

Teme Care Limited

Temecare Limited - Teme Court Residential Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an unannounced inspection on 18 December 2018.

Teme Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Teme Court is registered to provide accommodation with personal care for up to 21 older people some of whom are living with dementia. The accommodation is split across two floors within one large adapted building. At the time of our inspection, there were 13 people living at the home.

At our previous inspection on 19 April and 16 May 2018, we rated the service as 'Inadequate,' and it was therefore placed in 'special measures.' We identified the provider continued to be in breach of five Regulations. These included the provider's failure to maintain people's safety through strong recruitment practices and staff training. In addition, the provider had not made sure people were provided with care in a personalised way and the overall leadership and governance of the service was not effective to ensure people received high quality care.

We asked the provider to send us a report explaining the actions they were going to take to improve the service. We also imposed conditions on the provider's registration to which restricted the provider from admitting any other people into the home to live. We undertook this inspection to see whether the provider had made the required improvements.

At this inspection, the provider showed they had made sufficient improvements to the service and it was no longer rated as inadequate overall or in any of the key questions. Therefore, the service is no longer in 'special measures.' However, we found the work to improve the service was still ongoing and further time was required to evidence the improvements could be sustained in the longer term which we have reflected in the ratings.

There was no registered manager at the time of our inspection. However, the provider had recruited a new manager who would be registering with us. 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.

The provider and the management team had taken some steps to address and reduce the risks of infections from spreading. The improvements needed to be continued to further reduce the risks of infections particularly in communal toilet and shower rooms.

Ongoing improvements were being made to care records so these provided more detail about people, were

accurate and documented the risks related to people's health and well-being. Further work was needed to ensure people's care records consistently guided staff in providing personalised care.

Staff recruitment records had been checked since our last inspection. This was work in progress so the provider could assure themselves people's safety was maintained because all staff were suitable to work with people who lived at the home.

Staff had now received access to training and support to meet the needs of people they cared for. The provider and management team were checking staff's knowledge and practices to assure themselves people were provided with effective care and improvements were ongoing.

The provider was taking steps to create a dementia friendly environment. Improvement work needed to be continued so the home environment meets the needs of people who the provider had agreed to provide care for and any hazards were remedied.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's choices and decisions were now promoted but the documentation was not always clear to provide assurances that specific decisions were always made with people's representatives who had the legal authority to do this.

We saw improved responses from staff when providing support to people living with dementia, and in respecting people's privacy. Staff had improved their practices in promoting people's dignity and always respecting their choices.

People had more opportunities to have fun and interesting things to do. Staff were developing and improving the choices of recreational activities to ensure people's interest and hobbies could be followed.

Staff were confident in recognising and reporting abuse. The management team were making improvements to the processes in place to record incidents and accidents so these were analysed so lessons could be learnt.

People needs were supported by sufficient numbers of staff who were available when people required assistance. Staff had more opportunities to discuss their work issues with management.

People were supported to remain healthy and well. The systems in place to support the provider and management team registered in monitoring medicines were mostly managed safely.

People's mealtime experience had improved and people who were at risk of malnutrition or dehydration were getting support from staff to encourage them to eat and drink healthily.

The provider and their management team were improving their quality checks to make sure these supported people to receive safe, effective and responsive care. They had made a good start but time was needed to ensure the provider's quality checks were effective and sustained over a period.

Further information is in the detailed findings below.

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 consistently safe.

The provider's infection prevention and control procedures did not always ensure risks to people from infections were adequately reduced.

Risks to people from hazards in the home environment had been reduced but further work was required to ensure the environment was well maintained in all areas.

Staff recruitment measures were being improved to reduce the risk of employing unsuitable staff.

Staff knew how to support people to reduce the risks of harm and staffing arrangements met people's needs safely.

People's medicines were made available to them as prescribed.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff understood the importance of obtaining people's consent to care. Documentation to show specific decisions had been made on behalf of people and with their representatives who had the legal authority to do this was not always made clear.

Work was ongoing to make sure the home environment was adapted, decorated and any repairs undertaken to ensure it was in good condition and met the needs of people who lived there.

Staff had now received training to support the needs of people they cared for but they did not always put their training into practice. Arrangements to check staff's knowledge and practices were ongoing.

People's experience at meal times had improved so people were supported in a more personalised way.

Is the service caring?

Good 

The service was caring.

People were supported by staff who knew them well and people were now consistently treated with dignity and respect.

Staff were caring to people and involved them in their care which had been promoted partly by the improvements being made.

