Bupa Care Homes (AKW) Limited

Heathland Court Care Centre

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 7 July 2015 and was unannounced. At the last inspection of the service on 11 June 2014 we found the service was meeting the regulations we looked at.

Heathland Court Care Centre is registered to provide accommodation for up to 82 people who require nursing and personal care. People using the service had a wide range of healthcare and medical needs. The home specialises in caring for people living with dementia. The home had recently opened a new dementia unit in March 2015 which was located on the top floor of the home. At the time of our inspection there were 45 people living at the home.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

During this inspection we found the provider in breach of their legal requirement to ensure that people's medicines were available in the necessary quantities at all times. We also identified issues with the proper and safe management of medicines particularly with the recording of medicines that had been administered and a lack of

Summary of findings

written guidance for staff as to how, when and why some medicines should be administered. You can see what action we told the provider to take at the back of the full version of the report.

Staff knew how to protect people living at Heathland Court Care Centre, if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. The provider had formal procedures in place for staff to follow to ensure concerns were reported to the appropriate person. Staff could report any concerns they had confidentially and anonymously if they wished to.

There were appropriate plans in place to ensure identified risks to people were minimised. There was guidance for staff on how to reduce identified risks in order to keep people safe from injury or harm in the home and community. Managers ensured regular maintenance and service checks were carried out at the home to ensure the environment and equipment was safe. Staff kept the home free of obstacles so that people could move freely and safely around.

There were enough suitable staff to care for and support people. Managers planned staffing levels to ensure there were enough staff to meet the needs of people using the service. However the way staff were deployed in the home, particularly within the dementia unit, was not always effective and people could be left unattended at times. Managers carried out appropriate checks on staff to ensure they were suitable and fit to work at the home. Staff received relevant training to help them in their roles. Staff were supported by managers and provided with opportunities to share their views about how people's experiences could be improved.

People told us staff were kind and caring. Staff's priorities were clearly focussed on ensuring that people's care and support needs were met and they had a good understanding and awareness of how to do this. The way staff supported people during the inspection was gentle and patient.

Staff treated people with dignity and respect. Staff spoke with people in a warm and respectful way. They knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much control and independence as possible, when carrying out activities and tasks.

Staff encouraged people to stay healthy and well by ensuring they ate and drank sufficient amounts. Staff monitored people's general health and wellbeing and where they had any issues or concerns about an individual's health, they reported these to the appropriate healthcare professionals such as the GP.

Care plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. These plans gave guidance and instructions to staff on how people's needs should be met. However the quality of information in these records was variable with some records not accurate or up to date with details of people's current health needs.

People told us the home was welcoming to visitors and relatives. People were supported to undertake activities and outings of their choosing in the home and community. If people had concerns or complaints about the care and support people experienced, there were robust arrangements in place to deal with these appropriately. Where concerns had been raised we saw these were dealt with proactively by managers.

Managers demonstrated good leadership. They sought the views of people, relatives and staff about how the care and support people received could be improved. They ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

The provider and the home's managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. Managers took appropriate action to make changes and improvements when this was needed.

Managers had sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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?

Requires improvement

Some aspects of the service were not safe. The provider had not ensured that people's medicines were available in the necessary quantities at all times. We also identified issues with the recording of medicines and a lack of written guidance for staff as to how, when and why some medicines should be administered.

There were plans in place to minimise known risks to people to keep them safe from injury and harm. Staff kept the home free from clutter so that it was safe to move around. Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people.

There were enough suitable staff to support people but they were not always deployed effectively so people could be left unattended at times. Staff knew how to recognise and report any concerns they had to protect people from abuse or harm.

Is the service effective?

Good

The service was effective. Staff had the knowledge and skills to support people who used the service. They received regular training to keep these skills and knowledge updated.

Staff were aware of their responsibilities in relation to obtaining people's consent to care and support and ensured people had capacity to make decisions about specific aspects of this .We found the location to be meeting the requirements of the DoLS. Managers had a good understanding of the MCA and DoLS and their roles and responsibilities.

People were supported by staff to stay healthy and well. They were supported to eat and drink sufficient amounts. Staff referred people to other healthcare professionals when they needed additional care and support.

