The Orders Of St. John Care Trust

OSJCT Trevone House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 and 4 February 2015 and was unannounced.

The service cared for older people and accommodated 47 people. At the time of the inspection 39 people were being cared for. It provided additional nursing care to some people. People living with dementia were also supported.

There was 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 person's have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection in July 2014 people's dignity had been compromised and care records were not well maintained. During this inspection we found arrangements to ensure people's dignity had generally

Summary of findings

improved. Although, there were some situations where staff needed to be more aware of when people's dignity was at risk of being compromised. Care records had also improved and they recorded the necessary information.

This planned inspection was brought forward after we had received information of concern. There were general concerns about how the service was being managed and how people were being spoken to. People however, told us they had not been spoken to in an unkind manner and we found improvements had taken place in the way the service had been managed.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The evidence was gathered prior to 1 April 2015 when the Health and Social Care 2008 (Regulated Activities) Regulations 2010 were in force. This related to people not getting the support they required in relation to their nutrition. This care had not been delivered according to people's care plans. You can see what action we told the provider to take at the back of the full version of the report.

People had not always received the care and support they required when they needed it or when it best suited them. Although people we spoke with said they felt looked after, some had become resigned to the home's routine taking precedent over their preferences. Care was not person centred. In some cases people's well-being had not been considered and it had caused a degree of distress that could have been otherwise avoided.

Complaints had been raised and investigated but not always initially received in a positive and helpful way by staff. Ways to ensure this improved had been implemented.

A collective approach by the staff, the service's management team and the registered provider had seen the service improve its performance in December 2014. The registered provider had carried out a review of the service's performance and had found a more open and transparent working culture in place.

The service kept people safe because risks were effectively identified and managed. Levels of risk to people were continuously monitored. People were protected against abuse because the staff knew how to recognise this, what action to take and how to report it. The provider's policies and procedures for safeguarding people linked in to the local County Council's procedures on reporting and managing abuse. The service was therefore transparent and open about any reports or allegations of abuse. There were arrangements in place for people to receive their medicines safely and to be protected from potential medicine errors. People had access to various health care professionals as needed. There were social activities organised for people and adjustments made to these to suit people's differing needs. Differences in people's cultural heritages needed to be better considered in order to ensure people were supported as well as they could be.

There were enough staff to meet people's care and nursing needs. Staff received training, although some relevant subjects had not been covered by all staff. Arrangements were in place for staff to receive training they still needed. Where some staff lacked knowledge or experience, other staff were available to provide suitable guidance. Support for staff in relation to their practice and performance had improved. Robust staff recruitment practices meant people were protected from staff that may not be suitable to care for them. Staff communicated well with people giving them reassurance and a sense of being looked after.

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 is safe. Staff knew how to recognise abuse, what action to take and how to report it in order to protect people from abuse.

People's risks were identified and managed effectively.

There were enough staff to meet people's care needs.

People received their medicines as they were prescribed and they were protected against errors involving medicines.

Is the service effective?

Requires improvement

The service was not always effective. People who required support in relation to their nutrition did not always receive this when it was needed.

People's needs were not always met in a way that best suited them personally, but all had access to specialist health care professionals as needed.

There were staff available with the right knowledge and skills to meet people's needs and robust recruitment processes protected people from being cared for by those who may be unsuitable.

People's consent was sought before they received care and treatment and where needed people were protected under the Mental Capacity Act 2005.

Is the service caring?

Requires improvement

The service was not always caring. People's dignity was sometimes compromised and staff did not take action to rectify this. People's privacy was upheld.

Generally people were treated with kindness and compassion but sometimes more thought was needed to ensure people continued to feel that they mattered.

Is the service responsive?

Requires improvement

The service was not always fully responsive. People's care plans and assessments did not always result in individualised care, although record keeping had improved.

People's different cultural heritages had not been fully explored or discussed with them in order to ensure their diverse needs were met.

People's complaints and concerns had not always been received in a positive manner. However, they were investigated and the provider had arrangements in place to ensure learning and improvements resulted from these investigations.

People had opportunities to join in social activities.

Summary of findings

Is the service well-led?

