Haverholme Care Home Limited

Haverholme House

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
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

We undertook this unannounced inspection on the 12 and 13 March 2015.

Haverholme House provides nursing and personal care to a maximum of 47 older people who have a range of physical health care needs, some of whom may be living with dementia. On the day of the inspection there were 36 people using the service. Haverholme House is situated in a rural area on the outskirts of Appleby village not far from Scunthorpe.

At the last inspection on 11 September 2014 we asked the registered provider to take action to make improvements to care and welfare of people, medicines management, assessing and monitoring the quality of service provision and records. We received an action plan which stated the registered provider would be compliant by February 2015. We saw during our inspection that the majority of this action plan had been completed.

The service did not have a registered manager in place at the time of our inspection. The previous registered

Summary of findings

manager had resigned. The area manager and registered manager at another of the registered provider's services had been overseeing the general management of Haverholme House. The area manager confirmed after the inspection that they had recruited a new acting manager who would be in post by the end of April 2015. 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.

Care plans were more detailed and personalised. They had been regularly reviewed and updated to reflect the person's current care needs. However, there were gaps with some of the supplementary care records which meant staff could not evidence all the care delivered which may affect any evaluation of the person's care.

The quality monitoring programme was more effective. People's views were sought in meetings and via questionnaires about the service. Thorough audits were completed regularly and any shortfalls identified were addressed through detailed action plans. Although improvements had been made in many areas, some inconsistencies with the quality of care monitoring records remained which the area manager confirmed would be addressed through closer monitoring and specific audits.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered provider had followed the correct process to submit applications to the local authority for a DoLS where it was identified this was required to keep them safe. At the time of the inspection the service was waiting for assessments to be carried out.

Staff supported people to make their own decisions and choices where possible about the care they received. When people were unable to make their own decisions staff generally followed the correct procedures and involved relatives and other professionals when important decisions about care had to be made. The area manager had completed a full audit of records to support these decisions and developed an action plan to address any shortfalls identified.

Improvements had been made to the safe management of medicines in the service and senior care workers were being trained and supported to take over this responsibility for people who resided in the residential unit.

People told us there had been improvements with the variety and quality of the meals. People's nutritional needs were monitored and they had input from dieticians where necessary.

There were more activities for people to participate in which helped to provide meaningful stimulation. People living with dementia were benefitting from dementia specific activities and increased support to maintain activities of daily living.

People had their health needs met and received visits from professionals for advice and treatment. People told us they had good access to their GP if they felt unwell.

New members of staff were recruited safely and there were enough staff on duty to make sure the needs of people who used the service were met. Staff received training, support and supervision meetings to help with their development.

People had good relationships with staff who understood their needs and staff were sensitive and caring when undertaking their duties. Staff respected people's choices and supported their independence.

People who used the service and their relatives told us the service was a safe place to live. Staff completed safeguarding training and there were policies and procedures in place to make sure they had guidance about how to safeguard vulnerable people from the risk of harm and abuse.

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?

Good

Improvements had been made to ensure people received their medicines safely.

There were sufficient staff employed to meet people's needs and to keep them safe. Staff were recruited safely.

Staff had received training in how to safeguard vulnerable people from harm and abuse. They were able to describe signs and symptoms that would alert them abuse may have occurred and the action they would take to protect people.

Is the service effective?

Requires Improvement

Some staff had received training in the Mental Capacity Act 2005 and had a basic understanding of the legislation. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases but not all. The area manager was in the process of making improvements in this area.

Staff had access to a varied training programme that helped them meet the needs of the people they supported. Improvements had been made to the appraisal and supervision programmes.

People received a varied, well-balanced diet. People we spoke with said they were generally happy with the meals provided, there had been improvements with the quality of meals provided in recent weeks. Specialist dietary needs had been assessed and catered for.

Is the service caring?

Good

The service was caring.

People told us they felt supported and well cared for. Staff demonstrated an approach that was caring and attentive to people's needs.

We observed positive interactions between people who used the service and staff on both days of the inspection. People's privacy and dignity was supported and respected.

People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

Improvements had been made to developing individualised care plans which reflected each person's needs and preferences. However, further improvements were needed with the standard of some of the supplementary care monitoring records.

People were supported to participate in a more varied range of social activities within the service. Improvements had been made to the activities provided to people with dementia.

