Care UK Community Partnerships Ltd

Cavell Court

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

Cavell Court is a care home with nursing for up to 80 older people, some living with dementia. The home is situated over three floors, and serviced by a lift. All rooms have ensuite facilities. At the time of our inspection, 51 people were living at Cavell Court.

There was not a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was an acting manager in post who was in the process of registering with CQC.

At our last inspection on 5 and 6 July 2016, we found the service required improvements in all areas, and there were four breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements to these areas had been made and caring was rated as good. Further improvements were needed within the other areas in order for them to become good.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

There were several medicines that had become out of stock, and we could see that this problem had occurred before. Therefore people's health and wellbeing was put at risk as people did not always receive their medicines as prescribed. Medicines administrated were recorded accurately and stored safely, and there was comprehensive guidance for staff about how to give them safely.

People's care records contained information about risks to their safety and provided guidance on how to mitigate these. There were also risk assessments in place for people's environment which contributed to keeping them safe. There were enough staff to keep people safe and meet their needs, and they were recruited safely. Staff had knowledge of how to keep people safe from harm and who to report concerns to.

Staff sought consent before delivering care to people, however improvements were needed to ensure that people's capacity was assessed when required, and that decisions took place within people's best interests.

Staff supported people to eat a healthy balanced diet and this was checked regularly. People were supported with specialist diets, however improvements were needed to communicate these needs across the staff team in a timely fashion. People had a choice of meals and received enough to eat and drink. People had access to healthcare when they needed.

People's care records were not always consistent across the home, and some did not have enough guidance

for staff with regards to their specific health needs, so improvements were needed in this area.

People had access to a range of activities within the home, and they felt comfortable to raise concerns with staff should they have any. Friends and family visited when they wished.

Improvements had been made since our inspection in July 2016 to the competence of staff. Staff were trained in areas relevant to their roles and carried these out effectively. Staff received enough supervision and support.

People were supported by staff who were kind and respected their choices. People were involved in planning their own care and making decisions. Staff respected people's privacy and dignity, and promoted their independence where appropriate.

There were significant improvements with regards to the systems in place to check, monitor and improve the service. Audits in place had identified problems in most areas and therefore action had been taken. Some further improvements were needed to the auditing of care records and medicines ordering. The staff had a positive attitude and worked well together as a team.

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.

People did not always receive their medicines as prescribed because they were not always in stock.

Staff knew about safeguarding procedures. Risks to individuals were assessed and managed safely.

There were enough staff to support people and they were recruited safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff asked people for consent and were aware of their capacity to make decisions. However, some capacity assessments had not been completed when needed.

Staff received effective training and were competent in delivering care to people. Staff received supervision and support.

Staff supported people with their meals and drinks when required. Some improvements were needed with regards to communicating needs to the kitchen so that people could receive fortified diets.

People were supported to access healthcare.

Is the service caring?

Good

The service was caring.

Staff delivered compassionate care to people. They built trusting and supportive relationships with people and their families.

Staff respected people's privacy and dignity and encouraged independence where appropriate.

People were involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There were inconsistencies in the detail and quality of care plans across the home, and some care plans did not provide enough guidance to staff on people's health needs.

People were supported to engage in outings and activities within the home. Staff respected people's choices.

People and relative knew how to raise any concerns should they have any, and knew who to contact.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were some effective systems in place to monitor, analyse and improve the service, however there were some areas in need of further improvements.

The acting manager was supportive to staff and there was improved morale. The staff worked effectively as a team.

The home had developed strong links within the local community.

Cavell Court

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 May and was unannounced. The inspection team consisted of three inspectors, one of whom specialised in medicines 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.
As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with 12 members of staff. This included the deputy manager, the acting manager, a lifestyle coordinator, an administrator, a chef, two nurses, a team leader and four care staff. We also spoke with five people who lived in the home and four relatives who were visiting. We checked eleven people's care records and nine medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, recruitment, training and health and safety records.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in July 2016, we found that significant improvements needed to be made for the home to become safe. There were concerns with regards to managing risks to people and staffing levels across the home. The inspection in 2016 also found that people did not always receive their medicines as prescribed, which had resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made with regards to managing risks to people and staffing. We also found that the recording and accurate administration of medicines had improved significantly. However, we found that people did not always receive their medicines as prescribed as they had run out of some medicines.

