

Grace Manor Care Limited

Grace Manor Care Centre

Inspection report


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Ratings

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

Summary of findings

Overall summary

The inspection was carried out on 09 and 11 February 2016. Our inspection was unannounced.

Grace Manor Care Centre is a care home which is registered to provide accommodation, personal and nursing care for up to 60 people. In 2014 the home was refurbished. The home now has a reduced capacity to care for up to 51 people as everyone is offered a single room. The home is a listed building which has been extended. Accommodation is set out over two floors with lift access to the first floor. On the day of our inspection there were 46 people living at the home. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility and some people received care in bed.

The service had a registered manager. 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 2014 and associated Regulations about how the service is run.

At our previous inspection on 21 July 2015 we found breaches of Regulation 9, Regulation 10, Regulation 12, Regulation 15, Regulation 17, Regulation 18, Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. We issued four warning notices in relation to Regulation 10, Regulation 12, Regulation 17 and Regulation 18. We asked the provider to meet the regulations by 04 December 2015. We issued one warning notice in relation to Regulation 19 and asked the provider to meet the regulation by the 20 October 2015. We also asked the provider to take action in relation to Regulation 9, Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The provider sent us an action plan the day after we inspected the service which stated that they would comply with the regulations by 31 August 2015.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that improvements had made which had moved the overall rating from inadequate to requires improvement, which was enough improvement to take the provider out of special measures. However, improvements to some areas were still required. As a result, they were breaching regulations relating to fundamental standards of care.

People and their relatives were positive about the service they received and had noticed improvements to the home.

Records relating to staff recruitment were not robust. Interview notes had not captured reasons for gaps in employment, even though staff confirmed that it had been discussed.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Audits undertaken had not picked up the concerns about staff recruitment records and infection control we found during the inspection.

Records relating to care and support provided were not always accurate and complete.

People had not always been weighed in line with their assessed needs.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse. However the policies, procedures and protocols for staff were out of date. We made a recommendation about this.

People's safety had been assessed and monitored. However risks associated with access to unsafe areas such as the kitchen and store rooms had not been appropriately managed. The home was not clean in all areas. We made a recommendation about this.

People and their relatives knew who to talk to if they were unhappy about the service. When complaints had been received, these had been investigated within suitable timeframes. However, action taken as a result of complaints had not been. We made a recommendation about this.

Areas of the home had been decorated to support people who live with dementia. However not all areas of the home had been decorated. We made a recommendation about this.

Medicines administered were recorded to ensure that people received their medicines in a safe manner.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

There were enough staff on duty to meet people's needs. Staff had undertaken training relevant to their roles and said that they received good levels of support from the management team.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People were supported and helped to maintain their health and to access health services when they needed them.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback during meetings.

People were encouraged to take part in activities that they enjoyed. People were supported to be as

independent as possible.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm because areas of the home that were not suitable for people to be were left unlocked when not in use.

Staff did not have all the information they needed to safeguard people from abuse.

Effective recruitment procedures were in place, however records relating to employment were not complete. There were enough staff deployed in the home to meet people's needs.

People's medicines were well managed and recorded.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's weights had not always been monitored and recorded in line with their assessed needs. Meals and mealtimes promoted people's wellbeing.

Staff had the essential and specific training and updates they needed. Staff received supervision and said they were supported in their role.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect. People's information was treated confidentially. Personal records were

Good ●

stored securely.

People were consulted about how they wanted their care delivered.

Relatives were able to visit their family members at any reasonable time.

Is the service responsive?

The service was not consistently responsive.

People were not always provided with personalised care. Activities had improved for people, however some people did not have access to activities to meet their needs.

People's and relatives views were gathered and feedback had been acted on.

The home had a complaints policy, which was on display in the home. The provider had responded to complaints in an appropriate manner, however action taken to learn lessons from complaints had not always been taken.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Systems to monitor the quality of the service were in place, however these were not always effective.