The service was well-led with a high degree of additional support and monitoring from the registered provider. People were receiving an improved service although this needed to be further improved and sustained.

A positive and open culture was being promoted, although this still required further work.

There were robust quality monitoring processes in place to monitor the services performance, address risks to people and drive improvement.

Requires improvement

OSJCT Trevone House

Detailed findings

Background to this inspection

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

The inspection took place on 3 and 4 February 2015 and was unannounced. This inspection was brought forward after we had received information of concern. The inspection was carried out by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. In this case the expert by experience was knowledgeable in the care of people living with dementia.

Before the inspection we reviewed the information we held about the service which included information from the provider about significant events. We reviewed the provider's action plan they had sent us telling us how they were going to become compliant. We asked local adult social care commissioners for a copy of their latest contract monitoring report. We also gathered information from health care professionals who visit the service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and what improvements they plan to make.

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 to us.

We spoke with 11 people who use the service and five relatives. We spoke with 12 members of staff, including the registered manager. We spoke with one representative of the provider. We looked at six people's care records as well some care related records for other people, such as medicines administration records, repositioning charts and food and fluid intake charts. We looked at two staff recruitment files as well as other records relating to staff training and support. We looked at maintenance records and other records relating to the management of the service. For example, quality monitoring audits, action plans and incident and accident reports. We examined the electronic record for the call bell system. Both the service's registration certificate and the employer's liability insurance certificate were on display.

We asked the registered manager to send to us a copy of the service's training matrix which they did.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "they always make sure that I have my call bell" and they went on to explain that this made them feel safe. Another said "when I go outside they wrap me up warm." The staff told us they had received training in how to keep people safe. One member of staff said "I feel I have the information needed. I would report any signs of abuse straight away."

Prior to the inspection we had received information of concern which required us to ask people if they had been spoken to unkindly or shouted at by any of the staff. People told us they had not been shouted at. We asked relatives if they had ever observed people being shouted at or spoken to unkindly and they told us they had not. Staff had received training on how to recognise abuse, how to respond to an incident or allegation of abuse and how to report this. Staff were aware of how to raise safeguarding concerns. One member of staff said, "I would report any signs of abuse straight away." The service had policies and procedures in place which linked in with the local County Council's protocols for safeguarding. These arrangements helped to protect people from abuse and ensured that if any abuse took place it was reported and addressed.

The registered provider had taken action in response to information we had shared with them about these concerns. This action had included monitoring interactions between staff and the people they looked after over a period of time. The registered provider had given people and staff opportunities to express any concerns they may have. They had made senior managers available for this specific reason. The registered provider reported to us that no-one had raised any concerns with them. Staff were aware of how to raise concerns they may have, within their own company and with external agencies. This was with the exception of two, less experienced staff. One member of staff said "I would approach the management team if I had a problem but I don't have any problems." We did not observe any form of communication that could have been perceived as abusive during the inspection. Staff were seen to be communicating with each other in a professional manner. This showed that the registered provider had taken these allegations of abuse seriously.

Risks to people were appropriately identified and managed in the least restrictive way in order to keep people safe. For example, people at risk of falling from bed were kept safe through the use of specialised beds or through the safe use of bed rails if appropriate. The registered provider's quality monitoring system monitored other potential risks such as pressure ulcer development, loss of weight and accidents and incidents. Where risks were identified these were assessed and staff given strategies to manage these. Staff were trained in how to use the equipment in the home and to move people safely. We observed several people being moved by the use of specialised hoists. People who live with dementia were communicated with effectively, which resulted in them being reassured and ultimately moved safely. The registered provider had an internal safety alert system. Through this all staff were made aware of safety issues that had caused problems elsewhere in the company. The alert described the problem and then gave action for staff to follow so that a repeat of the issue could be avoided. Records showed that the suggested actions had been taken when the alert had been received.

People's safety was also improved and maintained through the work that the maintenance person carried out. Meticulous records showed the work this member of staff had carried out, which also had a direct impact on maintaining people's safety. For example, the on-going task of ensuring all fire doors fitted correctly, the checking of electrical appliances to include the condition of wires and sockets. Visual checks and the maintenance of wheelchairs and walking aids. The monitoring of water temperatures and condition of the heating system ensured people were protected from scalding and Legionella.

