Care Quality Commission

Roseville Care Homes (Melksham) Limited

The Old Parsonage

Inspection report

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Ratings

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

Overall summary

This inspection took place on 26 and 27 August 2015 and was unannounced. Our last inspection to the service was in December 2014. This was a follow up inspection and shortfalls in care planning, decision making and respecting people were identified. At a previous inspection in June 2014, all eight areas we looked at were non-compliant with significant shortfalls. The provider was also non-compliant at an inspection in March 2014 with all six areas looked at. Due to the significance and severity of the on-going failures to meet the required standards, we took enforcement action in terms of warning notices and a notice of proposal to cancel the provider's registration. At this inspection, improvements had been made. However, these improvements need to be sustained over a period of time and in conjunction with full occupancy at the home.

The Old Parsonage provides accommodation and care, including nursing care, for up to 22 older people who have dementia and other associated needs in relation to their mental health. On the day of our inspection, there were nine people living at the home. The Old Parsonage

Summary of findings

has bedrooms on the ground and first floor. A passenger lift is available for people with mobility difficulties. There are two communal lounges, a smoking lounge and separate dining room.

The registered manager worked at the home as a registered nurse and deputy manager before gaining promotion as the manager. They became the registered manager in June 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout the inspection.

The registered manager was passionate about good quality care and ensuring improvement. They had a clear action plan and during their time as registered manager, had worked with staff to implement various management systems, develop the culture of the home and improve care practice. The registered manager told us a clear, staggered programme would be in place for all new admissions to the home. They said this would enable improvements already made, to be sustained.

As there were nine people using the service, the numbers of staff on duty were sufficient. Staff answered call bells in a timely manner and other than on one occasion, people did not have to wait for assistance. The registered manager was aware that further staff would be required, once occupancy increased. They were in the process of recruiting additional staff for this purpose.

Improvements had been made to the information held about people. All care plans had been rewritten and were detailed and person centred. There were care charts and a brief summary of each person's support and preferences in their bedroom. All charts were fully completed. However, not all demonstrated additional fluids were given to those people with a low fluid intake. Wound care was not clearly evidenced and the assistance one person received to change their position was not accurately recorded.

Staff were aware of their responsibility to raise a suspicion or allegation of abuse. Staff felt well supported and had received formal one to one supervision sessions to discuss their role. All staff had undertaken a high level of training in relation to core subjects. This included topics such as moving people safely and keeping people safe. Further training to enhance the clinical skills of staff was also being investigated.

Records did not evidence a robust recruitment procedure. This did not ensure new staff were suitable nor had the appropriate skills to undertake their role effectively. Staff told us the induction process of new staff had improved although a robust system was not demonstrated within personnel records. The registered manager confirmed they would look into these areas.

There were many positive interactions between people and staff. Staff spoke to people in a caring, friendly and respectful manner. They involved people in interactions such as using the hoist and encouraged decision making. Staff were attentive whilst supporting people with their mobility and whilst giving assistance to eat. However, many interactions were task orientated and happened because of a reason. During the inspection, other than an old film, there was little social activity people could participate in. Some people received little stimulation. The registered manager told us social activity was an area they wanted to develop.

There were complimentary comments about the registered manager and the effect they had had on the service since their appointment. Organised management systems had been developed. This included clear auditing and regular analysis of incidents and accidents. This information had been used to change practices and enhance people's wellbeing. People, their relatives and staff had been asked to give their views about the service provided. This was informally through discussion and more formally by completing questionnaires. Whilst an overview of the findings from the questionnaires was not in place, issues raised had been considered and acted upon.

People looked well supported and were relaxed in their environment. Relatives told us they were happy with the care provided and their family members were safe. They were aware of how to raise concerns and were positive that any issues would be quickly addressed.

People were supported to eat a balanced diet and received snacks between meals. People were offered a choice of food with regular drinks throughout the day.

Summary of findings

Photographs of food were being taken to enable people to make their choice more easily. Those people at risk of malnutrition were regularly monitored and had supplement drinks to enhance calorie intake.

People received their medicines in a safe and unrushed manner. Records showed that people had taken their medicines as prescribed. People received intervention from a range of health care professionals to meet their health care needs.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Records did not show a robust recruitment procedure. This did not ensure new staff had the skills to perform their role effectively or were suitable to work with vulnerable people.

