor and review the quality of care in the home.

Harry Sotnick House

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.

Three inspectors and an expert by experience completed this unannounced inspection on 30 and 31 May and 1 June 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two pharmacy inspectors inspected the service on 30 May 2017.

Before our inspection we reviewed the information we held about the home including current action plans and information submitted to the Commission following our inspection in November 2016. We reviewed previous inspection reports and notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

We spoke with six people and nine relatives to gain their views of the home. Some people who lived at the home were not able to talk with us about the care they received. We observed care and support being delivered by staff and their interactions with people in the home. We spoke with 20 members of staff including; the registered manager and their deputy, the business manager and a member of administrative staff, two unit managers, three registered nurses, four members of care staff including senior carers and team leaders, two activity coordinators and two members of kitchen staff, hostess staff and two maintenance staff. Following our inspection we received feedback from two groups of health and social care professionals who visit the home.

We looked at the care plans and associated records for 17 people. We reviewed the medicine administration records for 19 people. We looked at a range of records relating to the management of the service including records of complaints, accidents and incidents, quality assurance documents, eight staff recruitment files and policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt the home was a safe place to live. One person told us, "Oh yes, I am safe. There is always someone around". Another told us, "I feel very safe as I am warm, cosy and looked after very well by people who really care about me." People, their relatives and staff told us staffing levels in the home had improved since our inspection of the home in November 2016.

At our inspection in November 2016 we found there was a lack of sufficient staff deployed in the home to meet the needs of people and ensure their safety and welfare. Our concerns related in particular to the high use of agency staff who did not sufficiently know the health and care needs of the people within the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission a condition placed on the registered provider's registration for this location required the registered provider to provide information to the commission on a fortnightly basis showing how the number of agency staff had reduced in the home and further plans to support this reduction.

At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation although further work was required to embed new ways of working in the home and maintain good staffing levels.

The registered provider had addressed the very high use of agency staff within the home through a recruitment drive and the use of a recruitment agency. This work was ongoing to reduce the use of agency staff to nil and create a bank of staff who were available to support staff absence in the home. The registered manager spoke of improved consistency in staffing levels and staff morale since permanent staff had been recruited to the home. They recognised the need to closely monitor staff absence and vacancies in the home to ensure there were always sufficient staff deployed to meet people's needs.

Staff generally told us things had improved. One member of staff told us, "It's a lot better than it was. Before we used to have a lot of agency staff working here. I had to look after them as well as the residents. I haven't seen any agency staff for a couple of months now". Another said, "Staff get to know each other so much better when they work regularly with permanent staff. The agency staff are usually very nice but it is so much better when you see regular staff and know how they work and their abilities. We are just getting used to each other and working together as bigger teams." A third member of staff said, "I think we could do with another carer on the floor. It can be very stressful sometimes. I won't be rushed though. I make sure everybody gets the care they need. [Manager] is great though. They told me just to take my time and they helped out." However a fourth member of staff said, "Staff levels are much better and it's much better now there are not so many agency staff. We work better as a team. It is taking a bit of getting used to [new ways of staff working], but we are getting there."

A relative told us, "There has been a noticeable decrease in the number of new [staff] faces which is so much better for my [relative]. When staff are consistent it is not such a worry as to whether they will know how to help [relative]. There could always be more staff but we have to be realistic." A second relative told us, "At

the moment there are more. They are trying to cut down on the agency staff; sometimes there's not enough, but generally it's ok." A third relative highlighted times when there were only two carers available in an area of the home to meet people's needs, but recognised that staff were working differently in the home and this would take time to improve the number of staff visible in the home.

Rotas showed there were consistent numbers of staff deployed in the home to meet the needs of people. At our inspection in November 2016 we noted staff were allocated to one of the six smaller units in the home to provide support for people and this meant they were not always aware of what was happening to people in other areas of the home. A new staffing structure had been implemented to provide two groups of staff, each one working across one floor of the home. Each floor had an allocated unit manager, registered nurses and group of care staff. This provided continuity of care for people and promoted visibility of staff in the home which in turn improved staff awareness of where people were in the home to ensure their safety and welfare. The registered manager acknowledged continuity in night staff deployed in the home was a challenge which was being addressed.