Visitors were welcomed in the home.

Is the service responsive?

The service was not consistently responsive.

Care plans were being updated as they did not always show they were centred on the needs and preferences of each person.

Progress was being made and needed to continue to support people to follow their individual hobbies and interests.

People had access to the provider's complaints procedures.

Requires Improvement ●

Is the service well-led?

The service was becoming well led.

The provider had recruited a new manager who was supporting them to develop and strengthen quality checking systems.

The improvements were ongoing and had not been tested over a longer period for their effectiveness and sustainability.

People could provide their feedback about the quality of their care.

Staff enjoyed working at the home and were being supported to provide good care.

Requires Improvement ●

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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 comprehensive inspection took place on 18 December 2018 and was unannounced. The inspection team consisted of an inspector, bank inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

Before the inspection we looked at information available to us about the registered provider and the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We considered the action plan and subsequent monthly reports showing how incidents and accidents were analysed which is a requirement of the conditions we imposed. We looked at the information we received from members of the public and professionals who had been involved with the service. In addition, we looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sought information from the local authority to obtain their views about the quality of care provided at the home. The local authority are commissioners who have responsibilities for funding care and monitoring the quality of this. We also contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with six people who lived at the home and five relatives about their care experiences. In addition, we spent time with people looking at how staff provided care to help us better understand their experiences of the care they received. We also talked with the provider, home manager and deputy manager. Additionally, we spoke with two care staff, domestic staff member and cook.

We sampled three people's care records to look at their specific needs and associated monitoring charts. We checked four people's medicine administration records. In addition, we looked at how the provider and management team monitored the quality of the service. As part of this, we looked at the provider's quality checks, three staff recruitment records, staff meetings, health and safety, and complaints records.

Is the service safe?

Our findings

At our last inspection, in April and May 2018 we rated this key question as 'Inadequate'. This was because we had serious concerns about people's safety. During this inspection we found the provider had made improvements so people's safety was promoted. These improvements were continuing to be progressed together with other areas which required attention. We have changed the rating to 'Requires improvement'.

At our last inspection, we found the provider had not ensured people received safe care and treatment. The provider had not appropriately assessed and managed the risks to people in order to ensure a safe and hazard-free environment. There continued to be potential trip hazards present due to worn carpet areas and cleaning chemicals left outside people's rooms. The former home manager was unable to show us actions plans to repair a person's broken window pane so this was made safe. The risks to people from not having the appropriate equipment to manage their needs was not consistently put in place. In addition, the provider had not taken appropriate steps to ensure people risks to people from infections was prevented and controlled. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 12. People told us they felt safe living at the home. On this subject, one person explained, "They [staff] look after me well and this makes me feel safe." Relatives were also confident staff supported their relative's safety and wellbeing. One relative told us, "We feel that our relative is safe here as [deputy manager] is very good at keeping us informed if our relative has a fall, they get in touch with us straight away." Another relative said, "I have never had any concerns over my relative's safety here, they are on regular medication and always get it at set times."

Following our last inspection, the provider had taken steps to improve infection control practices at the home, in order to better protect people, staff and visitors from the risk of infection. For example, waste bins with lids were now in place to reduce risks to people from cross infections. However, more could be done to further reduce the spread of infections. This included making sure the waste bins were operated by pedals to prevent the need for people to touch these with their hands when disposing items. There were no toilet roll holders in communal toilet areas so toilet rolls were left loose.

In addition, in a communal ground floor shower room there were items which needed to be removed so the risk of infections was further reduced. The manager had already noticed there was further work to do to promote people's safety from the risk of infections. They gave their assurances they would be continuing to take action so improvements were made such as, focusing on wall mounted soap dispensers so these were in use and plastic flowers were removed from a ground floor shower room. We will look at how the provider and manager have made further improvements at our next inspection.

The provider employed domestic staff to support the care staff in ensuring standards of hygiene and cleanliness were maintained. Staff had access to, and made use of, personal protective equipment, which comprised of plastic aprons and gloves to further reduce the risk of cross infections.

Since our last inspection, the provider had taken steps to redecorate, replace carpets which were worn and repair a broken window pane in a person's room. We did not identify any significant hazards associated with the condition of the home's environment, as action was being taken to improve maintenance arrangements at the home although further work was needed. For example, the sluice on the first floor required some attention such as there was flaking paint, old mop heads and a commode frame. The manager gave assurances attention to the sluice would be made together with old equipment and furniture disposed of to ensure the home environment continually remained clutter free.