People were able to make suggestions and raise concerns or complaints about the service they received. They told us they knew about the complaints policy and felt confident any issues would be dealt with.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements had been made to ensure the quality monitoring system was more effective, but closer monitoring was still required in some areas such as the accuracy of supplementary care records.

Improvements had been made to the overall management of the service to ensure care was delivered to a safe and acceptable standard. Incidents and accidents that occurred in the service were analysed and better informed the management of risk and care practice.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Haverholme House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 12 and13 March 2015 and was unannounced.

The inspection was led by an adult social care inspector who was accompanied by an expert by experience who had experience of supporting older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also looked at the findings from the audits the registered provider had carried out; this gave us information about the improvements the service was making. We spoke with the local safeguarding team and service commissioners.

At the time of our inspection visit there were 36 people living at Haverholme House. We used a number of different methods to help us understand the experiences of the people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the lounge and dining area. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we observed how staff interacted with people who used the service. We spoke with nine people and 10 relatives. We spoke with the area manager, the duty manager, a qualified nurse, a senior care worker, two care workers, the cook, the activities coordinator and the housekeeper. We also spoke with a visiting community nurse.

We looked at six care files which belonged to people who used the service and sampled a range of other care records. We also looked at other important documentation such as 36 medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documents relating to the management and running of the service. These included three staff recruitment files, training record, staff rotas, minutes of meetings with staff, quality assurance audits, surveys and maintenance of equipment records. We completed a tour of the premises.

Good

Is the service safe?

Our findings

People and relatives we spoke with said there were sufficient staff available to meet their care needs. Comments included, "Staff respond to my call bell quickly and they are kind and attentive to my needs" , "Yes, there's usually enough about, they're always checking on us", "There's never enough is there, but it's adequate I'd say, you don't see a lot around, they always seem to be doing something", "On a couple of occasions we've felt they have been a bit short staffed, especially at a weekend but generally it's ok" and "I don't use the bell very often but they do come."

People told us they felt safe living in the service. One person told us, "I feel safe here and give it full marks." Another person said, "Safe, yes." One relative told us, "It's safe yes, I haven't had any problems. I haven't seen anyone upset or wanting a nurse. You sometimes hear a bell but not much." Another person's relative told us their family member was prone to falling so they had been given a room in direct view of the nursing station. They also told us they were reassured by the sensor mat provided which was placed in front of their family member's chair when they were alone, to alert staff if they tried to walk unaided.

We followed up a compliance action that had been issued to the registered provider after the last inspection. The compliance action was for a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which refers to the management of medicines. We found the registered provider had made improvements and was compliant with the compliance action. People who used the service received their medicines safely and appropriate records were maintained.

There were clear medication policies and procedures in place and the National Institute for Health and Care Excellence (NICE) guidance on management of medicines in care homes was also available for staff reference. We found people's medicines were stored securely. Records showed daily checks and regular audits had been carried out over recent months to improve the standard of recording on the medication administration records. We found records relating to the administration of medicines were appropriately completed. Any non-administration had been identified by appropriate codes. We also found improvements with the recording of new medicines received, returned medicines, hand written prescriptions and temperature monitoring of the clinic rooms and medicine fridges.

During the inspection we observed the medicine rounds were managed efficiently. One relative told us, "The arrangements are good, the nurse always seems to know what she is doing, she asked me to write down what (Name) takes and when I usually give them to him, I liked that, rather than just giving him them all at the same time." We observed staff explained to people that it was time for their medicine; they were patient in their approach and they ensured the person had a drink of their choice to take the medicine with. Some people's views about the timeliness of their medicines were mixed and some considered they sometimes received their medicines late. We discussed this issue with the area manager who acknowledged the problem and explained how the nursing staff were currently administering all medicines in the service. The area manager confirmed they were providing senior care workers with medicines training, so they would be able to take on this role in the residential unit which would better ensure people there received their medicines at the times they preferred.

The registered provider's safeguarding vulnerable adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding vulnerable adults training and demonstrated to us they had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them. Where safeguarding concerns had been raised we saw the registered manager had taken appropriate action to liaise with the local authority, to ensure the safety and welfare of the people involved. This meant the registered provider could be sure that safeguarding concerns would be reported and managed appropriately.