Records relating to people's care and the management of the service were not well organised or complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

Requires Improvement ●

Grace Manor Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 09 and 11 February 2016 and was unannounced. The inspection team consisted of three inspectors.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law. We also reviewed the provider's action plan and information that had been passed on to us in relation to scabies outbreaks.

We spent time speaking with 12 people. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas. We spoke with five relatives and three visitors. We also spoke with 12 staff including the cook and the deputy manager. We also spoke with the Operational Manager, Chief Compliance Officer and the Nominated Individual.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included 12 people's care records, risk assessments, four weeks of staff rotas, seven staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records. We attended a planned meeting with the local authority, other health professionals and the provider during the inspection.

We asked the provider to send additional information after the inspection visit, including some quality assurance records, audits, maintenance checks, staff telephone numbers, people's dependency information and tissue viability reports. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

At our last inspection on 21 July 2015, we identified breaches of Regulation 12, Regulation 13, Regulation 15, Regulation 18 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety. The provider had not ensured medicines were recorded effectively. The provider had not ensured that there were enough staff to meet people's needs. The provider had not ensured that premises and equipment was suitably maintained. We issued one warning notice in relation to recruitment records and told the provider to meet the regulation by 20 October 2015. We also issued two warning notices in relation to the safety and suitability of the premises, management of medicines and deployment of staff and told the provider to comply with the regulations by 04 December 2015. We also asked the provider to take action to make improvements in relation to the safety of the home. The provider sent us an action plan the day after we inspected the home which stated they would meet the regulation 15 by 31 August 2015.

At this inspection we found that there had been some improvements to staffing levels, safeguarding, risk management and management of medicines. However, there were still some areas of concern regarding recruitment records, safeguarding and risk management.

People told us they felt safe. We observed a calm and pleasant atmosphere. One person said "It's better now there's more staff" and "You feel there is always someone around". Another person told us they "Would rather be at home but is happy enough here". Another person said, "There wasn't enough permanent staff". Another person said, "Less agency [staff] now which is better".

Relatives told us their family members were safe and well looked after. One relative said, "They are trying really hard, definitely improved". Another relative said that the home had definitely improved, "I like the brightness of it". Another relative told us, "Agency staff are good, always the same ones, we know who they are"

At the last inspection we found that the provider had employed staff and had not explored reasons for gaps in employment. At this inspection we found that six out of seven staff recruitment files showed gaps in employment which had not been explored. We discussed this with the provider at the end of our first day of inspection. On the second day of our inspection the operational manager gave us undated, signed statements from staff detailing that the registered manager had asked them at interview about gaps in their employment. The chief compliance officer confirmed that the statements had been made on the 10 February 2016. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked.

We judged that the failure to record the discussions held at interview to evidence that gaps in employment had been explored was a breach of Regulation 17 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that most areas of the home were clean. However, clinical waste rooms had strong smells of stale urine. Infection control procedures within the home were not always followed. We found one mop that was in use to be dirty, we spoke with the provider about this and it they disposed of it. We observed staff not wearing appropriate gloves when supporting people with their meals. Information gained during a multiagency meeting which we attended during the inspection highlighted that personal protective equipment (PPE) had not always been used as advised, particularly during Scabies outbreaks. Completed relatives questionnaires also confirmed this.

At the last inspection we found that people were at risk because staff had not followed safe practice and guidance when supporting people to move. Risk assessments were not person centred and had not been updated when people's circumstances changed. At this inspection we observed people being supported to move using hoists and equipment in a safe manner. They were spoken with as they were supported by staff so they knew exactly what was going to happen. Slings had been purchased following an assessment of each person's needs. This meant that staff used individual slings which minimised the risks to people from harm and minimised infection control concerns. Risks in relation to accessing equipment and items that could cause serious harm had not always been assessed and resolved.