The registered manager told us the day time hours had recently been increased to accommodate people's needs. One member of staff said "staffing levels are much better now". People's well-being was however sometimes compromised because staff were not always able to respond to people quickly enough. We spoke with one person who said "sometimes I ring the bell and I have to wait until a member of staff is free." This person said the waiting was only a problem to them when they wanted the toilet. They otherwise felt staff looked after them well. The electronic call bell system's records showed how quickly staff responded to people's call bells. The majority of call bells in the 24 hours before our inspection were responded to in less than two minutes and many were responded to in less than one minute.

Good

Is the service safe?

People were protected from being cared for by unsuitable staff. Documents relevant to staff recruitment demonstrated robust and appropriate checks were carried out on staff before they were employed.

People's medicines were managed safely and all medicines were securely stored. In order to ensure people received their prescribed medicines when they should, the task of administering medicines had been split between appropriately trained care staff and the nurse on duty. This meant it was not just one person's responsibility to administer medicines during a shift. People's medicine administration records were well maintained and signed by staff when people had received and taken their medicines. We observed medicines being administered in accordance with the Royal Pharmaceutical Society, The Handling of Medicines in Social Care.

Monitoring checks ensured medicines coming into the home, returning to the pharmacy or being destroyed were accounted for. Specific guidelines were in place for medicines which were prescribed to be given "when required". This meant people received these for the right reasons and at the correct intervals, for example when pain relief was prescribed. Medicines were given with people's consent and where people refused these this was recorded and monitored. One member of staff told us what they did when people refused their medicines, they said, "often it's just the wrong time for them (the person) and if you try again a little later they are happy to take them." These arrangements made sure people received their medicines when they were due and in a safe manner. The monitoring arrangements protected people from medicine errors.

People would be protected and cared for in emergency situations. The registered provider had an emergency contingency plan. There were arrangements in place to manage emergency situations. In extreme circumstances, for example if the building became unsafe, staff would be able to draw on support from the registered provider's additional services as well as those of external agencies.

Requires improvement

Is the service effective?

Our findings

One person said "I like it here, they look after me" and a relative said "she's put on weight and has now got a good appetite." One person said "it's very good here, the food is very good, I get a choice every meal time."

People's nutritional risks were identified, their weight was monitored and adjustments made to their diet where needed. Several people received varying degrees of support at mealtimes which ranged from gentle encouragement to eat to being fed. However, two people's food had not been cut up as their care plans stated it should be. One person also did not receive the support they required. This person struggled to pick up slices of meat, which had not been cut up. They first tried this with a spoon and then their hands. We observed this for 15 minutes and eventually they gave up and left their meal. Despite one member of staff having observed this incident adjustments to the person's support were not made in order to help them. This person's weight record showed they had slowly been losing weight, although a loss of appetite had been due to deterioration in their health. However, on this occasion, when they wanted to they had been unable to eat the food provided. Another person's food had not been cut up when we visited them. They told us some staff remembered to do this and others did not. This person had managed to eat but told us they found it easier when their food was cut up. This showed that when needed staff were not always adjusting their care delivery. The care was not meeting people's individual needs.

We later followed up to see if the member of staff who had removed the person's almost full plate of food had communicated to other staff, the fact that the person had not eaten their lunch. The food intake chart which should have been completed before this member of staff went off duty had not been completed. When we spoke with staff who cared for this person after lunch and through the afternoon, they were unaware the person had not eaten their lunch. In this case, concern for this person's well-being in relation to their nutrition had not been shown. Appropriate steps had not been taken to enable the afternoon staff to make alternative arrangements to support this person's nutritional needs. For example, offer this person an alternative option a little later with more support.

This was in breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (now regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were some discrepancies in record keeping in relation to people's weights but staff could explain these. This was down to weights being recorded in several places and not always copied into people's individual care records correctly. Despite this staff were aware of who had lost weight and people received fortified foods and snacks. Fortified foods had whole milk powder, butter and cream added to them to increase calorie intake. Snacks such as crisps and chocolate bars were available and staff distributed some of these mid-afternoon. Other dietary needs were met such as those for people with diabetes. People who had developed problems with their swallowing had been assessed by a speech and language therapist and the type of food, safe for them to swallow, subsequently determined.

