

Nellsar Limited

# Bromley Park Dementia Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 24 and 25 October 2017. At our last inspection on 6, 7 and 10 April 2017 we had found considerable concerns about the systems used to assess and monitor risk which had impacted negatively on people's care. Quality assurance checks were not effective at identifying the concerns we found. We found serious breaches of regulations around the governance of the home. We also identified five other breaches of regulations in relation to safeguarding people from neglect, medicines management, staffing, staff training and involving people or their relatives in decisions about their care. The home was rated Inadequate overall and placed in special measures.

Some incidents were brought to the attention of the local authority and clinical commissioning group (CCG), by the home and CQC during this inspection and a provider concerns process was put in place. The provider had placed a voluntary restriction on new admissions during this period.

We had served a warning notice in respect of the more serious breaches found in relation to the governance of the home. We had carried out a focused inspection on 25 and 26 July 2017 to check that improvements to these more serious concerns had been addressed. We found some improvements had been made.

We carried out this inspection in line with our special measures guidance and to check that sufficient progress had been made to reduce risks and meet all the fundamental standards.

Bromley Park Dementia Nursing Home is a care home that specialises in care and support for people living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 50 people in one adapted building. At the time of the inspection there were 27 people living at the home.

There was a registered manager in post and a new manager had just come to work at the home. 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.

There had been a considerable amount of change required. At this inspection on 24 and 25 October 2017 we found considerable improvements had been made across all key questions.

However, there remained some room for improvement to ensure the changes were consistently embedded at the home over time. We found that most risks to people were identified, assessed and monitored well. However, we found a breach of regulation as some changes in risk for some people had not always been identified or monitored or guidance provided to staff. For example the need for a call bell had not been identified for one person or the need for a wound care plan for another person. You can see the action we

have asked the provider to take at the back of the full version of this report.

Records related to risk had improved and the registered manager was working to monitor and ensure improvements became embedded. Care plans needed some improvement to ensure accuracy and that people's needs were reflected consistently in the care plan.

Leadership at the home had improved significantly and we found this had improved outcomes for people. Most people could not express a view about their care but feedback we received from relatives, visitors and professionals confirmed that they had noticed considerable improvements to the quality of care provided. We observed the culture of the home had changed and care was now more directed by the needs of people and the aim to provide personalised care. There was a range of meetings to ensure effective communication between staff at the home and people's views were sought through regular residents and relatives meetings and surveys.

There were significant improvements to people's care. People and their relatives told us they felt safe and well cared for. Staff knew how to identify and respond to any safeguarding concerns. We saw people felt comfortable in staff presence and interactions were positive. Medicines were safely managed. There were now enough staff to meet people's needs and there had been a significant increase in permanent staff. Recruitment processes were effective to ensure suitable staff were recruited.

Improvements had been made to staff training and development through champion and senior care worker roles.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. Improvements had been made to the way people's dietary needs were met and a range of health professionals were available to support their health needs.

People and their relatives told us they were treated with dignity and respect and they were now more involved in their care planning. Complaints were managed appropriately.

There were some very good elements to the care provided. Non-care staff were seen to interact with people in a warm and knowledgeable way. There was a wide range of activities provided that engaged people and the activities coordinators promoted personalised sensitive care.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

There had been significant improvements but the home was not yet consistently safe.

Most risks to people were assessed and monitored. Some new risks to people had not always been identified or assessed to ensure people's needs were safely met. Some improvement was needed to the recording of some risks.

There were processes in place to deal with emergencies.

People who used the service told us they felt safe. Staff understood how to report any safeguarding concerns.

There were enough staff to support people's needs. Risks in relation to staff recruitment were effectively managed.

Medicines were safely administered and managed.

There were systems in place to reduce the risk from infection.

**Requires Improvement** 

### Is the service effective?

The home was now effective.

Staff received sufficient training and support to carry out their roles.

Staff sought consent before they provided support. Procedures were now in place to act in accordance with the Mental Capacity Act 2005.

