

Cavendish Healthcare (UK) Ltd

St Josephs

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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 24 August 2016 and was unannounced. The previous inspection of 27 July 2015 found the service required improvement. There were breaches in regulation that related to staffing levels, the environment and the systems in place to oversee quality and drive improvement. We followed up these areas at this inspection.

Since the last inspection there has been a change of provider and the new management team had begun to introduce new systems and procedures. We found substantial progress had been made but the service was not yet providing safe and effective care for all the people who lived there. The environmental issue raised at the last inspection about access to and from the annex was not yet resolved. Therefore the requirement from the previous inspection remains outstanding. The provider has told us that there was a risk assessment in place to reduce the likelihood of harm and no admissions were planned to this part of the service. People living there had the opportunity to move into the main building and they were planning to undertake changes to the building to improve access although this requires approval from the planning authority. Therefore we plan to monitor this matter going forward, but will not escalate our powers of enforcement.

St Josephs is a care home for 60 older people some of whom are living with a diagnosis of dementia. The unit that accommodates people living with dementia is called Gainsborough and has twenty seven bedrooms and a separate living space. The service also has an annex with a separate living area which adjoins the main home. On the day of our inspection there were 46 people in total living in the service.

A manager was new post and had commenced employment three months prior to the inspection. The manager told us that they had made an application for registration to become the registered manager for St Josephs. 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.

People told us that they liked living in the service and that they felt safe and well cared for. Staffing levels had been identified as problematic at the last inspection but we found improvements had been made. People were supported by a stable staff team and there were sufficient numbers of staff available to respond to people's needs and keep them safe. Robust recruitments systems were in place to check on new staff suitability for the role.

Medicines however were not consistently well managed and while we found examples of good practice we also found omissions in the management of controlled medications and topical creams. The manager had already identified the issues about creams and had a plan to address this. They took steps to immediately address the other issues by undertaking supervisions and increased auditing.

Risks were identified and there were systems in place to ensure that people at risk had access to equipment

to protect them, such as hoists and pressure relieving mattresses. Checks were undertaken to make sure that equipment was working effectively and the environment was safe.

A programme of training was underway to ensure that staff skills and knowledge was up to date. While this was not yet complete and there remained some shortfalls, there was greater oversight and more effective planning.

People had good access to health care professionals when they needed support or treatment. However we found that the support provided to people with specific health conditions such as diabetes needed to be strengthened and staff provided with clearer guidance to prevent harm.

People liked the food and the meals served looked nutritious and nicely presented. People told us that they had good relationships with staff and felt listened to and respected. Efforts were made to retain people's independence and autonomy. Care plans were in the process of being rewritten in the new provider's format but this was being undertaken in a managed way to ensure continuity of care. Those we saw were generally informative and reflected people's choices and preferences.

People had access to activities which promoted their wellbeing and there were systems in place to ascertain their views about the care they received.

Everyone we spoke with including staff, relatives and people living in the service expressed confidence in the new management of the home and the more open approach. Staff were motivated and positive. The manager was clear about the areas that needed to develop and was involving people and staff in the process. Audits were undertaken to identify shortfalls and some of the areas we identified were areas that the manager was aware of and had an action plan in place setting out how they intended to improve.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People's medicines were not always consistently well managed.

Risks were identified and there was a plan in place to manage them and reduce the risks of harm.

Staffing levels met the needs of the people resident.

Staff had a good understanding of how to respond to and report allegations of abuse.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Parts of the service were not suitable for the intended purpose and placed people at risk.

People had access to routine healthcare appointments. Staff skills and knowledge in the management of specific health conditions should be strengthened to prevent harm.

Staff received induction and ongoing training. While there remains some gaps in staff knowledge there was greater oversight of training and a plan to address them.

Staff were clear about their role in supporting the principles of choice and consent and had training in the Mental Capacity Act and associated Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet.

Is the service caring?

Good ●

The service was caring

People had positive and caring relationships with staff.

People were treated with compassion and kindness.

People were involved in decisions about how they were supported and their independence was promoted.

People's privacy and dignity was promoted.