Is the service caring?

Good

The service was caring. People said staff were kind and caring. Staff demonstrated a good understanding and awareness of how people's needs should be met and they did this in a way that was warm, caring and patient.

People said staff ensured their rights to privacy and dignity were respected and maintained, particularly when receiving personal care.

The home was warm and welcoming to visitors. Relatives told us the home placed no restrictions on when they could visit their family members.

Summary of findings

Is the service responsive?

Requires improvement 

Some aspects of the service were not responsive. Care plans were in place which set out how people's needs should be met by staff. They were person centred and reflected people's individual choices and preferences. However they were not consistently maintained to ensure they were up to date and accurate.

People were supported and encouraged to take part in social activities in the home and community. Staff supported people to pursue their specific interests and hobbies.

The provider had appropriate arrangements in place to deal with and respond to people's concerns and complaints. Complaints were investigated and responded to appropriately.

Is the service well-led?

Good 

The service was well-led. People were asked for their views on how the service could be improved and these were listened to and acted on by managers.

Managers demonstrated good leadership. They were proactive in making changes and improvements that were needed in the home. They ensured staff were people focussed and clear about their roles and responsibilities to the people they cared for.

The provider and managers carried out regular checks to monitor the safety and quality of the service. There were clear lines of accountability for ensuring appropriate action was taken to make improvements in the home when these were needed.

Heathland Court Care Centre

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 7 July 2015 and was unannounced. The inspection team comprised of two 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 older persons care. Before the inspection we reviewed information we had about the service such as notifications they are required to submit to CQC.

During the inspection we spoke with five people who lived at the home and four visiting relatives and friends. We also spoke with the registered manager, deputy manager, three registered nurses (RGNs), three senior care assistants, one care assistant, two activities coordinators and the manager responsible for catering. We observed care and support in communal areas. We looked at records which included eight people's care records, six staff files and other records relating to the management of the service.

Requires improvement

Is the service safe?

Our findings

Some aspects of the way medicines had been managed in the home were not safe. During our checks of people's medicines we found one person had not received two of their prescribed medicines for two consecutive days. Staff had recorded on their medicines administration record (MAR) the reason for this was because these medicines had not been received from the dispensing pharmacy. However following further checks, it was established these had not been received because staff had not ordered these medicines, as they were required to do. This placed the person using the service at unnecessary risk of harm as they did not get all of the medicines prescribed to them.

We found in respect of two other people using the service, occasions where staff had not completed their individual MAR properly to indicate they had received all their medicines as prescribed. When we queried this with a member of staff, they told us people had received their medicines but they (staff member) had forgotten to sign people's records to show this. We could not verify if this was the case because the packaging which contained the medicines was no longer available, Due to poor recording we could not be assured in these instances people had in fact received their medicines as prescribed.

We found people's medicines records did not always contain detailed protocols for staff for when, why and how medicines prescribed to people 'as required' (PRN) should be administered. These are medicines which are only needed in specific situations such as when a person may be experiencing pain. In four examples we looked at where people had been prescribed a PRN medicine we saw a protocol had only been completed in one instance. This meant staff did not always have the information they needed to ensure people received these medicines appropriately. These failures amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the issues we identified, all other MARs we looked at showed no further errors or omissions. This was supported through our checks of stocks and balances of people's individual medicines. Appropriate information was on people's individual records to minimise the risk of errors occurring. Checks of controlled drugs showed these had been administered and recorded appropriately. Medicines were stored safely and could only be accessed by those staff authorised to do so.

There were enough suitable staff to care for and support people. However they were not always used in the most effective way to ensure they were able to respond promptly when people needed assistance. One person told us, "They could do with more staff but I think things are improving. It's particularly bad at night. There's often a problem waiting for someone to come at night and between 2pm and 3.30pm in the afternoon. On two occasions (at night), I had to wait up to an hour and once for 40 minutes. But they're really doing their best." We checked staffing levels at the home and noted the staffing rota for the service was planned in advance and took account of the level of care and support people required each day. We observed staff were visibly present and accessible to people on most floors of the home.

