

Cedar Grange Ltd

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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 

Overall summary

This unannounced inspection of Cedar Grange Ltd (previously Hope Cottage Limited) took place on 9 and 10 June 2015.

Located in a residential area of Southport and near to local facilities, Cedar Grange Ltd is a residential care home providing accommodation and personal care for up to 26 people living with dementia. Accommodation is provided over two floors with a passenger lift available for access to the upper floor. All shared areas are on the ground floor, including three lounge areas, a dining room and a large conservatory at the back of the home that leads into a courtyard and garden. Nineteen people were living at the home at the time of our inspection.

A manager for the home was registered with Care Quality Commission (CQC) but they had left the service and the provider (owner) was waiting for them to apply to deregister with CQC in order to register an alternative manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Due to needs associated with memory loss not many people were able to verbally express whether they felt safe in the way staff supported them. We observed that

Summary of findings

people were comfortable and at ease with the staff. Visitors (mainly relatives of people living at the home) we spoke with expressed no concern about the safety of their relative. We observed that people living at the home confidently approached and engaged with staff throughout the inspection.

Staff had a good understanding of people's needs and their preferred routines. We observed positive and warm engagement between people living at the home there and staff throughout the inspection.

Staff understood what adult abuse was and the action they should take to ensure actual or potential abuse was reported. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff and visitors we spoke with told us there was sufficient numbers of staff on duty at all times. We observed that people's needs were met in a timely way.

A range of risk assessments had been undertaken for each person depending on their individual needs. Risk assessments and associated care plans were reviewed each month and modified to reflect people's changing needs. The quality of the recorded care plans and care plan reviews was variable. We made a recommendation about this.

People living at the home were supported to maintain optimum health and could access a range of external health care professionals when they needed to. People enjoyed the food and they got plenty to eat and drink.

People received their medication at a time when they needed it. Systems were in place to ensure medicines were managed in a safe way. However, we found that controlled drugs were not stored securely and the temperatures of the medicine fridge were not routinely

recorded. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. You can see what action we told the provider to take at the back of the full version of this report.

Staff told us they were well supported through the induction process, regular supervision and appraisal. The staff we spoke with said they were up-to-date with the training they were required by the organisation to undertake for the job.

The building had recently been significantly refurbished. The principles of a dementia-friendly environment had been taken into account with the refurbishment. The environment was clean, well-lit, airy and clutter free. Measures were in place to monitor the safety of the environment.

Staff's understanding of the Mental Capacity Act (2005) was limited and some staff were unclear about how The Act applied in a care home setting. Although training was planned, none of the staff team had received training in mental capacity. Mental capacity assessments had been completed for people living at the home but these were general in nature and not decision-specific. You can see what action we told the provider to take at the back of the full version of this report.

The culture within the service was and open and transparent. Staff told us management was both approachable and supportive. They felt listened to and involved in the development of the home.

Opportunities were in place to address lessons learnt from the outcome of incidents, complaints and other investigations. Audits or checks to monitor the quality of care provided were in place and these were used to identify developments for the service.

A procedure was established for managing complaints. There were very few complaints recorded and those that had been received were managed in accordance with the procedure and to the satisfaction of the complainant.

Summary of findings

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 not always safe.

Relevant risk assessments had been undertaken depending on each person's individual needs.

Staff understood what abuse meant and knew what action to take if they thought someone was being abused.

Although processes were in place for the safe management of medicines, controlled drugs were not stored in the way required and medicine fridge temperatures were not routinely checked.

Measures were in place to regularly check the safety of the environment and equipment.

There were enough staff on duty at all times. Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Requires improvement



Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions were not being followed in the way mental capacity assessments were conducted.

People liked the food and got plenty to eat and drink.

People had access to external health care professionals and staff arranged appointments when people needed to see a professional.

Staff said they were well supported through induction, supervision, appraisal and on-going training.

Requires improvement



Is the service caring?

The service was caring.

Visitors told us they were happy with the care their relative living at the home received. We observed positive engagement between people and staff.

Staff treated people with respect, privacy and dignity. They had a good understanding of people's needs and preferences.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

A range of risk assessments had been completed for each person depending on their individual needs. Care plans were reviewed each month and modified to reflect people's changing needs. The quality of the care plans and care plan reviews was variable.