There were enough staff available to meet the needs of people currently living in the home. However, staffing levels would be insufficient as new admissions increased.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had undertaken a high level of training in core subjects but not all registered nurses had received training to update their clinical skills.

Records did not demonstrate an effective induction programme for new staff. Staff felt well supported and arrangements were in place to ensure regular supervision took place.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made.

People received sufficient food and drink and had regular input from required professionals to meet their health care needs.

Is the service caring?

Good

The service was caring.

People received support in a caring and sensitive manner. There were many positive interactions between people and staff.

People were encouraged to make choices and staff involved people in interventions such as using the hoist.

Other than on one occasion, people's privacy and dignity was respected by staff.

Staff knew people well and were aware of people's likes, dislikes and personal preferences.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

Improvements had been made to people's care plans so information was detailed, up to date and person centred. However, information about wound care was not specific and records did not show those people with low fluid intake were supported to have additional fluids.

Interactions from staff were polite and respectful but generally task orientated. Some people received little stimulation. The registered manager was looking to develop social activity provision.

Relatives were confident that if they needed to raise a concern, they would be listened to and issues would be satisfactorily addressed. Any concerns were robustly investigated and measures taken to improve the service.

Is the service well-led?

Good

The service was well led.

There was a new registered manager who had worked hard with the staff team to make improvements to the service. They were committed to "turning the home around" and maintaining a good standard of care.

People, their relatives and staff were encouraged to give their views about the service. Any issues were addressed without delay.

The registered manager had developed organised systems in relation to the management of the home. Quality monitoring checks and analysis of incidents were in place and used to further improve the service.

The Old Parsonage

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 checked 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 was unannounced on the 26 August and continued on 27 August 2015. The inspection was carried out by two inspectors and an 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 care service.

We spoke with six people living at The Old Parsonage and five visitors about their views on the quality of the care and support being provided. 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 spoke with the registered manager and nine staff including the chef, housekeeper and maintenance person. We looked at people's care records and documentation in relation to the management of the home. This included staff training and recruitment records and quality auditing processes. We looked around the premises and observed interactions between staff and people who used the service.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

Requires improvement

Is the service safe?

Our findings

Records did not demonstrate a robust recruitment procedure. This did not ensure people were protected from unsuitable staff. The home's application form did not ask applicants for the dates of when they left previous positions. This did not enable gaps in employment to be effectively considered. Where applicants had provided this information, gaps in employment had not been explored. One applicant had held a variety of positions in reasonably quick succession. Records did not show the reasons for this had been discussed.

Applicants had been asked to give details of two people who could be contacted, to provide information about their previous conduct and character. One applicant had given someone they supported rather than a more senior person, such as their manager. The registered manager had identified this and had written to the applicant's manager but they did not get a response. The reasons for this were not further investigated. There were references, which were addressed to "whom it may concern". These were not verified to ensure they were accurate. One applicant had started employment at the home but there was only one written reference on their file. This did not provide sufficient information for the registered manager to ensure the applicant was suitable for their role.

Applicants provided evidence of his or her identify and their right, if applicable to work in the United Kingdom. Disclosure and Barring Service (DBS) checks were undertaken. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people and staff had been identified and risk assessments were in place to minimise harm. The registered manager told us they were in the process of updating all assessments. No hazards were noted within the environment. However, a member of staff left a trolley of unsecured cleaning substances in the doorway of a person's bedroom. This was for a period of two minutes after we had first identified it was unattended. During this time, people were at risk of harm if they had spilt or consumed the substances.

Due to the local authority's recent embargo on new admissions, there were nine people living at the home and thirteen vacancies. Staff told us with such low occupancy, staffing levels were sufficient although they felt they would need more staff when numbers increased. The registered manager confirmed they would not be able to support new admissions with existing staffing levels. They said they were in the process of recruiting new staff and would be accepting additional people to the service on a staggered, well planned basis. The registered person told us it was important for all placements to be successful and the home to be able to sustain improvements. They confirmed additional staff would be required to do this. Throughout the inspection, there was a staff presence and other than on one occasion, people received support in a timely manner. This occurred at lunch time when a member of staff asked a person if they were enjoying their dessert. The person said "yes but the toilet would be good". The member of staff repeated "X wants the toilet" but they and another staff member continued to assist people to eat. The person had to wait, as no one else was available to assist them.