People's dietary and nutritional needs were planned for.

People had access to health care professionals when they needed.

**Good** 

### Is the service caring?

Improvements had been made and the home was now caring.

People and their relatives told us staff were kind and caring. Staff

**Good** 

acted in a more person focused way and engaged with people more readily.

People's privacy and dignity was respected. Staff knew people well and were aware of changes in their moods or routines

People and their relatives, where appropriate, told us they were involved in making decisions about their care and we confirmed this from observations.

### **Is the service responsive?**

The home was not yet consistently responsive.

Improvements had been made and care plans were reflective of people's needs. However further improvements were required.

Activities staff engaged people in a range of meaningful activities, so they felt stimulated.

Complaints and concerns were responded to appropriately

**Requires Improvement** ●

### **Is the service well-led?**

There had been significant improvements made across the home. However, the service was not yet consistently well-led.

Systems were in place to assess and monitor the quality of the service; however they needed further improvement to operate consistently.

Other aspects of the quality assurance system helped drive improvement in service provision. There was a system of audits to monitor the quality of care and to identify the need for any improvements.

There was a more positive culture within the home. Staff felt well supported by the existing registered manager. The manager had an open approach to learning. There was an emphasis on developing the service provided from both the existing registered manager and the new manager.

People's views about the home were sought and considered to drive improvements.

**Requires Improvement** ●

# Bromley Park Dementia Nursing Home

## **Detailed findings**

### Background to this inspection

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

This inspection was carried out as the home had been placed in special measures at the last comprehensive inspection on 6, 7 and 10 April 2017. Some incidents were brought to the attention of the local authority and clinical commissioning group (CCG), by the home and CQC during this inspection and a provider concerns process was put in place. We carried out this inspection to check that sufficient progress had been made to reduce risks and meet the fundamental standards.

This inspection took place on 24 and 25 October 2017 and was unannounced. On the first day the inspection team consisted of two inspectors and a pharmacy inspector. On the second day the inspection team consisted of one inspector, a specialist advisor in nursing and dementia and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding and commissioning teams to seek their views about the home.

At the inspection most people were living with dementia and unable to express their views about their care. We spoke with people living at the home, three family members and two visitors. We spent time on both

days observing staff and people interacting and tracked that the care provided met their needs. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us about their experiences of their care.

We spoke with three care workers, three nurses, three senior care workers, an activities coordinator, the administrators, the maintenance person, the chef and members of the management team.

We looked at nine care records of people at the home and six staff recruitment and training records. We spoke with a visiting health care professional. We also looked at records related to the management of the service such as fire and maintenance checks and audits. Following the inspection we sought feedback from two other health and social care professionals.

# Is the service safe?

## Our findings

At our last comprehensive inspection on 6, 7 and 10 April 2017 we had found five breaches of regulation in relation to safeguarding people from harm, the assessment and identification of risks, systems to record risk management, inadequate staffing levels and unsafe management of medicines. We had served a warning notice in respect of the more serious breaches and followed up on those at a focused inspection on 25 and 26 July 2017.

At this inspection we found improvements had been made in all the areas of previous concern. However, we found a continued breach of regulation in relation to the identification of risk. We found one person who had capacity to use a call bell and, who was in their room, had no access to one to call for assistance when needed. Another person had a wound that had been identified and action had been taken to refer them appropriately for medical treatment. The wound had been photographed, but, there was no wound care plan to track progress with deterioration or healing and no guidance for staff on managing this risk. For another person with an electronic implant this was not recorded in their hospital transfer record which could pose a possible risk.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

We spoke with the registered manager and new manager and these issues were addressed following the inspection.

Records related to risk required some improvement to ensure they were consistently completed by all staff. Hourly room checks and positional turns were mostly accurately completed but we found two charts where there were some gaps in the records. We were aware this issue had been identified through the registered manager's monitoring and was being worked on as part of the home's action plan.

