Birmingham Jewish Community Care

Andrew Cohen House

Inspection report

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21 October 2016

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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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 19, 20 September and 20, 21 October 2016. The inspection was unannounced. Andrew Cohen House is a residential home which provides nursing care to older people most of whom are living with dementia. The home primarily serves the Jewish community, and welcomes people of other faiths who chose to live there. The service is registered with the Care Quality Commission to provide accommodation and personal care with nursing for up to 59 people, and at the time of our inspection there were 53 people living at the home.

The new manager came into post on June 2016, shortly after the previous registered manager had left. Before this inspection had completed , the manager became registered with the Care Quality Commission. A 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 and associated Regulations about how the service is run.

At our previous inspection on 7 and 8 April 2016 we asked the provider to take action in relation to two areas. The provider met with us to discuss these areas and submitted an action plan and monthly updates telling us of their progress. The first area was to make improvements to the respect and dignity staff showed towards people. This action has been completed. The second required action was to improve the systems and processes to make sure the service provided was monitored and audited to improve the quality of life for people living within the home. This action has been progressed but had not been fully completed.

Since the inspection of April 2016 we received concerns in respect of the care and support provided to people, the competency and attitude of staff and concerns about the management of medication. We considered the information we had received and used it to inform our inspection plans.

People and their relatives told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of any poor practice. Assessments had been undertaken to identify any potential risks to people, but records of these were not all up to date or accessed and used by staff to manage the risks. Moving and handling transfers were carried out in a safe manner.

People were supported by suitable staff who had been properly recruited.

People who needed support with medication could be assured that medicines were being given as prescribed and were stored safely; although improvements were needed in respect of management of peoples prescribed creams.

People were being supported by staff who had been provided with training to keep their knowledge and skills current. Staff told us that they had received a planned induction when they commenced working at the home. Staff's knowledge and understanding of The Mental Capacity Act (2005) and Deprivation of Liberty

Safeguards had been supported by training, but some staff were not sure how it applied to protect the rights of people living in the home.

People were provided with choices of food and drink and were supported to access relevant healthcare professionals when needed. Staff demonstrated that they knew people well and we saw that people were supported in a kind and caring manner.

We saw that people were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their care to be delivered, but this was not well recorded. People's decisions and choices were respected by staff. People told us, and we saw that they were treated with dignity and had their privacy respected.

People were supported to participate in many social activities of their choice. Improvements in the home had enhanced the daily lives on some of the people in the home with the provision of opportunities to engage in a broader range of things to do.

People told us that they felt enabled to raise concerns and complaints and were confident that these would be investigated and acted upon. People, their relatives and staff described the home as well-led and felt confident in the manager, and were pleased with the improvements that were taking place within their home.

The manager had been active in driving forward improvements within the home and plans were in place to ensure the service provided improved in a number of areas. Systems used by the provider to monitor all aspects of the home had been improved since the April 2016 inspection but were not fully effective.
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 were not consistently safe from risks that had not been reviewed as their needs changed.

People had most to their medicines as prescribed but could not be sure that skin creams were applied as prescribed.

People were supported sufficient staff to keep them safe.

People were kept safe from harm by a staff team who understood safeguarding.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were at risk of not being consistently met by staff who were unclear about the principles of the relevant legislation.

People had good access to healthcare, but some aspects of their health needs were not effectively monitored.

People were supported by staff who had the skills to do their jobs well.

People had sufficient good quality food and drink.

Is the service caring?

Good

People had positive and caring relationship with the staff who supported them.

People were supported to express their opinion in day to day matters and at house meetings.

People had their privacy protected and their dignity respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that respected their wishes and cultural background.

People and their relatives were confident that any concerns or complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

Improvements had been made to improve the service but further work was needed to ensure that the changes were effective.

The home had an open and transparent culture, with good communication.

The was a manager in post who was in the process of applying to become registered with the Care Quality Commission.

Andrew Cohen House

Detailed findings

Background to this inspection

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

We conducted a comprehensive unannounced inspection of this service on 19, 20 September 2016 and 20, 21 October 2016. On the 19 September the inspection team consisted of two inspectors and a specialist advisor who had clinical knowledge of the needs of the people who used this type of service. On the 20 September the inspection team consisted on one inspector. On the 20 October the team consisted of an inspector and an inspection manager and on 21 October three inspectors.