One person asked us to help them to sit up from a lying position whilst in bed. With the person's consent, we used their call bell to gain staff assistance. A member of staff responded to the call bell without delay. Whilst touring the accommodation, some call bell chords had been tied up out of people's reach. Those people in bed did not have access to a call bell. When this was brought to the registered manager's attention, they untied all call bells and made them more accessible.

Relatives told us they felt their family member was safe at the home and there were enough staff on duty to meet people's needs. There were some expectations that staffing levels would be increased whilst building the numbers of people in the home. One relative told us "X is safe here and there should be enough staff with the numbers they have". Another relative said "I would think they would have to increase the numbers of staff but at the moment it's fine. I can walk away from here knowing X's safe. It's really helped me".

Staff told us they would immediately report any suspicion or allegation of abuse to the registered manager or the most senior member of staff on duty. They said they were confident any issues would be addressed appropriately. One member of staff told us they would contact other

Requires improvement

Is the service safe?

agencies, if they felt their concern had not been taken seriously. Another member of staff told us they knew they would be properly supported if they needed to raise information about poor practice. Staff told us they had undertaken recent training in keeping people safe. Training records confirmed this. There was a safeguarding adult policy available for staff reference. Whilst this contained accurate reporting procedures, the policy required updating, as information related to our previous legislation.

People's medicines were managed and administered in a safe way. All medicines were stored securely and given to people, as prescribed by registered nurses. Staff were focused when supporting people with their medicines. They gave people time and ensured the medicines were taken before leaving. One person told staff they did not want their medicines until later. The staff member confirmed this with the person and their wish was respected. Staff had consistently signed the administration record to show people had taken their medicines as prescribed. One member of staff told us that some people required additional reassurance and persuasion to take their medicines. They said staff often went back to the person if they initially refused their medicines. The member of staff told us that covert techniques, which disguised the medicines in food or drink, were not used. They said if a person continued to decline their medicines, the GP would be notified.

Some medicines which could be brought over the counter were sometimes used. Whilst appropriate records were in place, a GP had not authorised the medicines were safe to use. The registered manager told us they would address this without delay. Appropriate systems were in place to manage those medicines, which required more secured storage. An up to date medicine management reference guide had been purchased for staff reference. There was a medicine policy but this was in need of review, as it related to previous legislation. Monthly audits of medicines were in place to identify and address possible shortfalls.

Requires improvement

Is the service effective?

Our findings

Documentation to demonstrate the induction of new staff was limited. Information showed that discussions with the new staff member generally involved issues such as terms and conditions rather than care provision. The registered manager told us they were aware of this and were looking for a format more suitable. Whilst the documentation about induction was limited, staff told us the process to enable new staff to familiarise themselves with the home, had improved. There had been an extension to the time available to shadow more experienced members of staff. This enabled new staff to have a better understanding of people's needs and the support they required.

Staff told us and records showed that dementia care training consisted of a day's course, which was repeated on a yearly basis. As the home advertised itself as a specialist nursing home for people with dementia, this level of training was not reflective of the specialism. The registered manager told us this was something they wanted to develop. They said there were many topics associated with dementia care, which would enhance staff's knowledge and skills. The registered manager told us they would investigate further training in these areas enabling an on-going programme of dementia care. After our inspection, the provider told us thirteen staff had gone through an extensive six week course in relation to the Principles of Dementia Care. They said staff had undertaken this training in either 2013 or 2014 and it was valid for three years. The provider told us the training identified within the training records was an additional, one day refresher course in dementia care.

Since their appointment, the registered manager had developed a training matrix. This showed at a glance, what training had been undertaken and whether any member of staff required refresher training. The registered manager told us that whilst concentrating on the core subjects such as safeguarding adults and moving people safely, consideration was also being given to updating the registered nurse's clinical skills. This was because not all staff had received up dated training and one member of staff had specifically requested this. Such subjects included catheterization, venepuncture (taking blood) and the use of syringe drivers (used for pain management at the end of a person's life).

This was a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they were passionate about training and felt it was essential in ensuring an effective staff team. They told us that since their appointment, they had arranged a high number of training courses for all staff. The registered manager said they ensured a mix of training methods to meet the individual learning styles of staff. This included external trainers, discussions, e learning and work books. The registered manager told us that in addition, staff had been asked about their training needs and courses had been resourced, as a result.