A process for managing complaints was in place. Complaints were managed in a timely and effective way.

Processes were in place for families to provide feedback about the service.

Is the service well-led?

The service was not always well led.

Staff spoke positively about the open and transparent culture within the home. Staff said they felt included and involved in the running of the home.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established at the home.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

Requires improvement



Cedar Grange Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 unannounced inspection was undertaken on 9 and 10 June 2015. The inspection team comprised two an adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We had not asked the provider to submit a Provider Information Return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information we held about the home. We

looked at the action plan the provider produced following the last inspection, notifications and other information CQC had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with three people who lived at the home and spoke with three family members or friends (referred to as visitors throughout the report) who were visiting at the time of the inspection. We spoke with the provider, manager of the home, quality assurance manager, the chef, housekeeper, a senior care staff and one of the care staff. We approached two health care professionals who were visiting the home at the time of the inspection for their views of the care provided.

We looked at the care records for seven people who were living at the home, three staff recruitment files and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, the dining room and lounge areas. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

Is the service safe?

Our findings

We inspected the home in December 2014 and a number of breaches of regulation were identified that led to the domain, 'Is the service safe?' being rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches identified were:

There were insufficient numbers of suitably qualified staff on duty at all times. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had not followed good practice guidance regarding the administration of covert medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12(f)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Suitable arrangements were not in place to ensure people were safeguarded against the risk of abuse. This was a breach of Regulation 11(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also made recommendations at the previous inspection. These were:

We recommended the provider reviewed the arrangements for fire evacuation so the safety of people living at home was optimised.

We recommended the home take into account The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Appendix A) so that the spread of infection was minimised.

People who lived at the home and visitors consistently told us the staffing levels had improved and there were enough staff on duty at all times. One of the people living there said, "Yes there are enough staff. I don't have to wait long [if assistance needed]." A visitor told us, "The reaction [from staff] to the bell is very good."

Staff confirmed the staffing levels had improved since the last inspection and they said there were now sufficient staff

on duty at all times to ensure people were supported when they needed it. They said they no longer felt rushed. The manager confirmed that there were four care staff on duty in the mornings with an additional care staff working 6.00am to 8.00am because that time had been identified as the busiest. Three care staff were on duty in the afternoon and two staff were on duty during the night. In addition to the care staff, a housekeeper, domestic and laundry assistance were on duty each day. The staff rotas we looked at confirmed this staffing level at the home. The manager informed us they had recently advertised for an activities coordinator but had not received a great response so had plans to re-advertise.

Due to memory loss, the people we asked were unable to tell us about how they received their medicines and whether they were given them on time.

One of the senior care staff provided us with an overview of how medicines were managed within the home. Processes were established for receiving, stock monitoring and the disposal of medicines. Medicines were held in a locked trolley in a dedicated lockable room. The medication administration records (MAR) included a picture of the person, any known allergies and any special administration instructions. We noted the MAR charts had been completely correctly. Topical medicines (creams) were kept in people's bedrooms. We observed that these were not always stored out-of-sight and out-of-reach. This is important in order to minimise the risk of people using the creams in an inappropriate way.

Medication requiring cold storage was kept in a dedicated medication fridge. We noted that a tube of prescribed cream was located in the fridge. The senior care staff told us the person was no longer prescribed the cream. The box containing the tube of cream was wet so we queried whether the fridge was at the correct temperature. A thermometer was located in the fridge but the temperatures were not being monitored because none of the people living in the home were receiving medicines that required refrigeration. This meant if a person was to be prescribed a medicine that required refrigeration then staff could not be sure the fridge temperatures were within the correct range because they were not being checked each day.

Facilities and processes were established for the safe storage and management of controlled drugs. These are prescription medicines that have controls in place under

Is the service safe?

the Misuse of Drugs Legislation. The senior care staff told us nobody was prescribed controlled drugs. However, we found a medicine called Temazepam in the medicines trolley. This is a medicine to help people to sleep. It is classified as a controlled drug and is required to be stored in the controlled drug cupboard. It was clear the staff who administered the medicines were not aware Temazepam was a controlled drug. Furthermore, the routine medicine audits and checks undertaken by a senior care staff had not identified it as a controlled drug as they indicated none of the people living at the home were prescribed a controlled drug.

