Care Quality Commission

Gracewell Healthcare Limited

Rossetti House Care Home

Inspection report

Welshmill Lane
Frome
Somerset
BA11 1BL
Tel: 01373 489500
Website: www.gracewell.co.uk

Date of inspection visit: 2, 3 and 6 March 2015
Date of publication: 27/04/2015

Ratings

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

Overall summary

Rossetti House Care Home provides accommodation for up to 70 older people who need personal or nursing care. The home also provides care for older people who are living with dementia. The home is a large, purpose built property. Accommodation is arranged over three floors.

This was an unannounced inspection, carried out over three days on 2 March, 3 March and 6 March 2015.

The last registered manager ceased working at the home in 2014. The current manager had worked at the home since June 2014 and had recently applied to register with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People felt safe and they were able to take risks as part of their day to day lives. There were clear risk assessments which meant care was provided in a way that minimised risks. The provider checked staff were suitable to care for vulnerable people before they commenced employment.

Summary of findings

People told us their healthcare support was good but we found some people were not being encouraged to drink enough. The records of what people had to drink were poor. People's decisions were not always being respected and at least two people were being deprived of their liberty by having their visitors restricted.

People's dignity was respected. People spoke very highly about the care provided at the home. One person said "All of the staff try to please us. The whole ethos is it's our home. It's so refreshing the attitude of staff. They are so very good to me."

People could not be assured that confidentiality would be maintained. There was a significant issue with the inappropriate use of social media by both current and ex-members of staff.

People were supported to keep in touch with their friends and relations. Most relatives and visitors we spoke with were very happy with the care provided by staff. A small number of relatives did not think the care was as good as it used to be; they were particularly concerned that some older, experienced staff had left the home.

Care was generally well planned, although there were no clear plans in place or specific staff training for when people became anxious, confused or aggressive. People's views were usually listened to but there was no system in place to record or learn from informal concerns or complaints.

People chose how to spend their day. There were a variety of planned activities. One person said "We have fantastic facilities here. We have different events and meet up. I go out to an art group and we have a creative writing group that meets here." A small number of relatives felt that some frailer people could become isolated as they either could not or did not wish to take part in communal activities or trips out. There was therefore a clear plan to extend the scope and range of activities on offer.

Staff training, support and morale were good. Staff felt listened to and changes they had suggested to improve care for people had been acted upon. One staff member said "A lot of the changes are positive changes. Lots of staff have said to me they have more confidence now. I wasn't well supported before. It's much better now."

There had been significant changes within the service in recent months. The scope and number of changes had clearly been difficult, but not always well managed. Most people spoken with during our inspection felt the service had improved; they respected the manager and had confidence in them; some relatives felt differently. One relative said "I don't feel that staff listen to concerns about (my relative's) care needs."

The systems in place designed to monitor the quality of the service, compliance with the law and best practice and to plan ongoing improvements were not fully effective. Some relatives thought there needed to be much more emphasis on honest and open communication, to ensure they felt listened to, respected and involved with the care being delivered.

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

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

The service was safe. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People felt safe living at the home and with the staff who supported them.

Staff were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

There were enough staff to ensure people were safe. Thorough checks were carried out on new staff to ensure they were suitable to work in the home.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Requires Improvement

Some aspects of this service were not effective. People's decisions were not always respected and at least two people were being deprived of their liberty without appropriate measures being taken to protect their rights.

People who required assistance were not being provided with enough fluids to enable them to maintain adequate levels of hydration. Meals and the mealtime experience for people were being improved.

People and those close to them were involved in their care but some relatives did not feel listened to when they raised concerns about the care provided.

People saw health and social care professionals when they needed to.

Staff received supervision, appraisals and on-going training to make sure they had the skills and knowledge to provide care for people.

Is the service caring?

Requires Improvement

Some aspects of this service were not caring. People were generally well cared for but they could not be assured that confidentiality would be maintained. Social media was being used inappropriately to discuss issues about the home.

Staff were kind and considerate. They knew people well and understood how they wished to be cared for.

Is the service responsive?

Requires Improvement

Some aspects of this service were not responsive. Care was generally well planned, although there were no clear plans in place or specific staff training for when people became anxious, confused or aggressive.