Other risks had been identified and assessed. For people with wounds or skin integrity there were detailed wound care plans that tracked the progress of healing and provided guidance to staff on action to take. Other risks to people were identified and assessed and there was guidance for staff on how to reduce risks for example risk related to choking. Where people's health needs required monitoring we saw there was clear guidance for staff on the frequency of monitoring and what to do if there were any problems. We found staff had followed the guidance appropriately.

Improvements had been made to the identification and management of people at risk of malnutrition or dehydration. Since the last comprehensive inspection a nutritional therapist had been appointed to work with staff across the provider's homes including Bromley Park to ensure people's nutritional needs were met. Changes included the introduction of a range of snacks and drinks to ensure people's nutritional needs were met.

There was a culture of positive risk taking where people could mobilise independently without excessive



restriction on their freedom. This was reflected in care plans where risks of falling and tripping over furniture were identified and guidance for staff to reduce risk. Specific risks in respect of people's health needs or behaviour were assessed and recorded with guidance for staff on how to reduce them. We observed where people were mobilised with the use of equipment this was done competently and maintained the person's safety and dignity.

People were protected from the risk of avoidable injury. Staff understood their responsibility to report and record incidents to the registered manager. Accident and incident reports were checked to ensure appropriate action was taken to reduce risks to people.

There were arrangements in place to deal with risk from foreseeable emergencies. Staff were knowledgeable about what they would do in the event of a fire or medical emergency. Staff had recent fire safety training and fire drills had been conducted on a regular basis and some drills involved practice with evacuation equipment to ensure staff were aware of their responsibilities in the event of a fire. People had evacuation plans to guide staff or the emergency services in the need for an evacuation.

Risk in relation to the premises were now more effectively assessed and monitored. At our focused inspection on 25 and 26 July 2017 we had made a recommendation that the provider sought guidance on the detection and prevention of legionella as we were not assured of the robustness of their risk assessment. At this inspection we found a new legionella risk assessment had been carried out and actions identified in the risk assessment were being completed by the provider to ensure possible risks were mitigated. Risks in relation the premises and equipment were reduced through internal checks and external servicing. Equipment for example, fire, gas and electrical equipment were routinely checked and serviced. There were checks completed on the premises for example, on water temperatures and windows to reduce risks for people.

At the comprehensive inspection in April 2017 we had found a breach of regulation as people were not always protected from the risk of harm or neglect. We had referred our concerns to the local authority and CCG. Local authority provider concern meetings had been held with the home, the CCG and CQC and an action plan had been in place since May 2017 to address the concerns and monitor progress. The provider and registered manager had cooperated fully with this process.

At this inspection we found improvements had been made to ensure people were protected from the risk of harm or neglect. People and their relatives told us they felt safe at the home. One person said, "I feel safe here." A relative commented; "To me as long as [my family member] is safe and happy and the other residents are safe and happy too. I am happy. The maintenance man is fantastic with the way he interacts with the residents as is the chef." A visitor remarked, "I do consider it safe actually from my observation. I have never seen any anger or disagreement. Staff are more connected to the residents than they have ever been."

Staff knew what signs might indicate abuse or neglect and how to report any concerns. They said they were sure signs of abuse or poor practice would be taken seriously and investigated by the registered manager. Staff received refresher safeguarding training to ensure their knowledge was up to date. They were aware of how to raise any concerns under whistleblowing. The registered manager had raised appropriate safeguarding concerns with the local authority when needed.

At the last comprehensive inspection in April 2017 we had found a breach of regulation as there was not always enough staff on duty to meet people's needs. We had served a requirement notice and the provider had sent us an action plan to tell us how they would meet the regulation.

At this inspection we found improvements had been made and there were enough staff to meet people's needs. There were now more permanent staff working at the home. We observed that people were not waiting too long to be supported throughout the day and at meal times. Relatives told us there had been improvements. One relative remarked, "It's much better as it is permanent staff and they know people and what they need." The registered manager told us that staffing levels had been maintained at the previous levels, although the numbers of people living at the home had reduced.