Staff told us they had recently completed a high level of training. One member of staff told us "we have done loads of training recently and I mean loads". This included moving people safely, infection control, safeguarding adults and dementia care. Another member of staff told us "the training is really good. I asked for information about pressure relieving mattresses and I see there's a course next week. We get asked in supervision if there's anything we need and it's sorted. We also get informed or tested about things in handover". The registered manager confirmed they often took information from journals or our website and discussed it with staff. They said this included "what makes a service safe or effective". One member of staff told us they were the link nurse for tissue viability. They said they undertook regular training to enable them to fulfil this role.

An organised system was in place to support and supervise staff. Records showed all staff had received formal one to one supervision on a two monthly basis. Within these sessions, staff had discussed their practice and performance, individual training needs and any concerns they might have. The registered manager told us that in addition to formal supervision, there were informal day to day discussions and observational monitoring of practice. Staff appraisals were to be given further focus. Staff confirmed the arrangements in place to support them to do their job more effectively. One member of staff told us "supervision works well but I don't have to wait for the next session if I have an issue. I can talk to the manager or senior staff at any time". Another member of staff told us they received formal supervision but discussions and support were on-going.

Requires improvement

Is the service effective?

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The registered manager and staff had a good understanding of the MCA and DoLS. Staff had received training and a detailed policy and procedure was available for staff reference. The registered manager had submitted all necessary Deprivation of Liberty Safeguards applications to the local authority. A health/social care professional confirmed this and told us the registered manager had a good understanding of their responsibility in this area. Information about a person's capacity and their ability to make decisions about their day to day care, were detailed within their care plan.

People told us they like the food and had enough to eat. Relatives told us they did not have any concerns in this area. One relative told us their family member was eating better and had put on weight since being at the home. Another relative told us "the food is good. They have a choice and provide an alternative if it is something X doesn't like". People had nutritional assessments within their care plans and their weight was monitored regularly. Within one assessment however, it was recorded the person had a low risk of malnutrition but another document indicated a high risk. This information was misleading although the person was receiving supplement drinks and had been referred to a dietician. Any concerns in relation to malnutrition, were highlighted within the registered manager's monthly auditing processes. Those people who had been assessed as at risk of malnutrition received supplement drinks and fortified foods to enhance calorie intake.

The chef told us they enjoyed their job and were well supported. They said "it was the best move I ever made". The chef told us they were in the process of introducing the autumn menu, which was rotated on a four weekly basis. There were two choices of lunch every day in the week, but not at weekends. Those people on a soft diet had the same choice but if one choice could not be pureed, they would be given the second option. This limited the choice available. People's preferences including their dislikes and any allergies were kept on file in the kitchen. A record of people who had diabetes was visible on a whiteboard.

On the first day of our inspection, the lunch time meal was gammon, mashed potato and cabbage, with stewed apple and custard for dessert. The meal looked appetising and well presented. Those people who required staff assistance to eat were supported in a sensitive and attentive manner. Staff sat down with people and gave them time. They were respectful and asked questions such as "would you like some more dinner?" One member of staff who was supporting a person in their room explained what the food was and repeatedly asked "are you ready for your next mouthful?" The registered manager also described the food to the person they were assisting and specifically asked "what would you like to eat next?" People were not rushed and the atmosphere of the dining room was calm and relaxed. The room was comfortably furnished and contained memorabilia to add interest.

People were offered snacks between meals. This included biscuits in the morning and cake and fruit in the afternoon. Staff told us they were able to access the kitchen at any time and could help themselves to what people wanted, as required. This included further snacks such as cheese and crackers and sandwiches.

There was a menu board outside of the dining room on the wall. This was not completed. The registered manager told us they were in the process of taking photographs of food to enable people to visually choose what they wanted. They said this included contents of pureed meals so people could see what their food consisted of. The registered manager told us that once completed, the photographs would be used to enhance choice. They would also be displayed on the menu board to remind people of what they had chosen.

Staff had regular contact with visiting health professionals to ensure people were able to access specialist advice and treatment as required. Staff contacted relevant health professionals including GPs and chiropodists if they had concerns over people's health needs. Records showed people had regular access to healthcare professionals and attended regular appointments about their health needs.

Good

Is the service caring?