Some people were receiving covert medication. This means that medication is disguised in food or drink so the person is not aware they are receiving it. Although not specific to making decisions about medicines, a mental capacity assessment had been completed to confirm the person lacked capacity. The person's GP had provided written agreement for the covert administration of the medicine in the person's best interest. The senior care staff confirmed that pharmacy had been consulted about the administration of medicines covertly and each person's family had been invited to participate in the decision making process.

Some people were prescribed medicines only when they needed it (often referred to as PRN medicine). Most people had written plans in place outlining when PRN should be given. We did observe that a person who was prescribed PRN medicine for pain did not have a plan in place. This meant there was no clear guidance for staff to identify if the person was in pain.

We observed that staff had access to a nationally recognised medication reference book (referred to as the British National Formula or BNF) to check any queries they may have about a particular medicine. Two reference books were in place but both were out-of-date. The BNF is produced every six months to ensure information about medicines is current.

The senior care staff with responsibility for medicines management told us they received medication training in April 2015 and this was facilitated by the pharmacy that provided medication to the home.

A medication policy was in place and it was last reviewed in 2013. We noted it did not capture all the criteria outlined in the NICE guidance for managing medicines in care homes,

including guidance on reporting errors, medication reviews, mental capacity and staff training. NICE (National Institute for Health and Care Excellence) provides national guidance and advice to improve health and social care.

Not ensuring effective safeguards were in place for the safe management of medicines was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A visitor told us their relative who lived at the home was safe. They said, "The staff are nice to her and that goes a long way." The staff we spoke with could clearly describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. Staff confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. The training monitoring record informed us that all but two members of staff had completed adult safeguarding training in the last 12 months. The two staff who had not completed it had recently started working at the home and were due to complete the training.

A personal emergency evacuation plan (often referred to as a PEEP) had been completed for each person living at the home. Each PEEP took into account any sensory impairment the person experienced, such as hearing loss. They also outlined whether any specialised equipment was needed to enable the person to evacuate the building in a safe and timely way. The manager advised us that the fire officer had looked at the PEEPs and was satisfied with the content.

We noted that the double doors into the dining room/lounge area were retained in an open position. As it was a fire door, we highlighted to the manager that this was unsafe practice. The manager informed us that the fire service had visited the home shortly before our inspection and had not raised this as a safety matter. We contacted the fire officer after the inspection who agreed to revisit the service to look at the doors.

Arrangements were in place for regularly monitoring the safety of the environment and records were in place to support this. They included regular checks of emergency lighting, fire equipment, water safety and the call bell system. We were provided with recent examples of the health and safety audit undertaken each month by the quality assurance manager. A fire alarm response plan and

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contingency plan 2015 were displayed in the staff office. We could see that the last fire drill took place on 5 May 2015. We observed that arrangements were in place for regularly checking equipment, such as hoists and slings.

We had a look around the home and observed many areas of the home had been redecorated. New seating and furniture had been purchased so the home had a fresh and clean feel to it. Throughout the inspection there were no unpleasant odours. Disposable gloves and aprons were readily available for staff and we observed staff using these when supporting people with personal care. In addition to a domestic staff, a housekeeper had been appointed since the last inspection. Cleaning schedules were in place with checklists to demonstrate that the schedules had been adhered to. Training monitoring records informed us that the majority of the staff team had completed infection control training, with most staff completing it in 2015.

We looked at the personnel records for four members of staff recruited in the last year. We could see that all required recruitment checks had been carried out to confirm the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records.

An accident reporting policy was in place and this was last reviewed in 2013. The manager showed us how the incidents were monitored each month and action taken where appropriate.

The people we spent time with who were able to verbalise their views told us they felt safe living at the home. A person said, "I feel safe because I get help here." We observed staff constantly checking on people, especially the people who liked to walk about the building.

The care records we looked at showed that a range of risk assessments had been completed and were reviewed each month. These included a falls risk assessment, lifting and handling assessment, nutritional and a skin integrity assessment. A general risk assessment was also in place for each person and this took into account risks associated with the person's bedroom and the use of equipment, such as bedrails. Care plans related to risk were in place to provide guidance for staff on how to minimise the risks for each person. We saw a good example of appropriate and timely action taken for a person who was identified as a high risk to falling. A detailed risk assessment had been undertaken and a referral made to the local falls team. An in-depth care plan had been put in place to minimise the risk of the person falling. This was reviewed each month.