We found that some medicines had recently not been given to people because they had not been obtained in time placing their health and welfare at risk. For example, for one person prescribed a pain-relieving skin patch, delays in obtaining the medicine led to a two-day delay in replacement of their skin patch. Another person had recently not received one of their cardiovascular medicines for a period of 7 days. At the time of our inspection we noted some further medicines that were not available to give to people and requested the management team to take urgent action to obtain them. Whilst there were regular audits in place to monitor and account for medicines, we found these had been ineffective at highlighting and promptly resolving this issue.

This meant that the service was again in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and meet their needs.

Following discussions with the management team, they immediately actioned a plan to resolve this issue. During the time of the inspection they met with the pharmacy to discuss upgrading their medicines ordering system to an electronic system which will allow closer monitoring and online ordering of medicines. The new arrangement was not yet implemented as it was subject to agreement by the GP.

Medicines were stored securely for the protection of people who used the service and at correct temperatures. We observed senior staff supporting people to take their medicines and noted that they communicated with people whilst they did so. One person told us, "Yes they bring me my pills and watch me take them. I would always take them so there's no real need for them to check but they do anyway." Staff had received training and had their competence assessed regularly. A further training event in relation to medicine management had been planned for staff.

Supporting information was available for staff to refer to when handling and administering their medicines. There was personal identification and information about known allergies/medicine sensitivities and written information on people's preferences about having their medicines given to them. When people were prescribed medicines on a 'when required' (PRN) basis, there was written information available to show staff how and when to give people these medicines appropriately and consistently. When these medicines were given to people there were additional records showing reasons that justified their use. Additional charts

were in place to record the application and removal of prescribed skin patches to ensure safety.

All of the people we spoke with said they felt safe living in the home. One person told us, "Oh I'm as safe as houses. I've never felt unsafe. I find walking difficult now but if I'm walking down the corridor with my frame and I feel wobbly, I call out and they [staff] come quickly with a wheelchair to get me out of trouble." Another said, "Oh yes I feel very safe." Staff had an understanding of safeguarding and abuse, and had received training in this area. They knew how to report any concerns and who to.

People had comprehensive assessments in place to ascertain the risk of developing a pressure area, and these were discussed in weekly clinical risk meetings with the staff team. We saw that root cause analyses had been completed when people had developed a pressure area, which enabled staff to improve practice. We checked a number of records relating to staff supporting people to change their position if they were cared for in bed, and saw that these were completed. People had prescribed pressure relieving equipment in place when it was required. We saw that one person, however, was positioned in a specialist chair which had not been risk assessed for pressure and positioning. We brought this to the attention of the management team who told us that they would take immediate action to ensure that appropriate risk assessments were carried out.

Other risks to people's safety had been assessed and managed. This included risks in relation to falls, eating and drinking, choking, the use of bed rails and when supporting people to move. Clear information guided staff on how to support people, and we saw staff safely supporting one person using equipment to move. We found that risks were managed well and that these risks were reviewed each month. People who were at high risk of falls had beds low to the floor and crash mats by their bed so if they fell out, their risk of injury would be reduced. Equipment that they needed to help them walk safely was always placed near them. Where people had bed rails on their bed, an assessment had been completed to make sure that they were safe.

Risks to people's environment had been assessed and mitigated appropriately. This included water testing, servicing and testing of fire equipment, lifting equipment and electrical equipment. We also saw that fire drills had been carried out twice yearly with staff. The maintenance staff also regularly tested people's equipment such as bed rails, and their rooms including temperatures and window restrictors. There were effective systems in place to ensure that the environment was kept safe.

During our last inspection in July 2016 we found that staff were not always effectively deployed across the home, resulting in people's needs not always being met in a timely manner. Prior to this inspection, we also received some concerns that there were not always enough staff to meet people's needs and to keep them safe. Although most people said there were enough staff, one person said, "They could certainly do with more staff at night-times." One visiting relative told us, "There seems to be a lot more staff, a decent amount, which is making a difference." Another relative said, "They [provider] don't seem to staff up to resident's needs. They ignore dependence, it's just the same number of staff on regardless."

We discussed staffing levels with the staff and people we spoke with, and the majority told us this had improved greatly and they were using significantly less agency staff than in previous months. One staff member said, "I still think we could do with more staff." However, most of the staff we spoke with felt that there were enough staff to meet people's needs and reflected that numbers had greatly improved along with a reduction in use of agency staff. We saw during the inspection that staff supported people in a timely way. We looked at the dependency tool used by the service to ascertain the hours required to deliver care to people and found that this was sufficiently detailed. We looked at the rota which confirmed that the cover ascertained as necessary by the organisation was provided. The home had recently recruited several new

staff members and the management team confirmed that they have significantly dropped agency hours. We concluded that there were enough staff to meet people's needs.