However on the top floor of the home, which was the dedicated dementia unit, we observed that at times some people were left unattended and waiting for assistance as staff were busy elsewhere supporting others. The dementia unit was split across two levels and on some occasions staff supported people to move from one area to another via the home's lift. When this happened, some people were left unattended in their room. We observed three separate occasions when people needed assistance but no staff were immediately present to respond. In one case the person had dropped their call bell on the floor and could not reach this so had called out for a member of staff. When we intervened and used the call bell staff did then come to assist. Staff told us although there were enough staff on the unit, they were sometimes left short-handed when staff called in absent at short notice. They also told us the unit would benefit from stronger management and supervision to ensure all staff were performing their duties effectively.

We discussed these issues with the registered manager and deputy manager for the home who told us they would immediately review current arrangements for the dementia unit. The registered manager told us and we saw evidence that call bells were monitored regularly for the time taken by staff to respond. All calls that took over ten minutes for staff to respond to were investigated by either the registered manager or deputy manager which included a discussion with the relevant staff on duty as to the reasons

Requires improvement

Is the service safe?

why. Following the inspection the registered manager contacted us and told us action had been taken to address the issues we found. This included gaining consent from the organisation to recruit a dedicated unit manager to provide 'consistent and robust leadership'. In the interim a registered nurse (RGN) had been immediately allocated to manage the unit each day. They advised that the skill mix and allocation of staff had also been reviewed to ensure that these met people's needs.

The provider carried out appropriate checks to ensure staff were suitable and fit to work at the home. Records showed pre-employment checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

Staff knew how to protect people from the risk of abuse, neglect or harm. A visiting friend of one of the people living at the home said they had no concerns about the safety or well- being of people. They told us they visited weekly and had never witnessed any poor care or neglect. The provider had made it mandatory for all staff to be trained in how to safeguard adults at risk. Training records showed staff had attended this training. Staff told us what they would look for to indicate someone may be at risk of abuse or harm and the actions they would take to protect them. The provider had a policy and procedures in place which set out the action staff should take to report a concern. Staff said they would follow the procedure and report their concerns to managers or to another appropriate authority such as the local council. Records showed where safeguarding concerns about people had been raised, the home's managers had worked with other agencies to ensure people were sufficiently protected.

Staff ensured identified risks to people's health, safety and welfare were minimised. People's records contained detailed assessments of the risks they faced due to their current physical and mental health, the care and support they needed and their individual choices for how they wished to be cared for. There was guidance for staff in people's individual care plans which set out the actions they must take to minimise identified risks, to keep people safe from harm or injury.

The service also had plans in place to ensure people would be supported to stay safe in the event of an emergency or major incident at the home. For example, in the event of a fire, there was guidance and information for staff on how to evacuate people in the safest way which took account of their specific needs, for example if they had reduced mobility. The provider had made it mandatory for all staff to be trained in fire safety and basic first aid. Training records showed staff had attended this training. Fire drills were carried out every six months which tested the service's arrangements for evacuating people quickly but safely.

The environment and equipment in the home were regularly checked to ensure these did not pose unnecessary risks to people. Regular service and maintenance checks of the home and the equipment within it had been undertaken. Records showed regular checks and servicing were undertaken of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, the lift and gas and heating systems. Equipment in the home such as hoists, slings and people's individual wheelchairs had also been serviced and maintained. We observed the environment was kept free of obstacles and hazards which enabled people to move around the home safely.

Good

Is the service effective?

Our findings

The provider ensured all staff received regular and relevant training to help them carry out their roles effectively. Records showed the service had a rolling training programme in place for all staff to attend training in topics and subjects relevant to their roles. Staff attendance on training was monitored at both provider and manager level to check that staff had completed the required training as well as to identify when they were due to attend refresher training in key topics and subjects. Records also showed new members of staff were required to successfully complete an induction programme before they could work permanently at the home. Managers monitored and assessed their progress and competency. Staff told us they were able to access and attend regular training which was relevant to their roles.