The kitchen was unattended during the inspection and could be easily accessed by any person living in the home. People who actively walked around the home had access to potentially dangerous equipment and thickener powder which is used to thicken fluids to aid people's swallowing. We spent three minutes in the empty kitchen until kitchen staff returned, we do not know how long it was empty before we entered.

We also found the food stores unlocked on several occasions during the inspection which meant that people had access to matches, stocks of food and a large chest freezer.

We recommend that the provider reviews safety and infection control measures to ensure that risks to people and staff are minimised.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to minimise the risks of choking whilst eating and drinking and to reduce the risks of falls. Risk assessments gave clear guidance to staff about safe working practices. One person's showed that they should not be left unattended when sitting in a chair as they were at risk of slipping out. We observed throughout the inspection that they had staff near them to keep them safe. The risk assessments were reviewed regularly. Staff were able to provide care which was safe and met each person's needs

Each person had been assessed to see what care and support they needed to evacuate the home in an emergency. A personal emergency evacuation plan (PEEP) was in place within the fire file. We checked the fire file. It contained PEEP's for every person living in the home. This meant in an emergency, staff and the emergency services had all of the information they needed to keep people safe.

At the last inspection we found that staff did not have access to the local authorities safeguarding protocols, policies and procedures. At this inspection we found the provider had a safeguarding policy that was dated March 2015. This detailed the types of abuse and signs and symptoms of abuse and gave staff guidance about who to report their concerns to. The local authorities safeguarding adult's policy, protocols and guidance was available to staff in the hallway, however this was dated 2011. This contained telephone numbers that were no longer in use. It also detailed how to raise safeguarding concerns. Staff we spoke with had a good understanding of abuse and how to report it. This meant that staff had access to all the

information they needed about how to report abuse but did not have access to correct contact details for the Local Authority safeguarding team.

We recommend that the provider ensures that policies and procedures available to staff are up to date and relevant.

At the last inspection we found that there was not enough staff deployed to keep people safe. At this inspection we found that staffing numbers had increased. We observed that there were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Agency staff had been booked to cover shifts when this happened. People and staff told us that the service employed regular agency staff to ensure that they knew people well. We observed that agency staff working during our inspection did know people and their relatives and had built a rapport with them. The deputy manager and activities staff provided support at key times of the day such as lunch time. White boards were fixed to the walls in each of the units within the home detailing which staff were working and who the nurse in charge of that unit was. This enabled people and their relatives to identify staff to help them with their queries. A picture board was available in the main corridor of the home which showed which staff worked in the home. However care staff had not been included on this. People's calls for help using the call bell system and verbal requests for help were answered quickly and people appeared calm. People told us that staff levels had improved. One person said that the provider had, "The right staff, at the right time in the right place doing the right things". One relative told us, "Staffing is good here" and "The white boards clearly show who's on [working]".

Accidents and incidents had been appropriately recorded. The registered manager had carried out a monthly check of these and produced a report which they submitted to the provider to highlight actions that had been taken as a result of the accident/incident, which also evidenced they had checked for trends.

At our last inspection we found that the front door was not as secure as it needed to be and found that the home had not been maintained to suitable standards. During this inspection we found that redecoration had taken place in many areas. Standards of maintenance had improved, small repairs we noted during the inspection had already been picked up by the maintenance team and added to their jobs list.

At the last inspection we found that topical medicines had not been recorded adequately and medicines were not stored in a suitably cooled room. At this inspection we found that the medicines storage room was cool, an air conditioning unit was in place and temperatures of the room and the medicines fridge within it had been appropriately monitored and recorded. We also found that topical medicines were correctly recorded.

Medicines were stored in the medicines room, which was securely locked. We observed a nurse administering people's medicines during the evening medicines round. The nurse checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. Medicines were given safely. The nurse discreetly observed people taking their medicines to ensure that they had taken them. The nurse made appropriate records of medicines that people had refused. MAR charts for people who were prescribed creams and other topical solutions stated that the person had been administered their prescribed creams.