Our findings

People and their relatives described staff as "always friendly and welcoming", "caring", "considerate" and "lovely". One relative told us "they're always the same. They're really good, caring, polite and respectful. I couldn't ask for more. They work really hard and do a good job". Another relative told us "the carers interact so well with residents – previously all mum would say is 'get me out of here' but now she is very happy and contented". Another relative told us "when I come in, the head nurse will greet me and update me with how mum has been. They support me as well as mum. I overheard them talking when someone died. They were all affected by it as they get attached to the residents – it's like a big family here". Another relative explained their family member had to be admitted to hospital for treatment and staff had visited them on their day off. The relative told us this was an example of how caring staff were. Other comments were "the staff are so nice whether it's with residents or relatives. They interact well and are very tactile. If someone holds mum's hand - then she is happy and they do this" and "When mum was in previous homes, she was always trying to escape but she has settled well here".

There were many positive interactions between staff and people who used the service. One member of staff was assisting a person to eat but they repeatedly lost concentration and closed their eyes. The member of staff persevered with compassion and patience. As a result the person ate most of their lunch, all of their dessert and a thickened drink. The member of staff identified that one person was using their sleeve to wipe their nose. They grabbed a tissue and gave it to the person. They encouraged the action so the person was able to continue wiping their nose independently. The member of staff repeated this process in a similar way to enable the person they were supporting to eat, to wipe their mouth. They asked if they could assist with those areas, which had been missed.

All interactions between staff and people using the service were sensitive and attentive. Staff knelt down with people to gain good eye contact. They smiled and talked quietly, taking time to listen to the person's request or response. They gave reassurance if required by gently touching or stroking the person's arm. Staff gave compliments such as "Hello X, you look nice today" and they asked people about their wellbeing. One member of staff complimented a person on the bright colours they were wearing and the bag they had. The person smiled and clearly enjoyed the interaction. Staff used a reassuring and encouraging approach with people. This included "shall we…" or "would you like me to…"

Staff encouraged people to make decisions and involved them in interventions. This included asking people where they wanted to sit and what they wanted to eat. Staff asked one person if they wanted to go back to their room or the lounge. They replied "I'd like the lounge please" and their choice was respected. People were fully informed whilst staff used the hoist to assist them with their mobility. Staff asked one person if they could move forward whilst they placed the hoist sling around them. They thanked the person and then explained what was going to happen. During the manoeuvre, staff asked the person if they were alright and once seated, they were asked if they were comfortable.

Staff were confident when talking about how they promoted people's rights to privacy and dignity. They told us they always undertook personal care in private with the door closed and curtains drawn. One member of staff told us they recognised that some people were resistive to care due to its personal nature. They said they tried to give reassurance but also undertook such tasks quickly but efficiently to minimise any distress. The member of staff told us "we always try a bit later if someone is refusing care. It might be a different face or a different time makes all the difference". Another member of staff told us they felt it was important for each person to be fully informed and for trust to be established. They said some people became more anxious at a particular time of day so this needed to be taken into account. Whilst staff were aware of promoting people's dignity, there were protective covers on all chairs in the communal lounges. The purpose of the covers was to protect the furniture in the event of a person's incontinence. We asked the registered manager if they had considered this generic practice in terms of people's dignity. They said it was something that had always happened but they would revisit the decision to use the covers. After the inspection, the registered manager told us all furniture covers had been removed and napkins were being ordered so people could use them instead of clothes protectors.

Good

Is the service caring?

Staff consistently knocked on people's doors and called out before entering. They supported people in private although one member of staff entered a bathroom without being discreet. This meant the person in the bath could be seen from the corridor. The registered manager told us they would address this with the staff member. People were asked if they wanted to wear a clothes protector whilst eating. Those people requiring staff assistance to eat were supported in an attentive manner.

Requires improvement

Is the service responsive?

Our findings

The registered manager told us staff had worked hard at improving care plans and the overall recording in care charts and daily records. Each person had information in their bedroom about the support they needed, their preferences and what made a good and bad day. One record showed a good day for the person would be 'having a lie in, being taken to the lounge and having a rest in the afternoon'. Staff adhered to this wish during the inspection. There were care charts, which demonstrated positional changes to minimise the risk of pressure ulceration and the person's food and fluid intake. All charts were fully completed. However, one chart did not reflect the position of the person throughout our inspection. The registered manager explained that due to the person's condition, changes to their position were slight. They believed the person had received assistance from staff but the recording was not fully accurate. The registered manager told us they would address this with the staff team, without delay. Another chart indicated a person's fluid intake was low. There was no evidence that the person had been supported to have additional drinks the next day, to enhance their intake. Those people who spent larger periods in bed did not have a drink next to them. This meant that whilst walking by, staff could not just "pop in" to encourage extra fluid consumption. After the inspection, the registered manager told us they had addressed this with staff and had reviewed the format of the fluid chart to promote further intake.