Risks to people from foreseeable hazards had been assessed and actions taken to minimise any risks identified. Care plans contained risk assessments and management plans for identified risks such as pressure damage, malnutrition, falling and the use of equipment such as hoists and bed rails. These had been regularly reviewed and updated when a person's needs changed which meant they were up to date and relevant.

Good

Is the service safe?

Equipment used in the service, such as the lift, hoists, fire alarm, call bells, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

We observed staff were not rushed and routines during both days were calm and paced. Call bells were answered promptly and staff had time to stop and talk with people about day to day matters, as well as providing care. Staff we spoke with told us that there were sufficient staff available to meet people's individual needs. Comments included, "There's enough most of the time", "Yes I think the staffing levels are about right" and "We do have enough staff, except when they're sick but the management try and get cover or agency staff in."

The area manager told us they used a dependency assessment tool to determine staffing levels and that this was reviewed monthly. They had regularly used agency staff as they had not always had sufficient staff available to cover for holiday periods and sickness. The area manager explained how they tried to use the same agency staff where possible; this meant people received a continuity of care from staff they were familiar with. Checks on the staff rotas showed there had been a small number of night shifts when the correct number of care staff had not been available due to short notice absence, as none of the home staff could provide cover and agency staff were unavailable. The area manager confirmed that on those two occasions staff on the shift before had worked later and staff had come in early the following day to reduce the time when there was a shortfall of staff. The area manager confirmed that following a recruitment programme, five new care workers had been appointed and were due to start when satisfactory pre-employment checks had been received. Following the inspection the area manager confirmed two new care workers had commenced their induction training.

In recent months we found there had been a change in some key roles. The area manager was new to the organisation and had been in post since December 2014.The registered manager and cook had recently resigned and recruitment for those positions was underway, with appointments made to interim positions. A new activity coordinator had been appointed in February 2015. It was clear the area manager had worked hard to improve the staffing situation at the service and the recruitment programme was active and on-going.

Staff recruitment records showed new employees were only employed after full checks had been carried out. These included application forms to check gaps in employment, references and disclosure and barring checks to see if people were excluded from working with vulnerable adults. Checks were made on the registration status of qualified nurses to make sure there were no conditions to their practice.

Requires Improvement

Is the service effective?

Our findings

People told us they were supported to maintain good health and had access to healthcare services. Comments included, "I go to hospital for my arthritis and they organise transport, I go on my own but that's ok", "When I was unwell they got a doctor for me and I was admitted to hospital, when I came home they talked to me about changes with my care needs", "The doctor came in the other day and just checked me" and "I saw a doctor last week when I had a pain all night. I told the nurse in the morning and she called the doctor." One person's relative said, "The home appears to handle routine hospital visits well. She's been to hospital whilst here for blood tests, they arrange that."

Most people spoke positively about the meals and acknowledged there had been recent improvements. One person said the food was, "Pretty good, we've a new cook, she's very nice; we had soup which was as green as that palm leaf, broccoli and cheese, it was lovely." Other comments included: "Most of the meals are very nice, there have been improvements recently, much better overall", "Very tasty today, I enjoyed the fish", "Nice 'red nose day' cupcakes, we celebrate everything here" and "We asked for biscuits and cheese as an alternative to the puddings and we get that now." Two people said they would prefer their breakfasts earlier in the morning; the area manager confirmed people had this option but they would follow this up. Relatives commented positively about the meals. One person said, "On occasions she hasn't felt like having what's on the menu and she's asked for just a sandwich and they've made it."

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. There were no people subject to a DoLS at the time of this inspection; applications for seven people had been submitted.

We found the use of the Mental Capacity Act 2005 (MCA) in regards to assessments of capacity and best interest decision making was applied well in some cases but could be improved in others. For example, some people living with dementia were unable to make decisions about their care and we found capacity assessments and best interest meetings had not been completed to support the use of specialist seating and do not attempt cardiopulmonary resuscitation (DNACPR) decisions. However, the area manager had completed a specific audit of these records and developed an action plan to address any shortfalls. We found evidence to support the area manager was working through this.

The requirements of the MCA were understood by some staff we spoke with, the knowledge of other staff was more limited. Records showed some staff had received training in MCA and DoLS. The area manager confirmed training in this area was being brought forward and would be completed as a priority.