The registered provider had a dependency tool in place. This is a tool which is used to identify the needs of people and give guidance on the number of staff required to do this. This tool was used effectively by the registered manager and was updated whenever changes in people's needs were identified. For example, when one person presented with behaviours which may reduce their safety or that of other people, this tool had been updated to show an increased level of need for this person and additional staff had been deployed to provide one to one support for them and ensure staff were also available to meet needs of other people.

At our inspection in November 2016 we found there was a lack of risk assessments in place to identify and mitigate the risks associated with people's care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was now compliant with this Regulation.

Risks associated with people's nursing and care needs had been assessed and informed plans of care to ensure their safety. These included risk assessments for maintenance of skin integrity, nutrition, choking and mobility. Falls prevention strategies were in place such as the use of pressure mats to alert staff to the movement of people who were at high risk of falls.

People were able to mobilise safely around the home as the registered provider had taken actions to identify the risks associated with this and ensure people's safety and welfare. For example, actions had been taken to reduce obstacles such as desks, chairs and locked doors in the home and create more space for people to mobilise in. Staff had a better awareness of where people were in the home as open areas provided improved visibility for both staff and people who walked around the home independently. Actions had been taken to create environments within the home which stimulated people to move with purpose, for example areas where people could sit for a rest and interact with others and areas of interest such as travel and music. One person was able to put themselves on the floor to manoeuvre around the home and were able to get up from the floor when they wanted to. The risks associated with this person's movement had been assessed and staff were aware of these. A member of staff told us "When [name] looks tired we suggest they get up and sit in a chair for a while. They have a fear of falling when they walk and they feel safer being on the floor."

Risks associated with people's physical and mental health conditions had been identified and appropriate

plans of care were in place to mitigate these risks. For example, for people who lived with diabetes and Parkinson's disease and dementia, clear risk assessments and plans of care gave staff information on how these risks should be managed. People who displayed behaviours which may put themselves or others at risk of harm, the risks associated with these needs had been identified and actions taken to mitigate them. Staff had a good awareness of the triggers for these behaviours. They demonstrated a good understanding of how to support people to remain independent whilst maintaining their safety and welfare of others. For example, for one person required one to one support from staff as they could become agitated and display behaviours which put others at risk of harm, we observed staff interacting with this person. They promoted the person's independence and encouraged them to interact positively with others.

The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans were in place and readily available in the event of an evacuation of the home. A robust business continuity plan was in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure.

At our inspection in November 2016 we found there was a lack of clear and effective systems in place to monitor and record the proper and safe management of medicines to ensure the safety and welfare of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission two conditions were placed on the registered provider's registration for this location. These required the registered provider to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was now compliant with this Regulation.

Medicines were stored securely and within their recommended temperature ranges. All medicines that require stricter controls by law were stored securely and accurately documented. Liquid medicines and eye drops had the date of opening recorded on the label.

Medicine administration records (MAR) held information about medicines to be taken on a 'when required' basis and 'how I like to take my medicines'. Allergy information was recorded and consistent. The "when required" plans gave clear information on how people could communicate their needs or concerns, such as pain or constipation, particularly if they were unable to verbalise this need. Whilst there were no gaps in the recording of medicines administered by registered nurses and documented on the MAR, some records for the administration of prescribed creams and lotions which were routinely administered by care staff were not always accurately completed.

Two people received their medicines covertly. Covert medicines are those given in a disguised form, for example in food or drink, where a person is refusing treatment due to their mental health condition. Records showed the home had taken steps to ensure families and health care professionals had been fully involved in a best interests decision making process, in line with the Mental Capacity Act 2005, to ensure the safety and welfare of these two people. However, there was no written pharmaceutical advice on suitability of covert administration to ensure medicines could be administered safely. There was also no clear evidence that a full review was undertaken when medicines were changed, in line with best practice. We recommend the service seek guidance on the completeness of their processes and records relating to the covert administration of medicines.

Homely remedies (medicines which people can buy to treat minor illnesses like headaches and colds) were available within the home. This meant staff could respond to people's minor symptoms in a timely way.

There were safe and efficient methods of recruitment in place. A high number of staff had been recruited since our inspection in November 2016 and recruitment records included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed. Recruitment checks and information was available for all agency staff who worked in the home.