Summary of findings

It was unclear how the service responded to concerns of informal complaints. People did not always feel the service listened to, acted on and learnt from the concerns raised.

People chose how to spend their day. There were a variety of planned activities and trips out of the home.

Is the service well-led?

The service was not consistently well led. The service was not providing consistently high quality care.

There had been significant changes within the service in recent months. These had not always been well managed.

The systems in place designed to monitor the quality of the service were not fully effective.

Requires Improvement

Rossetti House Care Home

Detailed findings

Background to this inspection

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

We visited the home on 2 March, 3 March and 6 March 2015. The inspection team consisted of three adult social care inspectors, one specialist professional advisor in nursing and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

During our inspection we spoke with 21 people who lived in the home, 26 visitors, three registered nurses, 15 care staff, one activity coordinator, three members of the catering staff, two members of the maintenance team, the home's manager and one GP. We observed care and support in communal areas, spoke with some people in private and looked at the care records for eight people. We also looked at records that related to how the home was managed.

Before our inspection we reviewed all of the information we held about the home, including notifications of incidents that the provider had sent us. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People felt the home was a safe place for them to live. One person told us "I came here because my children wanted me to be safe and I feel very safe" and another said "All fine here. I am safe and I love it here." Visitors and relatives also said they thought the home was a safe place. One relative told us "Mum is safe here and that is so important to me" and another visitor said "I am pleased that my friend is safe and taken care of. It is a great place here." One GP told us, with regard to safety, they had never seen anything that had caused them concern during any of their visits to the home.

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information for staff about safeguarding and whistleblowing displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. Staff had reported such incidents; these had been referred to the local authority safeguarding team. One member of staff said "We have had some concerns. These have been picked up and reported. These have also been discussed at staff meetings, so we all know about the issue." The staff meeting records confirmed this.

People were able to take risks as part of their day to day lives. For example some people accessed the community independently; others made their own drinks. People who were independently mobile could wander safely in the home. One person said "I broke my leg so now I have to use a stick but people here encourage me to get around. I make myself cups of tea. I am looking forward to walking in the garden when it gets warmer." Another person told us "When the weather is fine I go to the shops. Sometimes I go out alone or I go with friends."

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example one risk assessment for a person at risk of choking clearly stated "make sure they sit upright when being assisted with eating" and ensure they are given thickened fluids and what consistency fluids should be thickened to. We observed staff ensured the person was sat up in bed when assisted with eating and they were able to explain to us what consistency the fluids should be.

A record was kept of all accidents and incidents. They included an initial assessment of the injury at the time followed up with an assessment by a registered nurse, to ensure the correct action had been taken. Audits were carried out to identify any trends such as the time, area of the home or staff member involved. We saw where risks had been identified following a pattern of falls measures were put in place to minimise the risks to that person. For example one person had a pressure mat beside their bed to alert staff they were getting out of bed. Another person, who was assessed at risk of rolling out of bed, had a low bed and a crash mat. Their risk assessment said bed rails could not be used as they may try to climb over them placing them at a higher risk of falls.

Each care plan included a personal emergency plan these were specific to the person and their assessed needs. They identified how a person may react in an emergency and how best to assist them. All stairwells contained emergency equipment to assist people to use the stairs if an evacuation of the building was required.

We looked at the recruitment records for five recently employed members of staff. Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. Staff recruitment files showed all new staff were only offered a job once references had been obtained and a check on their suitability to work with vulnerable adults had been carried out. Two newer members of staff told us all of these checks had been carried out on them before they started working in the home.

People were supported by staffing numbers which ensured their safety. Staffing numbers were determined using a dependency tool; people's dependency levels were reassessed each month or when their care needs changed. Staffing levels had recently been increased following concerns raised by staff that these were too low. Staff told us there had been discussions with the manager and that as a result, staffing had increased. Nurses also told us that occasionally an extra trained nurse was on duty in order to allow for paperwork and care plan reviews to be completed.

Good

Is the service safe?

Nurses gave medicines to people. They were trained and had their competency assessed before they were able to do so. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. There were adequate storage facilities for medicines including those that required refrigeration or additional security. Staff giving medicines explained the medicines administration procedures to us and demonstrated a good knowledge of how to maintain safety when storing and disposing of medicines.