We observed staff asked people for their consent before providing care and support. Care plans recorded how staff should help people with their decision making and choices. People told us, and records confirmed, that their consent was always obtained about decisions regarding how they lived their lives and the care and support provided. One person told us, "Staff encourage me to remain independent which suits me."

Records showed people had access to a range of health care professionals for advice and treatment. These included GPs, dieticians, community nurses and community psychiatric nurses. We spoke with one visiting health care professional during the inspection; they considered their patients were satisfied with the support at the service and well cared for.

We found people's nutritional needs were met. Records showed staff had contacted the person's GP or the dietician when concerns were identified; we saw staff followed any guidance put in place, for example, with diet, texture and posture. A member of staff told us, "We report any concerns about weight loss and follow this up."

We saw people's food likes, dislikes and preferences were recorded in their care plans and a copy of the record was held in the kitchen. The cook on duty was employed through an agency and confirmed they had worked at the service on a regular basis and were getting to know people's individual dietary needs. They had a good understanding and knowledge of special dietary provision, including fortified diets. The cook was aware that the new pictorial menus on the dining tables were not fully aligned to the menus held in the kitchen, which had caused some confusion and disappointment for some people. They intended sorting this issue out as soon as possible.

Requires Improvement

Is the service effective?

At meal times we saw staff supported people to eat balanced diets and offered alternatives and gentle encouragement when necessary. On the first day of the inspection we found staff in the residential unit served the meals and provided support but there was little interaction with people. We found significant improvements in staff engagement and interaction on the second day. The area manager confirmed they would introduce more formal observations to monitor people's mealtime experience.

The meals served were well presented and looked nutritious. Aids had been provided to support people's independence at meal times, such as plate guards and adapted cutlery. The area manager confirmed they had identified improvements were needed to the snack provision so people with dementia had more variety of finger foods and high calorie options. Throughout the day we observed staff offering and supporting people to take regular drinks. Some people mentioned the drinks trolley early in the morning was sometimes missed or late, although we found people had been provided with drinks on an individual basis. This issue was discussed with the area manager who confirmed they had been made aware of the concern and senior staff were monitoring staff support in relation to people's hydration more closely. There were plans to provide new hydration stations on each unit.

Staff told us they received an induction when they started working at the service. One member of staff told us their induction had included specific training such as moving and handling and shadowing senior staff. They told us that at the end of their induction they felt confident to provide care unsupervised.

Training records showed staff had received training appropriate to their role. The area manager described the new e-learning training programme the service was due to commence. Records showed a training audit had been completed to identify all the outstanding and refresher training courses staff required in the forthcoming year. The area manager confirmed the training programme had been revised to ensure any outstanding training was completed within appropriate timescales, for example three staff employed within the last eight months required fire safety training and following the inspection we received confirmation this had been completed. Records showed all staff had completed moving and handling refresher training in October 2014 as part of an action plan, following the outcome of a safeguarding investigation. During the inspection we observed staff supported people in a skilled and competent manner. For example, when staff used a hoist to assist a person to transfer from an armchair to a wheelchair this was carried out safely and discreetly with staff encouraging and reassuring the person during the procedure.

Staff told us they received regular support and supervision from senior staff. One member of staff said, "You can go to the seniors and nurses and ask if you are not sure about anything." Records showed new supervision and appraisal programmes had been put in place to ensure all appraisals would be completed by the first week in April 2015. The area manager confirmed the programmes would be closely monitored through audits to ensure they kept to the targets set.

The area manager showed us examples of improvements they had made to the décor and premises to support better orientation, safety and wellbeing for people with dementia needs. A corridor on the ground floor had been decorated in a street theme which included faux brickwork and other exterior décor such as coloured front doors. A traditional post box, street light and functioning sweet shop added to the street theme and provided a positive ambience. Clearer pictorial signage was in place. The hairdressing salon had been redecorated in a more contemporary style; it contained authentic fixtures and fittings and provided a positive environment for hairdressing activities and beauty treatments. Outside, the gardens were extensive, attractive and well maintained. There were ramps and paths with hand rails to facilitate access for people in wheelchairs or those who were unsteady on their feet. There was a secure area with seating and shade. Wind chimes, bird feeders and ornaments provided more visual and sensory stimulation. People and their relatives spoke positively about the gardens and views from their rooms.

Good

Is the service caring?