People who work in the United Kingdom as nurses must be registered with the Nursing and Midwifery Council (NMC) and have a personal identification number (PIN) for this. Providers must ensure all registered nurses provide the relevant documentation to show they have this registration. This information was held on file for registered nurses employed at the home.

Staff had a good awareness of safeguarding and the actions they should take if they believed people were at risk of abuse. Staff were able to identify types of abuse and they understood the correct safeguarding procedures should they suspect abuse. They were aware that a referral to the local Adult Services Safeguarding Team should be made, in line with the provider's policy. They were also aware of the provider's whistleblowing policy. One staff member told us, "I would let my manager know (if abuse was going on). It can be difficult if you're working with someone but I'm here for the residents, not the staff". Another staff member told us, "It's about the 'mum's test' I think. I wouldn't want to think my mum was at risk in a care home so I look after the people here with that in mind". Staff confirmed the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

Records showed any safeguarding concerns which had been raised in the service had been addressed promptly and effectively by the registered manager and that they had worked with the local authority to investigate and learn from these events. Learning from any safeguarding incidents was shared at team meetings and a daily 'Flash meeting' to ensure any learning was shared and acted upon in the home.

There was a high standard of cleanliness in the home which was fresh, well maintained and odourless. Staff had access to personal protective equipment such as gloves and aprons to use when supporting people and hand hygiene was visibly encouraged in all areas of the home with signs prompting this and cleansing gel readily available for people. There was an efficient system in place for the disposal of waste and management of laundry and linens. The registered manager was the nominated person to monitor infection control in the home and this was audited regularly.

Is the service effective?

Our findings

People who were able to express their wishes felt they were involved in their care and were offered choices and support to maintain their independence. One person said, "I have not been here long and they [staff] have been very helpful in finding out what I like and how I want to be helped, I can't fault them, they are all lovely." Another said, "They know what I like and I can tell them if I don't want something and they respect that."

Many people in Harry Sotnick House required support of relatives and representatives to ensure they were offered choices and support in line with their needs and preferences. Relatives told us they were very involved in the care their loved ones received and worked with staff to ensure they received choice in line with their needs and preferences. People and their relatives spoke highly of the food choices available to them. Health and social care professionals said staff requested their support appropriately and followed guidance provided for them to ensure the safety and welfare of people.

At our inspection in November 2016 we found there was a lack of regular supervision in place for staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was now compliant with this Regulation.

The registered provider had implemented a programme of supervision and annual appraisal following our inspection in November 2016. This was being further developed by the registered manager and their new management team to ensure all staff received three monthly supervision in line with the registered provider's policy. Staff who had been at the home for more than six months told us they had not always had supervision with their line managers but that this was improving and they received support in their roles. One member of staff told us, "I haven't had formal supervision lately. I don't think it's been a priority. The new manager is sorting it out now and all staff will be having one to one's soon." Another said, "I had supervision with a previous manager and am just waiting to have one now with my new line manager. We get lots of support day to day and so I am not worried."

A robust induction process was in place for new staff which included a period of shadowing other staff, training and supervision meetings with their line manager or the home manager. Newly recruited staff were completing the Care Certificate as part of their induction process. This certificate is an identified set of standards that care staff adheres to in their daily working life and gives people confidence that staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff spoke of a good induction process where they felt well supported to learn about the home and the people who lived there and received training to meet people's needs. One staff member told us, "I wasn't new to care but it's been a great induction. I've never felt alone; there's always someone to ask". Another said, "Induction was really good, I shadowed others and it was really informative in telling me what I was getting into, especially as I have not done care before."

A member of administrative staff monitored and updated all staff training records which were held electronically. These showed all staff had access to a wide range of training which included: moving and handling, fire training, safeguarding, mental capacity and deprivation of liberty, dementia awareness and health and safety. One member of staff who was not a carer told us, "We have had the same training as the care staff, I even did a day on dementia which was great as I now know what to do if someone comes up to me, I was wary." All staff had been encouraged to develop their skills through the use of external qualifications such as National Vocational Qualifications (NVQ) and Care Diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Registered nurses were supported to remain up to date with current practice and able to meet the requirements of their registration with the Nursing and Midwifery Council (NMC).