We checked the arrangements in place for the management of medicines and saw people's medicine was ordered in a timely way and disposed of safely. Staff told us and records confirmed only staff trained in supporting people with their medicines did this. We saw the deputy manager assisted people to take their medicines comfortably, such as making sure people had drinks so they could swallow their medicines safely. In addition, we checked some medicines to ensure people had their medicines as prescribed. One person's medicine count did not tally with what was identified in the medicine records. However, the deputy manager checked this again later in the day and was able to rectify this to show the person had received their medicines as prescribed.

We discussed medicine practices with the deputy manager and found actions were being taken to ensure all medicine records had a photograph of each person to identify whom the records were for. Additionally, written guidance was now in place and reviewed for the use of 'as required' [PRN] medicines.

At our last inspection the provider had not completed the required recruitment checks to ensure people were supported by suitable staff. The provider had not ensured all the required recruitment checks had been made when they appointed new staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 19. The manager was in the process of making sure all the required staff recruitment checks had been completed and could be evidenced in the records. We saw notes of the manager's completed checks and we will be following this up at our next inspection, to ensure these actions are embedded into the provider's quality checks. This is so people who lived at the home can be assured the provider is making safer recruitment decisions.

At our last inspection, we saw at one point staff were not available to meet people's needs as they were not in the building. At this inspection, we saw staff did not all leave the building together when having their breaks to ensure staff were always available to meet people's needs. People who lived at the home and relatives and staff we spoke with were satisfied the staffing levels met people's safety needs. One person told us, "They're [staff] always around to help me." One relative said, "There has not been a large turnover in staff which is good. There is certainly enough staff for my relative's needs." During our inspection, we saw there were a sufficient number of staff on duty to respond to people's needs and requests. Staffing levels supported staff to monitor the safety and wellbeing of people, both in their rooms and in the communal areas.

Following our last inspection, we had taken enforcement action and placed a condition on the provider's registration to restrict new people coming to live at the home. This has meant there have been reductions in the amount of people living at the home. Therefore, we were not able to fully determine at this inspection whether the improvements in staffing arrangements would work effectively when the numbers of people increased. We will follow this up at our next inspection to ensure if numbers of people have increased the staffing arrangements continued to meet their needs safely.

People who lived at the home and relatives we spoke with told us they were confident in the staff's ability to support and manage any risks to their welfare and safety. One person told us, "They [staff] help if I feel wobbly when I stand." One relative said, "My relative has had a number of falls and so the home have now put a pressure pad by their bed and the falls have decreased." We saw examples of how staff were knowledgeable about how to reduce risks to people's safety. One example was how people's prescribed creams were not now left unattended in communal areas where they could cause harm if people ingested these.

Staff we spoke with could tell us how they kept people safe. One example provided was how two staff always operated specialist equipment such as a hoist to safely help people to move. We saw this practice was undertaken in a safe way on the day of our inspection and risk plans were continuing to be improved by the manager to ensure these held sufficient details to guide staff practices.

People continued to have individual plans to provide details of how their needs were required to be met in the event of a fire. These were now stored securely so people's confidential information was not accessible to unauthorised people.

Staff we spoke with were knowledgeable about how to report accidents and incidents. Following our last inspection, the manager and provider were working towards ensuring all accidents and incidents were analysed monthly. This would assist in learning lessons to prevent reoccurrences.

Is the service effective?

Our findings

At our last inspection in April and May 2018, we rated this key question as 'Requires improvement'. At this inspection, we found that whilst some improvements had been made, further improvements were needed. The rating for this key question remains 'Requires Improvement'.

People told us they had confidence in the staff in meeting their needs. One person said, "They [staff] know how to help me when I need support." Relatives were positive about staff's knowledge in meeting their family member's needs and how effective support was provided. "One relative said, "My relative is prone to urine tract infections and the home can spot the changes in my relative's behaviour really quickly and get them on medication straight away, which reassures me."

We saw different examples of staff putting their training into practice when supporting people living with dementia which had positive impacts on people's sense of wellbeing. There were other areas of staff practices where staff did not always put their knowledge from training into practice. For example, not cleaning a shower chair after this had been used to prevent the risk of cross infections. The management team told us they would remind staff about their practices.

The provider had progressed staff training since our last inspection to ensure staff had received the required training including refreshers in order to meet the needs of people who lived at the home. One staff member described how the dementia training they received was particularly useful in explaining distraction methods to help them support people in the most beneficial way.