Is the service responsive?

Good ●

The service was responsive.

People had a care plan which was known by staff and reflected their preferences.

People had access to activities which promoted their wellbeing.

Peoples experience was taken into account and they were systems in place to consult with them. There were systems in place to address concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

There was an open culture and people were positive about how the service was managed.

The manager was visible and accessible and known to the people who lived in the service.

There were systems in place to look at quality and drive improvement.

St Josephs

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 August 2016 and was unannounced.

The membership of the inspection team included two inspectors and a specialist advisor. Our specialist adviser was a nurse with expertise in end of life care and wound care.

Information was gathered and reviewed before the inspection. This included statutory notifications. These are events that the care home is legally required to tell us about.

The methods that were used included talking to people using the service, relatives and interviewing staff. We also undertook observations of care and support and reviewed care plans. We also examined other records in relation to the running of the service. We spoke to two visiting health professionals, nine people living in the service, one relative, eight staff as well as the manager, deputy manager and regional manager.

Is the service safe?

Our findings

Medicines were not consistently well managed. At the last inspection in July 2015 we found that medicines were not being stored at a consistent temperature and were close to the maximum recommended temperature. This inspection was undertaken on a very warm day and the temperature in the medication room was in excess of the recommended levels. We spoke to a member of staff about this and they told us that the fan which was in place had been removed and placed in an individual's room. They subsequently obtained another fan but the manager told us that they were intending to install air conditioning and a date was set for the pre-installation survey.

We checked the stock of controlled medication and saw that it tallied with the records however we found four examples of where only one member of staff had signed the records and there had been no witness. This is not good practice and increases the likelihood of error. Some medication which had been brought into the service by the district nurse was not included in the records and therefore was not included in the audits. The manager agreed that they would immediately address this issue by booking this medication in. Some medicines are administered by using patches as medicine is delivered through the skin surface. Body maps were not in use and therefore it was not possible to account for all the patches which were in place. Staff were not documenting where patches were placed and when they were removed increasing the likelihood of error.

Topical Medicines were not well managed. It was not always clear from the care plan where they should be administered and there were gaps on the administration sheets. This made it difficult to monitor whether they were being administered appropriately or if they were effective. Dates of opening were not always recorded and therefore it was difficult to manage the risk of contamination and potential bacterial growth. The manager told us that this would be immediately addressed and subsequently informed us that supervisions were undertaken with senior staff on medication.

We observed two staff administering medication and saw that they wore a red tabard to indicate they were busy. They administered one person medicine at a time, then signed to say they had administered. The medication was stored securely when they left the trolley. Their approach to people was kind and informative, explaining to people what they were administering and ensured that they had a drink. We saw that some people were prescribed medication such as pain relief on an as required basis, and we observed staff asking individuals if they needed it.

At the last inspection in we identified a breach of Regulation as there was not enough staff to make sure that people were supported in a safe manner. At this inspection we found that changes had been made and there were sufficient numbers of staff available to meet the needs of the people resident. People told us that they felt safe and were happy living in the service as staff were helpful and attentive. One person told us, "The carers are good, they come when I call." A relative who was visiting described the service as a place of comfort and consideration, "Where help was provided when needed." Our observations were that staff were visible and people were able to attract staff easily. In the lounge in Gainsborough we noticed a staff member present at all times. Staff told us this was because people were so vulnerable in different ways that a staff

member was needed to respond. We saw staff were available and able to intervene promptly. Examples included a person getting up and not remembering to use their walking frame. Staff promptly assisted. Another person asked to go to the toilet and was taken promptly. Another was as people were coming in to the lounge for lunch and two people were starting to misunderstand one another and were getting close with raised voices. Staff were able to speedily intervene and distract with a cup of tea and settle the disagreement.

Staff told us that there was enough staff, one member of staff told us, " We always have time to sit with a resident." Another said, "There are busy periods but there is enough staff, if we know there is a gap, we get agency but otherwise staff pick up shifts, we are happy to help each other out."