Arrangements were in place for all staff to attend individual one to one supervision meetings with their managers. Records showed through these meetings staff were provided with opportunities to discuss with their manager their current work performance, any issues or concerns they had and their learning and development needs. Managers used these meetings to update staff on changes in policies and procedures to ensure they were kept up to date and informed. The deputy manager advised these should take place every 2 to 3 months. Through our discussions with staff, we received mixed feedback about how often these meetings took place. Records we looked at indicated these had taken place with some staff recently (June 2015) which was confirmed by some of the staff we spoke with. However other staff told us they hadn't had a meeting recently. One told us they hadn't had a one to one meeting with their manager for over six months. We discussed this with the registered and deputy managers who advised us they would reconfirm with all staff dates and times for one to one meetings with their managers so they were aware of when these were scheduled to take place.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. Managers had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Appropriate arrangements were in place to ensure people could give consent to their care and support before this was provided. Records showed people's capacity to make day to day decisions about their care and support had been assessed and documented by staff. Where staff had assessed that some people were unable to make complex decisions about specific aspects of their care and support, for example where they may need medical treatment, we saw that best interests meetings were held with their relatives and/ or other healthcare professionals involved in their lives to ensure appropriate decisions were made.

People were supported to eat and drink sufficient amounts to meet their needs. People's records showed their nutritional needs were assessed and documented in their individual care plans by staff. People's likes and dislikes and their particular food preferences were noted. Staff used information about people's nutritional needs to plan meals appropriately for example where people had difficulty eating or swallowing their food a soft diet was planned for them with appropriate support from speech and language therapists. Daily notes recorded by staff noted what people ate and drank and senior staff told us they used this information to review whether people were eating or drinking sufficient amounts. We observed in people's rooms, there were jugs of water placed in easy reach of people. We saw some cases where staff had deemed some people were at risk due to their weight loss. We could not always immediately evidence through people's individual care plans what action staff had taken to support people. However we were able to establish after reviewing a number of different records and from speaking with staff, that additional support had been sought such as referrals to dietary and nutritional specialists for people who needed extra help to maintain a healthy weight.

A visiting friend of one of the people living at the home said the food people ate was good and always looked palatable. People's specific preferences for the meals they ate were accommodated by staff. For example one person who preferred to eat fish was able to eat this every day. Another person who had specific cultural dietary preferences had a menu designed for them by the Chef, in consultation with their relative. We saw there were dedicated dining areas

Good

Is the service effective?

around the home. The day's menu was on display on tables and on the wall. Pictures showed people what the main meal of the day was. For breakfast, lunch and dinner people could choose from a range of options. For example, at lunchtime if people did not want the main meal planned they could choose an alternative which included, sandwiches, salads, soup, eggs or cheese and biscuits. There was also a 'night bit menu' available to people from 7pm to 7am from which people could choose from a menu which included tea and coffee, biscuits, cake, fresh fruit, yogurts, cereals and fruit juices. We observed the lunchtime meal. People could choose to eat their meal where they preferred. Some people chose to eat in the dining area. Others preferred to eat in their own room. Some people needed help and assistance to eat their meal and there were enough staff to support them to do this. Meals were served promptly and at the appropriate temperature.

Daily records of the care and support people received were kept by staff. This included their observations about people's general health and wellbeing. Where concerns were noted about this staff took appropriate action to ensure people accessed the care and support they needed from other healthcare professionals such as the GP. We noted the GP visited the home every week and as required at other times. A GP visit book was maintained by staff in which they noted the issues and concerns they wished to raise with the GP. The GP reviewed the information and then documented what action staff should take to appropriately support people. We observed information about people's current healthcare needs was shared by staff in handover meetings so that they had up to date information about people's current health and wellbeing, and any additional measures or steps put in place to support this during every shift.

The provider had taken steps to refurbish and improve the home to provide a supportive environment for people in the home, particularly for people living with dementia. For example people's bedroom doors had been adapted and painted to look like front doors to help promote a feeling of independence as well as providing people with a recognisable point of reference as they moved around the home. In another instance one person who had to move rooms due to the refurbishment was initially reluctant to do so. When they saw their new room was facing the gardens and they were able to see birds they asked to stay in the room. They told us how staff visited them every day to help them feed the birds in the garden.

