

Ideal Carehomes (Number One) Limited

Hambleton Grange

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?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 and 18 December 2017. Day one was unannounced.

At our last inspection, the provider was found to be in breach of three regulations (12, 17 and 18) in relation to safe care and treatment, good governance and staffing. We imposed conditions on the provider's registration in respect of employing a manager within a specific timeframe, improving staff supervisions, training and appraisals and developing the skills of the junior management team who were left in charge of the service when the senior management were not on site. Over the last six months the provider sent us a monthly action plan showing how they had progressed towards meeting the relevant legal requirements.

Following the last inspection the provider had enlisted various internal resources to support the service to improve systems and process. This had included regional quality support to assist the registered manager. The provider was still working when we inspected to embed improvements in some areas. The registered manager continued to work hard to recruit and support the current staff team whilst encouraging positive change and ensuring staff understood their responsibilities. The provider was committed to making further improvements and we were confident this would happen.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the provider demonstrated to us that improvements have been made and therefore the service is no longer rated as inadequate overall or in any of the key questions. The service is now out of Special Measures.

Hambleton Grange is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides support and care to a maximum of 50 older people and people living with dementia. On the dates of our inspection, there were 41 people using the service with varying degrees of need and dependency.

The service provided people with accommodation and communal spaces over three floors and each floor was staffed separately. On the ground floor were 12 bedrooms and on the first and second floors there were 19 bedrooms per floor. The ground floor was for people living with moderate onset dementia, the first floor was for people who were living with mild onset dementia and the second floor supported people with residential needs.

The provider is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had registered with CQC in October 2017.

The arrangements for ordering, storage, administration and recording of medicines were not carried out safely or effectively. Medicine management practices were being reviewed by the registered manager and action was needed to ensure medicines were given safely and as prescribed by people's GPs.

People told us that care was sometimes rushed and not always person centred, but they also gave us positive feedback about the support they received. We observed that some care was task orientated. We have made a recommendation about this in the report.

People had access to a range of low key activities which, although people enjoyed, did not meet everyone's needs. People said they remained bored at times with nothing to do. We have made a recommendation in the report around this.

Improvements had been made to the quality of the care records, but further work was needed to include people's emotional needs within the care plans.

Improvements had been made to the accessibility of safeguarding information for staff and people who used the service, risk assessments and monitoring of risk. People told us they felt safe living at the home. We found staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes.

Improvements had been made to the staffing levels in the service. We found the management team were monitoring people's needs and adjusting the staffing levels accordingly. A high level of agency staff continued to be used, but active recruitment for permanent staff was also in place.

Improvements had been made to infection prevention and control practices so that the environment was clean and tidy.

The uptake of staff training had improved; but there was a lack of regular supervision meetings and appraisals for the staff, which the registered manager was addressing.

Staff knowledge of people's needs had improved and there was a better understanding of the importance of good communication.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were able to talk to health care professionals about their care and treatment. People told us they could see a GP when they needed to and they received care and treatment when necessary from external health care professionals such as the District Nursing Team or Diabetic Specialists.

People had access to adequate food and drinks and we found they were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate.

Improvements had been made to how staff respected people's privacy and dignity. People said staff were also friendly and caring.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered manager had investigated and responded to the complaints that had been received in the past year.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

At this inspection we have identified a breach of regulation 12 with regard to safe management of medicines.

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?

Requires Improvement ●

The service was not consistently safe.

The arrangements for storage, recording and administration of medicines were not always safe.

The recruitment of staff was completed safely and was on-going. Improvements had been made to the levels of staff on duty, but there remained high usage of agency staff.

Improvements had been made to the monitoring, review and management of risk for people who used the service. Staff had a good understanding of how to keep people safe from abuse.

Improvements had been made to infection prevention and control practices and the service was clean and tidy.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff training and support had improved. The registered manager had a system to monitor closely that staff received appropriate support from their delegated line managers.

People were supported to make choices in relation to their food and drink. People's care and support was carried out in line with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

One person did not receive person centred care which addressed their needs and others said their support was rushed at times.

People's privacy and dignity was maintained by staff and people

were included in making decisions about their care whenever this was possible.

Is the service responsive?

The service was not consistently responsive.