We checked if the provider had sent us any notifications. These are reports of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed the information the provider had sent us after our last inspection about the action they would take to meet the regulations. We spoke to the local safeguarding team and quality monitoring officer from the local clinical commissioning group who had reviewed the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with eight people who used the service. We spoke with four relatives and friends who were visiting people who lived at the home. We also spoke to the manager, two senior managers, five nurses, thirteen members of care staff, a hospitality staff, member and a domestic. We looked at records including five people's care records and five people's medication records. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We used the Short Observational Framework for Inspection (SOFI). We used this observational tool twice on different days. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We found that the service did not have an effective system of using care plans or risk assessments that made sure all people were kept safe. Detailed care plans contained information about how to support people, but many were not up to date. The home also used 'welfare folders' which contained very basic information about people's needs, but did include comprehensive action plans. We saw that the staff readily accessed the welfare folders, but not the main care plans. Whilst staff received information daily at handovers about people's needs the staff did not access all the information they needed to make sure people were safe.

At our previous inspection we found that the majority of the care plans had not been reviewed or kept up to date as people's needs changed. At this inspection we noted that some improvements had been made. We brought this to the attention of the manager, who told us that the care records were being updated and said that 8 of the 53 required plans were now accurately reflecting the care needs of people. We looked at one of the updated care plans and saw that it accurately reflected the support needs of the person concerned. However when we looked at another person's records, we found that no action had been taken to keep the person safe while care records were being updated. On one record we saw that no action had been taken after a skin sore had been identified and the person had not been kept safe from developing further health related health needs. We also found that the CCG had identified an issue that related to a persons' skin care that had not been acted on promptly by the home, and the person had become unwell as a result.

Some staff told us that they had not read the main care plans, and instead gained their information about people from colleague's and the brief information in the welfare folders and at handover meetings. Staff comments included, "I haven't read the big care plans." and "I don't know what the risk assessments are." This meant that not all staff had the information they needed to support people safely and in line with their current assessed risks, for example one member of staff told us, "I don't know what to do when people become aggressive." We also noted that the records to monitor peoples well-being had not always been updated after their conditions had changed. We found that staff did receive daily updates in a summary format to draw attention to changes, but these were brief and not comprehensive. We brought this to the attention of the manager who told us of the planned changes being introduced that would resolve this concern.

The provider could not be sure that people received their skin creams as prescribed. We found several gaps in the recording of when skin creams had been applied. We also found that some people's care plans did not accurately record what creams were needed. In one instance we saw that staff had shared a skin cream prescribed for one person and used it on another person, contrary to good practice. We found that most medicines were given safely, but skin creams were not always applied as prescribed.

We found that people were safe but there was a potential for care needs to be overlooked or not managed effectively because staff knowledge was lacking due to out of date and unread records and incomplete information being shared. While audits of medication administration had been effective audits of the application and use of prescribed creams had not been undertaken or were ineffective.

The failure to effectively manage risks to the health and safety of people arising from health care needs and the management of prescribed creams was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

We observed staff administering medicines to people and saw that they followed safe practices. We saw that this was done in a manner and at a pace that suited the person. People were asked if they wanted their medication and any pain relief. Staff were aware of how people would show they were in pain if they did not communicate verbally. Medication was stored safely and excess stock was only kept where needed. The system and regime in place had been revised and we found that medicines were ordered in a timely manner and were disposed of appropriately. We saw that the recording of when medication had been administered was accurate and up to date. Nurses told us that the records were randomly audited to check for any errors or omissions. We found that one person received their medication covertly in order for them to stay well. We saw that an appropriate process was in place to make sure this was done correctly and safely, which staff knew about and had adhered to. Staff told us about the homes new medication policy which we noted was comprehensive.

During our last inspection we saw that people did not always receive their 'as required' or PRN medication when needed. During this inspection we saw that this area had improved and the manager had implemented a safe system to make sure people had their medication as prescribed.

People and relatives told us they felt safe and comfortable living at the home. People said, "Everyone is lovely, they are very good to me." and "I couldn't say a bad word against them, I like it here." A relative told us, "They made sure she had everything to keep her safe and well." We found that tasks such as moving and handling people had been risk assessed to ensure these were undertaken as safely as possible by staff with the appropriate skills. We observed several instances of people being moved and saw that this was done safely and with care and respect.