We saw that rosters were well kept and showed staff full name and their designation and any codes used were explained. A master copy was on the office wall and a second on the staff room wall. We looked at the current week and the previous week. There were currently 46 people residing in both the main house and Gainsborough, the area where people living with dementia resided. We were informed that staffing levels during the morning consisted of a team leader in each unit that remained consistent and four care staff on Gainsborough and five in the main part of the house. In the afternoon the levels were slightly lower. In order to reach this calculation of staff required the manager completed a weekly calculation on how many hours of care and support were needed. This calculation not only took into account the number of people at the service and their dependency but also the environmental layout, peoples social care needs and staff training.

Recruitment processes were in place to check on staff suitability and protect people. Staff told us that they had attended an interview and references had been obtained before they were allowed to start work. Examination of three staff files confirmed that all relevant checks, including ID checks, criminal records check and appropriate references had been obtained on newly appointed staff.

Staff were able to tell us about different types of abuse and what signs to look out for. Some were very clear about the reporting mechanism and were able to tell us about the Multi Agency Safeguarding Hub where they could ring for advice if they had a concern. Others were less clear but expressed confidence that the manager would take any concerns forward. One member of staff told us that with the recent management changes, "There is now openness with safeguarding" and that the staff team were more likely to be made aware of the outcome of any investigation. Staff were therefore being enabled to be more reflective and learn from incidents.

People were supported to take everyday risks and safety was managed in a way that did not restrict people's freedoms. We observed people accessing the garden and people told us about going out into the community. Risk assessments were in place and recorded the actions taken to reduce the likelihood of an accident occurring. Risk assessments were for example in place regarding moving and handling and these documented the numbers of staff who should assist an individual to mobilise and the size and type of sling that should be used. We observed one person being hoisted to transfer from a lounge chair to a wheelchair so that they could eat lunch at a dining table. Staff used the equipment provided. They worked in pairs and gave assurance to the person being hoisted. They checked for the persons comfort and observed them all the time they were being moved to ensure they were safe and comfortable.

The service used a range of risk assessment tools to identify risks such as waterlow scoring tool which identifies individuals at risk of pressure ulcers and the malnourishment universal screening tool which identifies those at risk of malnourishment. We saw that where risks were identified actions were taken to reduce the risks such as the use of specialist pressure relieving cushions and mattresses to maintain skin

integrity. The manager told us that fortnightly checks were undertaken on mattress settings to ensure that they were working effectively for individuals. People who had been identified as being at risk of malnourishment were being monitored and weighed more regularly. We saw that one individual who was at risk of falling had a low bed, however not all individuals who were at risk and who were in their room had an accessible call bell. The manager told us that they had already identified this as an issue and had ordered a number of alarms to alert staff to movement. These had arrived on site and were due to be put into place.

There were systems in place to ensure that environmental risks were identified and managed. For example we saw that checks were undertaken on fire safety equipment to ensure that it was working effectively, checks on equipment such as hoists and on water temperatures to make sure that the controls in place to manage the risks associated with scalding and legionella were being managed.

All areas of the service were clean and in a good state of repair. The only odour was in the hallway near to the laundry and the manager told us that there were plans to upgrade this area. We visited the laundry to look at the infection control arrangements in place and saw that staff had access to disposable bags for soiled laundry. We were informed that the laundry was about to have new better equipment. The laundry did not process bed linen and this went to an outside laundry. The laundry had suitable equipment, but there were two buckets with lids used to soak clothes post washing to remove stains. We spoke to the manager about this and they told us that new washing machines were due to be fitted and different detergent products were being trialled which should negate the need for any soaking.

Is the service effective?

Our findings

At the last inspection we found that the provider had failed to ensure that the premises were suitable for the purpose for which they were being used. The previous registered provider had sent us an action plan detailing the improvements that they intended to put into place. The new provider took over responsibility for the action plan as the legal entity had remained the same. Whilst we found that some improvements had been made to the lighting the main issue was as yet unresolved.

