Amore Elderly Care Limited

# Dalton Court Care Home

## Inspection report

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## Ratings

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| Overall rating for this service | Requires Improvement |

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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

Dalton Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 home provides accommodation for people with both nursing care and personal care. The home can accommodate up to 60 people. At the time of our inspection 47 people lived at the home. One of the units specialised in providing care to people living with dementia.

Since the last inspection a new manager had been appointed and they had applied to become the registered manager with us, CQC. 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.

This unannounced inspection took place on 4 & 18 December 2018. We carried out this inspection to check people were receiving safe care and treatment and to see what improvements had been made following our previous inspection of 4 July 2018.

The findings of previous visits, December 2017 and 4 July 2018, led us to rate the home as inadequate on both occasions and the home was placed into our 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.

We had serious concerns about the providers ability to run the home in a manner that was safe and to meet people's needs. We took the ratings history of the service into account and we judged it necessary to take higher legal action following the July 2018 inspection in order to protect people. To check that this was still the right course of action we carried out this inspection of 4 December 2018.

On this inspection, 4 December 2018, we looked at all the areas where the home had breached the regulations and other areas to ensure that we carried out a fully comprehensive inspection. We did make a recommendation in relation to the safer recruitment of staff.

The breaches the service had not met at the last inspection included: meeting people's health and welfare needs; record keeping; responding to safeguarding; managing risks; staffing levels and staff training; assessing and monitoring the quality of service and not having a registered manager.

The overall findings and outcome of this inspection, December 2018, was that there had been significant improvements across all areas and the home was no longer in breach of the regulations and was no longer in special measures.

The provider, had after the last inspection, ensured that support had been made available to assist the home in meeting safe standards of care through improved quality monitoring and input from senior managers within the organisation. The new senior team, consisting of a newly appointed home manager, deputy manager, unit leader of the dementia unit and a new operations manager, had made significant improvements in the running of the home.

People living in the home and their relatives all told us they had seen a lot of improvements and everyone we spoke with said they felt safe and well cared for.

We found that people's care needs were being better met. This was because people were being more thoroughly assessed when they came to the home and the care plans to meet their needs were much more detailed to accurately reflected their needs. These improvements were particularly evident in supporting people who were at risk of falling; those at risk of developing pressures sores; and people at the end stages of their life.

People in the home had better protection from abuse. The provider had ensured that all staff had been given training and now recognised the signs of abuse, knew their responsibilities and how to report, where appropriate, any issues for further investigation.

Risk assessments for the environment and the delivery of care were up to date with added levels of checking carried out to reduce any future risks. Accidents and incidents were managed correctly and reported to the appropriate authorities, including ourselves, CQC.

People received support in a timely way as the home was now staffed to safe levels. Since the last inspection, new staff had been recruited at all levels, including general nurses, mental health nurses, care staff and other support staff.  Appropriate disciplinary action had been taken when staff were not fulfilling their job role.

Staff were being well-deployed in the home, helped by the addition of a senior care worker on each shift. Nurses and senior staff were taking more of a lead by giving staff better instructions and direction. This meant people's needs were met in an orderly and timely manner.

All new staff had received induction training. This had been followed up by training in all the core subjects required to meet national standards, such as Skills for Care. There had been a focus on training for supporting people living with dementia and those people whose behaviour may challenge the service.

Staff now received good levels of training and of both formal and informal supervision which had helped them to develop. Staff said that communication at all levels had improved.

People looked well cared for with good attention to detail to ensure people were well-dressed and to their own taste. We saw staff being attentive and considerate to people's needs and feelings. Call buzzers were answered promptly, and everyone we spoke to said that staff were kind and caring.

People's health and more complex health needs were being well-monitored and managed. They received their medicines at the times they needed them and in a safe way.

Good nutritional planning and practice was in place so that people were supported to eat well and keep hydrated. People were happy with the food provided. Mealtimes were much more orderly and staff were spending time giving appropriate support and care to those people who needed more help.

The way the staff team communicated with external professionals had improved. Staff were much more pro-active in seeking advice from local GPs, community nurses, dieticians and mental health workers. This meant people's care plans were up to date and their health and well-being had improved as a result.

People were protected from the risk of infection. Infection control measures in the home were good with the staff team suitably trained with access to personal protective equipment. The home was clean and orderly.

Healthcare and social services professionals told us that they had seen a marked improvement in the care and treatment of people in the home. They had been impressed by the new management team who they described as being open and receptive to advice.

The home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out of people's capacity to make decisions. Staff had received training in this area.

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.

Activities and entertainments within the home had improved, with activity coordinators engaging people in things they found interesting and stimulating.

Complaints and concerns were now being better managed by an effective system in place for identifying, receiving, handling and responding appropriately to complaint and concerns.