We saw medicines being given to people on each day of our inspection; this was carried out appropriately and safely. Several people were prescribed medicines which required their pulse rate to be recorded; we saw this had been done. Medicines which needed to be crushed to help people take them had been discussed and agreed with the relevant GP and also with the local Clinical Commissioning Group. There were clear guidelines for medicines taken as and when required; for example if one person required pain relief this needed to be given before this person got out of bed.

We noted the medicines round took a long time to complete; one nurse described the medication round as “colossal.” Nurses spoken with thought that it would be helpful if there was an additional nurse, possibly a ‘floater’, to support the medicines rounds and to cover GP rounds.

There was an internal monthly medicines audit of five people’s records; audits included summary, stock levels, waste, education systems check, storage, and staff training. The last two audits showed 92% compliance in January 2015 and 97% compliance February 2015. This showed that medicines were stored, administered and disposed of safely.

Requires Improvement

Is the service effective?

Our findings

People's rights were not always upheld. We spoke with the manager about the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager told us they had consulted the local authority following a recent court ruling, which widened the criteria for where someone maybe considered to be deprived of their liberty, although they could provide no evidence of this. Many people would not have been able to leave the home if they wished to. For example, there were keypad locks in use which people could not operate. There was no evidence that DoLS had been considered and assessed in line with legislation and there was therefore a risk that people were being unlawfully deprived of their liberty.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Many people needed support or prompting to drink. We observed staff occasionally offering drinks however some people, many living with dementia, did not have easy access to a drink. We saw that the drinks provided to people in jugs were not being drunk. For other frailer people, drinks were out of their reach. Staff did not always encourage people to have a drink when they had the opportunity to do so. Staff completed records when they helped people to drink; these records showed people were not being encouraged to drink enough.

Three people had only received between 250ml and 500ml of fluids over a twenty four hour period. Another person's care plan stated they were at risk of recurrent urinary tract infections so should be encouraged to drink. However their records showed on more than one occasion they had not had sufficient fluids. The records had not been totalled and there was no mention in the daily records that they needed more fluids. One relative told us "We always make sure they have plenty to drink when we are here, but we can see on the charts they don't get as much when we are not here."

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's records had a section to identify a 'target' for the total fluids required through the day. These targets had not been completed so staff did not know how much each person should ideally be drinking. On one floor daily totals were recorded however there was no evidence that anything was done when people had not taken enough fluids. One nurse told us "The night staff should tell us if fluids have not been taken then we should do something about it." There were no records for people with low fluid intake to show any action had been taken. On another floor no totals had been recorded so nobody knew if a person had taken adequate fluids or not.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they generally enjoyed the meals, drinks and snacks provided. One person said "The food is good, there is a choice and there is plenty to eat" and another told us "Lovely food and there is always enough to eat. If I want something different they will make it for me. The cooks are very good to me like that." We observed mealtimes on each day of our inspection. People ate their meals in the dining areas or in their own rooms. People who needed help to eat were supported by staff who were caring and patient. Staff spoke with people and did not rush them. People who were unable to leave their rooms or who had chosen to eat in them were well supported by staff, who either assisted people or monitored those who were more independent.

A new chef started working in the home on the first day of our inspection. Discussions with them during our visits showed they had identified many areas where improvements could be made in catering for people. For example, some people had raised concerns with us about the quality of meals for people who needed a soft diet. The chef informed us that pre-prepared soft food would no longer be purchased from an external supplier but now all meals would be prepared in-house.

Requires Improvement

Is the service effective?

The chef noted our concerns around hydration and would like to install drink dispensers throughout the home. (Drink machines, with a variety of juice, were being installed on the last day of our inspection.) They were keen to set up regular nutrition meetings with senior nursing staff to ensure that people who may be losing weight or who have issues with eating received appropriate meals. They also wished to introduce pictorial menus, plated meals which people could choose from and to make meal times a more social occasion.

People told us staff asked them before they provided any care or support. One person said "The girls always tell me what is going to happen and they keep talking to me when they help me." We observed staff spending time with people, encouraging them to make choices and decisions. The process was unhurried, giving people time to think and talk about their wishes.

We discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. People's capacity to make their own decisions had been assessed. For example, some people were not able to make important decisions about their care due to living with dementia. Where people had someone to support them in relation to important decisions this was recorded in their care plan. Where people were unable to give consent, best interest meetings had been held with the appropriate people and a mental capacity assessment carried out. These assessments were also used to show why a person did not sign to consent when they did have capacity. For example, one person was unable to sign due to arthritis in their hands; the assessment showed they had been consulted and had given verbal consent.

We found people's decisions were not always respected and at least two people had their visitors restricted. Visitors to the home, such as people's friends and family were made welcome in the home. However, there had recently been an issue regarding ex-members of staff visiting people in the home. The provider had decided to either refuse admission or impose visiting conditions on ex-staff members. Two people who specifically wished to be visited by ex-staff had the capacity to consent to these visits but there was no evidence to show their views had been considered. One person said "I cannot see one ex-member of staff unless I see them downstairs. No one has explained why. Surely this is my home and I should be allowed to see my visitors in my own room if that's my choice." One family member explained they had lodged a formal complaint with the provider because their relative was being refused visits from one ex-member of staff. Their relative would welcome, and had the capacity to agree to, these visits.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us their healthcare support was good. One person told us "I was very ill in May I was given 8 weeks to live by the hospital and I weighed 50 kilos. I came here. I've put on weight and I am going home. I will be coming back to have a coffee and visit my friends. The care has been wonderful and I am writing to thank the manager and the care staff." Whilst feedback from a majority of people was extremely positive a few relatives thought some aspects of care could be improved. They felt there needed to be more attention to basic care, such as oral and nail care. One relative said "I don't feel that staff listen to concerns about (my relative's) care needs. For example they need to use soap to treat a medical condition. I found the soap unused. I raised concerns about aspects of oral hygiene and these were not dealt with."

Care records showed people saw professionals such as GPs, opticians, dentists and specialist nurses. Advice was sought from these professionals when people needed their input. For example, some people were being regularly reviewed by a nutrition nurse. We looked at the care plans of two people who were under the care of this nurse. Where artificial feeding regimes had been reviewed and changed, care plans reflected this. We were told that only qualified staff administered the feeds to people who were prescribed them. We saw evidence of this in people's care records. We saw that people's weight was monitored and recorded. Staff told us that if they noted a person was losing weight, a referral was made to the nutrition nurse for support and advice.

A GP visited weekly. We saw the information sheet staff had prepared for the GP in order to make their visit as effective and informative as possible. The GP told us the process had been reviewed recently and that positive changes had been made to make sure that when people's medical needs changed a prompt review was carried out by a doctor.

Requires Improvement

Is the service effective?

There had been significant changes in the staff team; 31 staff had left the home in the last 12 months. Many new staff had been recruited. Vacancies in the staff team were covered by permanent staff working additional hours or by agency staff. Where possible, the same members of agency staff were used to provide consistency of staffing. Staff spoken with said staff changes had been difficult. One member of staff summed it up by saying "It's been turbulent at times here. I know how difficult change can be. I think we are a good team though who have stuck with it through all the changes. Things are really starting to gel now."

Staff had a good knowledge of people's needs and confirmed they felt they had the necessary knowledge to enable them to care for people. Staff told us their induction was thorough when they started working at the home. One staff member told us "I did a lot of training and worked alongside an experienced senior carer when I started. It was good." Staff received regular formal supervision and annual appraisals had been started to support staff in their professional development. There were regular staff meetings and a handover of important information when staff started each shift. Records showed that staff training covered a wide range of topics; where training still needed to be completed this had been planned. Staff had been provided with specific training to meet people's care needs, such as caring for people who had a dementia.

The home was purpose built and was in very good decorative order. In addition to people's rooms and general communal areas, people had use of an in-house cinema, hairdressing salon and café area. We saw all of these areas in use during our inspection. The outside areas were landscaped with gravel and paved paths, flower beds and shaded areas specifically designed to provide easy access for people with mobility issues and enhance the experience of people living at the home. One person said "When the weather is nice I spend a lot of time walking and sitting in the garden."