People were protected from harm and abuse by staff and management who understood how to protect people. All the staff we spoke with were able to explain what constituted abuse and what they would do to prevent and report it. Staff said they were confident that any safeguarding concerns would be acted upon. Staff knew what to do if they felt that their concerns were not being taken seriously and told us how passionate they felt about keeping people safe. One staff member said, "They are safe, really safe. I'm not worried about people here, they are really cared for." All the staff we spoke with confirmed that they had completed training in how to keep people safe and well. Staff told us that the manager and other seniors were approachable for additional advice and guidance when necessary.

We saw that safeguarding alerts had been raised as required by the manager. Prior to the inspection we noted that there had been a higher number of safeguarding alerts than normally expected from the home. We spoke with colleagues from the local safeguarding team who had visited the home and supported the manager with these concerns. They told us that they had been reassured that the provider had acted promptly and appropriately when they had identified issues.

Accidents were discussed at the daily staff meeting to make sure all staff knew how to reduce risks and prevent the likelihood of these being repeated in the future. A relative told us, "They are quick to deal with incidents." We saw notes that confirmed this. We saw that there was a comprehensive system of reporting and analysing accidents and incidents within the home that ensured the risk of similar accidents being reduced. We saw that the manager had notified the correct authorities appropriately which meant that they were aware of their legal obligations.

There was a very robust and proactive management of the building, its furniture and any equipment used to keep people safe, such as hoists and wheelchairs. This included a clear monitoring and reviewing schedule for all environmental concerns. For example we saw servicing and repairs to lifts and checks on water supplies were carried out in a timely manner. We saw a clear fire procedure was in place and noted that smoke alarms were regularly tested. Staff understood what to do in an emergency and told us that they practiced fire drills. We saw that people had personalised evacuation plans. This meant that people were safe within the building and in the event of an emergency evacuation.

During our visits we saw that staff were always present in the communal areas of the home to support people. We talked to the manager about staffing levels. We were told that staffing numbers were determined by the health needs and dependency levels of the people who lived at the home, and we saw an assessment criteria calculation that the manager used to do this. The manager told us that they regularly reviewed staffing levels and had the autonomy and flexibility to make changes where necessary. Since our last inspection we noted that the numbers of staff on duty had increased within the home.

People and staff did not consistently say that they felt that there were enough staff to support people well. We spoke with people who lived at the home and their relatives about staffing levels. They told us that staffing numbers were acceptable and that no one was kept waiting too long for assistance if they needed it. One person said, "There is enough staff." Staff however told us that they were sometimes rushed when they were caring for people and that a busy shift could feel chaotic. One staff member said that they had to stop a medication round to help someone use the toilet. Another member of staff said that "Things are sometimes over looked and not done thoroughly, such as people have their feet wiped but not washed." We noted that most call bells were answered without much delay however one person's call bell from their bedroom rang for ten minutes before they were attended to. We saw on occasion that some staff were not deployed well and were focussed on preparing to handover to the next team of staff coming on duty.

This meant that while the manager had a process in place to review staffing levels, and had ensured that there were enough staff on duty at each shift, how staff were used within the home was not always effective with not always being available to respond promptly to people's needs.

We spoke with the manager and staff and found that the provider followed safe recruitment practices that ensured people were being supported by staff who were suitable to care for them. This included obtaining references, confirming identification and checking staff's background with the Disclosure and Barring Service. We saw from records several examples of disciplinary action being taken by the manager. The issues identified had included staff using inappropriate methods to provide care, providing poor care or care that placed people at risk. In line with guidance where actions of staff had placed people at risk, the disciplinary action taken had included raised safeguarding alerts with the local authority and appropriate nursing registration body. This meant that only staff who were safe and competent to work with people were employed by the provider.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Since our last inspection the manager had continued to make appropriate referrals to the local authority when there was a risk that people were supported in a way which could restrict their freedom. We saw that some authorisations had been granted by the local authority. The manager had a system in place to ensure approvals to restrict people's freedom were reviewed.

Staff told us that they had received training in relation to MCA, and we saw that where needed peoples records contained assessments about capacity. Staff we spoke with had a basic understanding of the principles of the MCA, but not all staff knew which people could be deprived of their liberty. One member of staff said, "I would accompany everyone, or stop them going out." We found that while staff understood that relatives should be involved in the peoples care, some staff were not clear about who makes decisions in peoples' best interests. For example, we saw that relatives gave consent to minor medical care rather than the persons' GP. This meant that some people may not have had their rights upheld in line with the principles of the MCA, as some staff did not have sufficient knowledge, and care records did not clearly tell staff how each person needed to be supported..