Staff were receiving better support in how to meet people's needs. Staff support sessions (one to one supervision) had not been consistently provided in the last year and the registered provider's own policy on this had not been followed. This had been because the service had lacked adequate numbers of senior staff who were appropriately trained to deliver this. However, an increase in senior staff and subsequent training had meant this had started to be delivered. Staff told us they felt generally more supported in their care duties, on a day to day basis, since the deputy manager/head of care had come into post. This person was taking a lead on all nursing and care issues.

People's immediate environment was not always well adapted to help people orientate themselves. When activities were not taking place the television was consistently on in the main lounge including throughout lunch. It was fixed on a wall higher than people's seated position and people were not engaged with this. Most of the chairs in this lounge area were in rows against the walls. We were told that one of the reasons for this layout was the design of the space and the need to be able to move people with hoists. One relative commented on this layout saying they had noticed it did not encourage conversation between people. We found conversation flowed more between people when, for example, they were sat in smaller groups and in sight of each other, around the

Is the service effective?

dining room tables. The walls in the dining room were fairly devoid of any pictures or objects which may provide a visual prompt to orientate people and explain what the room was used for.

People were cared for predominantly by staff who had received appropriate training. Where staff had not yet received specific training, advice and support was provided by staff who had additional knowledge in a specific area of care. Some staff took lead roles in areas such as dignity, end of life care and dementia care. Care staff told us they received the training they needed in order to carry out their tasks. However, there were mixed comments from staff on the training that had been provided. A new member of staff praised the company's 'back to basics' training and literature. They said, "I am refreshing my knowledge with a 'back to basics' course and it is refreshing and updating my skills". Another member of staff said "I haven't been offered any training for a while, I am not new so they assume I have had the training" and another said "they think I don't want more training, that is wrong I do". The service's training record showed that training had been given in the last year in some subjects such as safe moving and handling of people, safeguarding people from abuse and pressure area care. Staff had also received training in fire safety and some had received care planning and documentation-accountability training.

There were some subjects where staff had received little or no training such as, care of people with dementia, the Mental Capacity Act and Deprivation of Liberty Safeguards, end of life care and infection control. The registered manager was working with the registered provider's training department to fill gaps in training. On the notice board there were planned training sessions, for example, eight staff had signed up for end of life care training.

Some additional training had been provided by external health care professionals on, for example, the nutritional risk assessment in use. Some staff had already started the company's back to basics training and the registered manager told us that several staff would be benefiting from this. This showed that staff training requirements had been reviewed and gaps were being addressed which ultimately would ensure people were cared for by suitably trained staff.

People's consent for their care and treatment was sought by the staff. People were also supported to make decisions independently for as long as they could. An example of this involved a person who lives with dementia. They were able to give consent on a day to day basis for their care, which reduced the risk of developing pressure ulcers.

Where people lacked mental capacity to give consent specific decisions about their care and treatment were made in their best interests. For example, one person was unable to understand the importance of taking their prescribed medicines and its possible effect on their health. They had subsequently refused to take these. Following a best interest decision meeting these medicines were administered covertly (hidden in food). This decision had been made by appropriate people such as a nurse, the person's relative and their GP.

We also observed people's permission and agreement being sought by staff before they carried out simple actions such as, helping a person with their meal, taking them to the toilet and entering their bedroom. People were protected from decisions being made about their care and treatment by inappropriate people or by others when they were capable of doing this independently. No-one was being cared for with a Deprivation of Liberty Safeguards authorisation in place. The registered manager confirmed that no-one currently required this.

The Provider's Information Return (PIR) stated there were fourteen people with Do Not Attempt Resuscitation (DNAR) orders in place. We saw four of these and where one person had mental capacity this had been discussed with them by their GP. For others where this had not been possible the GP had recorded that their decision had been discussed with a next of kin. The DNARs had been completed by the person's own GP following a review of the person's health in the care home. Senior staff were aware that if a person were admitted with a DNAR from another health location, such as a hospital, the order must be reviewed by the person's GP. This showed that current guidance was adhered to.