Each person had a care plan, which was detailed, regularly reviewed and up to date. The plans were person centred and included details such as what brand of face cream the person liked to use. There was information about the person's history, important relationships, personal preferences and the support required. One relative told us they were asked to contribute to their family member's care plan. They said they were regularly asked if they were satisfied with the care provided and whether their family member's care plan was accurate.

Within one care plan, there was information about a person's wound but the treatment plan and progress of the wound was difficult to follow. There were only two photographs of the wound, which were taken on the same day so there was no pictorial evidence of the healing process. The photographs were not of a good quality and did not show a measure to indicate the size of the wound. After a specific date, there were no further entries detailing the wound. The registered manager confirmed the care plan regarding the wound required improvement. They said they had bought a new camera to ensure more accurate recording. On the second day of the inspection, improvements had been made to the care plan.

Whilst staff spoke to people in a polite, friendly and respectful manner, interactions were generally task orientated and happened because of a reason. Staff did not go beyond the content of the task. For example, people were given assistance to drink, go to the dining room for lunch or to use the bathroom in a timely manner. However, there was limited interaction or stimulation at other times. On the first day of our inspection, the television was on in the main lounge, with subtitles. Music was playing but it did not relate to the picture on the television. This made it difficult for people to follow the television programme. There was no other activity taking place. Some people received little interaction and either slept or looked ahead without emotion. During the afternoon on the second day of the inspection, people were asked if they wanted to watch an old film. A musical was chosen and some people sang quietly to themselves or tapped their feet to the rhythm of the music.

The registered manager told us an activities organiser undertook two, three hour sessions each week and there was a dementia care specialist who facilitated 'singing for the brain' sessions once a month. They said some people enjoyed activities such as a hand massage and a manicure. Other people liked looking at books or going out into the village or shopping. The registered manager told us they had booked local entertainers and were looking into aromatherapy sessions for people who might be interested. The registered manager said they were aware that attention needed to be given to people's leisure time and confirmed this would be their next focus.

Staff were knowledgeable about people's needs and preferences. They confidently described how they recognised potential signs and triggers of people's anxiety and how they diffused certain situations. One member of staff told us how they interpreted body language and expressions, when communicating with people. Two relatives told us staff knew their family member well and had developed good relationships with them. One relative said "I can be sat with dad with little reaction but [staff

Requires improvement

Is the service responsive?

member] comes along and he smiles at them. He doesn't know their names but recognises them as familiar figures". Relatives told us they were very happy with the care provided to their family member. One relative said "X is always clean and tidy, relaxed and appears happy to be here". Another relative told us "the staff are very good at tuning in to how he is feeling. They have a good approach and know when to back off if need be. I'm very happy with everything. No complaints at all".

Staff and people's relatives told us they would have no hesitation in raising any issues with the registered manager or the registered nurses. They were confident they would be listened to and any issues would be addressed. One relative told us "the manager welcomes your views so wants to know if things aren't right. In the past, I've mentioned that perhaps the hand wash basin needs a clean and they do it straight away. They apologise and don't make you feel like you're a trouble maker. They want to do it right. You just need to say and it's sorted". Another relative told us "I would be happy to raise a concern or make a complaint if I needed to but it never comes to that".

There was a copy of the home's complaints procedure in the home's policy and procedure file. The information was not up to date, as it contained details of the last manager and previous legislation. Whilst people's relatives knew how to complain, the complaint procedure was not displayed in a prominent position within the home. In addition, the information was not in a user friendly format which could be easily understood by people using the service. The registered manager told us they would give consideration to this area. They showed us recent concerns had been fully investigated, resolved and improvements made as a result. However, whilst these actions were clear, a record of concerns and complaints was not in place. This did not enable an overview of concerns or to easily see possible trends.

Good

Is the service well-led?

Our findings

The registered manager had worked at the home as a registered nurse and the deputy manager. They gained promotion to become the manager in February 2015 and became the registered manager in June 2015. Since this time, they told us they had worked hard with staff to develop and improve the service. This included developing the staff team through training and supervision and implementing management systems such as auditing. The registered manager told us they were totally committed to ensuring people received a high standard of care. They were clear about their responsibilities and demonstrated a strong value base with a desire to "get things right". The registered manager told us they were passionate about training and were currently working towards a management and leadership qualification.