St Josephs has an annex which was accessed via a stairs or a lift but wheelchair users had to exit the building via a corridor which was full of disguard items such as mattresses and then through a garage. This continues not to be a suitable route for people use. The manager told us that they had met with the local planning department and provided us with details of the planning application which had been made requesting adaptations to the building. In the interim they had offered to move individuals into the main part of the home and had a risk assessment in place to reduce the risks of injury. No new admissions were planned to this part of the building. The current arrangements continue to be a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3).

People had good access to health care services but more effective and proactive support was needed for individuals with specific conditions to prevent any deterioration in their health.

We looked at the support provided to people with catheters and saw that the guidance provided to staff on their care was not adequately detailed and did not for example give staff clear guidance on when the bags should be changed. We saw that one person had a visible urine leg bag, which was not being fully supported. This was not good practice as the leg bag should be supported by 2 leg straps so that there was no pressure exerted on the catheter, which could pull causing discomfort and trauma. There was no date on the bag to indicate when it was last renewed, the holes holding the strap were stretched and slightly torn, indicating that it had not been changed recently. The care plan did not have a plan for weekly changes of urine leg bags to reduce the risk of infection. Two of the individuals whose care we looked at had been identified as being at risk of constipation and there were no records of bowel movements. Constipation can cause a catheter to block or bypass and this may lead to unnecessary catheter changes, causing discomfort and a higher risk of infection. Due to lack of consistent monitoring and support people using catheters were placed at risk.

We looked at the support provided to one individual who had diabetes and was insulin dependent; staff told us that they supported the individual by testing blood sugar levels and preparing the insulin pen for the individual to administer. They also administered Glucogel when blood sugar levels were low however the guidance that staff were following was not sufficiently detailed. It was agreed that the manager would contact the specialist nurse and obtain clear guidance as to how carers should respond to different readings and establish whether further medical assistance should be obtained. The guidance should also advise staff to record the body sites where the insulin was being given. Injection site rotation would avoid the area becoming inflamed.

People told us that that staff worked well with health professionals to ensure that they received the care that they needed. People's weights were monitored and where individuals were identified as being at risk additional monitoring was undertaken and where necessary supplements were given. Referrals were made to the dietician as necessary. We saw in care plans details of visits from professionals, such as GPs and chiropodists. Three health care professional were visiting on the day of our inspection and we saw that when people's needs changed referrals were made. For example we saw that the district nurse had been consulted about a person's discharge from hospital and staff had spoken to them about a special low rise bed as the individual's needs had changed and they were not suitable for bed rails. We also saw that one person had been referred to the Community Psychiatric Nurse following blood tests and urine tests that had not accounted for their change in behaviour. Staff were therefore being proactive in meeting this person changing mental health. Health professionals spoke positively about the home, one person told us, "They are always helpful in here, they will get residents into their rooms or move them into another room, so that I can see them".

At the last inspection we found that staff training and development was not well developed and did not provide staff with the guidance that they needed to provide safe and effective care. At this inspection we found that progress had been made although not all staff had as yet completed all of the training. However we saw that there were better oversight arrangements and a training matrix was in place which set out what training staff had completed and identified where the gaps were. We saw for example that in some areas over 60 % of staff had completed some topics but it was lower for others. A significant number of staff had completed National Vocational Training(NVQ) in care. The manager told us that they had a plan to address the shortfalls and had written to staff giving them a date for completion of training modules. We saw notices on the staff board highlighting when training was due and who should attend.

We observed significant amount of good practice but it was not always consistent. Staff were not always able to translate what they had learnt into practice. For example staff told us that they had undertaken training on diabetes care however we found that they were not following best practice. We observed that people had not been supported to have aids such as hearing aids and glasses which would enable them to communicate and interact. We observed one staff member supporting a person living with dementia. The person was unable to understand what was happening and was becoming distressed. The staff member had to be asked to fetch their hearing aid and glasses and did not know the importance of these. When asked if they had received dementia training or virtual dementia training they replied no. The staff member was caring but had not yet been trained to the level expected to meet the person needs more effectively.