Where people had the mental capacity to consent to their treatment, staff sought their consent before care or treatment was offered and encouraged people to remain independent. Whilst people were not always able to verbally agree to their care, staff had a good understanding of how people expressed their wishes and consented to their care. Staff were aware of the communication skills people used to demonstrate they did not wish to receive the care. For example, for one person who was unable to verbally communicate their needs, staff told us how they were able to use their eyes and body language to express their wishes. For another person who disliked people being too close to them staff understood how to recognise the expressions this person used when they became distressed.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the home was guided by the principles of the MCA. The registered manager and staff had a good understanding of the processes required to ensure decisions were made in the best interests of people and records were in place to show these processes had been followed. Records held information on representatives people had appointed to support them to make decisions.

At our inspection in November 2016 we found the home was not meeting all the requirements of the Deprivation of Liberty Safeguards. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken sufficient action to be compliant with this Regulation.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this in care homes is called the Deprivation of Liberty Safeguards. For most of the people who lived at Harry Sotnick House an application had been made to the local authority with regard to them remaining at the home to receive all care or leaving the home unescorted. Most of these applications had been approved and were identified in people's care records as having a Deprivation of Liberty safeguard in place. Conditions attached to these safeguards were clearly identified in people's care plans and staff had a good understanding of these and how to ensure they were met. A register of these safeguards was kept by the registered manager to ensure prompt actions were taken when these expired or needed updating.

The risks associated with malnutrition and dehydration had been assessed for people and actions were

taken to reduce these risks. Records of people's daily food and fluid intake were maintained if required and people's weight was monitored and actions taken appropriately to ensure people received adequate nutritional intake to maintain their health and wellbeing. People enjoyed the food available to them and were offered choice to meet their dietary preferences and needs. One person told us, "It's very good [the food]. Plenty of fish which is lovely." Another said, "The food is delicious and there is always a choice. The puddings are lovely and I can have more if I want it."

A three week rolling menu was in place and there was a choice of meals on offer. Kitchen staff said they would prepare other food for people on request and the chef told us how they also cooked items brought in by relatives, such as fresh fish. Care staff asked people about their food preferences shortly before mealtimes to ensure people with memory problems were more likely to remember their choices. However, if people did forget or change their minds they were offered an alternative at the dining table. The chef attended residents' meetings and was in the process of introducing monthly 'Meet the Chef' sessions, when any person or their family members could discuss issues around food and drink with them.

Kitchen staff were knowledgeable about people's likes, dislikes, preferences and special dietary requirements such as diabetic diets and pureed or soft diets. There was good communication between kitchen staff and hostess staff who delivered meals and drinks for people. Nursing and care staff worked well with kitchen and hostess staff to advise the chef of changes made to people's diets following input from visiting professionals, such as dieticians and speech and language therapists. This was documented using dietary notification forms, completed and updated on a regular basis. There were two chefs, offering a seven day a week service, plus an assistant chef and three kitchen assistants.

The kitchen was clean and well organised. There were daily cleaning rotas in place, signed and dated by staff, in addition to fridge and freezer temperature records, food probe calibration records and cooking/cool/reheat temperature recordings. The registered manager completed a weekly kitchen standards check. The registered provider had been awarded a five star hygiene award by the Food Standards Agency when inspected in December 2016.

Records clearly identified the involvement of health and social care professionals in people's care. These included support from GP's, speech and language therapists, social workers, specialist nurses and members of the community mental health team. For example, for one person who had been visited by a speech and language therapist due to a risk of choking, their care plan and the nutrition record for kitchen staff had been updated to reflect this professional's intervention and guidance. For another person who had displayed behaviours which put them and other people at risk of harm, the registered manager had involved a multidisciplinary team of professional people in the review of this person's care. This meant the person received the most appropriate care and support to meet their needs.

A registered nurse was always available to support professionals who visited the home. Visiting professionals told us staff at the home knew people well. Relatives were assured people received prompt attention from health and social care professional if they required this. One relative told us, "The GP had to be called out for [relative]. I was informed straight away and the staff made sure she had her medicines straight away for an infection. I know they involve whoever is needed to make sure she is well."

Is the service caring?