We saw that staff consistently asked people to consent to the care that was being offered to them. We observed that staff asked people how they wanted to be supported. A staff member told us, "I hold up the clothes for people to choose." When a person was thought to lack mental capacity the manager had approached family members to support the person to express how they wanted their care to be provided, and we saw evidence of best interest meetings that had taken place. This meant that people were supported to have their views and wishes taken into consideration as much as possible.

We found that people had good access to healthcare. People and relatives told us they were supported to access health care services when they needed them. Care records sampled showed that people had access to the health care they needed including dieticians, nurses specialising in skin care and chiropodists. There were regular GP visits to the service that ensured people were supported appropriately when their care needs changed. Two separate visiting health care professionals told us that they found that staff followed their directions well and they had no concerns about the health care being offered at the service. One said, "All the staff know people really well, everything I have seen has been accurate."

Some areas of monitoring people's health to make sure they stayed well was not consistent. For example, of

the records we looked at we noted that some people's weight and blood sugar recordings had not been monitored in line with their care plan. We also noted that some people who needed to be turned regularly in bed did not have this well recorded. We found that some records were inconsistent and appropriate actions had not always been taken when issues had been identified. This may have led to people becoming unwell when it could have been avoided.

Staff received an induction when they first joined the service and had regular training in the skills required to meet people's care needs. The manager and staff confirmed that new staff had an 'induction pack' which was completed as part of the induction itself and signed off by a manager. There was documentary evidence that inductions had taken place in line with the care certificate, which is a nationally recognised induction programme for new staff. Staff we spoke with confirmed they had regular training and we saw evidence of future training events that were due to take place. One member of staff told us, "I shadowed another worker for a week and found out who needed what assistance. I've done my training, safeguarding and manual handling, fire, first aid and infection control." We noted that while all staff had received initial training, night staff had not had received on-going training or refreshers of some core training to ensure their knowledge was up to date. During our inspection the manager told us that they planned to introduce competency checks for care staff to assess if they needed further support to do their jobs well.

During our last inspection staff had not received supervision for many months and did not feel supported to carry out their roles well. During this inspection we found that new job roles had been created within the home that had enabled supervisions to begin. Staff told us, "We have supervisions now, regular ones and random ones if needed." We looked at the method the manager used that ensured all staff had regular supervision, and found it was effective. Staff we spoke with confirmed that supervisions had begun and that they felt better supported within their job roles.

We saw that staff participated and contributed to handovers between shifts which helped staff to facilitate continuity of care for people. A member of staff said," I get the information I need at handover; we really know what's going on." We saw that staff also received a daily handover sheet which detailed changes or concerns about people that had recently taken place. The sheet also contained information staff needed to keep people safe and well such as their nutritional requirements. Staff we spoke with told us that communication was effective within the home. All the staff we spoke with knew people well and what was important to them. Throughout the inspection we saw people being supported well and spoken with in a way that confirmed staff knew their likes and dislikes. We saw several examples of staff effectively offering comfort to people as needed.

The manager told us of the on-going work they were involved in with an external specialist dementia company that supported the home with changes intended to improve staff understanding and the environment for people living with dementia. A health authority initiative had also begun within the home that was keeping people well and reducing the number of hospital admissions. This helped to ensure that people received support that met their needs and was based on current best practice.

People told us they had enough food and drink to meet their needs. People said, "There's nice dinners, always good food." and "It's cooked nice." Since our last inspection we saw that people had ready access to snacks and for people who liked to walk around the home small snacks had been placed around the home for them to help themselves. We saw that these were replenished during the day which ensured people always had a choice fruit, crisps or sweets. These were all date labelled. People could also help themselves to use the 'hydration station' themselves if they wanted a cold drink. A member of hospitality staff supported people to have hot drinks or other food if it was requested. We saw that people had access to food and drinks of their choice at all times and on several occasions saw that positive staff interaction with

people around the home included an offer to get the person a drink of their choice. We were told about some people living in the home who were often interested in eating food outside the set meal times and such requests were met by staff whatever the time of day or night.

We noted that the lunch time meal experience people had was pleasant and not rushed. Catering staff had asked people what their menu choice was in the morning. We noted that people were not offered that choice again at mealtime and their meal simply being placed in front of them. However, people were offered an alternative if they did not like their first choice. We saw that people were supported to eat their meal at their pace and people were aided to eat independently by the appropriate use of shaped handled cutlery and plates with side guards on them, and those people who required to have assistance to eat their meal were supported well by staff.