The first floor of Rossetti House is for people living with dementia. The décor on this unit had been changed to help people with memory loss or confusion to find their way around. There was large signage with pictures to identify specific rooms such as a toilet or the lounge. Each corridor had a different colour scheme and each person had a 'memory box' outside their room with items that would trigger a memory to show they had arrived at the correct room. Further improvements were planned to make this part of the home more 'user friendly' for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

People could not be assured that information about them remained confidential. Within the home some people's personal care information was prominently displayed on the walls of some of the offices which staff used. These offices had glass fronts so this information was clearly visible to people and visitors who passed. Outside of the home both current and ex-members of staff were using social media inappropriately to discuss issues about the home. It was clear from a review of some of this information that current staff were discussing issues with ex-members of staff and relatives. Often messages between two people were being 'shared' with others and therefore becoming public knowledge.

This use of social media was in clear breach of the provider's policy. This stated "Employees in violation of the Company's Social Networking policy may be disciplined up to and including termination of employment, suspension and legal action." The manager told us that no formal action had been taken by the provider to address this serious issue.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoke very highly about the care provided at the home. Comments included: "This is a lovely home the staff really care and look after me so well. I'm here for respite. I hope that I can stay here", "People are so kind they get me anything I need and nothing seems too much trouble" and "They manage my care well. The girls always have a smile and look after me so well."

The majority of relatives and visitors we spoke with were very happy with the care provided by staff. One relative told us "I love coming here to visit Mum. I have built up a good rapport with the carers" and another said "The carers are fantastic, they are very responsive. They get mum up and take her out and about." A small number of relatives did not think the care was as good as it used to be; they were particularly concerned that some older, experienced staff had left the home. They felt that this had led to a poorer standard of care. One relative told us they had asked for their testimonial regarding the good quality of care provided to be removed from the provider's website.

These relatives also felt staff morale was low, although we found staff morale to be high during our inspection. During the three days we were in the home we observed staff had a cheerful, friendly relationship with people. There was lots of laughter and friendly banter. Most relatives and visitors commented very positively on the nature and attitude of staff. One person told us "All of the staff try to please us. The whole ethos is it's our home. It's so refreshing the attitude of staff. They are so very good to me." One relative said "Before my mother came here we looked at lots of other care homes. We were impressed by the staff ratios, and the standard of care on offer. We couldn't hope for anything better for mum."

Staff were all very proud of the quality of care they provided. All of the staff spoken with felt care was good; many thought that the care they provided had improved. Staff told us they had suggested changes, such as increasing staff on one floor and having dedicated staffing teams on each floor and these had been acted upon. Staff who had worked in the home prior to and after these changes said they were significant improvements. One staff member told us "When I started we worked on different floors. It's much better now because you get to know people's care needs so much better and they get to know you and are cared for by familiar staff. We also get to know their relatives better."

People's dignity was respected. One person said that they did not want to be cared for by a male member of staff. This was recorded in their care plan. When we asked staff about this, this was confirmed. One staff member said "A female carer would always be provided and even the medicines would be administered by a female member of staff." All rooms at the home were used for single occupancy so people were able to spend time in private. Bedrooms had been personalised with people's belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on people's doors before entering their room and waited for a response if they knew people were able to respond. Staff offered people support with

Requires Improvement

Is the service caring?

personal care in a quiet, respectful way so that others could not easily hear. One relative said "The staff treat (my relative) very respectfully and I know that she is well cared for."

People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded. This included details about people's individual or religious beliefs.

We spoke with one family member whose relative was approaching the end of their life. They spoke highly of the palliative care being provided and of the support that the family were being given by staff at the home. They said they "could not fault the care that had been given." Their relative's wishes "had been listened to and they were supported in the way they wanted to be."

Another family member told us about the "excellent palliative care" that had been provided and the support that had been given to their relative and themselves.

Requires Improvement

Is the service responsive?

Our findings

The majority of relatives and visitors we spoke with said they felt comfortable raising concerns and they were listened to. One relative said "I really feel that if I have any concerns now I will be listened to and that they will be sorted out quickly." A small number of relatives felt they were not listened to and had informally raised the same concerns several times. They told us they had raised concerns with the manager and these issues had not been recorded. The manager told us informal concerns or complaints were not recorded. This meant they had no clear system to look for trends or learn from the concerns raised.

The minutes for three resident and relative meetings showed concerns and issues had been raised and discussed. For example in the February 2015 meeting the standard of the soft diets was discussed. The manager stated they would take action. They explained the new chef would attend training in providing pureed meals. The minutes did not re visit issues raised at the previous meeting so people could hear of the progress. They also did not include an action plan showing timescales for action and the person responsible. This meant some relatives were not always able to see action had been taken.