Our findings

People and their relatives said staff were very caring and had a good understanding of their needs. One person told us, "They [staff] look after us all so very well." A relative said, "They [staff] are very kind and caring. They have a laugh and joke with [relative] and she loves that." Another told us, "They [staff] have really got the balance right. They are very kind and caring to [relative] but really encourage her to be independent. They are always very respectful and let her take her time." People were valued and respected as individuals and appeared to be happy and contented in the home. Health and social care professionals said staff had good caring relationships with people.

At our inspection in November 2016 we found some people were concerned others accessed their rooms uninvited and their privacy and dignity was not always respected. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was compliant with this Regulation.

The registered provider had liaised with people to understand their concerns about their privacy and dignity. The risks associated with this had been identified and actions taken to address these.

People told us action had been taken to ensure their privacy and dignity in the home and that if incidents occurred where people entered their rooms uninvited these were always dealt with promptly and effectively by staff. One person told us, "Well sometimes [person] comes in and tries to look at my things but this alarm goes off and staff are here very quickly to help me and [person]. It's much better now, it doesn't happen very often." We saw staff responded very quickly to these alarms being activated. Staff were kind and gentle in the manner in which they dealt with people who had walked into other's rooms and guided them to areas of the home to be involved in other activities of their choice. They provided reassurance and support for people who remained in their rooms.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed when people were being supported with personal care or other activities and staff knocked and waited for a response before entering people's rooms.

The home environment had been adapted to facilitate improved space for people to move around in without entering other people's private space. Only doors which led to external exits were closed allowing people to move around the home as they wished. The number of communal areas for people to enjoy quiet conversations or interactions with others had been created and people were encouraged to use these. Items of interest around the home helped people to move around the home with a purpose. For example, areas of interest such as a holiday corner, garden areas, a sweet shop, books and rummage boxes of clothes and other items of interest situated around the home gave people reasons to visit different areas of the home. Alarms and other forms of sensory equipment had been introduced to alert staff when people were moving

around the home without restricting people's movement unnecessarily.

Most people required the support of staff to mobilise in the home. We saw staff offered people a choice as to where they would like to spend time and with whom. For example, one person was sitting in a lounge area of the home alone as they had requested to watch television there during the morning. Staff spoke with them at lunchtime and told them of a group of people who had chosen to eat together in another dining area and asked if they would like to join them for company. The person chose to move to the other dining area and was seen to be enjoying a social meal time with others. A member of staff told us, "[Person] likes her own space in the morning but at lunchtime and in the afternoon she really enjoys a natter with the other ladies." Another person chose to sit in a quieter area for their meals and we saw staff respected this.

The atmosphere in the home was warm, calm and very friendly. Staff interactions with people were kind and caring, providing time for people to express their wishes and make choices. It was clear from our observations that staff had enough skill and experience to manage situations as they arose. For example, people who required assistance with their food at lunchtime were helped in a caring and discreet manner. Two people were supported by a member of staff on a one to one basis. Staff interacted with them positively and encouraged them to participate in activities and interactions with others. They understood how to support them whilst ensuring their privacy and dignity was respected.

Throughout the day staff spent time with people chatting and laughing whilst supporting them with their needs. They supported people to interact with each other. Communal spaces were available inside and outside the home to allow people the opportunity to spend time in different environments around the home.

Monthly meetings with people and their relatives were held to provide people with the opportunity to express any concerns they may have or share ideas on the service they received. Minutes of these meetings were available in the home. One visitor told us these meetings were very well supported by relatives who actively wanted to support people who lived at Harry Sotnick House. They told us, "Throughout all the recent changes in management the relatives have been very supportive of the home and really want to be involved in supporting people who live here. Things have really started to settle down now with a new manager and we want to be involved in moving the home forward"

Is the service responsive?

Our findings

People and their relatives told us they had been encouraged to express their views and be involved in making decisions about their care. Staff knew people very well and understood how to support them to be as active and independent as possible whilst maintaining their safety and wellbeing. Health and social care professionals said staff knew people well and understood their needs.

Following our inspection of Harry Sotnick House in November 2016, the registered provider had stopped all new admissions to the home whilst they took actions to address the concerns we had raised. They had recognised the need to ensure people's needs could be met in the home before more people came to live at the home. In May 2017 the registered provider put in place an admission process to ensure people newly admitted to the home could have their needs fully met. The first new people to be admitted to the home had arrived in early May 2017.