Most staff told us that there were enough of them to meet people's needs. However two staff members told us that there was not always the right number of staff on duty at the weekends. We checked staff records and saw there was one occasion when the correct number of staff were not shown on the allocation sheets although the staff rota reflected the correct number of staff had been allocated. We discussed this with the registered manager who told us that there were occasions when some staff rang in unwell at the last minute and it was not always possible to get staff cover at short notice. They were aware of the issue and they were managing this with the staff concerned.

Effective recruitment checks were carried out before staff started working at the home. We looked at six staff records and found there was a safe and robust recruitment process in place. We saw completed application forms which included information about their previous health and social care experience, qualifications, employment history and explanations for any breaks in employment. Staff files had Disclosure and Barring Service certificates, references and proof of identification. In addition, records contained evidence of the right to work in the UK where applicable. We saw that checks had been made with the Nursing and Midwifery Council to confirm that nursing staff had up to date professional registration.

At our comprehensive inspection in April 2017 we had found concerns about the management of medicines that needed to be administered covertly and concerns about the monitoring of more high risk medicines such as warfarin. We had served a requirement notice and the provider had sent us an action plan to tell us how they would meet the regulations.

At this inspection we found medicines were now safely administered stored and managed. People's care plans recorded the medicines people were prescribed by health care professionals and information about any support people required. Medicines risk assessments were in place to detail any risks and support people may require to take their medicines safely and to ensure that identified risks were managed safely. Staff received training on the safe administration of medicines and a competency check was completed. Medicines administration records were consistently completed and highlighted any allergies.

People were protected from the risk of infection because they lived in a clean environment and staff took measures to ensure the home was free from risk of infection. Staff told us they had plenty of protective clothing, continence supplies, bed linen and towels and followed the home's procedures to reduce the risk and spread of infection. Domestic staff followed procedures for washing laundry to reduce the risk of cross contamination. Staff knew how to use and store chemicals hazardous to health such as cleaning and laundry detergents.

# Is the service effective?

## Our findings

At the last inspection in April 2017 we had found a breach of regulation as staff training was not always up to date and staff did not have sufficient knowledge and understanding of how to meet people's dietary needs and to deliver safe care. We had served a requirement notice and the provider had sent us an action plan to tell us how they would meet the fundamental standards.

At this inspection we found improvements had been made. Staff had received suitable training to enable them to carry out their roles. A nutritionist had been employed to work with the staff at the home to increase their knowledge and awareness of the needs of people living with dementia.

Staff said they received lots of training and had been given the training they needed to support people safely. One staff member said, "We have had lots of training here. I feel well supported with training." The provider had a range of mandatory training that included training on dementia, moving and handling and fire safety. Records showed that staff training across the areas they considered mandatory was regularly refreshed. Additional training was also provided. For example, staff had done training in behaviour that required a response, dysphagia and choking awareness. Training records confirmed that all staff were up to date with mandatory training. Where some staff training was due, it was highlighted on the staff training record, and, we saw that these courses were scheduled to take place later in the month; with the relevant staff were booked to complete it.

Staff told us and we confirmed there was a suitable induction programme for new staff which included a period of shadowing and checks to ensure staff were ready to provide care and support to people. Staff told us they received regular supervision and an annual appraisal in which they could discuss their roles and training needs. Records we looked at confirmed this.

Staff had a good understanding of consent and how this applied to their work with people living with dementia. One staff member told us, "We always ask people for their consent and if they are not able to explain then we might show them a choice to help them." 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.

Staff demonstrated a good understanding of the MCA and had undertaken training. Capacity assessments were completed for separate decisions to ensure people's capacity to decide was assessed for each decision being made. Best interest decisions were recorded and involved the family and other professionals where needed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations had been applied for on behalf of people as required for their safety and they were monitored to ensure any conditions were followed and to ensure timely reapplications were made.

At the last comprehensive inspection we had found some improvement was needed to the meal time experience which was disorganised and some people waited a long time to be supported to eat. At this inspection we found improvements had been made and the meal time experience was more organised with sufficient staff to ensure people were not waiting too long for support.