The service had developed a more robust quality assurance system. Measures had been put in place to improve the running of the service through the provider using a monitoring tool called the 'Accelerated Improvement plan'. This involved much closer scrutiny of what was happening in the home, with more visits and face to face support from senior managers.

Overall, we found the home was being well-led with the strengthened, more effective management structure that was in place. There had been a significant change to an open culture that was learning from its mistakes. The staff team were proud of their achievements in such a short space of time being up beat, enthusiastic and keen to improve further.

While we acknowledged the improvements, we have rated the service as Requires Improvement as we need to be assured that these improvements are fully embedded and that they can be sustained.

## 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 had improved to requires improvement.

The service had improved and was now a safer place to live. Risks to people were being better managed.

There were sufficient staff to meet people's needs. Some improvements were needed in the recruitment of new staff.

Staff had been trained to recognise and report any harm and abuse.

Appropriate standards of cleanliness and hygiene were being maintained.

### Is the service effective?

**Requires Improvement**

The service had improved to requires improvement.

Staff received suitable training, support and development so that they could meet people's assessed needs.

People's rights were protected as the staff team understood their responsibilities under the Mental Capacity Act.

People's health and nutritional needs were being better met. They told us they enjoyed the food and were given a good choice.

### Is the service caring?

**Good**

The service had improved to Good.

People told us they judged the staff team to be caring and respectful.

Staff had the time to give personal care in an unhurried way and had time to spend in conversation with people.

We observed staff treating people in a dignified way and encouraging people to be as independent as possible.

## Is the service responsive?

Requires Improvement

The service had improved to Requires Improvement.

We judged that care planning had improved and people were more involved in the development of their plan and this ensured that care was increasingly more person centred.

Activities and entertainments were being developed to meet the needs of the people in the home. Some people still said they would like more activities at weekends.

There was a suitable complaints procedure in place and people told us they felt comfortable about making formal and informal complaints.

## Is the service well-led?

Requires Improvement

The service had improved.

The new manager and restructured senior team had brought about significant improvements in a short space of time. These changes were being embedded into practice and the improvements continue.

People were receiving a much improved service with their needs being much better addressed.

All of the staff team had worked hard to drive these improvements and were proud of the their achievements.

The home was now notifying us, CQC, of events they were required to by law.

# Dalton Court Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 4 & 18 December 2018. The visit to the service on 4 December 2018 was unannounced. We told the provider that we would return to the service on 18 December to check on the provider's action plan.

The inspection on 4 December 2018 was carried out by three adult social care inspectors, a CQC pharmacist inspector, a specialist advisor with expertise in occupational therapy 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 put up posters in the home and left our contact details so that we could be contacted about the inspection for further feedback.

During the course of our inspection we spoke with 23 people living in the home and with nine of their relatives. We spoke with three registered nurses, seven care staff, and four ancillary staff, a cook and activities staff. We spoke with the new manager, the deputy manager, operations manager and the dementia care unit lead.

We looked at the care plans and medicines records for the people living in the home and at 14 people's care records in greater detail. We observed the care and support staff provided to people in the communal areas of the home and at meal times. We observed medicines being handled and discussed medicines handling with the staff involved. We reviewed five staff recruitment and training files. We checked documentation that was relevant to the management of the service including quality assurance and monitoring systems.

Some people had communication difficulties or dementia and were not able to communicate with us easily. 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.

Before the inspection, we reviewed the information we held about the service. We contacted health and social services commissioners who contracted with services for people's care. We also contacted the local safeguarding adult team, social services teams and health care professionals.

We checked the information we held about statutory notifications sent to us about incidents and accidents affecting the service and people living there. A statutory notification is information about important events that the provider is required to send to us by law. We used a planning tool to collate all this evidence prior to visiting the home.

Requires Improvement

# Is the service safe?

## Our findings

At the inspection July 2018 we identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Regulation 12 (Safe care and treatment), and Regulation 18 (Staffing). A new breach was found: Regulation 13 (Safeguarding service users from abuse and improper treatment).

We checked on these areas in detail and we asked people living in the home how they felt about them now. On this inspection of December 2018 we found that sufficient measures had been made for these breaches to be met and the service was now a safer place to live and people's care and treatment had improved.

People living in the home and their relatives told us that they had noticed a real improvement in the service overall. The people we spoke to on this inspection said they felt safe living at Dalton Court Care Home (Dalton Court) and that the home was a much nicer place to live in and said they were well cared for. For those people who had limited verbal communication we saw that they looked comfortable and relaxed in the home and with the staff who were supporting them.

We asked a number of people if they felt safe here and they all responded that they did. One person said, "Yes I do, they look after me." Another said, "It's like a different home. There's more staff as well. Staff take time to check up." A relative said that they were not as anxious about the care anymore saying, "I used to dread coming to see what state I would find them in. But now so far so good. I'm feeling a lot better about things."