There were systems in place to ensure that people were recruited safely. This included obtaining references for potential employees and checks such as the Disclosure and Barring Service (DBS) checks. This contributed to keeping people safe, and ensuring that only staff deemed suitable were able to work in the home.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in July 2016, we found that staff were not always competent in their roles due to lack of effective training and supervision, resulting in a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made with regards to staff training and competence, meaning that the home was no longer in breach of this regulation.

All of the people we spoke with said that they felt staff were competent in their roles. One said, "Oh yes, they're [staff] well trained. I have confidence in them [staff]." Likewise, all of the staff we spoke with said that they felt that enough training was provided so that they could deliver effective care. The training they received included dementia awareness, moving and handling and first aid. New care staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The care staff we spoke with said they had received supervisions since the acting manager had been in post where they had been able to discuss their roles and any further training needs with a senior member of staff. The acting manager also told us that all staff had completed appraisals since the last inspection. There was a comprehensive induction provided to new staff. We spoke with one new staff member who told us they had shadowed more experienced staff until they felt confident to work independently. They also confirmed that they had received the organisation's mandatory training, such as moving and handling, before starting to perform these tasks. All of the staff we spoke with said they felt supported by their team and management. One member of staff told us that the quality of new staff employed and the training provided had improved since our last inspection. They told us that new staff were better supported and that the skill mix in the teams was better.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection on 5 July 2016 we found that improvements were needed to the processes around the Mental Capacity Act (MCA).This was because there were inconsistencies across the home in whether people had been appropriately assessed for their capacity to make decisions. At this inspection, we found that when the assessments had been completed, they were decision-specific and staff had a good understanding of different people's capacity. However, we also found conflicting information about some people's capacity in their records, and for some people, assessments had not been completed when they were needed. Therefore improvements in this area were still required.

Staff had applied for a DoLS for several people living in the home and were awaiting authorisation. We found that some records contained conflicting information about people's capacity in their mental capacity assessments. For example, for one person, they had not received a mental capacity assessment and were deemed to have full capacity. However the home had applied for DoLS for the person which stated they did not have capacity. We discussed this with the management team who said they would review this across the nursing and residential units immediately. We found that for people who were deprived of their liberty in order to deliver safe care, the records explained how they were being restricted. We also saw that the least restrictive options had been considered. Where people had a completed mental capacity assessment, we saw that they were decision specific. Where decisions had been made in people's best interests, we found that the appropriate people such as family members or health and social care professionals had been involved in these decisions. However, best interests decisions were not always completed correctly because people's capacity was not always assessed appropriately.

Staff were able to explain to us how they communicated with people who lacked, or had variable capacity. They explained how they would give people choices, for example, of two or three items to wear when supporting with personal care, so that they could make their own decisions. We saw during our inspection that staff asked for people's consent before delivering care, and where people had the capacity to decline their care, this was respected. We concluded that although the recording and assessments needed to be completed in some cases, the staff were working within the principles of the MCA.

The kitchen staff were able to tell us about most people's dietary needs. However we found they did not always receive up to date information about changing needs, and the needs of people who had recently come to live in the home, in a timely fashion. We saw in one person's records, who was in the residential unit, that they required a fortified diet as well as their prescribed supplements. When we spoke with kitchen staff they were unaware of this and had not been fortifying the person's meals as per the recommendation given by the dietician several weeks before. We discussed this with the kitchen staff and they said they would start straight away. We found that most people's nutritional needs were met, and they received the correct diet. However, improvements in communication of people's needs were required to meet these needs in a timelier manner.

People had access to sufficient food and drink. One person said, "We get more than enough to eat and drink, my goodness, yes!" When people were deemed to be at risk of not eating or drinking enough, staff recorded their intake so that they could monitor their nutrition and hydration needs more closely. A relative we spoke with stated that they had checked staff had done this and found staff recorded this properly. We found that staff identified risks to people, for example if had lost weight or their appetite changed, they were referred to a dietician. When people required a soft diet due to swallowing problems, we saw that staff supported them to have this. People were referred to speech and language therapy if staff were concerned about their swallowing.