The staff we spoke with could describe how they would recognise abuse and the action they would take to ensure actual or potential was reported. They confirmed they had received adult safeguarding training. An adult safeguarding policy was in place for the home and the local area safeguarding procedure was also available for staff to access. We observed the local area contact details for reporting a possible safeguarding concern were displayed on the notice board in the office.

Is the service effective?

Our findings

We inspected the home in December 2014 and a number of breaches of regulation were identified that led to the domain, 'Is the service effective?' being rated as 'inadequate'. This comprehensive inspection looked at the action the provider had taken to address the breaches in regulation. The breaches identified were:

Staff had not been provided with appropriate training. This was a breach of Regulation 23(1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People living at the home were not adequately supported and monitored with their food and drink. This was a breach of Regulation 14(1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not adhered to the principles of the Mental Capacity Act (2005). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Mental Capacity Act is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances.

Recently recruited staff told us they had a thorough induction when they first started working at the home. The induction involved shadowing a more experienced member of staff. A member of staff said to us, "I shadowed a member of staff for four days and filled out a three page induction booklet." The personnel records we looked at confirmed an induction took place and new starters received a review of their employment after three months. The manager advised us that a newly appointed member of staff was completing the Cavendish Care certificate induction course which the provider had introduced for all newly recruited staff. This new care certificate has been introduced nationally to ensure care workers are consistently prepared for their role through learning outcomes, competences and standards of care.

Staff we spoke with confirmed they received regular supervision and an appraisal each year. We observed that records of supervision and appraisal were contained in the personnel records. Staff said access to and support with training had improved since the new manager arrived. The training matrix or monitoring record identified the training the provider required staff to complete. This included fire training, first aid, dementia awareness and moving and handling training. The majority of the training had been completed throughout 2014 and 2015. There were a small number of gaps in training but the home had had a turnover of staff since the last inspection so newer staff were awaiting training dates.

The provider had also recently introduced supplementary e-Learning and we could see from the records that staff had started to participate in this training. The manager advised us that they had recently booked specialist dementia training to take place at the beginning of July 2015.

We asked people living at the home their views of the meals and the feedback was mixed. Most people said they had a choice of meals but some people were unsure or unable to remember. All the people we spoke with said they got enough to eat. A staff member told us, "There is always a choice of two main courses with alternatives of salad, sandwiches or jacket potato." Although the drinks arrived when people had almost finished their main meal, people had a choice of a cold drink. Hot drinks were served after lunch and drinks were regularly offered to people throughout the day.

We observed a person push their meal away at lunchtime whilst saying "I can't eat that." The person was unable to explain why they could not eat it. A care staff asked the person if they wanted something else but they said no. The care staff did not inform the person what options were available. By doing so this may have prompted the person to make an alternative choice. We observed a person pouring salt over their meal and staff said the person regularly did that. We mentioned to the staff whether an alternative type of salt cellar had been considered, one which limited the amount of salt released.

The provider had changed the location of the dining room since the last inspection. It was now located in a bigger room alongside the kitchen. This meant the food was less likely to go cold and kitchen staff were available to support the care staff at meal times. We observed that the food was hot when it left the kitchen. People could choose whether

Is the service effective?

to sit at a table for their lunch or they could have their meal in a lounge chair in one area of the room. The atmosphere at lunchtime was relaxed and we observed there was sufficient staff available to support people with their meal if they needed it. On a sideboard in the dining room there was a bowl containing fruit and sweets. The manager told us people living at the home had access to this whenever they wished.

We spoke with the chef who told us menus were developed based on people's preferences. Care staff consulted with families about the menus and then the manager gave the final agreement before the menus were introduced. A kitchen notification and food preference form for each person was located in the care records we looked at and a copy of this was given to the kitchen when someone new moved into the home. The kitchen notification also included special diets people were on, such as a diabetic, vegetarian or soft diet. We noted that a person had a lunch that was blended. All the food items were blended together, which did not look very appetising. However, the person appeared to enjoy it.

Staff consistently sought people's permission before providing care. Throughout the inspection we observed and heard staff encouraging and prompting people with decision making regarding their care needs in a positive way. Before providing support, we heard staff explaining what they were going to do in a way the person understood.