People were receiving safe care and treatment that met their needs. Staffing levels were now being more thoroughly monitored and checked against people's level of assessed need. This had resulted in a recruitment drive and had led to appointment of staff at all levels. The home had now stopped using agency staff and recruited to all vacant posts. Staff were being better deployed and directed by senior staff. Additional staff had been put on the staff roster at key times of the day, such as early mornings and over lunch time. All these measures meant that people were receiving the support they needed at the time they needed it. One person told us, "There's definitely more staff and they seem to know what they are doing now."

The provider had ensured that the systems for reporting staffing levels and any concerns was used properly by the service and more checks and been introduced to make sure this was being correctly worked out and reported to them. The provider told us in their action plan, "A staffing analysis is being completed weekly by the home's manager. Staffing levels have been in line with requirements and maintained at safe levels since the commencement of the new manager since the end of August 2018." We therefore found that the home was no longer in breach as the provider had ensured that sufficient numbers of suitably qualified, competent, skilled staff were now deployed in order to meet people's needs. Another person told us, "I don't need to use my buzzer as there is always plenty of staff around, but on the occasion that I have used it they come straight away. Also, I`ve had no falls here since being here as the staff make sure I use my zimmer frame."

Recruitment of new staff was mostly effective in recruiting staff suitable for the role. We looked at the personnel files for the last seven members of staff appointed to work in Dalton Court and found they contained completed application forms, two references, and documents of proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct. These had been used effectively recently to improve the quality of care and service given to people.

These measures all helped to ensure only suitable people were employed. However, we did find that the recruitment procedure could be made more robust by finding out why staff had gaps in their employment history and stated reasons for leaving a job.

We recommend the provider to seek out ways of making sure their selection processes are fully in line with safe recruitment practices.

People were being better protected from harm and potential abuse. Safeguarding issues were dealt with in a much more organised way. We saw that the full staff team had received training and refresher courses in safeguarding. Staff had a better understanding of the organisations policies and procedures. Staff were confident at explaining their responsibilities in relation to safeguarding people, and many said that this was now a frequent topic for team meetings, one to one supervisions and at staff handovers.

We did find that two instances of people having small unexplained injuries had not been put into the safeguarding procedure for further investigation; a small skin flap and another a small bruise. Staff felt these had probably been caused by unwitnessed falls or when moving and handing people. We discussed this with the manager who agreed to action these, make a safeguarding referral if judged appropriate and ensure that these were raised with the staff team. While good progress had been made there were still some areas that needed to be fully embedded into staff practice.

The home was keeping people safe from the behaviours of other people in the home that may present as challenging. Staff told us, and we saw from training records, that they had received suitable training in how to manage behaviour that could challenge the service or other people who used the service. Staff were much more skilled in how they supported people. We observed staff diverting, distracting and reassuring people who were distressed or agitated whilst also retaining dignity and the safety of other people.

We therefore found that appropriate arrangements were in place to ensure that people were protected from abuse, or the risk of abuse. We found the service to no longer be in breach of this regulation.

People's individual risks was being better managed. Risk assessments were now much more detailed, regularly reviewed and evaluated in order to ensure they remained relevant, reduced risk and kept people safe. The risk assessments included risks specific to the person such as for moving and assisting, mobility and risk of falls, nutrition and pressure care. Where external professionals had given advice to reduce risks, such as occupational therapists (OTs), a new system had been put in place to make sure updates to the person's risk assessment and care plans were made and communicated to all staff.

The service had introduced a falls reduction strategy with named nurses who gave training and instructions to staff. Key staff had also received training to be moving and handling assessors and trainers. Other areas of risk had received the same level of scrutiny with clear benefits to people in the home. People at risk of developing pressures ulcers and those with fragile skin were being much better monitored to ensure they received prompt treatment. Systems for making referrals to external health professionals had improved as

staff were much clearer on the actions they had to take. This had led to people receiving not only more timely treatment but also equipment to meet their needs, such as specialist seating, hoists and sleep systems. (sleep systems help to prevent the risk of pressures sores and of contractures to the limbs).

Peoples' risk of falling and developing pressures ulcers had been reduced by these measures. The provider had systems to monitor and log risks and we saw from these that there had been a reduction in people falling, developing pressure ulcers and being at risk of weight loss. For one person this had led to having a high level of falls being reduced to none in the last few months.

Medicines continued to be managed safely. All treatment rooms were clean, tidy, regularly monitored and medicines were secure. Medicine records had sufficient details to be administered properly, and information to guide staff when people were prescribed 'when required' medicines was detailed and demonstrated that staff knew people well. We saw people receiving their medicines properly. Records for topical preparations, that were applied by care staff, were complete.