People had a choice of meals, and these were freshly cooked on site, and drinks were available. One person told us, "If I don't fancy one of the choices for lunch they'll [kitchen staff] usually organise something else. You can use your buzzer if you fancy a coffee." We received some mixed feedback about the quality of the meals. One person told us, "The food here is excellent." Another person said, "The food's not good, it's the worst thing about the place." Another person also told us there was not a good variety of fresh vegetables, and one person said, "The food is not bad." Three people said they would like to see the food improved, and some issues with regards to this had been picked up in a recent audit carried out by the team leader. An action plan had been put in place to address these issues. We observed lunch time and saw that food was served hot and people commented on it being pleasant.

Three courses were available and there was a choice of two main meals, starters and three desserts. The kitchen staff told us that they would make something else if someone did not like what was on the menu that day. People had a choice of what they wanted for breakfast, both hot and cold. We observed lunchtime and saw that staff showed people examples of the meals to support them in choosing what they would like at lunchtime. However, one relative explained that they did not feel staff always supported people to choose effectively. They told us, "What would be better too, for people suffering from dementia, would be either for pictures to be shown or for the two main course dishes to be taken round the tables. When people have problems understanding what they're being offered, seeing what was on offer would mean you could easily choose. I don't know why they [staff] don't do that." The staff we spoke with said they always showed people examples of what the choices were at lunch time, and we saw this happen on both days of our inspection. People were able to choose where they wanted to eat meals.

People told us without exception, that they had access to healthcare services. One person said, "Yes, if I need to see the doctor the staff sort it out." There was a chiropodist who visited the home regularly, and there were regular hearing checks available to people within the home. We saw from records that relevant healthcare professionals ranging from physiotherapists, to speech therapy to dementia professionals were contacted when needed. Other regular services included the hairdresser visiting.

Good

Is the service caring?

Our findings

We found during our last inspection in July 2016, that the service was not always caring. This was because there was such high use of agency staff that did not know people well. We also found during the July 2016 inspection that people's dignity had been compromised and staff did not always respect their privacy. We found that significant improvements had been made in this area and during this inspection, we found that the service was caring.

During this inspection, some people said that they had not always had consistent members of staff, so they did not feel they knew the staff well. One person told us they saw the same faces often and that was reassuring. We saw that there were many new staff following recruitment into the home, which meant that people would need time to get to know them. Staff we spoke with knew people well and were able to tell us details about their care needs and their preferences. People also told us they felt comfortable and they could tell staff if they had any worries.

People told us that staff respected their privacy. One member of staff we spoke with told us how staff respected people's choices, as well as their privacy and dignity. Another staff member explained that they ensured privacy by knocking on people's doors if they needed to go in, and closing people's curtains and doors when delivering care. They explained how they made people feel comfortable with personal care by giving them time and reassuring them. We observed during our inspection that people's privacy was respected, and that staff knocked on their doors and closed doors when delivering care.

People told us that the staff were thoughtful and caring, one member of staff told us, "The staff are very caring." They said that staff had a positive attitude, "They [staff] do everything cheerfully." One person told us about their relationship with the staff, "The staff are very good – polite and respectful, yes. I get on well with them [staff]. We share a bit of humour; I find that helps." Two relatives reflected that they felt staff were very caring. A staff member we spoke with explained the importance of building relationships with people. They told us, "We have a bit of a laugh, bit of banter."

People told us that staff communicated effectively with them. One person explained how staff were reassuring, "I get frustrated as I have to be moved around in a wheelchair. The staff are very good. Very careful and always patient." We saw that staff spoke kindly to people, and reassured them when supporting them to move or when people were distressed.

People told us that they made their own choices with regards to how they were cared for. One person explained to us that they discussed their needs when deciding to move into the home, "Yes I did. Me and my family agreed what was needed." We saw in records that people's care was discussed with family members appropriately within monthly reviews of their needs. The relatives we spoke with told us they were able to come and visit when they wished and that staff were welcoming towards them. They also told us that staff called them if there was an occurrence relating to their family member.

One person told us they were able to do as much as they can for themselves and were able to keep their

independence. Another person said that staff had supported them to be as mobile as possible to promote their independence. A relative told us how staff encouraged independence, "They [staff] have encouraged [relative] to keep mobile." We saw that staff supported people's independence.

Requires Improvement

Is the service responsive?

Our findings

We found in our last inspection in July 2016, that the home was not always responsive to people's individual needs, resulting in a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found at this inspection that the provider was no longer in breach of this regulation because of the improvements that had been made. However there were still areas that required additional and sustained improvement.