Care files did not include care plans to address people's emotional needs and end of life needs where appropriate.

People were able to take part in activities, but these did not meet the needs of everyone who used the service.

There was a complaints process in place, which people understood and used as needed.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Improvements had been made to ensure the quality of care was assessed and monitored. We saw where issues were highlighted actions were put in place to make improvements.

The service had a registered manager who understood the responsibilities of their role. The service had gone through a period of change and the provider and registered manager were committed to making improvements and moving the service forward.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement ●

Hambleton Grange

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 4 and 18 December 2017 and was unannounced on day one. The inspection team on the first day consisted of three inspectors (one of whom was a pharmacist inspector) and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The two experts-by-experience had knowledge of caring for older people and people living with dementia. The inspection team on the second day consisted of two inspectors.

Prior to our inspection, we looked at the information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. They notified us of some concerns around medicine management which we looked at during the inspection. We used information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection, we spoke with the provider's nominated individual, the registered manager, the care manager and an independent consultant hired by the provider. We also spoke with five care staff and a visiting health care professional. We spoke with 18 people who used the service and five visitors over the two days of inspection. 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 looked at four people's care records, including their initial assessments, care plans and risk assessments. We looked at five medication administration records (MARs) where staff were responsible for administering medicines. We also looked at a selection of documentation pertaining to the management and running of

the service. This included quality assurance information, audits, recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

At the last inspection, we found there were breaches of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to staffing levels, medicine management, infection prevention and control, risk assessments and risk management. The provider gave us an action plan detailing how they would meet the breaches of regulations.

At this inspection we found sufficient improvement had taken place and that the breach of regulation 18 (staffing) had been met. We also saw improvements to the assessment and monitoring of risk and the cleanliness of the service was much better. However, the staff practice around medicine management was variable and therefore remained a risk to people. The breach of regulation 12 remains in place with respect of medicines management.

We looked at five Medicines Administration Records (MARs) and spoke with three senior carers responsible for medicines. In general, medicines were stored securely. However, on the morning of our inspection, the medicine trolley on the ground floor unit had been left unattended in the dining room with the keys in the door. This meant that medicines were accessible to people who used the service and unauthorised persons. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Records indicated staff carried out regular balance checks of controlled drugs. However, on the day of our inspection we found some controlled drugs on the ground floor unit had not been properly accounted for and recorded in the controlled drugs record book.

We checked medicines which required refrigeration and found they were stored in appropriate medicines fridges. However, staff did not record maximum and minimum medicines fridge temperatures each day as recommended in national guidance. In addition, staff had not recorded temperatures at all on three days in November 2017 on both the downstairs and upstairs units. This meant we could not be sure the medicines stored in these fridges were safe to use.

We found staff did not always complete the MARs correctly to reflect the treatment people had received. For example, one person's MAR was signed to say they had been administered two inhalers which contained the same medicine. When we investigated further, we found one of the inhalers had been discontinued and there had been no stock in the home. In addition, we saw medicines had been signed as given for a further two people, however we found doses of the medicines discarded in the return medicines box. This meant staff had signed for a medicine which they had not given. For three people, we found gaps in their MARs where staff had failed to sign or enter an appropriate administration code. We found second checks were not always carried out where staff had hand-written additional items onto MARs. This increased the risk of a transcription error which could lead to people being given the wrong medicine or the wrong dose.

We checked records for two people who were prescribed blood thinning medicines and saw there was an appropriate system in place to ensure blood tests were carried out and that the right dose to administer was recorded. However, on one occasion in November 2017 one person had been given an incorrect dose of a

blood thinning medicine.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs were completed on handheld electronic devices, by care staff, to record the application of these medicines. We checked records for two people and found in both cases staff had not applied their creams as they had been prescribed.

The above evidence showed that medicines were not managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the accessibility of safeguarding information for staff and people who used the service. Staff were able to describe the different types of abuse and were aware of how to report concerns outside of the service if they needed to. Staff were aware of the provider's whistleblowing policy. They had received training in safeguarding vulnerable adults and told us they felt confident any concerns they reported to the registered manager would be dealt with.