We looked at records of medicine incidents and errors that had occurred since the last inspection and found that reports were not complete from an incident that had occurred three months earlier. We saw that no written actions had been implemented as a result of investigations, but we did speak to one of the staff involved and they had changed their own process in order to improve safety. When we raised this with the new manager they agreed to rectify this and stated that the likelihood of this happening again had been reduced by additional monitoring, including the medication 'quality walk rounds' carried out by the senior management team.

Processes were in place to help maintain a safe environment for people who used the service and staff. We found health and safety checks had been carried out. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out and records showed fire procedures were discussed with people living in the home. There were accident, fire safety and contingency procedures available at the service.

There was a 'lessons learned' approach taken in the home with any incidents or 'near misses' reported into the providers' weekly quality monitoring mechanisms. One of these incidents had led to an improvement to how head injuries due to a fall were monitored, by ensuring that staff were consistently using the tools for checking on a person over a 72-hour period.

People were protected by the prevention and control of infection practices. Staff had specific work routines to deal with cross infection and general hygiene matters. Good control measures were in place, such as disposable gloves and aprons for use during personal care, and paper towels and soap dispensers located around the home. The premises were clean and tidy. There were cleaning schedules and recording and checking systems to maintain good hygiene standards. The home had a five-star rating from the Food Standards Agency, which is the highest rating.

Requires Improvement

# Is the service effective?

## Our findings

At the previous inspection in July 2018, we identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to and Regulation 18 (Staffing) and a new breach of Regulation 11 (Need for consent). On this inspection of 4 December, we found that the home was no longer in breach. However, the service remains as Requires Improvement in this key question as we need to check at the next inspection that these improvements have been sustained.

People in the home and their relatives where again positive about recent changes in the home. They felt that their needs were being better met. A relative told us, "The staff appear more knowledgeable now about people's needs so give good care and support". Another said, "The staff are knowledgeable about [relatives] needs, staff are much more willing and there's always staff around to offer help and to answer questions."

On this inspection, we found the way in which people's needs were assessed had significantly improved. The senior team had taken responsibility for carrying out all assessments prior to people being offered a place in the home. These were now much more though and this had led to ensuring the home where only accepting people whose needs they knew they could meet. The admission process took into consideration the person's compatibility with people already accommodated. This involved meeting with the person and gathering information from them and relevant others.

People's needs were being more effectively managed now due to a closer and more structured way of working with external health and social care professionals. Systems had been developed by the home to record and put these professional's advice into action. There were now set timescales being applied to how people were reassessed once in the home. This again ensured that care plans and risk assessments were up to date. Internal communication had been improved with staff within the home. These measures had included: the introduction of one set of records for both nursing staff and care staff to write in; by more frequent reviews as a result of a person health changing; and more frequent staff handovers and flash meetings to quickly share important information. Staff reported that this had been very effective. One care staff told us, "I know what I'm doing now. We are included at handover, the nurses are very clear on any changes and organise our time better. The improvements for people have been really good. They definitely get better care."

This meant we found the home was no longer in breach of Regulation 12 (Safe care and treatment) as systems had improved to ensure people were now receiving safe care and treatment that met their needs.

At the previous inspection in July 2018, we had found that the registered provider did not have an effective approach to the training needs of staff to make sure they could meet people's assessed needs. This was in breach of Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection December 2018, we found that this had been addressed by the provider and staff now received good levels of training and support so they had the skills and knowledge to meet people's needs. We therefore found that they were no longer in breach of this regulation.

Since the last inspection, the manager had assessed the training needs of staff. An updated staff training matrix set out the training for each staff role and the intervals at which training should be repeated in order to help ensure staff were supported to keep their skills and knowledge up to date. The staff training records we looked at confirmed staff were now kept up-to-date with safe working practices. Training courses had been prioritised and had included safeguarding, pressure area care, person-centred care, falls awareness and consent and capacity. One person told us, "Staff are definitely well trained-Absolutely. They use the hoist with me and there is no discomfort at all and they are very knowledgeable on my condition, knowing when to get the doctor in."

People were benefitting form a much more coordinated approach on the unit for people living with dementia. This had been helped by the appointment of a unit lead who had experience in leading similar unit. Staff had also received more in-depth training on dementia care and how to support people who may challenge the service. We saw how this had led to much better outcomes for people in the home. This was unit was much calmer and staff were better engaged with people.

Staff told us they were now being well supported to carry out their role. All staff said they had regular supervision to discuss their role and their training needs. Records we reviewed showed staff completed an induction when they started work at the service and evidenced that supervision sessions had taken place. A standard supervision agenda was in place which covered topics including a review of the staff member's work performance as well as any training, development or personal needs. Staff said they could also approach the new manager and senior staff team at any time to discuss any issues. Staff received an annual appraisal to review their progress and work performance.