We found that the quality of people's care plans was variable, with some care plans showing a great deal of detail, and some care plans with missing information. We saw that some people's records with regards to diabetes were not detailed enough. For example, not everyone with diabetes had a specific care plan in place, and there were not always comprehensive records to guide staff about when people should have their blood sugars tested, and what people's normal range was. Blood sugar testing had not always been recorded consistently. We looked at one care plan which said that blood sugar levels should be monitored, but it did not say what the expected range should be, or how often it should be monitored. This meant there was a risk that the staff would not pick up problems related to their blood sugar levels. We discussed this with the management team and they told us that they would review all diabetic care plans. They also added in relevant information to diabetic care plans regarding checking people's feet, during the inspection.

People living with dementia had comprehensive plans in place. These provided staff with guidance about how to support people when they displayed behaviour which some may find challenging, or when they became distressed. However, we found that these areas of some people's care plans were not detailed within the nursing unit. We found that for one person in the nursing unit, they became distressed regularly during our inspection. The staff told us this was usual for this person, and we saw in their records that the person had displayed distressed behaviour on a number of occasions. We saw that when the person was distressed or raising their voice, that staff reassured the person. The care plan stated that staff should escort the person back to their room. However, there was not a detailed comprehensive plan in place with guidance for staff on how best to support the person in different situations with these behaviours.

We found inconsistencies in how staff met people's different health needs. For example, for one person, who was cared for in bed, we found that their daily record contained a plan from a physiotherapist for staff to complete daily passive movements. There was no record of this having been completed. We spoke with a nurse on duty who said they would complete a record sheet for staff to fill in and ensure that staff offered these regularly. They said that the person had not been offered the exercises, and another member of staff said the person had refused them. Therefore, we could not be assured that the person was offered and receiving the care planned. However, another person told us, "[Staff name] has been great in encouraging me to move more after my stroke. I can speak for myself." Another person told us, "My care plan sets everything out I think."

The home had carried out detailed pre-assessments of people's needs, and these included information about people's health, mobility and personal care needs as well as their preferences. Everyone living at the home had a monthly review of their care planning, which included relatives where appropriate. One person

told us, "The staff know what my needs are." This helped to ensure that the records related to their current and changing needs.

People's care plans contained information about their life histories and their preferences. There was a team of lifestyle staff who delivered one to one sessions and group activities as well as outings for people throughout the week. Staff encouraged people to be involved with activities. One person told us, "The staff are trying to get me to be more active. I don't join in with activities normally but I am going on an outing next week to Taverham Garden Centre. It's not somewhere I would normally visit but it'll be a chance to get out for a short time." The lifestyle coordinator told us about a walk around the village that some people had completed as part of the local Art Trail, and said that the people had enjoyed it, as well as a previous visit to a garden centre. There were also outings to events held at the local primary school, and the school had also visited the home for events. This was part of an intergenerational dementia awareness project.

In-house activities included films in the home's cinema, reminiscence, pamper evenings, games, exercises, baking, gardening and organising outings for people. One person said, "I have been to the baking sessions but I couldn't today as I'm sorting through my clothes. I think they [staff] are doing some pampering later. That'll be nails and face masks – I'll go to that."

There was also regular visiting entertainment such as a singer and 'pets as therapy'. We saw many photographs of people enjoying time with these animals. During our inspection one staff member bought their own dog in to see people as they told us they knew that certain people enjoyed spending time with the animals. The lifestyle coordinator we spoke with explained how the activities also had a positive impact on people's lives by providing more of a framework to their day. They were currently organising a flower show event to be held at the home.

One person said, "Choice, well I choose what I do. I don't want to join in with anything." Another person said, "I always request a female carer at night even though there is often a wait for one to come free. They [staff] always comply with this." We concluded that staff respected people's own choices, from gender of carer to joining in with activities. People chose when to get up and go to bed, "I like to go to bed late. Later than those around me. The staff come when I want. I don't mind who comes."

The acting manager of the home told us that they provided religious support for people when they required this, supporting people to see a pastor if they wished. One relative said, "I've seen the vicar coming in to see one resident but I don't think I've seen more than that."

The people we spoke with said they would be comfortable to raise concerns if they had any. One person told us, "I would talk to the Team Leader. It hasn't happened though." However, one relative did say, "We have made three complaints plus a safeguarding. They [provider] don't seem to learn lessons unfortunately." We found that recorded formal complaints had been investigated and responded to appropriately, although some people we spoke with did not feel that concerns had been resolved.