Upon starting work for the provider, all new staff, completed the provider's induction training to help them understand and settle into their new roles. Staff told us they had received an induction which included the opportunity to work alongside more experienced staff, read people's care plans and completed initial training. One staff member explained, "It [induction] was good" and "I learnt about people's different needs."

However, we found the provider had not reviewed their staff induction programme in line with the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. We discussed this issue with the management team, who assured us they would review their induction training before new staff were recruited to ensure it fully incorporated the requirements of the Care Certificate. We will follow this up at our next inspection.

Since our last inspection the provider had made improvements so staff were more supported to undertake their caring roles. For example, staff had opportunities to talk about their caring roles in one to one meetings with a member of the management team. One staff member told us, "I feel supported to do my job. We have staff meetings where we can make suggestions and discuss our work."

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. At our last inspection, we found staff had a varied understanding of what DoLS meant in terms of their caring practices. Staff we spoke with were not always able to tell us which people had a DoLS in place together with what the restrictions were. At this inspection staff had received training in MCA and DoLS and showed they understood what the restrictions to individual people were. During our inspection we did not see anyone restricted unlawfully due to staff practices.

Applications for DoLS authorisations had been made based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the management team understood they were required to review any associated conditions when made, in order to comply with these.

However, further improvements were needed to ensure people's rights under the MCA were fully promoted. People's individual mental capacity assessments and best interests decisions were made but the documentation was not always clear as to whether each specific decision had been made by representatives who had the legal powers to do this. The management team assured us as whilst they were reviewing people's care documentation they would also conduct a full review of people's mental capacity assessments. This was to make sure documentation showed these were clearly recorded, decision-specific and decisions made were lawful. We will follow this up at our next inspection.

Unlike our last inspection we saw staff did respect people's right to consent and make decisions in their everyday lives. For example, one person was asked if they wanted to join in the Carol service and staff checked with another person what drink they wanted.

At our last inspection the provider had made some improvements to create a dementia friendly environment. This included appropriate signage, such as pictures to support people's independence when locating their rooms. In the provider information request [PIR] it was confirmed, 'We have plans for making the home more dementia friendly by turning all of the people's doors to their rooms into what would be considered a front door with all of the furniture you would expect on a front door so there will be a letterbox and door knocker and a handle.' We will follow this up at our next inspection.

The provider was aware improvement work needed to continue to ensure all facilities met people's needs and were in good working order. In particular the bathroom on the first floor needed improvement work so people were able to use this. In addition, the dining area was now located in the conservatory with the lounge now situated where the dining room was previously. We saw at times there was insufficient space for people to move around the lounge area. In particular when equipment was being used to support people to move. This had been a recent change and one the management team would review alongside their quality checks to ensure it was effective in meeting people's needs.

People told us they liked their meals and were provided with choices about what they ate and drank. A person said, "The food is alright; I eat it all up." Relatives were confident their family members had choices of meals and enjoyed their food. Talking about this subject a relative commented, "There are no issues over

my relative eating the food here. The staff know their likes and dislikes now and they are also aware of the need to restrict access to certain food like biscuits for my relative as they will eat too much snacking food which is detrimental to their health."

Staff supported people to choose between the options available for each of the day's three main meals. The menus were developed on the basis of feedback from people who lived at the home and relatives. We saw people had access to plenty of drinks and snacks in between their meals.

Since our last inspection, the manager had introduced checks in an effort to improve people's overall lunchtime experience. We saw mealtimes were unrushed and social events, during which people were supported by staff. Unlike our last inspection staff were available and present to promote a positive mealtime experience and provide any physical assistance people needed to eat safely and comfortably.

Any complex needs or risks associated with people's eating and drinking were assessed with appropriate advice from healthcare professionals. Plans were in place to manage these needs and risks through, for example, the monitoring of people's daily fluid intake.

People were supported to live healthier lives by receiving on-going healthcare support. We heard from people who lived at the home and relatives how staff supported people with their healthcare needs. One person told us, "There is a doctor." One relative commented, "The staff had spotted a little bruise on my relative's toe and they got the GP out straight away, it turned out that the new slippers we had bought had caused the bruise but the staff's reaction reassured me and I was pleased how quickly they contacted me."

Is the service caring?

Our findings

At our last inspection in February 2018, the 'Caring' key question was rated as 'Requires Improvement'. The provider had since made improvements to ensure people were always supported dignity and respect with their right to privacy upheld. The rating for this key question is now 'Good'.