People said they felt safe because they were no longer living on their own. Visitors stated their friend/relative was safe from hazards if they fell or were unwell as staff were available to help them. One visitor told us, "I have more confidence in my relative's safety now, as it would seem that this is an improving environment." Everyone we spoke with said the service was safe. One person told us, "Yes, I'm comfortable but if I want any help, anything you want, they do."

Improvements had been made in relation to risk assessments and monitoring of risk. There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks.

One visitor told us staff looked after their relative and said, "It's safe having the care staff around; [Name of relative] had a few falls before they came in, but they have had no falls here. They have perked up. The staff manage the medication for my relative's pain to keep it under control, so they are less confused and they are eating better. They have really picked up."

Since the last inspection improvements have been made to the staffing levels in the service. However, we found staffing levels varied and there was a high level of agency staff used to fill the gaps. Active recruitment for permanent staff was on-going. We found that not all the agency staff profiles had a photo on them and the registered manager confirmed there was no induction paperwork completed for the agency workers. The registered manager dealt with this during the inspection.

The nominated individual told us they maintained appropriate staffing levels with the use of a dependency tool. This measured people's dependency levels and calculated how many staff hours were needed to meet their needs. The dependency monitoring for November 2017 showed that sufficient staff were on duty. People and their relatives said staff were kind and caring, but too busy to talk. However, they also commented, "I know the staff reasonably well, there are more on in the daytime now", "The staff are approachable, I have nothing to complain about" and "There are enough staff who know me well and chat to me."

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews, references and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions,

cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups.

Improvements had been made to infection prevention and control practices. Communal areas were clean, bright and well-furnished. There were no unpleasant odours. On the first day of the inspection we raised an issue about dirty clothes in one person's wardrobe. This was discussed with the registered manager who said they would speak with staff and ensure this did not happen again. We viewed all areas of the service on day two of the inspection, but did not see anything untoward in this respect.

Servicing of equipment records showed us contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. Clear records were maintained of regular health and safety checks carried out by the staff and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

Is the service effective?

Our findings

At the last inspection, we found there was a breach of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to a lack of staff training, supervisions and support; there was also poor monitoring of people's pressure areas, food and fluid intake and weight loss. The provider gave us an action plan detailing how they would meet the breaches of regulation.

At this inspection, we found that sufficient improvement had taken place and the breach of regulations 12 and 18 had been met. The registered manager was aware that further work was needed to ensure the progress made was embedded in practice with regard to safe care and treatment. They were also working on improving staff support and monitoring staff practice through regular supervisions, competency checks and appraisals.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Initial discussions were held with the registered manager as we found supervisions and appraisals were inconsistently completed. For example, when we looked at the supervision file for one member of staff, we established their most recent supervision had taken place in October 2016 and their last appraisal was dated March 2015. Other staff files held evidence of more recent supervisions.

We followed this up with the registered manager who explained support could be through one-to-one meetings, team meetings or practice observations. They said all members of staff delegated to carry out support were being monitored to ensure it happened. The registered manager had a system in place to monitor progress.

We saw evidence that on the odd occasion in 2017, supervisions had been held as a group session and on an individual basis with staff when practice issues such as medicine errors had been found. Staff had received retraining in medicines management, but the repeated errors by the same members of staff, picked up in the monthly audits, indicated the supervision and training was not improving practice for certain staff. The registered manager confirmed this needed further investigation and possible use of the provider's disciplinary procedures.

The percentage of staff that completed the on-line training deemed by the provider as 'essential', had improved over the last six months. Staff who spoke with us, including those employed in the last six months, confirmed they had completed training such as moving and handling, fire safety, safeguarding and management of challenging behaviour. We also saw the training certificates in their files.

We noted staff had recorded any health care professional visits in the care files and we saw staff putting the advice given into practice. Staff had received training from the community dieticians in recent months and this was discussed and documented in the last staff meeting minutes.

Health care monitoring had improved. One visitor whose relative was currently poorly told us, "The staff are doing what the district nurse is telling them to do." Other people and relatives said that if needed, a doctor

did attend and staff did consult with them if they had any concerns. One family member said, "Staff keep the doctor and myself in the loop." One person told us, "I've got good treatment here; my leg needs treatment. They are keeping an eye on it so I don't go down with the other one [leg]. The nurse used to come every day." We observed that the district nurse visited this person in the afternoon to redress their leg.