We received mixed views about whether people were regularly asked for their feedback. Three people said they did not know there were meetings for people living in the home, and one person said, "Yes there are meetings for residents and families. They're monthly." We saw that there were surveys asking for people's feedback, as well as a comments box in the reception, however not everybody was fully aware of these options. The relatives we spoke with knew of the meetings and who to feed back to if they had concerns. We also saw that the home had received compliments from people staying with them which thanked them for their care.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in July 2016 we found that there were not effective systems in place for identifying problems, which had resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. During this inspection we found that there were significant improvements in this area, and the provider was no longer in breach of this regulation.

There was an audit in place which checked that care plans were completed. We saw that these had identified some gaps which were then completed. We discussed the inconsistencies we found in the quality and content of care plans with the acting manager, and they said they were planning to implement further checks on the quality of care plans, rather than simply whether sections had been filled in. We also discussed with the management team the problems we found with regards to medicines. The audits which had been implemented since our last inspection had been effective in improving the recording of medicines, however a new system for ordering in medicines to ensure they did not run out had not been introduced. Therefore, action had not yet been taken when this arose as a problem and had since reoccurred.

There were systems in place which monitored and improved the service. This included audits carried out at different levels, in areas of health, safety and incidents. The deputy manager had also completed a monthly review which detailed any concerns or relevant occurrences to communicate with the regional manager. There were also regular checks completed by an external member of staff from the organisation. They checked care records, staff daily records, meal time experiences and observed how care was delivered. These had led to action plans being implemented, which had then been completed and recorded. For example, we saw that where gaps in medicines charts had been identified, they had then investigated the reason why. We saw that they had discussed gaps with staff responsible to ensure they had been made aware of the error. These checks had also identified which care plans needed updating.

We found that the medicines audits had not led to sustained action being taken when stocks of people's medicines had run out. The management team took action to resolve this immediately following our inspection, which involved implementing a new ordering process to ensure medicines were in stock. However, we were concerned that no action had so far been taken to resolved this issue prior to our inspection.

There was an audit in place for nutrition screening, which was an audit looking at people's weights, and leading to actions when needed. The audits had been effective at identifying when people required a dietician referral if people had lost weight consistently. However, we found that people's changing needs were not always communicated to the kitchen staff following this, in a timely manner. A further audit had been carried out in 'meeting nutritional needs' and this had contributed to identifying issues and making improvements. This audit looked at choice given to people, whether the appropriate records were filled in, checked staff knowledge around nutrition and people's mealtime experiences. These had identified that some people felt the food could be improved.

There was no registered manager working at the service. The last registered manager left the home in

January 2017. In the meantime, there was an acting manager from the organisation. The acting manager had submitted an application to register as manager. The deputy manager was also involved in the daily running of the home, and there were team leaders for each care shift, as well as a clinical lead on the nursing floor. Due to the inconsistencies in management over the last two years, the home had not maintained and sustained good leadership. There had been a recent recruitment drive which led to decreased use of agency staff, which meant that the team was more stable. We saw that there was improved leadership in place and that shifts were well-organised.

People living in the home and their relatives had an opportunity to give the service feedback through surveys. These covered areas such as whether people felt safe, had enough activities to do and whether they felt their needs were met. We saw that feedback was generally positive from these surveys.

One staff member told us, "Morale is so much better now." The staff we spoke with said they enjoyed their jobs and found them rewarding, and they felt the management team was supportive. One of the people we spoke with said, "They work well together." All of the staff we spoke with reflected that they felt they had a good team to work with, along with supportive colleagues.

Staff told us the management team were visible within the home, "You see them around all the time now." They said that members of the management team did help to deliver care if needed. However, people we spoke with told us they did not see anyone from the management team, one saying, "No I've never seen any manager."

Relatives we spoke with did not feel that the provider communicated changes to the service with them, and they did not feel consulted. One said, "There's no formal communications. Never a newsletter or anything. The fees were raised recently with no announcement." This was also reflected by another relative, "[Relative's spouse] didn't even know the fees were going up until they got an invoice. How poor is that, no discussion or notification." We concluded that there needed to be a sustained improvement in leadership in order for the provider to build better relationships with people.

The home had developed effective relationships throughout the local community. This included the local primary school, the library, Norwich High School, and links with teams within the hospital. The home also held a weekly club for people both in the community, and in the home, who live with dementia. These consisted of themed days, for example around, foods, sounds, childhood, or word games for people, to provide them with cognitive stimulation. The home also hosted quarterly events attended by the local community, and these included events for falls prevention awareness and end of life care. The home had held a dementia awareness day earlier in the year, which was attended by relatives and other members of the local community, such as local police and the local brownies group.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure that there were sufficient quantities of medicines to ensure the safety of service users and meet their needs. Regulation 12.2 (f)