Good

Is the service caring?

Our findings

The feedback we received from people, their friends and relatives was positive about the care and support people experienced. One person told us, "I think I'm quite lucky to be here. The staff are very kind and they care." Another person said, "'I like the space. I like it very much indeed. The staff have been excellent. The meals are so good with enough choices. I love my room with my few bits and pieces around me." A relative told us, "The staff are really lovely. My [family member] does some of the activities in the lounge. I know that pets come in and they have musicians visiting. I'm just relieved [family member's] happy." Another relative said their family member always seemed happy and staff were caring and gentle. And a GP who was visiting the home on the day of our inspection said the care provided by staff was good and attentive.

Staff were kind, pleasant and attentive towards people. When people needed assistance and help to move around the home staff ensured people were not rushed and could do this in their own time. Staff demonstrated a caring approach in the way they supported people. For example, we saw when one person had fallen to one side in their wheelchair, a staff member immediately called for assistance and helped to reposition them whilst speaking to them reassuringly in French. Afterwards the staff member told us the person used to be fluent in French and found it comforting to hear it spoken. In another instance we saw it was one person's birthday and staff encouraged them to talk about how they planned to celebrate this later in the day with their relatives and a birthday cake.

Staff remained gentle and patient particularly in circumstances where people became anxious and/or their behaviour may have been challenging to others. They used different techniques and ways to distract people in a positive way when they became upset. A staff member told us how some people became anxious when returning to the home from activities or visits in the community. To support people's transition back into the home, part of the home had been decorated to reflect the outdoors. Two walls in one of the home's conservatories featured woodland photography. The staff member told us this had a calming effect on people and they observed people became happier after sitting for a while in this area. In another example a staff member told us how one person did not like Christmas and part of the home was not decorated during the festive period so they had a place they could go that did not remind them of this time.

Staff ensured people had privacy when they needed this. One person told us "I have trouble swallowing and while I have the choice of going to the dining room (for meals), I may choke, which is embarrassing for me and for others." We observed when people had visitors and needed privacy staff ensured this was done and discreetly. We saw staff knocked on people's doors to seek permission before entering. When staff were supporting people in their rooms, they made sure to close doors behind them so people could not be overseen or heard. Staff told us they always respected people's privacy by ensuring curtains and doors were closed when delivering personal care.

Staff encouraged people to be as independent as they could be. People's records contained information about the level of support people needed so that staff had information about when people required assistance with their care. Staff were prompted to enable people to do as much as they could for themselves when providing care and support. A staff member told us when supporting people to get washed and dressed they encouraged people to do as much as they could for themselves. They said they stepped in when people could not do things without their help.

People were treated with dignity and respect. Staff spoke to people in a way that was appropriate and respectful and they listened to what people had to say. During these conversations staff ensured they maintained eye contact with people and positioned themselves so that they could be seen and heard. We saw a hairdresser was visiting the home on the day of our visit and people were assisted to their hair appointments with patience and good humour. We observed people appeared well dressed, clean and tidy. Staff told us they encouraged people to choose the clothes they wore each day when they supported them to dress.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. We observed staff did not discuss personal information about people openly.

There were no restrictions placed on relatives or friends visiting with people at the home. Although the service had

Good

Is the service caring?

standard hours for people to visit (11am to 8pm) staff told us this was flexible. One staff member said, "Sometimes people's relatives pop in after work and may not be able to get here until around 9pm. That's OK." Visitors were made to feel welcome. We observed visitors were greeted warmly by staff and they appeared comfortable and at ease in the home.

Requires improvement

Is the service responsive?

Our findings

There was a person-centred approach to the planning and delivery of people's care and support. The service had recently introduced a new format for people's care records called 'My Day, My Life'. All of the people using the service had a new care plan developed for them within the last three months. It was evident this new format focussed on what was important to each individual which resulted in personalised plans for how the different aspects of care and support they needed would be provided by staff. These were reflective of people's preferences, likes, dislikes and routines and contained good information about what people were able to do for themselves and what support they required.