The home had been awarded the top rating for food hygiene and employed specific hospitality staff who worked closely with the kitchen staff to ensure people had the food of their choice in a way that was suitable and safe for them. Some people required food to be of a certain consistency for their wellbeing. Staff clearly had knowledge about who needed what type of food whether that was pureed, vegetarian, kosher or suitable for people with diabetes. Staff also knew how to support people who required their food fortified, or drinks thickened. We found that people had nutritious and well prepared food that was safe for them and reflected their choices and preferences.

Good

Is the service caring?

Our findings

During our previous inspection we found that support and communication between staff and people who lived at the home was not always respectful. During this inspection we saw that very considerable progress had been made to address this issue and the home was no longer in breach of the regulation related to dignity and respect.

During our last inspection we saw examples of staff not considering the person and operating in a 'task centred' manner. During this inspection staff told us about the training they had received and we saw the positive impact that had for people. We spent time in the communal areas and saw that staff interacted with people in a warm and kind way. We saw staff respond to people's differing ways of communicating and saw that staff responded in a timely, supportive and dignified manner. There was a friendly and relaxed atmosphere within the home. We saw staff sitting, talking and listening to people and we saw that they provided comfort and support to people if they needed it.

Everyone we spoke with said that the staff were kind and caring. One person said, "[The staff] are very good to me." Another person told us, "The staff care and help." Relatives told us, "Staff are lovely and kind, it's a great place." The relatives added, "I go to the trustee meetings and everything they do is driven by caring." We observed many instances of kindness and attention from staff, such as a person being brought an extra blanket while they dozed in their chair. A staff member told us, "There are lots of caring staff here." Another staff member said, "Yes, it's good enough for a relative of mine to live here."

We observed staff checked with people before providing care and respected their choices. We saw staff checking and asking people what they wanted them to do or where they wanted to be in the home. We observed staff addressing people by their preferred names and supporting people in line with their wishes. All the staff we spoke with could explain how they offered people choices in a way that was meaningful to people, these methods included prompting and showing people items such as a cup, when they were offering drinks, discussing choices with them or simply knowing the person well enough to know what they preferred. Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported.

One relative told us that they attended the regular meetings that were held with people, their relatives and managers. The relative said, "They are good at communicating with us and are on the ball. They ask all the residents their opinion and they do action it." Records confirmed that people were included in 'residents meetings', and were supported to voice their opinions about how the home was run during them. The manager told us that the recent implementation of key worker meetings with people on a one to one basis was put in place to ensure that people's individual voices were heard, and that people who needed support to communicate their wishes were given that support in a person centred manner.

Staff could confidently describe what they did in practice to protect people's privacy and dignity. We saw that each person's door had a 'Do not disturb' label which staff used to inform each other that the person required privacy at that time. Other examples included ensuring people were covered during hoist transfers

and staff using appropriate encouraging language as recommended by an external consultant. One member of staff told us that the staff team regularly corrected each other if they made and error in this area, "We all correct each other, it is good, and it's really improved." Another member of staff gave us an example of how they always strove to protect people's privacy and when one person needed pain relieving gel on their arm the staff always offered to take them to their bedroom to apply it. The manager had appointed some staff as 'Dignity Champions' and their role helped to ensure that peoples dignity was upheld at all times by staff.

Throughout our inspection we observed that people looked clean and well cared for, and some people wore jewellery of their choice. A relative told us that their loved one was always assisted to have their perfume on as it was very important to them when younger. We found that the staff team had a good understanding of people's privacy and dignity and how to put that into practice within the home.

Rooms that we had been invited to see had been personalised with people's photographs and ornaments which all assisted people to feel relaxed and at home. We checked staffs' understanding of confidentiality. Staff described ways in which they kept people's personal information confidential, such as not discussing people in public and storing records in locked cabinets. We noted that a handover meeting was held in a public space, but saw that staff were sensitive to issues of confidentiality, they spoke discretely and kept doors closed where possible. This practice meant people could be confident that their personal information would not be shared.

Good

Is the service responsive?

Our findings

People who used the service told us how well it met their needs. Comments included, "I like it here, the staff are nice and sociable, it is nice here." and "They've been very good at looking after me." and "They've looked after me marvellous, I can't tell you how great they have been."