All the registered nurses (RGN's and RMNs) in the home had undergone competency checks on the skills they required with additional training to fill any gaps identified and to increase levels of competence and confidence, such as in medicines management and the use of syringe drivers. The home had a number of nurses who were leads in specialist areas such as in nutrition, medicines, tissue viability and falls management. Since the last inspection these nurses had been given support and training to develop skills in these areas to share with the rest of the staff team.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that they make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At the last inspection we found that the registered person had not ensured sufficient measures were in place to protect people's rights and to gain, wherever possible, their informed consent.

On this inspection we found that peoples' right were being protected. Staff had received training about the MCA. Where people lacked capacity, the manager had checked as to whether any other person had a lasting power of attorney. This was now documented on people's files. Where appropriate, were people did lack capacity, best interest reviews had been held with health and social work professionals, relatives and others. For example, we found that where people were given their medicines disguised in food that this was in these people's best interests and agreement had been gained and authorised in the right way.

We found that the home was now meeting the requirements of the Mental Capacity Act 2005 (MCA) and

associated Deprivation of Liberty Safeguards (DoLS). Assessments were being carried out on people's capacity to make decisions. Where people lacked the ability to make a decision about living at the home or when restrictions had been placed on them in their best interests we saw that appropriate applications had been made for a DoLS assessment. Staff had received training in this area.

We found that measures were now in place to protect people's rights and the home was no longer in breach of this regulation (Regulation 11 Need for Consent).

People were supported to maintain a healthy diet. Support plans contained information on people's nutritional support needs and preferences. People who were at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Referrals were also made to relevant health care professionals, such as dieticians and speech and language therapists for advice and guidance. Records were up to date and showed people were routinely assessed monthly against the risk of poor nutrition using a recognised nutritional screening tool. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. We saw a board was available in the kitchen to show information and capture any changes that had been communicated about people's dietary requirements. Some people were prescribed powder to thicken drinks to assist with swallowing difficulties. Appropriate arrangements in place for using these and staff had been trained in their use so that people were given their food and drinks in a way that was safe.

People had a good choice at mealtimes. People told us the food was of a good quality and was well cooked. They were being offered plenty of drinks across the day, with covered jugs of juice in their rooms and a juice and water coolers in each of the dining rooms. Staff frequently encouraged people to have drinks and offered plenty of choice. The afternoon tea trolley was noted to have a good range of nutritional foods and homemade cakes on offer.

We observed lunchtime and found that staff were good at prompting, encouraging and supporting people with their meals. We saw that senior staff were effective at directing staff. The home had introduced a staggered lunchtime which allowed people who required extra one to one support to have their meals at a slightly earlier time so staff could spend time with them undisturbed. We saw that staff sat next to these people and had good eye contact, were unhurried and the mealtimes were calm and pleasant. One relative told us, "The staff are very well trained. They do everything for [relative] and I mean everything. [Relative] was on soft food due to a possible choking risk, but now with help and encouragement they are eating proper food now and is putting weight back on. I can't praise them highly enough."

The home's environment had improved with suitable redecoration and refurbishment undertaken. We also saw that areas of the unit for people living with dementia had been redesigned to give people more stimulation and when needed, quiet areas to sit.

Good

# Is the service caring?

## Our findings

At the last inspection in July 2018, we found that the provider was not providing a service that promoted or demonstrated a caring attitude towards people in the home.

Feedback from people at the last inspection was that the attitude and approach of staff was variable. Some people spoke positively about individual staff, however the attitudes of others was criticised by people in the home and by relatives. We had found staff interactions were often task-focused and not all staff demonstrated a caring attitude. Staff also told us that they didn't have time to spend with people and they often had to rush to get things done.

On this inspection December 2018, people and their relatives were much happier with the approach of staff. This time all the replies we received were positive. One person said, "It's lovely here, the girls are so nice, so helpful, my sister in law comes in whenever she wants, no problem." Another person said, "I couldn't fault them, my wife is here as well. My family come and go as they please."

Relatives told us that the home felt different with an improved atmosphere. One relative who felt the home had improved significantly over the last few months told us, "There's a way to go yet with some of the staff. Some are brilliant but there's others who need to pull their weight more and learn from the others attitude. But it's definitely on the up." Another person told us," if I`m poorly or have a bad night, they (staff) make everything light and cheerful, they chat away and this really helps to lift my mood."

A family of a person very near the end of life told us, "We are very happy about how they have looked after [relative], the nursing care has been really good. We have been consulted about everything."

We observed staff interactions with people to be positive and caring. Staff had the time to spend with people and there was a calmer , less rushed atmosphere. For example, we observed a cleaner kneeling beside the bed of a person explaining to them that she was going to clean her carpet and it was going to be noisy for a while, but she was going to make it all lovely for her. We overheard care staff saying to another person, "How do you fancy a shower later on." This person had told us that, "One of the girls (care staff) massages my hands and talks to me, this is a big comfort." Both of these people were obviously pleased with the interactions with these staff members. There was a constant stream of appropriate conversation and laughter throughout the home.