Our findings

People told us that staff knew their needs and treated them with kindness and compassion. All of the people we spoke with were complimentary about the way staff treated them. One person told us, "I had some big fingernails this morning; she cut them and filed them before she dressed me." A second person said, "The staff encourage me to remain independent and know just what help I need, they are very good like that." Another person told us, "I like it here, it's got a lovely garden and the staff are very nice, they ask if you want anything and if they can they'll get it."

People and told us they had their privacy and dignity respected. One person said, "They have to knock on the door, they always did but now they've stuck those notices on the door," they added, "They do treat me with dignity; they help me when I need it." A relative told us, "We are here every day, the staff are always polite and courteous with people, never seen anything untoward like that."

Relatives told us the staff were very kind and caring. Comments included, "They are all caring or seem to be, they are cheerful with him", "Lovely, brilliant. Everyone is alright, caring", "Staff are like a family to us", and "I get the impression that (Name) is very happy here They make us very welcome here too" and "The staff are excellent, can't praise them enough." One person's relative described how kind the staff were each Friday when their mother stayed for lunch. They said, "The staff set up a nice little table in the dining room just for the two of them. They sit together and have their meal, it's lovely. It's these little touches that make the difference."

People told us their friends and relatives could visit at any time. The service had a variety of communal rooms and lounges where people could spend time with their visitors. This meant that people could speak privately with visitors if they preferred.

We observed staff respecting people's privacy and dignity when supporting them. For example, speaking to people discreetly about matters of a personal nature and closing bedroom doors behind them prior to assisting people. We observed interactions between staff and people who used the service were respectful. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

There were two dignity champions for the service. Information on display showed how dignity in care was promoted. Dignity trees had been put up on both units and people who used the service used the leaves to describe what dignity meant to them. This was a visual reminder of what dignity in practice meant to people. Statements we read included, "Having a choice where I eat my meals", "Keeping my privacy and being able to do things without being questioned" and "Treated as an individual, given choices and asked preferences." The service had recently celebrated a Dignity Day on the 1 February 2015; one of the initiatives during the day was to assist people to make dignity hangers for their doors.

People were treated with kindness and compassion by staff. We heard staff speaking to people in a kind tone of voice. There was a relaxed and calm atmosphere in the service and people looked settled and comfortable. We saw staff involved people in making decisions and gave people choice and independence. For example, we heard one member of care staff saying to a person they were bringing into the lounge, "Would you prefer to sit over there or here in the sunshine?"

One person who lived with dementia was anxious and confused about where they were. We saw a member of staff respond in a patient and understanding way, offering support and reassurance. The interaction eased the anxiety the person had and they looked happier after the interaction with staff and walked with them to the lounge. We observed another person became distressed and upset during an activity. They were led to sit quietly away from the group with the member of staff who held their hand and knelt down to provide positive eye contact and reassurance. In a short time they felt calm and were supported to return to the session.

Staff we spoke with all confirmed they had completed training in dementia awareness. They said the course helped them to understand the importance of effective communication. One member of staff said, "Communication is so important, you can't rush people, you have to take time to try and understand what they are trying to say. I think we do that here."

We observed staff other than those with immediate care responsibilities had developed positive relations with people who used the service and acted in a caring way. For

Good

Is the service caring?

example, we observed the housekeeper chatting, laughing and joking with people as they cleaned their rooms. One person's relative told us, "(Name) is a good cleaner. He fills the bird feeder for her as well."

People and their families received regular information about the service by the way of notice boards and a new bi monthly newsletter. The newsletter included information about activities taking place, entertainment, a competition, a reminiscence section, birthdays and forthcoming residents and relatives meetings. People told us they enjoyed reading the newsletter.

We saw there was information available for people if they wished to use an advocate and the staff told us they had arranged for advocates to visit in the past when needed or requested. Advocates are trained professionals who support, enable and empower people to speak up and can help them with decisions they have to make.

Some people's care records contained detailed information about the care they would prefer to receive at the end of their lives and who they would like to be involved in their care; these showed people's families and representatives had been involved where possible. This was to ensure people were cared for in line with their wishes and beliefs at the end of their life.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us they would feel able to raise concerns and these would be addressed. One person said, "Things are improving. The new area manager has arranged more meetings and I would feel confident she would sort things out." Another person said, "I've had some niggles in the past but nothing too serious, staff have always dealt with things, they are good like that."