Appropriate checks of the environment had been carried out. The fire alarm had been tested weekly, regular fire drills had taken place, weekly water temperatures had been checked for all bedrooms, bathrooms and

sinks. The maintenance team carried out monthly checks of the nurse call system, bed rails inspections and checks of all rooms. Hoists and slings underwent a weekly check and regular service.

Is the service effective?

Our findings

At our last inspection on 21 July 2015, we identified breaches of Regulation 15, Regulation 18 and Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not provided suitable training for staff. The provider had not ensured that the environment was suitable for people and the provider failed to meet people's nutrition and hydration needs. We issued a warning notice in relation to the suitability of training and told the provider to comply with the regulations by 04 December 2015. We asked the provider to take action to make improvements to the decoration of the home and nutrition and hydration. The provider sent us an action plan the day after we inspected the home which stated they would meet the regulations by 31 August 2015.

At this inspection we found that there had been some improvements, staff training had improved, the Haven unit within the home had been decorated to enable people living with dementia to orientate themselves. We observed that meal times were calmer and more relaxed.

People told us they were not restricted living in the home and they enjoyed the food. Comments included, "Staff are very helpful"; one person told us that the apple pie and custard was "Nice". One person said, "The food is good, you can always ask for more" and "I'm well fed". One person told us that staff had improved, "They listen to you more".

Relatives told us their family members health needs were well met. Comments included, "Went to hospital recently as she had a suspected stroke, [staff] dealt with it well"; "[Family member] was very poorly on Saturday, they [staff] called Medoc and antibiotics were in place within three hours. I was really impressed". One relative said, "Food is good", they went on to explain that one of the nurses had referred their family member to the dietician as they were losing weight, now their family member was taking food supplements.

A health and social care professional told us that staff are responsive to need and gave an example of staff contacting the physiotherapy department to chase a referral. Another health and social care professional told us they were concerned because records relating to food and fluids were not accurate.

At the last inspection we found that people's dining experiences were not relaxed and pleasant. People had delays to their meals which cause them anxiety and distress. Records relating to people's food and fluids were not complete. During this inspection we found that people's dining experience had improved. We observed that the dining areas were calm and relaxed. However, one person had a fluid restriction in place due to medical reasons which was clearly documented in their care plan and detailed in their room. Records showed that some days they had neared their daily allowance of fluid by lunchtime, which meant that they would have exceeded their daily allowance later in the day when they took their medicines with a measured amount of fluid. We spoke with staff about this who explained that the person often chose to drink more than they should, they explained the person had capacity to make these unwise decisions. Records did not show which drinks the person had been given by staff and which ones they had taken themselves.

People's weights were recorded inconsistently. One person's assessment showed that they should have

been weighed weekly, however records evidenced that they were weighed monthly. One person's care plan evidenced that they should have been weighed daily, but they had not. We spoke to the nurse about this and they explained this person often refused to be weighed, this refusal had not been noted in the person's records.

We recommend that the provider ensures that people's food, fluid and weight records are appropriately maintained, monitored and recorded.

We observed that people were given choices of meals. Where people hadn't eaten what they had chosen they were offered other foods. For example, one person had chosen a tuna salad, they hadn't eaten any of it and were offered lots of other options. The person didn't want anything savoury so they ate an extra-large portion of apple pie and custard. The cook explained how they visited each person living in the home twice a day to get their choices for each meal. We observed the cook doing this. There were large and small print pictorial menus in place, which enabled people to see what the meals looked like. The cook explained how they catered for people with different dietary requirements. For example where a person had cultural requirements or health requirements.

At the last inspection we found that some people living with dementia were disorientated in their environment, because the home was painted the same colour which meant everything looked the same and there were no signs to show people what was behind doors. At this inspection we could see this had improved. The Haven unit within the home had been decorated with easy to understand signs and each person had a different coloured door. However, this had not been replicated around the home to assist other people living with dementia.