Staff were positive about the training that had been undertaken, although some staff expressed some reservations about the focus on e-Learning (On a computer) However they told us that the manager was supportive and encouraged them to learn and develop their skills. One member of staff told us that they were planning to undertake Qualification and Credit Framework (QCF) training and another told us that they were being enabled to do leadership training. One member of staff told us, "A year from now – we will be unstoppable". They were highly motivated and welcomed all the changes being made to support them in their role.

Staff told us that new staff were inducted into the role and given the help and support that they needed. This included completion of shadow shifts and dedicated periods of learning. Newly appointed staff confirmed that they were in the process of completing the care certificate which is a nationally recognised induction for staff new to the care sector. One member of staff told us, "You don't get thrown in the deep end here."

Staff told us that the new manager was assessable and had initiated regular supervision meetings to reflect on progress. Observations of practice were underway to ascertain competency and implementation of

training. Staff meetings were being held and the manager told us that they planned to complete appraisals of all staff by the end of the year.

Some people who lived in the home were not able to make important decisions about their care and how they lived their daily lives. The manager understood their responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS) and the manager told us that they had assessed people's needs and made applications as required to the local authority.

We observed that staff asked people for consent before commencing support and offered people choices as they interacted with them throughout the day. When we spoke with staff they were able to describe the differences between day to day decisions and best interest decisions. We saw that staff observed and advised people to keep them safe. Where the person was unable to retain the information they were gently reminded and staff asked other staff to approach where they had been unsuccessful. Therefore we were confident that staff understood about consent and choices for people living with dementia.

Records however did not consistently support this. One person who was at the service for frequent respite had no information about consent or capacity. A relative had consented to care and photographs in the care plans. There was no information regarding Lasting Power of Attorney in three care plans we viewed but the manager told us that they had written to families to request clarification and the information was held on the main file. Staff did use and record when day to day decisions were required with matters such as washing, dressing and eating.

We did find with decisions such as Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) that this was well recorded. The service had been part of a pilot scheme with the Clinical Commissioning Group. The yellow folder system was in operation. In one case we looked at the 'Best interest Decision' that had been made that included relatives and professionals to reach the best decision for that individual. Staff were aware of who was DNACPR as there was a discreet butterfly system in operation to show staff as well as information in care plans contained in a yellow sub folder, so as to be easily identifiable.

We asked about DoLS. Staff had a good understanding of what this meant. We were told in one case this had been applied for, but staff had to update records in our presence to reflect this. The person on regular respite did not have any information regards this, though they clearly had their liberty restricted and deprived as the Gainsborough unit had two doors with digital codes required to exit and people were under constant supervision to keep them safe. The manager told us that they were in the process of completing applications for a number of individuals whose needs had changed.

People told us that they enjoyed the food. One person we spoke with said, "I love the food". We heard one person say to another, "We've had really nice desserts since we got this hot weather" and another said, "Lunch was nice today."

We observed through the morning people being given drinks and snacks from a trolley and when they requested them. People were encouraged to drink as it was a hot day and staff were clear about who required specialist support such as thickener added to aid swallowing. At lunchtime the tables were nicely

set and people had their meal placed in front of them that they had previously ordered. The meal was attractively presented and looked nutritious. We spoke to the manager about enhancing choice as people living with dementia may not recall their previous choice and a visual choice of a plated meal at the point of eating could be more effective. However the manager told us that this was normally undertaken in the specialist dementia unit, although this was not in place on the day of our visit.

People who did not like a meal were offered alternatives and people were well supported to eat their meal with staff being attentive and giving one to one time. We heard a staff member asking an individual if they would like help to cut up their food and when the individual agreed staff promptly assisted. We observed that one individual ate very little and then stopped. A member of staff gently encouraged them to eat but to no avail. The staff member asked the kitchen to provide a plate of the alternative meal and placed it in front of the individual who commenced eating again.

One individual had been assessed as requiring a soft diet and we observed that items were separately pureed and the meal looked appetising. Staff supported the individual by sitting alongside them and the assistance given was appropriately paced. The manager told us that as part of the services admission processes the chef meets with new residents to discuss the menu and find out any preferences.

Is the service caring?