People and their relatives told us that they had the opportunity to visit the home prior to making a decision about moving in. The manager told us and records showed that initial assessments had taken place to identify people's individual support needs. This made sure that the home knew they could provide the support that people needed. We saw that people's choices around religious observance, what food they ate and the gender of the staff member who offered them personal care were adhered to and supported.

The personal history of people was known to some of the staff and used by them to engage with people in conversations and supporting them to follow interests and maintain contact with people who were important to them. Information gathered at the initial assessments had been used to inform the care plans that were in place. However care plans we looked at did not evidence that people had been actively involved in reviewing their own care. We saw that most people did not have a life history documented within their records. The absence of this information had been noted by the manager who told us that this was being addressed by the recently introduced key worker system. Named key workers from within the staff group had been identified to be responsible for developing and leading on the quality of the care received by named people. Staff and the manager told us that the key workers had begun to involve people in the care reviews and to write life histories if people wanted that. One staff member said, "We have started a key worker system and we are all looking forward to that." Other staff member told us they could approach key workers for guidance and advice on how to meet people's specific needs. This system made sure that people were involved in their care and their wishes and aspirations were taken into account as much as possible.

When we last inspected the service the manager told us of building works that were going to be implemented to make the home more suitable to support people living with dementia. One relative said, "They are making changes with amazing tenacity, they have made good improvements." At this inspection we found that the home had undergone several areas of refurbishment, including the creation of an internal 'garden room' that led to a safe outside area. The communal areas and corridors had been decorated in a themed manner with items of interest for people at the home. The corridors had comfortable chairs placed at intervals which some people made use of, sitting for shorts periods before they moved on to explore other parts of the home. The items of interest placed in the corridors included an old style sewing machine, sewing equipment, music scores and posters from well-known old films and musicals. Further work was still in the process of being completed and we saw builders and decorators undertaking the work during our inspection. Bedroom doors had recently undergone redecoration, with residents being involved in colour choices and people had been involved in deciding on how their names were to be displayed on the doors when the redecoration was complete. The manager told us that memory boxes would be put by the doors of people who wanted them, to display items of interest or memorabilia that the person valued. The manager also explained how the home has been restructured to better support people with different needs. We noted

that this had been done in consultation with people and their relatives as appropriate. Some people had chosen not to move bedrooms and their choice had been respected and upheld. During our inspection an eight bedded separate part of the home was being developed. It was planned to be a 'self-contained" area that would enable more independence for some people. A kitchen was being included for people to use where appropriate. These on-going improvements meant that people received a service that was more suited to their specific needs.

During our inspection we saw many relatives and friends being welcomed into the home and they told us that they felt comfortable visiting. People were supported to maintain their relationships by the welcoming nature of the home.

We found that the home had a dynamic and interesting range of activities for people to enjoy if they chose. Three activity coordinators were employed to promote peoples' wellbeing and organise activities of interest. These included taking part in gentle exercise, singing, film nights, birthday parties and animal petting. The activity coordinators also had a rota to visit people who stayed in their bedrooms which helped reduce their social isolation. Since our last inspection, people had begun to access an on-site community based dementia café which supported people from the wider community with dementia. This opportunity helped people make and keep friendships within an ordinary community setting.

The home was part of a broader religious community and served that community, as well as people from other religious or non religious backgrounds. There were links with local places of worship which helped people pursue their chosen faiths. Other people had requested certain foods that reflected their ethnic origin and these had been made available to people when requested. We noted that staff knew who preferred to be supported by someone of the same sex for personal care. People were given support in a way that reflected their cultural and religious needs.

People we spoke with told us they felt able to raise concerns with the staff or the manager. We noted that the information people received when they began to live at the home contained information about how to complain if they needed to. Staff explained how they would handle complaints and confirmed they would follow the complaints process and were confident the manager would resolve them quickly. We saw that a compliments and complaints poster was on display in the main reception area alongside a locked complaints box. Staff explained that anyone could post a comment into the box which was looked at by the manager every week.

We reviewed the complaints records and saw that a formal process was in place that contained contact details of relevant external agencies. We noted that all the complaints and concerns that had been raised had been appropriately dealt with in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection in April 2016 we had found that the home did not have an effective system to assess, monitor and improve quality. During this inspection we found that progress had been made in respect of a number of aspects of the home and some progress had been made to address the system for assessing and monitoring the service. Although the provider had identified after that inspection that they intended to be compliant by the time of this inspection full compliance had not been achieved.