We observed interactions between staff and people who used the service. Improvement was seen in the staffs' knowledge of people's needs. They demonstrated a better understanding of the needs of people on the different floors and could talk about the care and support people required. All staff including the agency staff had access to the new electronic system for care records. A handover took place first thing in the morning where staff were allocated to work on a specific floor. This indicated that staff communication methods were improving, which in turn meant more consistent care for people.

People and relatives raised issues with us with regard to the temperature of food being delivered to people's bedrooms. Comments included, "My food is always cold because I choose to eat in my room and there are not enough staff to deliver it quickly" and "I don't like food that has been standing and is cold – I do not eat it." We saw food was served from heated trolleys in individual dining rooms. Staff informed us they usually served people in the dining room first and then went out with trays to individual bedrooms. We observed this system in two dining rooms and it appeared to work well with food served being taken to people without undue delay. We noted in one area that the heated trolley had not been 'plugged in' which could lead to heat being lost from food. We pointed this out to staff. We mentioned this lack of attention to the registered manager to address with staff.

We saw four weeks of menus were presented in both a large print and a pictorial style, making it easier for people who used the service to read and understand. The chef told us that alternative meals to those on the daily menu were available. For example, one person enjoyed a jacket potato and prawns at lunch time, which was different to other people's main meals. For some people, the meal times were a positive highlight of their day and they enjoyed the food presented to them. People told us, "I like the salads here, and a good steam pudding", "If you don't want the food, they don't force it on you" and "I like my breakfast in my room." One relative told us, "Mum enjoys the food; she's put weight on and that's always a good sign. She's happy and I'm perfectly happy."

The premises were divided into separate floors, each with wide corridors and communal areas, together with bedroom accommodation. We saw people could move freely around the communal areas. Doors to each floor were provided with a coded lock, but the lift could be accessed and we saw people could also move freely between floors using the lift. For one person, who smoked this meant that they could access the secure garden space without checking first with staff. Staff told us some people benefitted from being able to move freely between floors, and this helped to reduce their anxiety and distress. They said staff would guide people back to the right floor if needed.

There was limited evidence that the service had considered and followed dementia best practice guidance for the environment. For example, on the effects of flooring, colour coding, reminiscence object and signage. We saw some historical pictures of local areas but these were hung together with pictures of limited relevance to the local area, which was confusing. In addition, some of the pictures were not reflective of the age group of the people accommodated. We did see there were interactive items in the Bistro area for people to use, and we saw name plates on bedroom doors with a photograph or a picture.

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.

People can only be 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that people had been assessed for capacity, and DoLS referrals were made to the supervisory body. We saw there was recording of Best Interests decisions and the registered manager told us they were working on ensuring that families provided copies of Lasting Powers of Attorney's (LPA) where they had been registered with the Office of the Public Guardian (OPG).

A person told us, "The staff ask for my consent before giving care" and a member of staff said their two week induction had covered issues with regard to capacity and MCA. They said, "It is up to the people we look after to make decisions. We have best choice [Best Interests] decisions for people lacking capacity."

Is the service caring?

Our findings

Improvements were seen to people's appearance and staff practice with regard to maintaining people's privacy and dignity, but we received mixed responses when we asked people about their care and support.

Our observations of staff practice showed that some support lacked a person centred approach. For example, we discreetly observed one person who was grieving for their spouse who had passed away three days before our inspection. They were sat in the dining room for two hours, staff came up to them occasionally but on the whole the person was left alone and was distressed when we spoke with them. The staff we spoke with about this were dismissive of the effect of their grief. For example, no emotional support plan was in place for this person and the care manager told us, "[Name] is not an emotional person."

We recommend that the service considers advice and guidance from a reputable source about supporting people in a person-centred way and ensuring this is embedded in practice.

Some people and visitors/relatives believed most of the staff to be caring but too busy to deliver the excellent care that the people wished for. They told us, "Care is rushed and all the time it is about ticking boxes and not seeing people as individuals and being there for them." However, one person said, "The staff are mindful when I am getting personal care and not unkind just rushed." Other people told us, "The care is improving" and "If I need anything doing, the staff give me the support I need."