Some people would be able to use the complaints procedure; others would rely on staff or relatives to raise concerns on their behalf. People said they would be happy to raise any concerns they had. One person said "There is nothing to complain about but if I was unhappy I would talk to the staff." We looked at the complaints record maintained by the home. We saw only one formal complaint had been made to the home since July 2014. One other formal complaint had been made direct to the provider's head office by one relative and was currently being investigated.

Care records confirmed each person's needs had been assessed before they were offered accommodation at the home. People, and those close to them such as their family members, had been involved in developing and reviewing care plans. They included information about the person's life, likes and dislikes. This meant the staff had information about the person, not just their care needs. Staff told us the care plans were currently being updated to a new format, and that this process was ongoing.

The home provided care for people who were living with dementia and people therefore could become anxious or distressed at times. There were no specific care plans when people were anxious or distressed which outlined the possible triggers and ways staff could divert the person or prevent an incident from occurring. For example, one person's records stated they had been both verbally and physically aggressive towards staff. It then said the person was in pain and they settled once taking paracetamol. This information was not in a care plan as a possible trigger so staff did not link the pain to the behaviour which may have been prevented if they had the appropriate information. Staff also told us that further training in dealing with the possible causes and effects of difficult behaviour relating to people with dementia would benefit them and help to reassure people and their relatives.

Despite the lack of clear care planning and specific training, staff did their best to support people who were confused or distressed. One person was constantly shouting "help." Staff did not pass them without responding and offering reassurance. A relative said "When my mum arrived she was very reluctant to allow carers to wash and change her and her behaviour was very challenging. Gradually they have encouraged her and gained her confidence and now she is fine about her care. They managed the situation well."

People chose how to spend their day. There were a variety of planned activities. There were now two full time co-ordinators in post, supported by a part time assistant. There were a range of in house activities including music, clubs, social events and two staff were qualified to deliver a chair based exercise programme; we sat in on one of these sessions. This was inclusive and all people were encouraged to join in. Throughout, people were well supported and their contribution was valued. One person said "I really liked this, it makes me feel alive." We also observed the knitting café session. There were also trips out of the home such as trips to local garden centres, shops and local places of interest. A weekly trip to a local pub was very popular.

People said that there are now more things happening both within the home and with regards to trips and visits out. Comments included: "I go swimming at the local centre and I really enjoy it", 'I had a lovely morning going out with my friends here. I so much enjoy going out. It was a lovely morning", "I like the cinema and we get to have

Requires Improvement

Is the service responsive?

popcorn sometimes" and "We have fantastic facilities here. We have different events and meet up. I go out to an art group." Some residents enjoy gardening and the home has an allotment plot just across the road. People help with planting and maintaining the home's garden and vegetables grown in the allotment were used in the kitchen.

A small number of relatives felt that some frailer people could become isolated as they either could not or did not wish to take part in communal activities or trips out. The activity co-ordinators had a clear plan to extend the scope and range of activities on offer. They were developing a programme of one to one activity for people in their own room, many of whom were very frail.

People, and those close to them such as relatives, were given the opportunity to be involved in decisions about the running of the home as well as their own care. The majority of relatives spoken with were confident they were listened to, taken seriously and their issues addressed. Not all relatives shared this view. For example relative's meetings were held, although some relatives had mixed views about how effective these were and were also concerned that the minutes of these meeting did not always accurately reflect discussions.

We recommend that the provider explores the relevant guidance on how to develop care plans and provide specific training for staff in relation to people who require support with their behaviour, particularly those living with dementia.

Requires Improvement

Is the service well-led?

Our findings

There were quality assurance systems in place designed to monitor the quality of the service, compliance with the law and best practice and to plan ongoing improvements. The manager completed a weekly report which gave an overview of checks and audits carried out. Internal audits had not picked up the issues we had found during our inspection. Each weekly report we looked at stated there were no actions following audits. For example, care records were audited but this had not picked up that people were not having enough fluids. This means the internal auditing system was not effective.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last registered manager ceased working at the home in 2014. The current manager had worked at the home since June 2014 and had recently applied to register with us. Discussions with people, their visitors, staff and the manager showed that the home had been through a significant period of change. We discussed these with the manager. Their view when they started work was the home needed to improve. They felt care practice was inconsistent and record keeping needed to be improved. Staff were not being regularly supervised or appraised and poor staff performance or conduct was not being addressed. Morale appeared low and interpersonal relationships between staff were causing problems within the staff team.