At our last inspection we identified the provider needed to make improvements in relation to how they monitored the quality of the service to drive improvements. The provider sent us action plans detailing what action they had taken in respect of this area. At the inspection we saw that the provider had started to address this concern but progress had been delayed and the impact of the changes to improve the quality of the service had only just begun. We were advised that the main cause of the delay had been as a result of the manager needing to respond to immediate staff practice and safeguarding concerns within the home which had led to disciplinary action in some instances. The home had recruited several new members of staff and they were being supported to settle into their positions within the home. The manager showed us the homes improvement plans that had recently been implemented with the aim of improving quality and safety across the service.

The manager had been very proactive since they began to work at the home and had made sure only competent and caring staff continued to be employed. Staff were positive about the support they received to do their job. They told us that many improvements had been made. Staff consistently spoke well of the manager.

The providers own monitoring and auditing systems that were used had failed to identify and address some aspects of the service provided. For example we found that the lack of staff understanding of how to ensure that the rights of people who had limited capacity were being supported and upheld was in need of greater development. Whilst specific training had been provided, responses from staff indicated that their competency and understanding had not been monitored or assured. We found that the systems in place had failed to identify and address the lack of sufficiently detailed records to ensure that individual risks to people would be met or addressed in a consistent and comprehensive manner. Whilst care plans were in the process of being updated specific risks to people remained undocumented and failed to ensure consistent support would be provided. We found that the established staff were aware of many people's specific risks and received handover information but new staff or agency had little or no specific guidance to refer to. We found that the audits that had taken place in respect of medications management had failed to identify that staff practice in respect of supporting people with prescribed creams was not reliable and did not adhere to the prescribed instructions.

The issues relating to good governance and effective systems had been identified at previous inspections prior to the current manager being in post. Whilst steps had been taken by the provider to make improvements this improvement had not been consistently maintained. At this inspection we found that the manager was active in reviewing all aspects of the service provided. Since commencing in the home the

manager had made significant improvements impacting positively on the well-being of people using the service. The compliance of the home with regulations had improved and feedback from people who used the service and professionals indicated that when any issues arose they were addressed in timely manner.

The lack of effective systems to identify and mitigate risks and to drive up improvements was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

All the people and relatives we spoke with liked the new manager and felt that she was approachable and doing a good job. Comments included, "I like the new manager, she's good." and "[The manager] is fabulous, she really is." and, "[The manager] is fine; she is always asking us our opinion." Relatives told us, "It's a well-run and happy place." and "Your report needs to show the improvements, this is still the best place for [my relative]." People who used the service told us how well it met their needs. Comments included, "I like it here, the staff are nice and sociable, it is nice here." and "They've been very good at looking after me." and "They've looked after me marvellous, I can't tell you how great they have been."

Staff described an open culture in the home and said that they were able to speak to the manager or senior staff at any time. We saw that various staff meetings had taken place and in addition to care and nursing staff, had including meetings with night staff, house-keeping and catering staff and with senior staff. A more structured approach to staff supervision had recently been introduced. These measures had been introduced to provide the opportunity for staff involvement in the development of the home. There was a clear managerial structure in place which staff understood.

CCTV system was fitted in some communal areas within the home. The manager advised us it was primarily used to enhance the security and safety of premises and to protect the safety of people. The policy about use of the system had recently been updated. We saw that people living at the home and their relatives had been consulted about the continued use of the system.

The manager conducted environmental audits to ensure the premises were clean and well maintained. We noted these were complete and up to date and saw that the home was very comfortable, clean and welcoming. A visiting health professional told us, "People always appear comfortable, clean and happy."

Complaints and accidents including various incidents such as falls and near misses were managed well and people were responded to appropriately. The manager had a good understanding of the duty of candour. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The provider had ensured that an effective notification system was in place.

The manager discussed with us the methods they used to keep up to date with current information. This was via the internet, training and discussions with visiting professionals. One visiting health professional told us how impressed they had been by the manager's enthusiasm and interest in their specialist area. The manager was in the process of applying to become registered with Care Quality Commission. We saw that the most recent rating from the Care Quality Commission was on display in the reception area and on the providers' website.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to effectively manage risks to the health and safety of people arising from health care needs and the management of prescribed creams.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance We found that there was ineffective auditing of the service to keep people safe and well.