We observed many positive interactions between staff and people who used the service. For example, we saw a member of staff giving a person their medicines and talking about the royal engagement. They were chatty and respectful and they had a good rapport with the person. The person told the staff, "You're a good 'un'." They were laughing and joking together. The person had a visual impairment, so the member of staff said, "I'll look at the headlines and tell you what they are." Staff were kind and patient and spent time with people. This included our observations of two agency staff who told us they had worked in the service previously so knew people well.

There was varied practice with regard to how staff recorded baths and water temperatures. We were informed by staff that bath temperatures were recorded on the new electronic system and on a paper record kept in each bathroom. We found some staff followed this practice and the paper record in each bathroom included the initials of the person being bathed and a record of water temperatures. Other staff however were just recording this on the new electronic system, and the staff we spoke with were not confident in how this system could be interrogated to check how often people had received a bath or a shower. One member of staff told us that everyone was offered a bath or shower and this was recorded on the person's care file. Staff told us one person often refused to wash and their personal appearance could be unkempt looking on occasions. Staff told us training on behaviours that might challenge was included as part of their two week induction. This helped them to use different techniques and approaches to try and encourage the person to receive personal care.

On day one of our inspection we saw some people sat in the lounges with bare legs and leather shoes on.

This could potentially cause discomfort and sores to people's feet. We discussed this with the registered manager who spoke to the staff immediately. On day two of our inspection everyone we saw was dressed appropriately, looked smart and well-groomed. We found the standard of bed-making could be better, although we considered that the staff may not have finished when we walked around the service. We saw thin sheets not tucked in and bedding crumpled. We noted this had been raised at staff meetings and we fed this back to the registered manager for their attention.

We saw a number of people in bed and fast asleep during the morning when we walked around the service. The staff told us this was people's preference and they did not wish to get up. We followed this up with one person when they awoke as we were concerned they had not had any breakfast or a drink. They confirmed that staff were following their wishes and preferences and that they had a routine they liked to follow, which was respected by the staff. We saw that they received a hot drink shortly after our conversation, followed by their lunch.

The new electronic record system had a 'relatives' gateway' for relatives to check on the care people received. Staff were unsure as to how they might check with people who used the service on whether they had given permission for family to access their records or how information regarding a person's care and treatment would be made available to them under the accessible information standard. This was discussed with the registered manager who said they would ensure it was part of the 'gaining consent/Best interests' process and the development of their accessible information process.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us staff treated them on an equal basis and we saw equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in some of the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

The registered manager understood the role of advocates and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure their voice is heard on issues that are important to them. At the time of our visit no one who used the service was receiving input from an independent advocacy service, although some had family or friends who had power of attorney.

People had a lot of good relationships with others in the service. They told us, "Well, most people get on with each other" and "I have lots of friends; all are made welcome. There is a good mix of people here; I get on with them all." One lady joked with us and said, "Everyone is very good to you here, so long as you behave yourself." People said the staff were caring and commented, "There's enough staff and they always have time", "I've not seen anyone who's not happy, it's home from home", "Yes, I see them with the other ladies, they see to them alright" and "They are approachable; they listen if I have to go to them".

People said they had a good quality of life within the service and told us, "I go to the hairdressers on a Tuesday; she's quite good, and my nails are due this week", "We do get bored but we can go out" and "There's good company here and we're all friends. I get out and about from time to time; I get my hair done once a week, always have and I don't pay now." There was a positive rapport between the hairdresser and people who used the service. Three ladies were particularly good friends. One lady said about the hairdresser, "She's great. I'm going to sit up in bed all night, now I've had my hair done."

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to

them and called them by their preferred name. They knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care. They explained they would always check out people's care preferences with them before providing personal care and we saw this happened in practice.

One person told us, "Staff treat me with respect and dignity, and I do the same for them." Another person said, "There have been a lot of changes in the service. Some staff have left and new ones have started, but everything seems okay. I am waiting to see what happens when everything settles down again."

Is the service responsive?

Our findings

At the last inspection, we found there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to record keeping. The provider gave us an action plan detailing how they would meet the breach of regulation. At this inspection, we found that sufficient improvement had taken place and the breach of regulation 17 had been met, but further work was needed to ensure the improvement was sustained.

The quality of the care records was improving. Care plans were all rewritten in November 2017 to a good and comprehensive standard with health, well-being and known medical conditions supported by relevant NHS Choices guidance, for example asthma and glaucoma. However, there remained a need to embed this information in practice.