Staff clearly knew people well and were able to engage with them in a meaningful way. We saw staff knock on people's doors and wait for response. One person told us, "The staff are really good, pleasant and cheerful. They pop in and have a cup of tea and a chat with me. We talk about everything under the sun and put the world to rights."

People were seen to be comfortable in staff presence and were often seen smiling at them. We saw how people's dignity was maintained by providing discreet coverings for their clothes at lunchtime and also that the tables were pleasantly set with flowers and condiments on the table. We saw thoughtful touches like

making sure some people had beer or wine with their main meal.

People were able to make choices and staff respected those choices. We saw how this had been promoted by a new initiative recently introduced was "Resident of the day". Staff told us that this helped them to focus on one person in more detail and all staff from cleaners, the cook to care and management staff would take time out to get to know them. One staff said, "I love this, it makes them feel special and we can then put things in motion so that we really are treating them individually."

People living with dementia responded well to the staff on duty. We noted that staff were more skilled in their responses to people than they had been at previous inspections. We saw that they anticipated people's needs. We also saw that staff were skilled at engaging people in conversations using their knowledge of the person to prompt conversations about their past. We saw that people became visibly more animated and enjoyed these conversations. Staff were also sensitive when talking to people who were living with dementia and any confusion was played down. We saw that people were calmly reassured when they became upset or disorientated. Staff were seen to use touch in a therapeutic and calming way. A relative told us of how pleased and reassured they had been when visiting recently to see as they approached unseen care staff giving their relative a hug and then holding their hand.

People's independence was promoted by the staff. One person told us, "They give me confidence and try to keep me independent. There's things they' nudge' me to do myself, but they do it in a nice way." And another person said, "I pick out my own clothes and things never go missing. Staff really look after my clothes and even the cleaners make a lovely job of my room."

We noted that the staff had been trained in matters of equality and diversity, as well as in understanding dementia and person-centred thinking. We saw on this inspection that all staff were now more involved in care planning and were actively encouraged to read care plans. Staff were given dedicated time to familiarise themselves with the care plans of the people they were looking after. We found that this gave staff a better understanding of each person's support needs and people received a more person-centred level of care.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection visit of July 2018 we found that staffing levels had improved on weekdays however, the weekend had proved more difficult to staff. This had a knock-on detrimental effect to how responsive the service could be to meeting people's needs in the home. On this inspection of December 2018, with a more consistent staff team and the improved ways in which staff were being deployed meant that people's needs were being met.

At the previous inspection in July 2018, we had found that the provider had not done everything practicable to make sure that people who received care and treatment always had up to date assessments that met their needs and that responded in a timely way to changes in their need. Effective systems, plans and pathways were not in place for staff to follow in meeting these needs.

We checked on these areas in detail and we asked people living in the home how they felt about them now. We found that the home had made significant improvements and people were much happier with the way they were supported. We found that the home was no longer in breach of Regulation 12 Safe care and treatment. However, the service remains as Requires Improvement in this key question as we need to check at the next inspection that these improvements have been sustained.

When we asked people about the responsiveness of the home they told us that they were asked about their needs and wishes. People told us they knew they had a care plan and some said they had been involved in setting it up. A relative also told us, "I`m involved in his care planning and get regular updates every time I visit. The staff are keen to tell me updates. I can't speak highly enough of the care here. [Relative] is very well looked after here, I wouldn't want him to go anywhere else, I`m not just saying that just because you are here, I really really mean it. I`m informed every step of the way, they are marvellous."

Assessments were better developed and tools were being used to assess people's health, wellbeing, social and psychological needs. This had led to the care plans being much more person-centred in addressing people's holistic needs. Care planning also now identified in more detail the needs of those people whose behaviour may challenge the service. These now gave staff more detailed guidance on the most appropriate approaches to take. Staff had some good ideas and we saw some skilled interactions taking place with people. We saw the benefits for these people and how the approach used by staff was much more about prevention and in keeping people meaningfully occupied.

People living in the home told us that staff had become much better at responding to their health needs. One person said, "I used to get water infections but I don't get any here. You really don't know what a relief that is. I can't speak highly enough of them. Staff recorded everything and get the doctor out if they think I need it."

People received support to have a pain free, dignified death with support set out in an end of life care plan. The end of life care plans had been reviewed to ensure they were up to date and accurate. We saw how one person's care plan for end of life care had been updated to include wishes and requests as well as

appropriate treatment plans, such as end of life medicines. Staff reported that they had been given additional time to do this.

We spoke with the manager and unit lead for the unit about the strategy and approach for supporting people who were living with dementia. They told us that a cohesive dementia care strategy was being developed with all staff on the unit to provide a more consistent approach which was essential to working with people living with dementia. The unit lead was knowledgeable on the care of people with dementia. The manager also told us that this would be based on current best practice best in dementia care such as NICE (National Institute for health and care excellence) Guidelines on Dementia.