For more complex decision making, a mental capacity assessment had been undertaken for each person. Similar to the findings at the previous inspection, the mental capacity assessments were generic in nature. This meant they did not specifically identify the decisions the person required support with making and did not identify who would support them with making those decisions. These included decisions, such as those related to the use of bedrails and the management of medicines. There were two shared rooms and the families of the people sharing the rooms had provided written permission for this arrangement.

The manager advised us that two people living at the home were subject to a Deprivation of Liberty Safeguards (DoLS) plan. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict

their freedom unless it is in their best interests. From our discussions with the manager, staff and a review of the records, we could see that staff worked to each person's DoLS plan.

Staff's understanding of the Mental Capacity Act (2005) was limited and it was evident some staff were unclear about how The Act applied in a care home setting. Staff had a much better understanding of what DoLS meant and why the people living at the home were on a DoLS plan. The training matrix informed us that none of staff had received training in mental capacity. It had been organised for the full staff team on the day of our inspection. The manager informed us that the training facilitator had cancelled and she was in the process of rearranging the training date. The manager told us all staff had been provided with easy-read DoLS booklet. We could see that staff had signed to acknowledge they had read it.

By not adhering to the principles of the Mental Capacity Act (2005) was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if staff supported them to have good health. Due to memory loss, most people were unable to answer this. One person did say, "They [staff] send for the doctor." Visitors consistently told us their relative's health care needs were met in a timely way. A visitor told us, "They [staff] sent for the doctor and let me know."

From our conversations with staff it was clear they had a good knowledge of each person's health care needs. People's care records informed us they had regular input from professionals if they needed it, including the community mental health nurses, optician and chiropodist. A form was in place to record all consultations with health or social care professionals. People's weight was checked regularly and we could see that action was taken if there was a significant fluctuation in a person's weight.

Some people remained in bed continuously. We observed that staff were attentive to their needs in terms of personal care, nutrition and hydration throughout the day. Care records confirmed that the people received care at regular intervals. A record of food and drinks was recorded, along with pressure area care. Although the people were unable to verbally communicate with us, we observed that they seemed content. Staff told us they provided hand massages for the people as they were unable to join in

Is the service effective?

activities. The manager advised the people had been cared for in bed for a number of years, before the manager started. The manager said they were reviewing the people's needs to see if there were alternative ways of supporting the people so they did not need to remain in their bedrooms continuously.

We spoke with a GP who was visiting the home at the time of our inspection. They told us the staff responded appropriately and in a timely way if they had concerns about a person's health care. The GP said staff acted upon medical recommendations and provided treatment and care in accordance with medical instructions.

We had a look around the building with the manager who showed the improvements that had been made as they strive to develop a dementia-friendly environment. In accordance with national guidance on dementia appropriate environments, we observed that the home had been decorated and organised to provide a spacious and airy internal environment. The décor was bright with

minimal patterning and was clutter free. The flooring was in a matt finish and un-patterned to support people to mobilise safely. There were four seating areas with different themes and each included chairs in different styles to suit different needs. The chairs were in contrasting colours which meant people could locate a seat easily.

There was plenty of space for people to move about safely. There was some signage with pictures to support people to locate particularly rooms. The corridor leading to a number of bedrooms had been painted in bright colours and the bedroom doors were in contrasting colours. The manager advised us that people had been involved in picking the colour of their bedroom door. Picket fencing and trellis with artificial flowers was located along the corridor. The manager said, and staff confirmed, that some people liked to spend time in the corridor picking and carrying the flowers around. We looked at some bedrooms and observed they were personalised to people's preferences.

Is the service caring?

Our findings

We asked people living at the home if staff treated them with dignity and respect. They all responded with “Yes”. Due to memory loss most people were unable to verbally share their views with us so we spent periods of time throughout the inspection watching and listening to how staff interacted with people. Staff approached people with a smile and spoke with them in gentle tones, and people responded positively to this approach. Staff were patient, pleasant and kind in the way they interacted with people. People were comfortable around the staff and at ease approaching them.

Staff spoke about people with warmth and demonstrated a positive regard for the people living at the home. We observed staff spending time with different people during the inspection and doing hand massages, nails or just simply having a chat with them. People were supported to be as independent as they could. We observed this at lunch time as staff were present to support people but did encourage them to eat their own meal.