People had enough to eat and drink to meet their needs. One person told us, "I like the food, it is good." A relative commented, "The food is always really good." We observed people enjoyed the food and there were plenty of drinks available throughout the day. We saw a range of suitable snacks and drinks were now available for people throughout the day and were offered regularly to ensure their nutritional needs were met. Where needed people's food and fluid intake was monitored and recorded to check they were sufficiently hydrated or nourished.

A nutritional champion had been appointed from the staff group who worked with dining room assistants and administrators to ensure any changes in people's dietary needs or risks were made known to the catering and dining staff. We saw most people's weights had stabilised or increased since the last inspection.

People's care records confirmed they had access to a range of health professionals when required. These included the GP, dentist, dietician, podiatrist, SALT, optician, diabetic nurse hospice team and older adults' mental health team. Visits and telephone conversations with other professionals were clearly recorded along with their advice for staff to follow. Relatives confirmed that the home made appropriate referrals and involved them, when needed. One relative said, "Things are much better they pick up on any issues and the new doctor is very good." We spoke with a visiting health professional who said, "Things are different here now. Staff are more organised and knowledgeable about people's needs."

# Is the service caring?

## Our findings

At our last comprehensive inspection of the home in April 2017 we found improvement was needed to the way some staff engaged with people and to ensure people were consulted about day to day aspects of their care and support.

At this inspection we found improvements had been made and found a noticeable difference to the culture of the home. Most people could not express a view about their care. However, relatives we spoke with said there had been improvements since the last inspection. One relative told us, "I can see differences. Over the last three months there has been better interaction, it's not always the case but it is definitely better." Another relative remarked, "The staff always treated people kindly but there are more staff around now. They are so patient. It's a nice friendly atmosphere." Another relative said, "The staff are really caring here."

We observed staff interactions with people in the communal areas across both days of the inspection. We found staff were warm and caring and consulted people before they provided care and support. There was a calm atmosphere throughout the home. We observed staff supported people in a friendly way. For example, they shared a joke or held a conversation as they supported people. Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences and routines; this knowledge enabled them to provide more personalised care.

Staff in a variety of roles engaged with those who used the service. For example, a member of staff who was not a care worker took time to accompany a person who walked with purpose around the home on one of their walks. It was clear from the way in which they engaged with the person that this was a regular occurrence and was enjoyed by the person concerned.

People were consulted about day to day aspects of their care. Staff checked with people before they provided care for example they asked where they wished to sit and if they needed support to mobilise. We observed staff showed awareness of people's changes of mood and provided reassurance if people were disorientated or distressed. Staff knew when to withdraw or change their approach if it was not welcomed. A relative said, "They really know [my family member's] routines, they do not like to be up early and this is always respected."

People confirmed they were treated with dignity and respect and we observed this to be the case. We saw that a screen was used to protect people's dignity if they were supported to mobilise using equipment in the communal area or if another need for privacy arose. One person commented, "Yes, they are very good." We observed staff speaking to and treating people in a respectful and dignified manner. They were aware of the need for confidentiality and spoke discreetly to people about their care and support needs and ensured doors were closed when they delivered personal care. A relative remarked, "They do knock first before they come in."

Staff were knowledgeable about people's needs with regard to their disability, physical and mental health, race, religion, sexual orientation and gender, and they supported people with their individual needs. For

example, people were supported to practice their faith and staff told us any cultural needs with regard to diet or personal care would be supported. People with a disability were supported with the use of appropriate equipment to engage in social interaction in the lounge and dining areas.

The home was working to develop the care provided for people at end of life care although at the time of the inspection we were unable to observe this fully in action. We were aware of a complaint that had been made in respect of the end of life care received by one person before the inspection. The registered manager told us that they had recognised learning from this complaint and the home had been working to improve the quality of the end of life care offered including staff knowledge and understanding. Staff were being trained on the use of integrated end of life care plans.