People were being offered much more in the way of activities and one to one time with staff. We saw people being engaged in activities in groups and individually. We checked the activity programme for the home and this was now much more varied. We looked at the individual daily records for people and we could see that many more activities and outings had been recorded over the last few months. People told us, "I don't do activities but that is my choice, but they still ask me every day, although I saw the brass band yesterday and I'm going to see a singer this afternoon. I really enjoyed both of those." Another person told us "I enjoy the chair exercises and they take me out in the mini bus." While another person said, "Staff take me out to watch films and take me to the local café. I enjoy that." Some people still said they would like more activities at weekends. Currently the home had one activity coordinator who was on long term sick leave.

People's care was now becoming much more person-centred and identified what mattered to each person. One person told us, "They are very well trained and know me well. They bathe me the way I like it and help me get up at the crack of dawn which is my choice, without any hassle. I like to have so many cups of tea I must be keeping the tea company going. I pick out my own clothes and they help me dress and am encouraged to do what I can." Another person spoke to us of being able to direct their care and chose how to spend their day. A relative told us of how well staff knew the needs of their relative, they told us, "The staff are brilliant at managing my [relative] as they can become agitated. [Relative] enjoys anything musical and they have three or four a week for him. He sings along and to Christmas carols and is smiling all of the time now. We took him out a couple of weeks ago but he was becoming agitated and told us `I want to go back home.' Here is what he meant. This really is his home. It's improved so much and is so much better organised. It's calmer and people are happier."

People and their relative were being given more of a voice and a say in how the home was run, We asked people about their experience of making complaints or raising concerns with the home, all the relatives we spoke to, and those who contacted us were now happy with how these were dealt with. One said, "I wouldn't have any hesitation going to the new manager, he's very approachable." Everyone we spoke with said they had no complaints but if they did they knew that staff would listen. Some relatives whose relatives had lived in the home for some years commented that their complaints were now dealt with and actions taken.

People spoke of having more frequent meetings open for residents and relatives. Most people we spoke with had attended at least one of these and found them interesting. The new manager also had an open surgery clinic once a week for people to 'pop in' for a chat. People we spoke with also knew the formal complaints procedure and we saw that a copy of this had been put in every person room as well as being displays around the home in. The complaints we did see on file had been dealt with to people's satisfaction and in line with the providers procedure and timescales. The new manager had introduced system so that staff knew how to handle informal complaints , such as when they voiced they were unhappy with something in passing. These were also recorded and responded to. The manager said he wanted to welcome complaints and concern to drive improvements in the home.

We judged that the provider was no longer in breach of Regulation 16 as an effective system was now in place for identifying, receiving, handling and responding appropriately to complaint and concerns.

Requires Improvement

# Is the service well-led?

## Our findings

On our inspection in July 2018, we found that the service continued to be not well-led. This was because the provider did not have suitable arrangements in place for assessing, and monitoring the quality of the service and then acting upon their findings. People were put at risk of inappropriate or unsafe care and treatment. Overall, we found that senior leadership was lacking within the service and from the organisation. The service did not have a registered manager in post, as required by their registration with the CQC, at the time of the inspection.

At the July 2018 inspection, we identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing). New breaches were identified in Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 16 with regard to complaints and Regulation 11 (Need for consent).

This showed that there remained concerns about the service delivery and the service was still not well-led. Furthermore, we found that some of the improvements identified at a previous inspection in December 2017, had not been sustained. This meant the breach of Regulation 17 continued again at the inspection of 4 July 2018. This had led us to considering using one of a highest levels of enforcement action. Before we went ahead with this option we went back to the service to see if this was still the most appropriate course of action.

At this inspection December 2018, we checked on these areas in detail and we asked people living in the home and their relatives, and other stakeholders how they felt about how well the home was run now. Overall, we found that the provider had taken actions that had led to significant improvements to the running of the service. People were now receiving safe care and treatment that met their needs.

One of the most significant changes had been to appoint a manager who had begun the process of becoming registered with us, CQC. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run. The provider told us that they had gone to great lengths to find a manager with the rights skills, experience and vision to drive the improvements that were required.

People in the home overwhelmingly told us that they had seen numerous improvements and changes for the better since our last inspection. One person living in the home told us, "The atmosphere here is excellent now and I have full confidence in everyone from the cleaners to the manager. Everyone including me are so much Happier." Another person said, " The manager is great and approachable, they try to get people involved. I must add that they are still improving and have been trying so hard recently." And another said, "My clothes are clean, the food is good, the staff are friendly and everywhere is clean. The new manager leads from the front and the care is first class. They do things above and beyond the call of duty. The staff get

to know people as individuals."