People looked well cared for and were well dressed. Staff told us they encouraged people to choose their own clothes each morning. The staff we spoke with had good knowledge of each person’s background, needs and preferences. They told us they read people’s care plans and asked their relatives. We asked them how they involved relatives in care and a member of staff said, “I go over their book of life with them.”

Personal care activities were carried out in a discreet way. Some people were cared for in bed due to progression of their dementia and associated needs. Staff regularly spent time with the people in their bedrooms supporting them with their nutrition and personal care. Screens were located in the shared rooms to ensure each person’s privacy and dignity was respected during personal care.

Visitors told us they had been involved in developing and reviewing their relative’s care plan. A visitor said to us, “I’ve been involved in the review and [relative] told me she does not want to move.” Another visitor said, “I’ve seen the care plan and read it through.” This showed that the home had taken an inclusive approach by ensuring the person’s view was represented when their care was reviewed.

A key worker system was in place. A key worker is a member of staff responsible for one or more persons. The role involves ensuring the person’s support and care meets their needs. Often this role involves discussing and reviewing the person’s care with them or their family representative. We could see from the care records that the keyworker kept a record of discussions with the families about their relative’s care.

People living at the home and the visitors that we spoke with told us there were no restrictions on visiting times at the home.

Although the manager was aware of local advocacy services, they advised us that all the people living at the home had family to represent them.

Is the service responsive?

Our findings

At the inspection in December 2014 we found that the dignity and preferences of people was not being met and was a breach of Regulation 17(1) (a)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The reason was this breach was because two male staff had been working together at nights without the presence of a female staff. This meant some women who lived at the home were receiving support from male staff despite their care plans showing a preference for assistance with personal care from female staff. The manager advised us that there was currently only one male care staff working at the home and they always worked alongside a female care staff. Duty rotas confirmed this.

Throughout the inspection we observed staff responding to people's requests and needs in a way that was individual to each person. For example, a person did not like wearing socks or footwear. Staff had tried unsuccessfully to encourage the person to wear something to protect their feet. Instead staff made sure the floor was free from anything that could present a risk as the person liked to walk about.

Staff had a good knowledge of people's preferences and how to support each person in a way that they liked. However, the care records did not fully capture or reflect the person-centred approach staff showed when supporting people. The information recorded about people's life, including background, relationships, working career and interests was variable. It is important to have this information recorded for staff as often people with dementia are not in a position to either recall or verbally articulate this information. The manager provided us with evidence to show that families had been sent a 'Personal care handbook' to complete and return. This document sought information about the person's background and preferences. None of these had been returned. The 'personal care handbook' was lengthy so we explored with the manager whether a shorter and simpler version may be more appealing to families to complete and return.

In addition, the quality of the care plans was variable, with some lacking detail in how to provide support. For

example, we saw a care plan that stated the person was uncooperative with personal care. There was no detail to explain how this presented and the specific approach staff should take to encourage the person with accepting personal care. We asked staff and they were clearly able to describe the positive approach they took but this was not recorded. Clear and detailed care plans are important to ensure consistency of approach, particularly for staff who may be unfamiliar with the person.

Care plans were reviewed each month and the approach to recording was variable. We saw good detail for some people about how the month had been for them. However, we also saw repeatedly recorded for some people month after month "Remains the same" or "No change this month". This was not in keeping with the principles of person-centred care and provided no information about how the person had spent their month.

We asked people how they liked to spend their day. A person said, "I listen to the radio. I don't want to join in. I like to stay in my room. They [staff] are very good, they bring my meals in." Another person told us, "There is a lot of talking."

We asked visitors about the activities provided at the home. A visitor said to us "My relative is quite happy in her room. Her eyesight is very bad." Another visitor told us, "Watching television is [relative's] hobby. She likes the soaps." A further visitor said, "She does not do very much. She listens to the music and goes to the activity room."

An activity programme was in place and staff told us they had started to use the activity room more. The manager advised us they were currently recruiting for an activities coordinator. In the meantime, care staff were facilitating the activities.

Tasteful music was playing in each of the lounges throughout the inspection. People were relaxed and seemed to enjoy the music. Staff were giving people hand massages and manicures in the morning of the first inspection day. In the afternoon some of the people living there were playing skittles with the staff.