An independent satisfaction survey was completed in October 2014. Twenty one people took part in this survey. The results showed that levels of satisfaction had reduced across many areas since the 2013 survey. Seven main areas for improvement had been identified in the home's action plan following this survey.

The number of changes had been clearly been difficult, but not always well managed. For example, the significant problems caused by the use of social media do not appear to have been addressed promptly or appropriately. The fact that the manager, who by their own admission wished to lead by example, also chose to post comments about the home using social media only compounded the problem. The manager told us there had been a lack of support by the provider to help facilitate change and improvement, although this was now improving. The decision not to allow ex-staff to visit people was made by the provider although the perception was it was the manager's decision. The decision by the manager to then misrepresent this policy to one person who wished to be visited by an ex-member of staff showed a lack of respect for this person. The manager told us in hindsight this was the wrong decision; this had adversely affected the manager's relationship with this person and their family.

A majority of the people spoken with during our inspection felt the service had improved; this view was not shared by everyone. A small number of relatives felt the changes, and particularly how these had been managed, had led to them not being listened to and some experienced and trusted staff leaving the home. The PIR confirmed that only three out of the twelve staff who had formally confirmed their reasons for leaving said it was due to 'conditions of employment'.

One relative said they were unhappy with care provided to their partner and they felt they were not listened to. During meetings with the manager they had felt their views were dismissed. We reviewed the care provided and whilst this did appear to be well planned and delivered it was clear there were communication issues between the manager, other staff and this relative. Although the relative told us they were used to being in control of their partner's care, and therefore "struggled to give this up", they felt there needed to be more emphasis on clear and open communication in order for them to feel listened to, respected and involved with the care being delivered. Another relative discussed their concerns about the management of the home; these had formed part of their recent formal complaint to the provider.

The majority of people, staff and relatives respected the manager, had confidence in them and felt they had a positive impact. One relative said "I have great confidence in the manager. She is approachable and when I have asked for things to be done they have happened." Other comments included: "Some people might have mixed views. My view is that it's a lot better since the new manager came in. I feel listened to and my views are taken on board" and "The ethos is very good and I feel there is a very open culture here now." A GP told us they felt the service was well-led and there had been some positive changes.

Requires Improvement

Is the service well-led?

Discussions with staff showed the period of change had been very difficult but most had "bought in" to the new methods and approaches. One member of staff told us "It was a bit fragmented before the manager joined, but it's much better now." Another staff member said "A lot of the changes are positive changes. Lots of staff have said to me they have more confidence now. I wasn't well supported before. It's much better now."

Staff told us they were happy to raise any concerns they had with either the deputy manager or the manager. We heard there was an "open door" policy with the manager and that even if the manager wasn't in their office, they would take time to discuss any issues with staff. One staff member told us "Staff are encouraged to speak up, nobody would ever be ostracised for raising anything". Staff told us communication within the home was good and that information was shared with them, for example any complaints or audit findings.

Staff at the home were building links with the local community. One person told us "More people are now coming in. A creative writing group from the college now meet here. We are going to have cheese and wine evenings. Frome in Bloom did the garden last year; we helped them. We have the allotment which we help in and see other people who have allotments next to ours. It's nice to be part of the community." The PIR confirmed that one person had been nominated for the 'Home Champions Award'. Frome in Bloom had awarded the home with a 'gold certificate' and the provider had won the 'Residential Care Provider of the Year' award.

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	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People's decisions were not always respected and two people were being deprived of their liberty. Regulation 13(4)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs People who required assistance were not being provided with enough fluids to enable them to maintain adequate levels of hydration. Regulation 14(1)(4)(a)(d) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The care plans and daily records relating to fluids were not fully completed or reviewed effectively to ensure people's needs were met or to ensure their welfare and safety. Regulation 9(3)(e)(g) HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The quality assurance systems in place designed to monitor the quality and safety of care, compliance with the law and best practice were not effective. Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
	People could not be assured that information about them remained confidential. Regulation 10(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.