People told us staff listened to them and knew their likes and routines. Relatives confirmed they were involved in their family member's care. Their comments included, "I know there is a care plan, I have seen it, I've spoken to the manager about it" and "She has a personal carer and she knows my mother very well."

People who used the service told us there were activities for them to participate in. Comments included, "The activity person is very nice and very new, but seems to be trying. She's been and asked me what sort of things I want, I said anything to get my hands working and she's obviously gone away and thought about it, because yesterday we made bird feeders" and "There's a lot more going on. Interesting and fun things not just the entertainment. I've done some baking and played games. She's very good at arranging things we can all join in with."

Relatives told us they thought the activity programme had improved and they were informed about social events and entertainments. One person told us, "They were playing a balloon game the other day, lots of people were involved, quite a few with dementia, they all loved it" and "I'm impressed with the new activity coordinator, she arranges a variety of activities; they've got an indoor greenhouse and they are going to get some chickens."

We followed up a compliance action that had been issued to the registered provider after the last inspection. The compliance action was for a breach in Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which refer to care and welfare of people. We found the registered provider had made improvements and overall was compliant with this compliance action. People who used the service had their needs assessed and detailed plans of care had been developed to direct staff on the care they required. Improvements had been made to the safety and standards of care support provided by staff. The majority of records seen were accurate, up to date and maintained.

We looked at six people's care records in detail and sampled other records. The registered provider had obtained new documentation for use when recording plans of care and the majority of care files had been rewritten on this new format. People who used the service, relatives and staff had been involved in the review and updating of care files. We found people's care plans were written in a more person centred style, they incorporated people's preferences and choices about how they wanted to receive their care. Risk assessments were accurate and had been reviewed regularly. We found the majority of care plans were detailed, although there was some inconsistencies in the directions given to staff in relation to the frequency of repositioning support needed for some people who were at risk of sustaining pressure damage. Some care plans clearly detailed the frequency of support for example every three hours, whilst other records directed staff to provide this support 'regularly.' We passed this on to the area manager to address.

We found there were few pen pictures or life history records in people's files; staff confirmed these records had been archived in error and they were currently in the process of retrieving and updating them. Information about people's backgrounds gave staff an understanding of the values and preferences of people they supported. This is particularly useful when supporting people with dementia as it allows staff to provide a person centred approach to each person's care.

We found improvements had been made to the standard of recording in relation to the management of wound care. However, we did identify inconsistencies with the quality of some of the monitoring records. For example, many of the records to support fluid and food intake, observation and repositioning were fully completed, however on some records there were gaps with the frequency of recording. This might make it difficult for the staff to evidence people received adequate care and support at those times, this could also affect the accuracy of any care review. The area manager confirmed they had completed some spot checks on the quality of the records but now needed to take more action to properly address the issue.

Requires Improvement

Is the service responsive?

People were encouraged and supported to make choices about their everyday activities such as what to wear, what to do and what to eat. An activity co-ordinator was employed at the service for 30 hours per week. Since their appointment in February 2015, we found they had made significant progress in reviewing people's individual social needs and preferences and developing a varied activity and entertainments programme. The programme was displayed in pictorial form in the activity room. This room was a large communal lounge area situated between the two units.

We found the activity coordinator was enthusiastic about their role and skilled in encouraging and supporting people's participation in activities. They explained how they provided one to one support in the mornings, often visiting some of the people whose needs meant they spent large amounts of time confined to their bed or their room. Some of the sessions included watching farming TV programmes, reading football annuals, contacting people's relatives in Australia via the internet, writing letters and sensory support with hand massage and nail care.

On the first day we observed eight people making cornflake cakes. Interaction between the activity coordinator and people was very positive; they used a lot of encouragement and praise. Everyone appeared to enjoy the activity a great deal including the people watching. They had commenced an activity photo record which gave a good commentary on the photos contained and people's participation.

One person's relative considered many of the activities were targeted more for ladies in the service, such as sewing and making Easter Bonnets. When we mentioned this to the activity co-ordinator they said that many of the male residents did in fact take part in, and seemed to enjoy, activities perhaps traditionally associated with women but they also arranged more male orientated activities such as dominoes and blackjack. They had also started, "gentleman days" in the salon when men could have grooming sessions, including wet shaves, and watch horse racing and football.