A complaints procedure was in place and a copy was displayed in the foyer. It was reviewed in March 2015. The manager maintained a log of all complaints received. We could see that the log included a briefing of the complaint,

Is the service responsive?

the action taken and when the complaint was closed. There were very few complaints recorded and those that had been received were managed in accordance with the procedure and to the satisfaction of the complainant.

The manager told us a cheese and wine evening had been arranged since the last inspection. The aim was to highlight the changes made to the service and provide a forum for relatives to feedback their views about the service. Two relatives participated in the event.

The manager informed us that questionnaires are sent out every three months to relatives. These are then analysed at head office and the results forwarded to the service. We were provided with examples of the results, one being a food satisfaction survey that was based on feedback from relatives. The feedback received was positive.

We recommend that the provider considers current person-centred guidance when planning and reviewing people's care with them.

Is the service well-led?

Our findings

A registered manager was not in post as they had left the service prior to the inspection. A new manager had been appointed and they planned to apply to register once the previous manager had deregistered.

We observed that the ratings from the previous inspection, along with the report were displayed in an accessible area for relatives and visitors to access.

We spent time with the provider, the manager and the quality assurance manager (Operation Support Team) to look at whether the action plan following the previous inspection had been met. We could see that the Operation Support Team had made changes and improvements to meet the breaches in regulation. These included refurbishing the environment, improving staffing levels and improving staff training. The quality manager had set up the supplementary e-learning training and completed some of it so they could assess the quality of the training. The provider had since changed the name of the home in order to promote the image of the home and for the home to have a 'new start'. An 'employee of the month' had recently been introduced.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. The quality assurance manager told us they spent time at the home 3-4 days per week. They carried out routine audits at the home and provided us with examples of these audits. These included monthly housekeeping audits, an equipment audit and a personnel file audit. Monthly health and safety audit were undertaken to check the premises and these were signed off by the manager. A maintenance audit had recently started.

We discussed with the manager our concerns with the care records, in particular the variability in the quality of the care plans and the care plan reviews. Although the care records were regularly audited, the manager acknowledged that further work was required to improve the quality and they had plans in place to address this in the coming months.

Quality meetings were held monthly and they were attended by the operation support team. We looked at the minutes from the meeting held in May 2015. It was recorded that recent feedback from relatives had been positive.

We asked people living at the home how well the home was run. A person said, "It is very good." Visitors were happy with the leadership and management of the home. A visitor said, "It seems to be well run. The dining room seems to work better." We asked visitors if they had any views on how the service could be improved. They were unable to suggest any further improvements. One visitor said, "I don't think there is anything. [relative] is quite happy." Another visitor who was happy with the home told us, "I've not made any suggestions. I don't want to interfere with the way its run."

We asked staff their views on the leadership and management of the home. All were pleased with the new management arrangements. They said the manager was approachable and supportive. A member of staff said, "Anything I think is being missed I'd go to the manager. She is very approachable."

Staff told us they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice. They were confident the manager would be supportive and protective of them if they raised concerns. Staff said the communication was open and transparent. A member of staff said, "We are kept in the loop." They also told us their views had been sought about the recent changes, particularly in relation to the environment. Staff were also pleased that they had been allowed to choose their own uniform.

They told us meetings were held for staff every 2-3 months and were provided with service updates and feedback on any incidents or complaints. We looked at the minutes of the meeting from April 2015. The introduction of The Gold Standard Framework (GSF) was discussed as it was due to start in July 2015. The GSF is an evidence-based approach in end-of-life care and the national GSF centre provides training for all GSF programmes. In addition, staff said there was a thorough handover between staff shift changes.

Staff told us the morale had improved since the last inspection. They said the people living there were more settled and seemed happier and this may be because was more structure and a better routine. Another member of staff told us they had seen vast improvements and said, "The place has been turned upside down. It's fantastic now."

Is the service well-led?

The manager ensured that CQC was informed appropriately about events that occurred at the home. This was in line with events providers are required to notify CQC about. Our records also confirmed this.

We discussed the incident reporting system with the manager. They advised us that they reviewed each incident and recorded actions for staff if required. The incidents were analysed to check for any emerging themes and patterns.

The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. While improvements had been made, we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services were not protected against the risks associated with medicines because effective measures were not in place for the safe management of medicines. Regulation 12(2)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Staff were not adhering to the principles of the Mental Capacity Act (2005). Regulation 11.