The quality of information contained in people's records was variable across the home. We saw some records were detailed and contained up to date information about people's current needs. It was evident staff were maintaining and updating these records regularly, noting any changes to people's needs as they arose. Where action and changes were required to the care and support people needed their care plans were updated to reflect this.

However, people's records we looked at in the dementia unit had not been consistently maintained and in some case did not accurately reflect people's current care and support needs. We saw instances where concerns were identified by staff about an individual but it was not clear what action staff had taken to ensure they received appropriate support. For example, staff identified one person was losing weight over a period of time but there was no plan in place for how staff would support and monitor the individual to ensure they were receiving appropriate care and support. We were able to find evidence eventually that staff had taken action to seek specialist advice in this instance but this was not reflected in the appropriate section of the person's care plan, which could provide confusing and inaccurate information for staff about the individual's current health needs. We found another example where one person had a wound care plan in place which required a weekly reassessment but we could not find evidence that this had been done since at least the beginning of June 2015 which did not assure us that this individual was receiving the support they needed.

Staff had not carried out monthly evaluations of people's care and support needs in the unit. There was a monthly evaluation form for each care plan to be completed by nursing or senior care staff. The majority of these forms had not been completed or updated since May 2015. There were gaps in people's records where staff should have recorded outcomes of monthly health care checks of people's weights, temperature and pulse. This meant staff were not maximising all opportunities to identify any potential issues or concerns about people's current health or wellbeing. We discussed the inconsistencies we found with the registered and deputy managers during the inspection. The registered manager contacted us the following day to advise action had been taken to address these issues. They told us an audit of people's care records in the dementia unit had commenced to review and check the quality of information.

Despite these issues, staff demonstrated a good understanding and awareness of the specific needs of people they were supporting and were able to explain to us the care people required. They knew people well including their life histories, personal preferences and their interests and hobbies. To encourage and support staff to deliver personalised care, the home had a programme in which every day one of the people using the service was nominated as 'resident of the day'. As part of this programme all staff, including domestic and catering support staff, were encouraged to meet with the nominated person to get to know more about them such as their likes and dislikes, hobbies and interests and the things that were important to them. People were prepared special meals of their choosing as part of the day, and staff undertook activities with them that they were specifically interested in. In this way staff were able to develop a good awareness and understanding of how to provide care and support that was personalised.

Staff told us how people were actively supported to pursue their interests. One of the home's activity coordinators told us they had recently taken one person with an interest in trains and buses to Clapham Junction Station to see the weekly steam train pass through. They had also taken them on a newly designed train after they had expressed an interest in seeing this. Another person enjoyed spending their day on the computer however they had experienced problems with access to the internet. On the day of our inspection the home's broadband provision was being upgraded which staff told us would improve connectivity to the internet.

Requires improvement

Is the service responsive?

People were encouraged to take part in social activities that took place in the home. A relative told us about the different activities their family member was able to take part in, which they enjoyed. The home had two activities coordinators. Activities were split between the two members of staff with one concentrating on activities in the home while the other arranged and supported people to attend trips out in the community. The home had a weekly activities programme covering a range of activities that people could participate in. This was displayed throughout the home. In the dementia unit there was a noticeboard used by staff to describe in large print and pictures the various activities. The home also had regular visitors who undertook activities such as musical entertainers and a hairdresser who visited weekly. The home celebrated people's birthdays and social events such as cocktail afternoons were also arranged. People's relatives and friends were encouraged to participate in social activities and events. Records showed people's enjoyment and participation in activities was assessed and reviewed by the activities coordinators to ensure these were sufficiently meeting people's needs.

The home encouraged people to raise concerns or complaints if they felt they had experienced poor quality care. The provider had a formal complaints procedure which was displayed in the home which told people how they could make a complaint about the service. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these. We looked at the way complaints had been dealt with and noted the registered manager carried out a full investigation of the complaint made and then provided people with a detailed response. This included providing an appropriate apology where this was required, and details of any actions that would be taken to ensure the issues were dealt with to the individual's satisfaction.

Good

Is the service well-led?