People's needs were assessed by the registered manager prior to their admission to the home and these assessments were discussed with the clinical leads for the home to ensure their needs could be met in the home. This assessment then helped to inform care plans. Health and social care professionals were involved in these assessments to help identify the person's physical and mental health needs prior to their admission.

Care plans were written in a person centred way and guided staff on how to meet the needs of people. Care records identified people who were important to them and who needed to be involved in their lives and in helping them to make decisions. Information was available in each person's care records to identify specific likes and dislikes and their personal life history, although for some people this was limited. "Life Books" had been introduced for each person to encourage them to share their life experience with staff and gain a better view of people's likes, dislikes and preferences.

Care plans were updated monthly and a system of 'Resident of the Day' was in place. This provided each person with a nominated day of the month when their care plans and risk assessments were reviewed completely; other activities such as deep cleaning of their room and review of their room safety and maintenance were also completed. The registered manager had written to families to involve them in this review and to encourage them to participate in this review. One relative told us, "I have had a letter about [relative] being resident of the day and when I can attend to help with the review of her care. I will definitely be there as [relative] cannot always understand the paperwork and I will help her." Another said, "Yes I am definitely involved and this Resident of the Day scheme is a good thing."

One person told us they had been resident of the day recently and their family had helped them talk about how they wanted to do a different activity and that this was now happening. The registered manager told us further work was required to embed this practice in the home and that staff had a good understanding of how this would empower people to be involved in their care. One member of staff told us, "Whilst the computer identifies when care plans need updating, the resident of the day system means we have allocated time for people to ensure we identify any changing needs and discuss these with them and their

loved ones."

A wide range of activities was available within the home to provide a stimulating and homely environment. A large activities area on the ground floor of the home provided access to music, television and computer activities.

Activity coordinators were available seven days per week and were an integral part of the care team. They provided active support for people whilst encouraging them to participate in a wide programme of activities available for them. For people who were not able to join in communal activities one to one support and interactions were provided. Mobile sensory stimulation equipment was available for people who remained in their bed and we saw people enjoyed this throughout the days of our inspection.

A weekly plan of activities was displayed in the home with two sessions of planned activities each day. These included indoor activities such as quizzes, bingo, card games, arts and crafts and external entertainments. Outdoor activities such as a Walking club and a gardening club were available and the home took delivery of a new minibus on the last day of our inspection and was planning outings and trips for people.

People told us the activities provided in the home were fun and plentiful. One person told us, "You can't get bored here, there's lots to do and they [activity staff] really get you involved." Another person told us, "There is always something on. I don't join in a lot but it's there if you want to. They [staff] bring me a local paper every day." A relative told us, "[Relative] loves all the activities, especially the singing. I am amazed she remembers all the words."

The complaints policy was displayed in the home and people and their relatives were aware of the policy. They felt able to discuss any concerns they may have with staff and felt sure these would be addressed promptly and efficiently by staff and the registered manager. Complaints were logged on a computer system and dealt with by the registered manager. Effective systems were in place to monitor and evaluate any concerns or complaints and ensure learning outcomes or improvements were identified from these. We saw any concerns or complaints were investigated and actions from these were implemented.

Is the service well-led?

Our findings

People and their relatives told us recent changes in the management team in the home had improved communication in the home. They knew who the registered manager was and said they felt able to talk to them openly and have any concerns or views they had heard. One person told us, "I know who the manager is, I see her quite often and she always chats to people." A relative said, "The manager has really involved everyone from the start. We know things have a little way to go yet, but they have definitely improved."

Staff morale was good and they enjoyed working in the home. Staff said they felt supported in their roles and felt their concerns and ideas were listened to and acted upon promptly. They understood how they could be involved in improving the service people received at Harry Sotnick House. One told us, "There has been more training since the new manager started. They are good, approachable and have new ideas. The atmosphere has improved since they started and since other staff have left." Another told us, "This home has needed good leadership for some time now, and now we have it. We are on the up." A third member of staff said, "Information is passed on now not like in the past, we are encouraged to ask questions."