People had access to various health care professionals as they needed it. One visiting health care professional told us the service made appropriate referrals to them. When they visited they found staff were knowledgeable about the people who live in the home. They found the staff followed their advice or instruction.

Requires improvement

Is the service caring?

Our findings

People's comments included "they are all very good here", "they do their best" and "the staff are very nice and approachable".

During our previous inspection on 24 and 25 July 2014 people were observed being manoeuvred by hoist in the lounge. On two occasions people's clothing rode up and their body was exposed. This same scenario was observed during this inspection and no action was taken by the staff present to cover the person. The provider's action plan, following our previous inspection, told us staff had received additional training on maintaining people's dignity. The staff training records confirmed this had taken place. Generally, during this inspection people's dignity was maintained and people were afforded appropriate privacy. However, some staff still needed to be more aware of the situations that could compromise a person's dignity and be ready to take appropriate action to maintain this. We fed our observations back to the registered manager who told us they would make a particular point of continuing to monitor how staff ensured people's dignity would be maintained when they were manoeuvring them.

One person's comments indicated that people's needs were not always met in a meaningful and caring way. They said "I have to wait to get up; they (the staff) say they will be back shortly and don't come back". This person told us this could be a problem when they wanted the toilet although they had never had an accident. However, not returning to someone unable to move independently, after saying you would do so is not demonstrating kindness. Another person told us they were very unhappy with how long they had to wait for staff sometimes. The call bell records showed this person had waited a few times, significantly longer than others. The reasons for this were investigated by one of the registered provider's senior managers. During the investigation changes to the person's health were confirmed. Prior to being aware of these changes staff had adapted their response to this person's call bell in order to be able to meet other residents' needs, which had resulted in longer response times for this person. This had resulted in the person feeling they did not matter. How this person's needs were subsequently going to met were to be reviewed following the investigation.

One member of staff was observed to be particularly good in the way they communicated with people and in how they supported them. People gave this member of staff a lot of praise and held them in high regard. Staffs' interactions with people were generally caring, warm and affectionate in manner.

Particular arrangements were in place to meet one person's needs at meal times in a caring and meaningful way. Time and patience was required to interact with this person and in particular to ensure they ate their meals, which they enjoyed albeit very slowly. This person's food was delivered to them at their own pace as they took very small mouthfuls. This showed kindness and compassion towards this person.

Visitors to the home could visit without restriction and were made welcome.

Requires improvement

Is the service responsive?

Our findings

Some people had different cultural backgrounds. The care records did not reflect in anyway the differences in two people's cultural backgrounds. The records did not tell us if this had been explored and if it was important or not important to these people. Both had involved families where this information could have been sought. We were unable to speak to these people about this because they lived with dementia. One member of staff knew that one of these people had been a lifelong member of a local ethnic minority club. They confirmed that the service had no known contacts with this club and the service had not explored if this were possible. The expert by experience informed staff that there was a local outreach worker which may be able to advise on how to make a link with the club. Staff told us they sometimes play music from this person's culture, which the person responds positively to. This does not demonstrate that a person centred approach is taken when supporting people with different cultural heritages.

The registered manager told us they had introduced arrangements for one member of staff to be present in the lounge-dining room area at all times. This was to ensure people's needs could be responded to quickly and people's well-being maintained. However, this arrangement did not work at tea time when the staff member was called away to help another person elsewhere in the building. This resulted in the absence of staff in the lounge-dining room for 35 minutes. We remained present during this time and none of the 11 people present requested the toilet and no risks presented themselves. However, people had been helped to the dining room tables but with the exception of one person, not served their food at this point. The fact that one person had been served their food caused confusion and some minor upset for others who thought they had been forgotten. Visual prompts help people who live with dementia make sense of where they are and what is happening around them. For example, having been invited and helped to walk to a dining room table, which had been laid for a meal would help prompt, some people, to the fact that a meal was about to be served. When the meal does not arrive this can cause confusion for some people. We explained to those that had been confused by this that the member of staff would be back and tea had only been delayed. This situation had caused people upset which could have been avoided with better planning.