We recommend that the provider assesses and reviews the whole environment of Grace Manor to ensure that it is suitable for all people living with dementia.

At the last inspection we found that staff had not received effective training to meet people's needs. At this inspection we found that staff had received training and guidance relevant to their roles. Many courses had taken place and training courses had been booked. The tissue viability nurse (who was employed by the provider) explained how they had provided training sessions for new staff in relation to skin care. The tissue viability nurse has also provided guidance and support in relation to setting mattresses to the correct weight and selecting the correct type of mattress to meet people's needs. Training records evidenced that infection control training took place in January 2016. Staff told us there had been lots of training and that all staff had completed safeguarding and moving and handling training. A number of training courses had been booked for February, March, April, May and July 2016 which included basic first aid, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and diversity, food hygiene, challenging behaviour, fire, safeguarding and moving and handling.

Staff told us they had good support from the management team. Staff had received supervision from their line manager. Nursing staff supervised care staff. The registered manager provided supervision to the deputy manager and other staff including; housekeeping, kitchen and maintenance staff. Nursing staff were supported and supervised by the deputy manager, who also provided clinical supervision. Supervision records evidenced that the provider had provided feedback to staff about actions taken following CQC's last inspection of the service, so that all staff were clear about changes. This meant all staff received effective support and supervision for them to carry out their roles.

At the last inspection we found that staff were not following the Mental Capacity Act (2005). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who

may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection we found that people were only deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The nurses and staff we spoke with had a clear understanding of the MCA and DoLS. One member of staff told explained how they helped people to make choices by showing them pictures such as menus. Nursing staff told us they had contacted the local authority for help and advice when they needed professional advice around Mental Capacity Assessments. . Appropriate applications and authorisations to deprive people of their liberty had been made. There were clear systems in place to track and monitor DoLS applications and authorisations.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. Referrals had been made to speech and language therapist (SALT) for people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, palliative care nurses, tissue viability services, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes.

The handovers between staff going off shift and staff coming on shift were documented. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately.

Is the service caring?

Our findings

At our last inspection on 21 July 2015, we identified breaches of Regulation 10 and Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured that people were treated with dignity and respect and the provider had not ensured that care plans were not individualised. We issued a warning notice in relation to privacy and dignity and told the provider to comply with the regulation by 04 December 2015. We asked the provider to take action to make improvements to care plans. The provider sent us an action plan the day after we inspected the home which stated they would meet the regulation by 31 August 2015.

At this inspection we found that there had been improvements to people's care. People told us staff were kind and caring. Comments included, "Staff are very caring and kind"; "Night staff are wonderful"; "Wouldn't want to be anywhere else"; "They are kind to me" and "I've been here three years that speaks for itself"; "I'm more than happy here, they look after me" and "everyone is lovely".

Relatives told us the home had improved. Comments included, "The atmosphere is better it's a different feel"; "He's happy, he does get care, dignity and respect"; "They treat her well that's all I ask"; "Very friendly, very caring" and "They try their best". A health and social care professional told us their client was "Happy here".

During the inspection we observed staff knocking on doors and asking permission to enter. People were treated with dignity and respect. Staff involved people in what was going on and enabled them to feel in control when they repositioned them. One staff member said they, "Always shut the door if giving personal care; Cover them up. Talk to them and tell them what you are doing. If people are able to do stuff for themselves them I do encourage them".

Throughout the day we observed good practice. People's calls for help were answered quickly. Staff communicated with people in their preferred manner. We observed that staff spoke with one person in their preferred language, when doing so the person's face lit up. They were able to communicate their needs to staff in their own way. For example, during the medicines round a nurse asked the person in their own language whether they wanted any pain relief. The person replied in their own language that they were tired and wanted the light switched off. People who were confused and disorientated about their environment were appropriately monitored and supported by activities staff and the dementia lead member of staff whilst they were in communal areas. This enabled them to have reassurance and decreased the risk of altercations with other people.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

We observed that staff were kind and caring when telephoning people's relatives to discuss changes in their

health.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Where possible, people's beds had been positioned where they wanted them. One person told us they liked their bed where it was so they could see the birds and the garden. Another person had a mirror fitted above their bed so they could see who it was that came into their room.