Our findings

One relative told us that staff, "Were calm and considerate...It is like a first class hotel... it's very caring." Another person told us that carers are, "Understanding and patient, they do what they can for you."

Throughout the inspection we saw that staff treated people with kindness and compassion. People had good relationships with staff and communication was friendly and warm. We heard one person say, "You are lovely you are", to a staff member. We observed a relative walking up to the manager and thanking them profusely for the care that they had provided to "Their family". Staff were consistently mindful of how people were feeling and gave comfort and reassurance when needed. Staff offered a warm embrace to people or a gentle touch of their shoulder. We observed an individual coughing; a carer calmly went to them and sat them forward encouraging them to have a drink of water. Reassurance was given and the coughing subsided.

A staff member told us that many of the staff had been working at the service for some time and said they knew people well. Staff knew where people were related to others and friendship groups were encouraged. People told us that they were offered choices such as, what they ate, what time they liked to get up in the morning and how often they had a bath. One person said, "I have breakfast in different places depending on how I am feeling on the day...I can have a lie in." We observed a member of staff assisting an individual into the lounge and asking them where they wanted to sit. They waited for a response and when the individual pointed to a chair the carer assisted them to sit there. We observed that people could choose where they spent their time and where they had lunch. People told us that they could have visitors when they wanted and sometimes went out with them into the local town.

Staff were respectful in their approach to people in terms of how they addressed people and in how they supported them to dress and ensured that they had additional items that mattered to people such as handbags, sunglasses and hats. One person told us, "They are good at watching your dignity. Staff know to keep you covered, when they are helping you with the door closed and curtains drawn."

We saw that people were enabled as independent as they could be and some people retained responsibility for tasks that they had always undertaken such as making drinks. We observed that one individual had a plate guard on the left side of his plate which meant that he was able to use his right hand and was able to eat his food independently. One person told us, "They let me do what I can for myself."

We observed that staff were aware of issues around confidentiality and ensured that people's information was not left unattended in the communal areas. When the GP visited we observed that an individual was supported back to their room so that they could speak to the GP in private.

People had opportunities to express their views about the service and the quality of the care. People told us that resident and relative meetings had been reinstated by the new manager and people were positive about this. We saw the minutes of the last meeting and saw that there was a wide ranging discussion which included key areas such as laundry and meals. 'You say we did' was in the process of being introduced and

we saw a suggestions box in the foyer of the home for people to make suggestions.

A survey seeking people's views had been undertaken in 2015 under the previous management but the manager did not have the results. However they told us that they were about to send out a new questionnaire on quality to all residents and relatives.

Is the service responsive?

Our findings

People were positive about the service and told us that they liked living there. One person told us, "This place is good, I can't fault it." Another person said, "This is a nice friendly place and I can meet other people."

People had care plans which outlined their preferences and wishes. People's needs were assessed before they moved into the service and we saw that others including family and professionals had been consulted and contributed to the assessment. This enabled appropriate plans of care to be developed.

People's needs were reassessed when they changed or following a hospital stay. We looked at the reassessment of a person that was due to be admitted from a stay in hospital. The manager had completed a record that informed staff of the persons changed needs. We spoke with staff and they were confident that they had the skill and knowledge to meet these needs. One member of staff told us, "Equipment is now in place before the person is here." The team leader showed us a form that had recently been introduced which they told us will be routinely completed when the person arrived back from hospital. This recorded the person's weight and assessments of nutrition and skin. These were key indicators that would allow staff to change and develop the care plan as needed.

Staff were transitioning care plans from an old format onto a new Anchor format. The deputy manager told us that they were 40% of the way through, and that during the transition period they had targeted people with high needs, changing needs and people new to the service. For those who remained on the old care plans then these were still in use and updated until the new formats were developed. This lessened the risk of matters being missed however we did find some omissions such as a lack up to date guidance on the support for an individual in receipt of oxygen. The manager told us that internal reviews were undertaken on a monthly basis although we did not always see copies in the care plan.

We found that care plans largely documented peoples preferences and how they wished their care to be provided. Staff told us the new Anchor plans were more useful and effective in giving them the information they needed. One member of staff told us, "The care plan tells us about likes and dislikes and peoples preferences regarding areas like hoisting and bathing, most people have a bath either every day or every other day. People can have what they want".