At our last inspection, we found people were not always treated with dignity and respect. For example, when two people required assistance to eat their meals this was not provided in a way which showed a staff member was caring. The staff member assisted both people together rather than in a personalised way with thought given to each person's individual needs.

At this inspection, people who lived at the home and relatives told us, and we saw, staff consistently treated people with dignity and respect. Staff met people's personal care needs, including support with toileting, in a sensitive and discreet manner, taking steps to protect people's dignity. When a person required assistance with their lunchtime meal this was provided with thought to what the person could do for themselves when eating so their independence was promoted. On this subject, one relative told us, "My relative loves jewellery and stuff and the staff always makes sure that my relative has some of their favourite necklaces etc. on. My relative is always clean and tidy. The staff are wonderful, they treat my relative with dignity and respect."

We did not identify any concerns in relation to the language staff used, when they spoke with people this was done in a professional and respectful manner. Procedures were now in place to ensure access to care records and other confidential information was appropriately restricted. Staff we spoke with understood people's rights to privacy and dignity, and described to us how they promoted these in their day-to-day work with people. One staff member explained, "They [people] have to trust you. You have to give them choices and respect their decisions. You also have to get to know them and their preferences."

People and their relatives told us staff adopted a caring approach towards their work, and took the time to get to know people as individuals. One person said, "I am treated well here." One relative explained how relatives had sent greeting cards to their family member and "Staff [had] put a notice board up behind their favourite chair so that they can see the cards every day, I thought that was really kind and thoughtful."

Most people who lived at the home and relatives told us staff encouraged and supported people to express their views about the service and be involved in decision-making which affected them. We saw staff consistently offered people choices and respected their decisions, when carrying out their routine care. This included decisions about where people wanted to go, what they wanted to eat and drink and how they wished to spend their time.

We saw visitors were welcomed into the home and able to meet with their relatives or friends in communal areas as well as in the privacy of people's own rooms. All staff including the domestic staff member and cook knew people well. Their day-to-day contact with people contributed to a relaxed and friendly atmosphere evident in the home.

Is the service responsive?

Our findings

At our last inspection in April and May 2018, the 'Responsive' key question was rated as 'Requires Improvement'. At this inspection, we found that whilst some improvements had been made, further improvements were needed. The rating for this key question remains 'Requires Improvement'.

At our last inspection, we found people did not always receive care and support which was tailored to their individual needs and preferences. Staff were not always being provided with care plans which were personalised to each person, such as detailed information about people's interests, hobbies and or previous lives. We saw people had a lack of opportunities to do fun and interesting things. In addition, staff did not always have the guidance to support people with their mental and emotional health needs which was reflected negatively when they responded to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 9. However, further work was ongoing to ensure all people's care plans supported staff to provide personalised care and were an accurate reflection of the responsive care staff provided. For example, one person occasionally required support from staff who used a hoist so the person's needs were responded to effectively and safely. However, this was not clearly documented in the person's care records to ensure the person received consistent care to meet their needs. The manager assured us they would continue to work on improving care documentation.

Although care records required improving to support the staff in responding to people's needs consistently, we saw examples of where people had the aids they required to meet their changing needs. For example, one person required a cushion for support and this was in place and another person had a specialist mattress so their skin needs were responded to.

People's wishes for their funeral were documented in care records however, there was a lack of information to show people's preferences for their end of life care. For example, how people wished their end of life care needs to be met with their preferences detailed so these would be known by staff to guide their practices at this important time in people's lives.

During our inspection people had visitors who they spent time with and carols were sang by people who came into the home. We saw people's wellbeing was enhanced by this such as people tapping their feet to the rhythm of the music. Staff we spoke with told us there was more on offer for people to do for fun and interest, such as listening to music, singing and gentle exercises to music. People were also supported to visit local places which included the pub and garden centres. One person explained how they were happy there was a church service now so they could practice their chosen faith.

However, further improvements were required to ensure the opportunities for people to have fun and interest were consistently offered and took place. The manager had noticed improvements were required to support people to pursue their interests and participate in recreational and social activities at the home.

They were aware a programme of weekly activities needed to be devised to provide people with choices and meet people's social wellbeing. This was in its early stages of being developed. We will check at our next inspection what progress has been made to further strengthen the opportunities people have to pursue their individual hobbies and interests.