All the relatives we spoke with were also very complementary on the improvements to the service. One relative's comments summed up the feeling of relief expressed and told us, "Since the new manager came, the staff morale has a really bounced back again. Things have improved 100% and I trust them now with my [relative]. They now have the human touch and that's really important."

After the inspection of December 2017, the provider had put in place a recovery programme termed 'Older people accelerated plan for quality improvement' so that the service had greater scrutiny, support and additional resources. The isolated geographical location of the home was identified as presenting challenges with providing effective support and monitoring. On this inspection, we saw how this recovery plan had been more thoroughly implemented and was now much more effective in monitoring the quality of the service. This was greatly supported by changes to the senior management team within the service and reconfiguring the external support offered by the provider.

There was now the new manager, an experienced nurse promoted to the role of deputy and a new unit leader for the specialist unit for people living with dementia. The operations manager and region had been changed so the home was better placed for direct support. This restructured senior team had brought about significant improvements in a short space of time. People were receiving a much improved service with their needs being well addressed.

The changes and measures we now saw in place had included a complete review of each person's needs, risks and care plans. People living in the home and their relatives had welcomed these reviews and the opportunity to be much more involved in setting plans up. New admissions to the home were now being assessed by the senior team to ensure that the service was suitable and to meet their needs, and included whether they were compatible with people already in the home. Each new admission had to be agreed and signed off by the operations manager and the director of operations to give greater scrutiny to this process.

The systems now in operation addressed all areas of the running of the home. These had included setting key performance indicators (KPIs) and targets for example in: care and treatment areas; staff performance and training; and areas to ensure a safe environment. KPIs to monitor people's health and well-being included monitoring weights, falls, nutrition, pressure sores and mobility.

A significant change that had seen improvements in people's care had been as a result of this increase in monitoring. In particularly the oversight and monitoring staff by the senior team of the actions taken and to ensure that these were written up in care plans and risk assessments. For example, new protocols had been set up to record and implement advice given by external healthcare professionals. This had also been significantly assisted by better communication between different grades of staff. One measure had been to combine both nursing and care staff daily notes into one document. This meant that people's needs were being accurately recorded and any changes were clear for all staff to see and to take appropriate action. These improvements were seen across all areas of people's care.

The care and support offered to people was based on current evidenced based good practice. Each of the KPI areas had seen an overhaul, as stated, that included ensuring that care and treatment was based on current good practice. For example, the home had implemented a falls prevention strategy based on NICE guidelines (National Institute for Clinical Excellence). This had led to a decreased in the number of falls people experienced. Care plans and risk assessments were now up to date and based on external professionals input, such as advice from occupational therapists and physiotherapists. The equipment that professionals recommended had been supplied, where appropriate by the provider, and staff correctly used

this equipment. For example, staff had improved training on moving and handling people safely and hoists, slings and other moving aids were being used to help people's mobility to make sure they were safe.

External health and adult social care professionals told us there had been significant improvements with the relationship with the home. They told us that the home now actively welcomed their advice and support; recording had greatly improved and that people were being better supported by the staff.

Staff were being actively supported to improve and develop their practice. We saw how staffing, training and supervision had been given priority to ensure these were up to date and was relevant to their job role. There were much clearer lines of delegation and responsibility. We could see that this was having a positive impact on the quality and running of the service as staff gained confidence in their new roles. The senior team had carried out a series of competency checks on staff skills across all levels of staff. Where gaps were identified these had been addressed by additional training and shadowing of more experienced staff. For example, all nurses had their competency checked to safely manage people's medicines. Those requiring retaining were taken off these duties until the provider was sure that they were competent to do so. The number of medicines errors had dropped as a result.

Staff were being better led, managed and supported. The manager and senior team were giving clear leadership on the ethos of the home and demonstrated a real passion for driving up the quality of the service. This was supported by the nursing staff who were seen giving much clearer direction to care staff on each shift. Care delivery was now much better organised; care staff were split into teams on each floor and were much more responsive. The atmosphere was much calmer with call bells being answered promptly.

We saw that the staff team had been inspired to be part of this vision. The inspection team felt that there had been a real change in the culture of the home. Staff were motivated, interested and engaged with people and keen to share the improvements made in the home. The manager had gone to great lengths to ensure the whole staff was engaged and part of the changes. There had been open days and evenings, a manager open door surgery, staff meetings and resident and relatives meetings, as well as improved written communication, such as letters to relatives and the staff team to keep them up to date on changes. The manager told us that where staff had been reluctant to engage and change practices or attitudes the providers disciplinary procures had been used. Staff reported that team work had 'massively improved' and that all staff now 'pulled together'.

We checked for incidents of accidents, falls and emergency hospital admissions. We found that the home was correctly recording and reporting these to the relevant authorities. The home was now notifying us, CQC, of events they are required by law to do so. The provider was no longer in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; Notification of other incidents.