We looked at the daily records with the registered manager who could access and monitor these from home and send instructions to staff via the system. We noted more input was required to the care records around emotional needs, as the records for one person who had been recently bereaved had not been updated. The fact that their spouse had died three days before our inspection was not referred to anywhere in their records, including the daily electronic notes, staff handover notes or their social and activities care plan. This plan still made reference to the person spending daily time with their spouse.

Their records also made no reference to their obvious grief and need for reassurance from staff. Whilst we acknowledge the electronic record system was new and therefore still being developed, we found only a limited number of people had care plans in place for their emotional wellbeing. Those that had been developed so far were in response to particular issues with people's behaviour. This needs extending to take into account everyone's emotional needs.

Some people were receiving End of Life care (EOL). One health care professional told us, "The service takes on a lot of EOL people, which poses challenges for staff, but on the whole things are managed quite well." We met one person who remained in their bed at all times. Their room was warm, odour free and personalised. It had been made comfortable to accommodate the relatives in attendance.

Although we observed staff gave empathetic care, they had not developed an individual plan of care and support for end of life, to include physical, psychological, social, spiritual and cultural needs and environmental considerations. On-going assessment and review needed to become a proactive process to take account and respond to people's changing needs in a timely way.

Most of the people who spoke with us had no interest in their care plans, leaving this to be handled by relatives and family. However, one person said, "With my care plan I do take notice, but I have some questions that need answering. I would like to sit and go through the plan sometime with the staff." We asked if they had ever had a review of their care plan and they replied, "I don't think so." The registered manager told us they would arrange for the person's key worker to talk with them.

The complaint responses completed by the provider had improved. All the documented complaints we reviewed had been addressed by the registered manager, with a written response sent out to the complainant, and resolved. People and relatives told us they were confident of making a complaint, should they need to and understood how to use the complaints process. One visitor told us, "As a relative of a resident who gets agitated because they are unfamiliar with the agency staff and different faces, we know how to complain and we do; now we are listened to which is refreshing." Another family member said, "I would approach the manager with any concerns but I have not had any." People said, "I know how to complain but it takes a lot of effort. I think now I would ask my family instead", "I don't complain when there's no need, it's all easy going. I'm very well looked after" and "If I needed to I would go to the boss."

The service did not have a dedicated activities organiser, but the registered provider had expectations that the care staff would carry out activities on a daily basis. Activities had improved a little, but still people told us they were bored and had little to do most of the day. There was no activities board indicating what was on offer, apart from the entertainment for Christmas day. Little evidence was seen of dementia friendly activities and a visitor explained they worried about their relative just sitting all day on their own. They said, "It would be great for them to have something to give them an interest." There was an activity programme that was organised centrally for the home. We asked people and visitors about the activities on offer and they commented, "My relative liked the Art class, and the ad hoc pop up restaurant", "The church groups bring things for them, there's enough to do", "I have painting classes once a week, someone comes from outside. There are ten in the class; she's a lovely lady" and "The staff were doing them [activities] but it's dropped off now. There was a Christmas choir and people were keen, now there's hardly anyone who attends."

We found that staff did try to carry out activities during our inspection; for example, the making of Christmas decorations on day one of our inspection was supported by one member of staff and a relative. We saw there was a daily activity planner on the top floor lounge table with topics such as morning bird feeding, manicures and then making Christmas decorations. However, there were no organised activities during the morning, and we felt this would have assisted some of the people as two individuals slept in their chairs in the lounge all morning. We discussed this with the registered manager who said they were aware of the limitations regarding activities and this would be looked at over the coming months.

We recommend that the service seek advice and guidance from a reputable source about developing a varied activity programme that meets the needs of people who used the service.

We discussed with the registered manager about having information in the service which met the 'Accessible Information Standard'. They told us the service provided some information in an accessible format for the people who used the service. For example, the pictorial menus helped people with cognitive impairment make their meal choices known to staff. However, the registered manager acknowledged this needed to be developed further.

Is the service well-led?

Our findings

At the last inspection, we found there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in regard to the poor provision of adequate leadership and governance within the service. The provider gave us an action plan detailing how they would meet the breach of regulation. At this inspection we found that sufficient improvement had taken place that the breach of regulation 17 had been met, but further work was needed to ensure the improvement was sustained.