After tea the registered manager reflected on what had happened. They told us it was the role of the senior care staff to ensure the care team were correctly deployed and could respond to people's needs. They said staff were not planning their work effectively. We spoke to the senior care staff and other care staff who told us they had been attending to other people's specific requests to use the toilet, to go to bed and were delivering tea trays to those who had chosen to stay in their bedrooms. This showed that staff had been aiming to meet people's specific preferences. One member of staff told us they really wanted to deliver person centred care and respond to people's needs and wishes. They explained that this was a good example of where this was not always possible without disrupting the home's main routine. The registered manager told us better team working was required to ensure person centred care could take place.

During our previous inspection on 24 and 25 July 2014 care records were not sufficiently maintained in order to protect people from inappropriate and unsafe care and treatment. During this inspection people's care records showed their care needs had been assessed and their care had been planned. Care plans and assessments of risk were reviewed on a monthly basis. Care records also recorded six monthly reviews of people's care plans and some of these showed evidence of the person or their representative being involved in this process.

Adjustments were made to the care records when people's needs altered. This gave staff the up to date information and guidance they required to meet people's needs appropriately and safely. The majority of care plans described people's needs and how these should be met in a very personalised way. They demonstrated that people's preferences and wishes had been sought and included at the time their care had been planned. However, what was written in the care plan was not always reflected in the care we saw people receive. This was seen in relation to people's nutrition and skin care. These examples showed that the care plans were not always successful in ensuring people received person centred care.

Most people's concerns and complaints had been managed in an appropriate way. The registered manager told us people were able to raise a complaint or concern with them or any member of staff. One relative said, "I know the registered manager, I'd know to go to her if I had a complaint". In the reception area was information about

Requires improvement

Is the service responsive?

how to raise a complaint. Information about this was also given to people, or their relatives, on admission. However, one relative had recently raised a complaint with a member of staff. When they had raised their concerns they felt that the member of staff had not been helpful. The registered manager had begun to investigate this as well as the issues raised. The relative was aware their complaint and the unhelpful response was being investigated

Complaints were recorded as well as the investigation findings and the response to the complainant. Information contained in the Provider Information Return (PIR) stated that seven complaints had been received by the service between January 2014 and January 2015. A theme of poor communication and a lack of attention to detail was highlighted by the provider as areas for improvement after these complaints had been investigated. This showed that there were arrangements in place for complaints to be reflected on and for learning and improvements to take place.

People's life histories, interests and preferences had been sought and recorded. The activities co-ordinator told us they used these to help plan the kind of activities they provided. For example, one person preferred to remain in their bedroom but was at risk of isolation and a low mood because of this. Therefore, the activities co-ordinator had sought an agreement with this person that they would visit them at least weekly and more frequently where possible. The activities co-ordinator was able to tell us what activities people enjoyed and what would suit some and not others. One person did not like or have the capability to join in a group activity so a quiet activity had been organised for them with one other person. Another person enjoyed playing cards so the activity co-ordinator had played a game of cards just with them. The activities co-ordinator told us quizzes were popular and the type of quiz used would be relevant to those taking part. At times quizzes devised by the Alzheimer's Society were more appropriate to use.

Group activities took place and records showed these often included an external entertainer, one of which we saw. This activity involved singing to all types of music and 12 people took part in this activity. This was followed by a game of skittles. People enjoyed a visit by their usual visiting dog organised through the Pets As Therapy (PAT) Charity. At the time of the inspection the activities co-ordinator had resigned from their position and a replacement was being sought.

The Provider Information Return (PIR) told us the home had signed up to and was part of the Activities for Older People Gloucestershire Activity Champion Network. This is a forum where activity co-ordinators and their managers can network with others in similar roles to help improve the provision of meaningful activities in their own service. The aim is to support these staff to promote a culture where meaningful activities were the responsibility of all staff. Although the registered manager told us it was all the staffs' responsibility to provide meaningful activities, this was not an embedded ethos in the service at the time of the inspection. Records showed that when the activities co-ordinator was off duty, activities were not organised by other staff. The service was not at a point where this degree of person centred activity provision could take place. The PIR however stated that one of the improvements to be made was that of more personalised activities.