People were supported to follow interests which promoted their wellbeing. People told us that there were a range of activities on offer which they liked to participate in. People had the monthly schedule of activities in their room which they showed to us. The service employed activity staff and one person told us that they, "Organise lots of things for us such as board games, drives and exercise classes." A relative spoke about how their family member had previously enjoyed painting and was very pleased that the service was able to accommodate this and had told them not to worry about any mess they inadvertently created. We saw that on the morning of our visit the activity organiser spent the morning playing games with a small group in the Gainsborough Unit. In the afternoon, there was afternoon tea served in the dining room. There were lovely teapots, the best china as well of lots of people, staff and visitors enjoying themselves.

There was a complaints procedure in place for people to use to raise concerns. People told us that the manager was approachable and they felt able to raise any concerns with her, although they told us that they had not needed to. We looked at the records of complaints and saw that one complaint had been received since April 2016 and this had been investigated and responded to in writing.

Is the service well-led?

Our findings

The manager was new in post and had been working at the service for three months when we inspected. People knew who the manager was and were very positive about their approach and the changes that had taken place in the service. One person told us, "There have been great improvements here. I could speak to the manager about anything."

The manager was supported by a deputy manager who had worked at the service for some time and had a number of senior staff who led the shifts on a day to day basis. The staff team were largely stable with the majority of staff having worked at the service for some time. We observed the Manager and Deputy talking to staff members and relatives, they gave people the time that they needed and had an open approach which gave people confidence to ask questions.

Staff were motivated and spoke positively about the changes to the provider and welcomed the change in manager. One staff member said, "There has been a dramatic change here, we are doing so much better." Another member of staff said, "We feel proud of the home now." Other staff described the changes as "Just what we needed". Staff said that they liked and respected the manager and found them approachable and a person, "Who gets things done." Staff were positive about the introduction of systems to better manage the service and felt they were consulted and told us that they felt able to influence matters. They gave an example of the staffing calculations as being a positive development because they felt they could demonstrate and know they were appropriately staffed.

One staff member said that staff meetings happen regularly with minutes kept. "The atmosphere with staff is good. We feel supported and have regular one to one." One staff member was recognised by Anchor for their long service and good conduct of 10 years. They got a certificate and vouchers. A member of staff told us, "It's little things like that that make you feel valued". We saw that a survey had recently been undertaken with staff and the manager told us that there was an action plan to work on the areas which had been identified.

The Manager and Deputy were visible and positive about changes that had taken place but knew that there was still work to do. There were a number of initiatives in place such as the development of dementia champions and dementia friends to develop understanding and support to people with dementia. The Manager was receptive to comments about the care and the need to improve systems to monitor peoples care needs. They responded to some of the matters we raised promptly by organising additional training and monitoring.

The manager had oversight of risk areas such as incidents, accidents and malnourishment. For example we saw that they maintained logs of falls to clearly log the actions taken and monitor to identify any trends to prevent a reoccurrence. The manager told us that they also had started to use AIMS (Accident and incident monitoring system) which is an internal Anchor system and this was due to be extended to include monitoring of pressure areas and urinary tract infections.

Audits were undertaken on a range of areas such as pressure care, medication, hand hygiene, the environment and care plans. The manager assured us that they had already identified some of the areas we found and had a plan to address the issue. For example they told us that they had recently identified that prescribed creams and lotions were not working effectively and had discussed this with staff; they were planning to change how this was being undertaken. Similarly with care plans they had identified that there were gaps with reviews and they had written to families to invite them to come in to review the care plan with their relative.

Observations were undertaken on practice and where shortfalls were identified actions were set out. The regional manager was present on the day of our visit and was due to complete an Excellence Tool which is an internal Anchor audit tool based on the key principles found in this report. The manager told us that these were being undertaken on a three monthly basis and the findings fed into the overall action plan that they were working on.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Some People were at potential risk because the premises (The annex) was not suitable for the intended purposes.