Our findings

Managers demonstrated good leadership at the home. People gave us positive feedback about the management of the home. One person said about the registered manager, “I like [registered manager] very much. I can’t praise her enough for her kindness and care.” A friend of one of the people using the service told us they felt managers had improved the way the home was run. They said, “I’ve got no issues. The management are always very helpful if we’ve got any queries and previous problems seem to have been resolved now.” And a visiting GP spoke positively about the registered and deputy managers and told us they had made improvements at the home which had addressed problems. They said the home was now well run.

From our discussions with managers and staff it was clear the home had underdone significant changes over the last 12 months. These changes coincided with the appointments of both the registered and deputy manager. Some of the changes made addressed concerns and issues people and their relatives had. These were predominantly around the quality and continuity of care people experienced from staff. We saw the registered manager had taken action to address these concerns by ensuring all staff were aware of their roles and responsibilities including the shift patterns they were obligated to work. Managers had taken direct action to reduce short notice absenteeism through rigorous application of the provider's sickness and absence policies. As a result reliance on agency staff had significantly reduced over the last six months which meant people experienced improved continuity and consistency in the care and support they received from staff. During this inspection when we identified issues or concerns the registered and deputy managers took these on board immediately and took prompt action to address these.

Staff were on the whole positive about managers. One said, “The management is extremely good. She (registered manager) knows exactly what she’s doing.” Another told us although there had been a lot of changes, they felt these had been positive and managers were fair and open about why these needed to be made. Some staff felt staffing levels needed to be improved. On further investigation some of these concerns related to short notice leave taken by staff which left colleagues short-handed and which managers were already taking appropriate action to address.

Managers ensured there was an open and transparent culture within the service in which people were encouraged to share their views and ideas for how the care and support people experienced could be improved. People were invited to do this through annual satisfaction surveys. People’s responses were analysed at provider level and the results of this were shared with the home’s managers. Following the most recent survey the registered manager had developed an action plan which identified improvements that could be made to the quality of care people experienced. The home had held ‘residents and relatives’ meetings in the past however the registered manager acknowledged this had not happened for some time but was keen to restart this. They told us and we saw people had been invited to set up a new 'residents support group' within the home that would enable people to share their views and experiences.

Staff were encouraged to question poor practice and raise their concerns. The provider had a ‘speak up policy’ which gave staff guidance on how they could raise their concerns without fear of consequences. If staff did not feel comfortable speaking to the home’s management team, contact details for senior managers within the provider’s organisation were made available so that staff could speak to them in confidence. Minutes from a recent staff meeting showed this policy was discussed with staff so that they were all aware of what they should do if they had any concerns. This ensured staff were fully aware of their duty to protect people if they felt they were at risk from poor practice. Managers told us they operated an open door policy and staff were encouraged to come and speak with them at any time. We saw notes and records where staff had written to managers about their concerns or issues and the action taken by managers to resolve these.

Managers ensured all staff were aware of their duties and responsibilities for putting people first when it came to the delivery of their care and support. Staff’s priorities and objectives were focussed on ensuring people received good quality care and progress against these were monitored through individual one to one meetings and staff team meetings.

Good

Is the service well-led?

Managers carried out checks of the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the quality of care and support people received, the accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, staffing levels in the home, and staff training and support. We noted following these checks and audits, where shortfalls or issues had been identified action was taken by managers and staff to deal with these in an appropriate way. For example as part of the registered manager's audits, they checked whether people were treated with dignity and respect. Following a recent check they found one person's hair was unkempt and arranged for them to see the hairdresser immediately to have this taken care of.

The home's management team were subject to regular scrutiny and challenge from senior managers within the provider's organisation. A quality manager carried out 'home review audits'. One had recently been carried out in March 2015. The registered manager was provided with feedback following this visit and had put together an action plan to make improvements where these were felt necessary. They told us progress against this plan would be checked at the next audit of the home in August 2015 so managers were working towards all actions being achieved by the end of July. The outcomes of audits and checks were discussed with staff at the home so that they were aware of what needed to be done to ensure people experienced good quality care through continuous improvement.

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	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 provider had not ensured that people's medicines were available in the necessary quantities at all times. Staff did not always properly record when medicines were administered and there was a lack of written guidance for staff as to how, when and why some medicines should be administered.