Some of the activities were specifically planned to enable people to maintain relationships that were important to them. For example, it was planned that people's loved ones would be invited to share a meal on Valentine's Day. We also saw one visitor taking part in a group activity alongside their relative and another visited and helped their relative eat their lunch. This relative said "it is something I can still do for (person's name)."

Requires improvement

Is the service well-led?

Our findings

The registered manager had been in post since December 2013. Since March 2014 and up until just prior to this inspection, the registered provider had been unable to successfully recruit permanent nurses. This had an impact on the registered manager's ability to form a consistent and effective management team. In September 2014 a deputy manager was recruited and this saw the beginning of a more permanent management structure. Through continued support from representatives of the registered provider the new management team started to have a shared understanding of the service's key challenges and risks. A review of the way staff worked, along with various systems took place. Improvements were successfully made to how the service operated and performed.

In December 2014 the registered provider carried out a formal review of the service's performance and found it was meeting with their key expectations. It also showed improved compliance with the relevant regulations of the Health and Social Care Act 2008, also monitored by the registered provider. It was envisaged that more recent and successful recruitment of additional nurses would further strengthen the senior team and help sustain this improvement.

A more positive, open and inclusive culture had been needed to help drive improvement. The registered manager had been supported by senior representatives of the registered provider to develop this. The registered manager told us their main focus had been to improve communication between staff. To achieve staff working as a team and to ultimately move away from a task orientated way of working to a more person centred approach. Evidence gathered in the inspection showed that this way of working was not fully developed yet and some staff still required support and more time to feel they were fully supported and valued. However, although some staff were unable to tell us they felt fully positive about the way the service was led, they did tell us they felt more supported. A collective desire to improve the service further was present.

During the inspection the registered manager was seen to be visible to people who use the service, visitors and staff. An open door policy was in place. Meetings with heads of departments had been implemented and took place three times a week. These helped relationships to be built between different departments in the service and with the management team. In these meetings the registered manager communicated her aims and expectations and informed staff of what work she was involved in. The meetings in turn enabled staff to be involved in the development of the service and to be more aware of their collective responsibilities. During such a meeting heads of departments updated the registered manager with new and old issues and confirmed completion of previously agreed actions. Positive feedback was also shared, for example, improvements in the standard of cleaning had been commented on by visitors and this was fed back.

General staff meetings were held which enabled all staff to be included in discussions about how the service was moving forward and to receive effective guidance on their roles and responsibilities in this. To further improve support for staff an action plan from the registered provider stated that all staff were to receive an appraisal by the end of 2014. This enabled staff to formally review their performance, set new objectives and voice any concerns they may have about their ability to move forward. We were told by the registered manager these had been completed and some staff confirmed this when talking with us. Meetings with specific staff groups had also been established so staff with similar responsibilities could meet and discuss issues pertinent to their specific roles.

People were generally protected from unsafe and inappropriate care and treatment because the registered provider had arrangements in place to check and monitor the standard of care and services provided. We reviewed on-going audits and quality checks which had been completed by members of staff in the service and by the registered provider. The registered provider had continued to provide additional support to the service and had monitored the improvements made to date. Action plans from the registered provider were on-going and signed off by representatives of the registered provider when they were seen as completed. For example, improvement had been required to demonstrate that people's consent had been sought and recorded for various areas of care. The date stipulated in the registered provider's action plan had been met and the action signed off as completed in the registered provider's review in December 2014.

The registered provider had systems in place to formally obtain the views of people who used the service and their representatives. The registered manager had also organised 'resident and relative' meetings. These were

Requires improvement

Is the service well-led?

designed to informally get people together to discuss improvements they may like to see take place, hear about ideas they may have for the service and pass on relevant information. However, the registered manager told us these had been poorly attended. We spoke with three relatives who had been aware of these meetings. One commented that they did not think they would be worth attending. Although improvements in communication and a more positive and inclusive culture was being adopted, more work was still required to help people feel more valued and included.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The registered person had not ensured that people's personalised needs, in relation to their nutritional well-being, had been maintained. Regulation 9(3)(i).** **(Previously corresponded to regulation 14(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010).**