The nominated individual and quality manager completed regular visits and checks of the service. All of the checks produced actions which were required to be completed to continuously improve the service. The registered manager and provider had made significant improvements since we last visited and were still embedding processes and change to enable further improvements to happen. The quality assurance systems had highlighted some of the same areas for development we had picked up during inspection.

Improvements were seen to audits and action planning. We saw progress forward in the service although there were still areas that needed addressing. For example, staff completed medication compliance handover records which highlighted errors or incidents with medicines administration. These served as a record of action taken to resolve problems. In addition, regular MAR chart audits were carried out. These audits identified the same problems we found during our inspection. However, actions arising from the audits were focused on the short term and on resolving individual errors or incidents. The registered manager told us they were working on completing an analysis of the errors to look at trends and patterns. This would then be used to reduce identified risks and improve staff practice.

Improvements were seen to staff knowledge of people's needs and there was a better understanding of the importance of good communication. We noted improvements overall to people's wellbeing and the cleanliness of the home. However, there remained some issues about the lack of staff supervisions and appraisals. The registered manager had plans for these to take place throughout 2018 and whilst they wanted more time to get to know the staff this lack of one-to-one work would not help with staff retention and wellbeing. This was discussed with the registered manager and nominated individual at the end of day one of our inspection.

The registered manager had completed monthly overview / analysis sheets with action plans for some aspects of the service. Care file audits had been completed and from 1 December 2017 the registered manager had introduced a 'resident of the day' approach. The resident of the day programme enabled all staff, whether carers, housekeepers or maintenance people, time to get to know one person who used the service so they could personalise their care and provide an environment for them to enjoy as much stimulation as possible.

Accidents and incidents were recorded and kept under review to ensure learning from previous experiences. Records for accidents and incidents showed what action had been taken and the result of any investigations. Where necessary the registered manager had notified CQC of any serious injuries. There had

been four serious injuries since the last inspection.

Since our last inspection, a manager had been registered with CQC. The registered manager was supported in their post by a care manager who worked with staff on a daily basis. They also had two deputy managers and senior care staff in charge of each of the three units. Although fairly new in post the registered manager had a good understanding of how the service ran and what the needs, of people who used the service, were. Visitors and people told us, "I've met the manager briefly, they are very visible. They organised a family meeting, but I didn't attend as I've settled in now and it would be going over old ground" and "The new manager is 'quite pleasant'. I see them quite often." Staff told us they found the management team to be, "Good support," "Brilliant," and, "They [Managers] are responsive and answer any questions I have."

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and staff who spoke with us. Everyone said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

People and relatives commented on the changes in the service. When we asked what was good about the service, a visitor said, "The feel of it; my relative has made friends and they are happy." Others told us, "I have lived at the service for five years. It's improved a lot lately all ways round, the staff, the food and more regular staff" and "It got very down, it's back to normal, the day to day maintenance is good." One relative said they knew the registered manager and care manager and found them to be very supportive. They told us, "The cleanliness of my relative's bedroom has improved and there are better standards of hygiene since the new domestic worker has been employed. Staff are very kind to the family and offer them drinks and meals when we visit. They were very supportive during our relative's illness."

People who used the service, relatives, health care professionals and staff gave feedback on the service through the use of satisfaction questionnaires and meetings. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service. Feedback from the resident and relative meetings was displayed on the notice boards in the form of 'You said / We did'. We saw this was actioned as in September 2017 people had asked staff to show them the picture menus so they could make choices at meal times. We observed this was now happening in practice. People told us about the meetings and said, "If you don't like things you can bring them up in the meeting", "The manager or staff will resolve any issues you raise" and "I am not a meeting person. They are there if I want to go."

Staff meetings were held monthly and innovative ideas were being trialled; for example, the staff analysed messages and communications they had made between themselves, that the registered manager felt were inadequately detailed. This helped staff identify where miscommunication had occurred and they learnt how to prevent it happening again.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The need to sustain the improvements made in the service is reflected in the rating of requires improvement throughout the report.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that the proper and safe management of medicines was carried out by staff.</p> <p>Regulation 12 (2) (g)</p>