There was a complaints policy and procedure and the area manager maintained a log of complaints. Records showed there had been two 'informal' concerns raised since December 2015. There was a comments box in the entrance hall which people could use. We noted that the newsletter reminded people of this and about the complaints procedures at the service.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was no registered manager in place. The previous registered manager had resigned two weeks before the inspection visit. People who used the service and relatives were concerned about this latest management change, but overall felt confident in the new area manager and the improvements they were making to the service. One person said, "The area manager is saying the right things; hopefully she'll follow them through." Another person said, "The manager has gone, they'll have to get a new one, it's the time in between when things slip, let's hope it doesn't take too long." Following the inspection visit we were informed the area manager had appointed a new acting manager for the service and also appointed to the new role of 'head of care.' They were due to commence work in April 2015.

People told us they were consulted about the service. Their comments included, "I did a questionnaire a few months ago on what you think about the care service", "They've just sent out a questionnaire, I have written a lot on that which could help with a lot of the niggles", and "I brought the staffing levels up at the last meeting, said staff were run ragged, it's improved, they seem to have taken notice."

We followed up two compliance actions that had been issued to the registered provider after the last inspection. The compliance actions were for breaches in Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These referred to assessing and monitoring the quality of service provision and records. We found the registered provider had made improvements and overall was compliant with both the compliance actions.

The area manager described how they had been visiting the service regularly since their appointment in December 2014. Records showed they had completed full audits of the service each month and had worked closely with the previous registered manager and senior staff to address the shortfalls identified. It was clear from the audit records and results that improvements had been made in relation to areas such as: the monitoring and delivery of care, care records, risk management and safety, management and administration records, choice and quality of meals, facilities, activities, staff recruitment, management of medicines, staff training, supervision and appraisal.

We found improvements had been made to the standard of recording in relation to accidents and incidents and a new handover record had been put in place to address areas of staff responsibility. For example, senior staff checked medication administration records daily to ensure they had been completed appropriately. However, some inconsistencies were found on the care monitoring records which the area manager confirmed would be addressed with daily checks and regular specific audits. Similarly, increased monitoring and observation of meal time experiences and support with drinks were planned.

We saw records which showed accidents and incidents were recorded accurately and appropriate and immediate actions were taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. This information was also included in the registered provider's clinical governance programme along with any safeguarding concerns and complaints.

In discussions staff told us that staff morale and the management of the service was improving; they considered the changes the area manager was making were positive. Their comments included: "Moral is getting better now, there were issues regarding support from the previous manager. The area manager is making a difference, lots needed changing and those changes have started", "We have regular staff meetings now, they used to be only now and again", "I feel supported by the area manager, they are approachable and listen. I can also go to the senior staff and nurses" and "We have a chance now to talk to management, we have staff meetings now. We had a staff meeting on Friday. We can discuss any topic and we seem to be listened to. We are getting praise and appreciation from the area manager." Another member of staff described how they felt staff were listened to, they told us how they needed different equipment for linen storage and after mentioning this to the area manager they were provided with new linen trolleys.

One of the relatives we spoke with echoed the comments made by staff, they said, "If you'd come six months ago it wasn't a happy place, the staff weren't happy, it's getting better."

We observed the staff team generally got on well together and interacted well with each other to ensure consistent and co-ordinated care. However, we witnessed a verbal altercation between two members of staff during the

Requires Improvement

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inspection which raised concerns about their professional conduct. The interim manager took appropriate action to deal with this incident and confirmed that this was exceptional behaviour.

People who used the service, their relatives and staff had completed questionnaires and had opportunities to attend regular meetings. We saw that when issues were identified they were addressed. People gave us examples of improvements in relation to staffing levels, décor, activities, communication and meals. One relative told us, “We went to the residents meeting and I mentioned that his room needed decorating. They spoke with us about paint colours and curtains, it was all done quickly. We are really pleased with the outcome. They are definitely working with us to improve the place.”

During the inspection we found the area manager had secured support and resources from the organisation’s senior management team. We observed the senior support manager was working closely with the housekeeping team to oversee the standard of hygiene and cleaning. The estates manager was also visiting to complete a full audit of the facilities to identify any essential maintenance and other improvement work needed. Following the inspection we were provided with a provisional action plan which identified the majority of required refurbishment work planned for the next 12 months.