At the last inspection we found that people's care plans were not person centred. During this inspection we found that there had been improvements to care plans.

People told us they had been involved in making decisions and planning their care. They were asked how they want to be cared for and about their likes and dislikes. Care files evidenced that people and their relatives had been involved with planning and reviewing their care. These had been signed by people or their relatives.

Relatives told us that they were able to visit their family members at any reasonable time. Relative explained that they visited their family members at different times of the day and they were always made to feel welcome.

Is the service responsive?

Our findings

At our last inspection on 21 July 2015, we identified breaches of Regulation 9 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to act on feedback and the provider had failed to provide activities to meet people's needs, care plans did not detail people's personal histories, staff were not always responsive to people's needs and reviews had not always taken place. We issued a warning notice in relation to failing to act on feedback and told the provider to comply with the regulation by 04 December 2015. We asked the provider to take action to make improvements to activities, care plans and responsiveness. The provider sent us an action plan the day after we inspected the home which stated they would meet the regulation by 31 August 2015.

At this inspection we found that there had been some improvements, complaints information had been updated, people and their relatives felt listened to and activities to meet people's needs had improved.

People told us activities had improved. They told us about activities such as singing, making and painting a post box for internal mail and trips out. One person told us they chose not to join activities very often, they said "I like it by myself"; "They have knitting on Monday, exercises, they have entertainment. They have started trips. They took me to [name of garden centre] this week it's [name of shopping centre]". People and relatives told us that they had attended 'residents' and relatives meetings.

People told us they knew how to make a complaint if they had a complaint. Comments included, "I know that I can complain to [registered manager] at any time. His door is always open"; "If I had any problems I would speak to my nurse" and "I'd speak to the manager, I'd speak to anyone here".

Relatives told us that activities took place and that they knew who to speak to if they were unhappy and wanted to complain. Comments included, "Activities go on, like singing"; "we don't have any complaints but we would know who to talk to"; "They've listened to us regarding entertainment" and "Can't grumble at anything". One relative told us they were highly amused because the first thing they see when they visit is how to complain information. A health and social care professional told us that there were activities available which people could join if they chose to.

At the last inspection we found that people didn't have enough to keep them active and stimulated. During this inspection we observed that activities had improved. One person shared examples of how activities had improved since we last inspected for themselves and others. They gave examples of how they had seen other people getting involved in activities and getting out of their bedroom more and that it was noticeable people were enjoying the activities as they smiled and joined in with the singing.

We observed that a number of activities took place whilst we were in the home. People had put their names down for trips into the local community. A small group of people were supported to go to a local shopping centre. When they were getting ready, staff offered encouragement and helped them to wear appropriate clothing for the weather. We heard one staff member talking to a person, they said "We are going to have fun today aren't we". The person was smiling and chatted about where they were going. A game of bowls and

then bowling took place which involved seven people, relatives and some staff. There was lots of interaction during the game through touch, speech and lots of encouragement and praise for each person that became involved. One relative told us that they had noticed that staff had more time to spend with their family member, "Staff are recording that they are spending time with [person] chatting. A music guy came last Thursday".

Items had been purchased to increase people's movement, such as different textured balls, bean bags and musical instruments, people were encouraged to feel the different textures and have a squeeze. The activities plan for the week was displayed on notice boards. The activities included, making a kite, listening to opera music, sewing, knitting, tossing pancakes, quiz games, singing, light exercises, writing letters, tai chi, bingo and watching films. There were activities to engage people in wood work activities such as making a basketball stand. The activities were planned for different areas of the home. We observed that one staff member was using technology to improve the activities, they explained how they had engaged an external company to help improve the activities further.