At our inspection in November 2016 we found there was a lack of consistent and effective leadership in Harry Sotnick House. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was compliant with this Regulation.

A manager had been appointed to Harry Sotnick House from another of the registered provider's homes. They had transferred their registration to be the registered manager of Harry Sotnick House and had been employed in the home for nine weeks at the time of our inspection. They had a very good understanding of the registered provider's policies and procedures and how these needed to be embedded in the working practices in the home. They promoted open and honest communications with staff which was reflected in the way staff had responded to changes and new ways of working. A member of staff said, "It's been a bumpy road but I really do feel we're getting there. There have been a lot of improvements lately; the new manager has really got things going. They're very open and approachable".

The registered provider had appointed some new management staff to ensure a clear structure was in place in Harry Sotnick House to provide continuity and flexibility in the management of the home. The registered manager told us this structure had been identified as the most supportive for staff and that they just needed time to embed this in the home. A deputy manager had been in post for two weeks at the time of our inspection and supported the registered manager in the overall running of the home. A unit manager was appointed to each floor and held clinical responsibility for the management and smooth running of their floor.

Registered nurses provided clinical support and leadership on each floor during their shifts. Team leaders with additional training and daily responsibilities to coordinate care for people worked in different areas of

the home to provide support and guidance for care staff.

The registered manager had implemented a programme of staff meetings for all staff groups. They used these meetings to share best practice in each area of the home, learning from incidents and accidents and discuss developments in the service each team provided. Staff told us they found these meetings informative and that they allowed them to share their ideas for new developments and changes in the home. One member of staff said, "We meet with the manager and she really does listen to us. We asked for more help in recording accidents which happened and she gave us this." Another said, "When we meet [with the registered manager] we can discuss any problems and she shares what she is doing too. It is really good."

At our inspection in November 2016 we found records were not always clear, accurate or complete and the risks associated with the health, safety and welfare of people were not always monitored and assessed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of enforcement action taken by the Commission the registered provider was required to provide information to the commission on a fortnightly basis showing the actions they were taking to comply with this Regulation. At this inspection we found the registered provider had taken action and was compliant with this Regulation although further work was required to embed good record keeping practices in the home.

At this inspection some records which were required to be completed by staff to monitor people's health and wellbeing required improvement. For some people who required their food and fluid intake to be closely monitored, care records were not always completed accurately. Records to show the application of topical creams for people had not always been completed. These areas had been identified by the registered manager as requiring further intervention and development of staff and this was being addressed by clearly defining the roles and responsibilities of staff to record this information. The registered nurses and the unit managers had been appointed to review and monitor this information frequently to identify any discrepancies in records. This work required further embedding in the home.

Care records were held securely in a computerised system and provided a clear and accurate reflection of people's needs; information held within these was mostly up to date and systems were in place to monitor and review these records monthly or more often if people's needs changed. The registered manager recognised further work was required to embed good record keeping skills from the staff team at the home.

During our inspection in November 2016 we identified that incidents and accidents which occurred within the home were reported however these reports were not being monitored and reviewed effectively to ensure any patterns in these were identified and learning shared. At this inspection we found this was improved.

Incidents and accidents were reported directly to the registered provider through a computer system (CareSys) by all staff. The registered manager had a comprehensive system of review and monitoring of these events in place and worked closely with the registered provider's head office to monitor trends in these and ensure learning was identified and shared with all staff in the home.

The registered provider had a programme of audits to be completed at the home each month to ensure the safety and welfare of people. These had been completed by the registered manager and any actions from these audits had been added to the service improvement plan for the home. These audits included those for infection control, nutrition, medicines, health and safety and documentation. An action plan which was submitted to the Commission fortnightly was a clear reflection of the actions the registered provider had taken to address the concerns we identified at our inspection in November 2016.

The registered provider continued to monitor all audits and actions taken in the home to improve the service people received. Audits were used effectively to inform and improve developments needed in the home to ensure the safety and welfare of people. For example, medicine audits in place had improved the efficiency and effectiveness of medicine ordering. Audits of care records and other documentation continued to improve the accuracy of record keeping in the home. The registered manager and their management team recognised the importance of following up actions from audits completed in the service to ensure improvement in the delivery of care for people.