We checked how the provider was meeting the requirements of the Accessible Information Standard. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support they need. We found people's communication and information needs had not always been detailed in the care plans we looked at. However, the provider would be able to produce alternative formats of written information for people, such as menus and complaints procedures. This is an area where the provider needs to undertake further work so they can consistently show they are meeting this standard which is important as most people at the home live with dementia.

People who lived at the home and relatives who we spoke with told us that they would raise any concerns or complaints' that they had with the staff and the manager, if they needed to. They told us they would feel comfortable in doing this. On this subject, one relative told us, "If I have any concerns then I am happy to raise them with the manager." Another relative said, "I am not someone who would not bring things to the manager's attention when it concerns my relative and if I had any concerns about my relative's wellbeing then they would not be here." We saw the provider had a complaints procedure which showed how people would make a complaint and what would be done to resolve it.

Is the service well-led?

Our findings

At our last inspection in April and May 2018, the 'Well-led' key question was rated as 'Inadequate'. At this inspection, we found whilst improvements had been made in the management and governance of the service, the rating for this key question remains 'Requires Improvement'. It will take time to see improvements embedded in practice and the areas of improvement sustained to achieve a rating of 'Good.'

Since our last inspection the provider has recruited a new manager who was in the process of registering with us. 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.

The manager showed a good understanding of the requirements associated with the provider's registration with the CQC. This included the need to notify us about certain changes, events and incidents which affect the service or the people who lived at the home. These 'statutory notifications' play a key role in our ongoing monitoring of services. For example, the manager was in discussions with the local authority about the needs of two people who lived at the home to show their needs had been met. The manager told us they had the support and resources they needed from the provider to drive improvements for the benefit of people who lived at the home. The provider was present during our inspection to provide support to their management team.

At our last inspection we found the provider had not displayed their current inspection ratings. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider's current inspection ratings were displayed on a board which was prominently placed by the main entrance to the home. The provider was now meeting the requirements of Regulation 20a.

At our last inspection, we found the provider's quality checking systems were ineffective. They had not assisted the provider to identify and address the significant shortfalls in the quality and safety of people's care we identified during our inspection. This included the risks to people associated with the condition of the home's environment and from cross infections. Staff were not always clear about their roles and responsibilities as there was a lack of management oversight which had led to staff not receiving training and or support. Accidents and incidents were not analysed to identify patterns and trends to show how lessons could be learnt. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider was now meeting the requirements of Regulation 17. The provider had recruited to the position of home manager and they had the support of the deputy manager in implementing strong quality checking systems. These included the manager and provider developing and undertaking a range of checks to enable them to monitor the quality and safety of the service. These

included checks on the standards of care documentation, people's mealtime experiences and the home environment. At this inspection, we found the provider was now meeting the requirements of Regulation 17. They had taken steps to develop and improve the overall effectiveness and consistency of their quality checks, enabling them to address the multiple breaches of Regulation we identified at our last inspection. This included the provider obtaining the services of a consultant to support them in developing their policies and procedures. The provider would now ensure they undertook their own quality checks. This was important as this had been a missing part of the provider's quality checking systems as they had not consistently assured themselves their management team were effective in their roles and actions were taken to drive through improvements.

However, we found there was scope for the provider to further develop and improve their quality checking processes to address the shortfalls we identified. These included further improvements to reduce people's risk from infections and ensuring the information detailed in people's care records was always accurate and personalised. In addition, the arrangements to check staff practices needed to be strengthened to ensure people received safe and effective care, and people's rights under the MCA needed to be clearly documented.

Staff spoke about their work with enthusiasm, and believed they worked well as a team. One staff member explained, "The new manager is definitely bringing in changes to improve things. There is more for people to do.... I like my job." Although there had been changes in managers at the home staff described how they were supported and they would feel comfortable in approaching the management team and the provider. We saw the manager maintained a visible presence around the home and that, whenever possible, they supported staff in meeting people's routine care needs such as during the lunchtime meal.

People who lived at the home and relatives spoke positively about the overall quality of the care and support provided. One person told us, "It's a very good place to stay." One relative said, "I would recommend this home down to the staff and how they deal with everyone, as I come in every other day and I have never had any problems with anything. I feel that since my relative moved here, not only have I got my life back but they have are so content here, that they have got their life back as well. Another relative told us, "I would recommend the home, staff are good and even the cook comes out to see if people are eating and to offer choices where they can." Some of those we spoke with commented on the improvements they had seen in the service since our last inspection. On this subject, a relative explained, "We would recommend this home, it has improved recently with new chairs and new carpets."