At the last inspection we found that people's personal histories were not always recorded in their care files and care plans and assessments had not been reviewed regularly to meet people's needs. During this inspection, we found that people's life histories were included which meant that staff were able to engage with them about their past and about important things. However, further work was needed to ensure that improvements were consistent. One person's care plan evidenced that they liked to spend time in the lounge with other people and can get distressed when left in their room for a long time. We checked their care file and found they had been in bed for 19 days, during this time they had limited stimulation. Their activity records showed they had spent 10 minutes chatting about love on the 9 February 2016. Activities for January evidenced that they attended a coffee and biscuit reminiscence event on 4 January 2016. These limited activities did not meet the person's needs identified in their care plan. Another person's care plan was written in pencil, this contained missing information and notes from another staff member who had reviewed it. This meant that further improvements were required to ensure that everyone received care, support and activities that met their needs.

There was a 'Resident of the day' poster on the wall in the main hallway. Staff explained that two people were named resident of the day. This meant that two people daily would have their favourite food at meal time, have their room thoroughly cleaned and have their care plans, risk assessments and care documents reviewed. A nurse explained that different people each day would be named resident of the day and this would always include anyone who was celebrating a birthday. It was one person's birthday on the day of inspection, they were not listed as the resident of the day. Some staff didn't know what the resident of the day chart meant.

A white board was in place in the music room which detailed to people what the day and date was and what activities were on offer. During the inspection this detailed incorrect information. The board detailed that the month was January, when it was February. This could lead to people being confused and disorientated.

This was a breach of Regulation 9 (1)(a)(b)(c)(2)(3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints procedure was not displayed in communal areas, which meant that people and their relatives knew how to formally complain. People and relatives confirmed they knew who to talk to if they had any complaints.

We reviewed the complaints records and saw that written complaints were documented and the records evidenced that they were responded to within agreed timescales. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future. One complaint response identified that the registered manager would speak with staff in a 'Take 10 meeting' to discuss expected practice. We checked the records of all of the 'Take 10 meetings' following the complaint to the day of inspection and could not find evidence to show this had been addressed with staff. This meant the poor practice issue could happen again as staff had not been informed about the complaint in order to learn lessons.

We recommend that the provider ensures that agreed action following complaints is implemented to ensure lessons are learnt.

Compliments had been received. One read, 'Thank you for looking out for [person] the other week. Your care and prompt action in calling the doctor prevented her medical condition getting worse'. Another read, 'Thank you for all the care you gave [person] and me, it was much appreciated'.

At the last inspection we found that the provider had failed to act on feedback. At this inspection we found that there had been improvements. People told us there were regular meetings to discuss the home. 'Residents' meetings were held regularly. Meeting records showed that the areas for improvements were discussed following our last inspection. One person told us how they were involved in the discussions about improvements. They said that at the time of the previous inspection they had not agreed with what was found and reported, however they could now see that major improvements were needed. They explained they could now see and feel the benefit of the changes made to the activities, staffing, meal times and the general atmosphere. We reviewed the meeting records for the last meeting which was held on the 28 January 2016. The records showed that nine people and 10 relatives had attended the meeting. The previous meeting records were reviewed and actions agreed as completed. The records showed that people and relatives felt able and comfortable to ask questions and address issues. An action plan was created to ensure that actions were allocated to staff members for timely action. As the meeting had only just been held, we were not able to observe whether actions had been completed.

Relatives had been sent surveys to ask their feedback about the service. Twelve surveys had been completed and returned, 10 of which had been sent to the head office. We viewed two completed surveys. These were generally positive about staff and showed that the manager was approachable. One survey raised that care staff had not worn appropriate personal protective equipment during the scabies outbreak to prevent the spread of infection.

Is the service well-led?