The registered manager showed a passion for developing the service, maintaining standards and developing the home further. They said they were aware of the home's history of inconsistent compliance and were committed to "turning the home around and making it a success". The registered manager was clearly aware of their responsibilities and had explained this to staff. They said this had ensured the staff team were aware of why improvements were needed and it "wasn't a case of nagging for the sake of it". The registered manager had a clear action plan of what they wanted to achieve and a strict process of future admissions. This included further staff, staggered admissions and detailed assessments to ensure the home could meet the needs of all new people.

There were many comments from staff and people's relatives about the registered manager and their management style. One member of staff told us "she has turned this home around without a shadow of doubt. We lacked leadership before but now there's clear direction. She's firm but fair and will tell us how we can do things better. She's made such a difference". Another member of staff told us "[the registered manager] is totally committed and passionate about what she does. She is always around and can be contacted at any time, if there's a problem or we need advice. She is very good at what she does". A relative told us "when there were issues with the home, I didn't really see them as I had nothing to compare it with but now, it's improved 100%. The manager's visible and approachable. The atmosphere's different. She's done a really good job". The relative continued to tell us "even the garden has been improved with flowers, making it a more pleasant space. It was full of rubbish before". Another relative told us "the manager is lovely, very nice and approachable. She is very efficient and is dedicated to trying to do the best for the residents. She feels it is a vocation not just a job".

Staff told us they felt positive about their role and the future of the home. They said they worked well as a team and had worked hard to make changes. One member of staff told us it had not been easy but it was now "so much better". Staff said they enjoyed their work and were clear about the ethos of the home. They said there was an emphasis on a homely atmosphere and enabling people to make choices about their preferred routines. People's relatives told us that staff promoted this in practice. They gave examples of their relative staying in bed if they wanted to and choosing when or if they wanted to have a bath or a shower.

The registered manager had developed systems to monitor the quality of the service. There were records in place which showed monthly checks of areas such as the environment, medicine management, infection control and care planning. Any shortfalls identified had been addressed or were in the process of receiving attention. This included the purchase of a syringe driver to support people with pain management at the end of their life and a new camera for accurate recording of wounds. Checks to ensure the safety of equipment such as small electrical appliances and the fire safety systems had been undertaken. The dates for retesting had been identified in the diary so further checks would not be forgotten. Improvements had been made to the environment in terms of redecoration and items of interest such as pictures. Some doors, such as those leading to the bathrooms, were bright in colour and all but one person had their name and any recognisable pictures on or next to their bedroom door. However, other factors to enhance the environment for people with dementia had not been considered. The registered manager told us as they had only been in post a few months, priority had been given to other areas. They said improvements to the environment would be addressed in due course.

The registered manager told us that when they started their role, they were concerned with the number of accidents and incidents, which had taken place. They undertook an analysis to identify possible trends and as a result, a

Good

Is the service well-led?

member of staff was allocated to support people in the communal lounges at all times. The deployment of this staff member significantly reduced the number of falls and incidents between people. Records showed the registered manager analysed areas such as malnutrition and concerns on a monthly basis.

People, their relatives and staff were encouraged to give their views about the quality of the service. They said they could do this informally through discussion with the manager or other senior staff or they could use the suggestion box, in the entrance to the home. Two relatives told us they had recently been given a questionnaire to complete. They said they were confident their views would be listened to, taken into account and addressed where ever possible. There were completed surveys on file, which had been returned from relatives and staff. All gave positive feedback with some suggestions for further development. The registered manager told us they had not as yet coordinated all findings to show an overview but had addressed any issues raised. Records and discussions confirmed this. For example, within the staff survey, there were various comments about the dishwasher not working. We asked staff what had happened about this. They told us "it's all sorted. We're going to get a new one. We're just waiting for them to come and install it". The registered manager told us they had researched the options available to them and had decided rental would be most effective. Documentation showed that the order had been placed and a date for installation was awaited.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure new staff were of good character and had the qualifications, competence, skills and experience and health (after reasonable adjustments) to perform the tasks they were required to do.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The induction programme was insufficiently detailed to prepare staff for their role. Whilst staff training had been given focus, not all registered nurses had received training to update their clinical skills.