Our findings

At our last inspection on 21 July 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. The provider had failed to ensure systems and processes were in place to monitor, assess and improve the service. The provider had also failed to notify CQC about important events such as Deprivation of Liberties Safeguards (DoLS) authorisations. We issued a warning notice in relation to monitoring and assessing the service and told the provider to comply with the regulation by 04 December 2015. We asked the provider to take action to make improvements to notifying CQC of important events. The provider sent us an action plan the day after we inspected the home which stated they would meet the regulation by 23 July 2015.

People told us that they were listened to. People all knew who the registered manager was. Comments included, "If I'm not satisfied I'd tell them"; "I've got lots of confidence in [registered manager] and improvements, lots still to do".

Relatives told us that the registered manager was approachable. One relative said the registered manager "Has an open door policy".

At the last inspection we found that accurate, complete and contemporaneous records were not maintained and audit systems were not robust. At this inspection we found that records had improved, however there were still some gaps in recording. For example, several people told us about a person who had been shouting and crying in the night, they said the person had been unusually unsettled. Staff confirmed that this information was correct, however the night records relating to this person had not recorded this.

The personal emergency evacuation plan (PEEP) file contained a weekly checklist which had been completed by the registered manager and others when the registered manager was not present. We found that the weekly checklist had been completed for the week beginning the 08 February 2016. This had recorded that 47 people were living in the home and had not recorded that someone had returned from hospital on the 09 February 2016. We queried this with the deputy manager. They confirmed that there 46 people in residence and two of the people that had been entered on the checklist as being present in the home had sadly passed away in January 2016. This meant the checking system was not robust.

The registered manager and provider had worked hard to improve the service. Action plans which had been submitted to CQC had been robust and detailed and were regularly updated to evidence that work had been completed. Audit systems were in place. A number of audits were carried out at the home that monitored the quality of the service and identified any areas where improvements were required. Monthly inspections were carried out by maintenance staff of key areas of the home including the kitchen. Weekly checks were conducted to check bedrooms and communal rooms. Items identified were added to the maintenance teams job list and were dealt with swiftly. For example, it had been identified that the lift flooring needed to be replaced with a new vinyl covering, this was completed during the inspection. A tissue

viability nurse had conducted regularly audits and checks of practice, equipment and records in January and February 2016.

A home review audit had been completed by an operational manager on the 8 February 2016. This had identified areas of improvement that were required such as the frequency of monthly manager audits, gaps in people's care records relating to weights and management of complaints. However, the manager audits and home review audit had not picked up the concerns we found in relation to infection control such as strong smells of stale urine in clinical waste rooms and staff employment records. This meant that audit systems and processes were not always robust.

The examples above evidence a breach of Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had failed to notify CQC about events and incidents. Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. During this inspection, the registered manager and provider had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations, deaths, serious injuries and safeguarding concerns

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy on display which referred staff to the operational managers, the chief compliance officer and the chief executive of the organisation. Staff could also telephone a confidential telephone line. Effective procedures were in place to keep people safe from abuse and mistreatment.

The provider had displayed the rating of the last inspection in a prominent area so that people, visitors and relatives could view the rating given by CQC following the previous inspection.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Staff were positive about the support they received from the management team. Staff told us that the staff work well together as a team, one member of staff said, "I feel supported, now communication is much better" and "We have had lots of support from outside teams, we get good support from [tissue viability nurse], she's doing training again next week". Another staff member told us the provider "Has put a lot of energy and concentration to make things better. Residents and relatives are saying it's better and more organised".

We viewed the previous two staff meeting minutes and saw that staff were confident in raising concerns and issues with the management team. Staff said they had good support from the management team in order to carry out their roles. One staff member told us, "The management are approachable and I do think they listen to us". Another member of staff told us the management team are "Around a lot, they walk around, check the buzzers, check everything looks good".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured that people received appropriate care that met their needs and reflected their preferences. 9 (1)(a)(b)(c)(2)(3)(b)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that leadership and quality assurance systems were effective to make sure people were safe and they received a good service. Records were not accurate and complete. Regulation 17 (1)(2)(a)(b)(c)