We saw links had been made with a local hospice and staff had received recent training on communication around end of life care. Feedback from the local hospice showed that the issues in the complaint had been shared with them to consider how best to address these through training. The health professional commented, "The staff were keen to learn, and we addressed some difficult issues. Many already demonstrated a good understanding of 'end of life' care. The staff have always engaged with me and taken any suggestions I make in regards to end of life care, asking questions when needed." The local hospice was engaged in training staff on an end of life care programme and regular meetings were held to monitor and plan for anyone nearing this phase of their lives.

## Is the service responsive?

### Our findings

At our last comprehensive inspection in April 2017 we had found a breach of regulation as people or their relatives were not always involved in the planning and review of their care and support. People's care plans were not always up to date or reviewed, they were not always reflective of people's needs, and staff were not always aware of what people's current needs were. The provider had sent us an action plan to tell us what they would do to meet the regulations.

At this inspection we found improvements had been made. People's care plans were personalised and reflected their needs. We saw that people, or their relatives where appropriate were consulted about their family member's care and support needs and invited to review the care plan. Care plans covered the full range of people's support needs and provided guidance on what people could do independently and what they needed support with. Care plans had been reviewed to ensure they reflected people's current needs.

However, we found some care plans contained inaccuracies such as the wrong name and relevant information was not always in the right place to guide any unfamiliar staff. For example one person's night care plan did not include the information that they had been assessed as requiring bed rails for their safety although, this was in another part of their care plan. For another person they had been assessed to need a crash mat when asleep in bed at night but not when in bed during the day due to possible risks of tripping and this guidance was not clear within the care plan for any unfamiliar staff when they provided care. For another person, there was no care plan for an identified mental health need to ensure all necessary action had been taken to support them, although some aspects of their behaviour had been identified in other parts of their care plan. For a fourth person the night care plan stated they slept well but elsewhere in the care plan it mentioned multiple waking and early morning waking, contradicting details in the night care plan.

We discussed this with the registered manager and manager who again took immediate action to address some of these issues. We will check on this at our next inspection of the service.

We found that information was not always provided to people in a suitable format to meet their needs. There was a pictorial breakfast menu to help people choose what they wanted to eat at breakfast but for lunch or supper people were asked for their choice earlier in the day and there were no pictures to help guide them. There was no presentation of choice for people living with dementia at the time of the meal being served. The registered manager told us they had identified this and were working to provide a pictorial choice for all the meals. We will check on the progress with this at our next inspection.

Otherwise, people's care plans contained guidance about strategies that could be used with individuals where people's behaviour could be challenging; these were person centred and appropriate. There were charts which were used after incidents to help staff identify triggers of these behaviours and advice in care plans on considering the physical causes of distressed behaviours such as pain.

There were some very good aspects to the way the home continued to meet people's needs for stimulation

and social interaction. Relatives all told us how effective the activity coordinators were at engaging people and providing stimulation consistently at the home. One relative said, "The activities coordinators are wonderful, really good with people they ensure anyone who wants to is included." Another relative remarked, "The activities staff are the life and soul, nothing is too much trouble." We observed activities sessions were skilfully led by the activity coordinators across both days of the inspection. They drew people in and engaged them recognising their individuality. Volunteer therapy dogs, arts and craft, musical entertainment and cookery were observed to take place during the inspection, as well as a visit from a youth volunteer group who spent time interacting with people. A dementia trained therapist now visited weekly and provided massage therapy for those people who benefitted from this.

Activity coordinators knew people well and told us about people's individual preferences and ability to engage with them. One to one activities were provided for people who were nursed in their rooms. An activity coordinator said, "We undertake hand massage, reminiscing and sensory activities for people who wish to." People's preferences were accommodated where possible. For example, it was noted that one person used to play a musical instrument; this instrument had been purchased and the person was supported to play it on a one to one basis with the activities coordinator. i- pads were also used by staff and activity coordinators to engage people on an individual basis with relevant photographs and music. The home encouraged links with the community and some people had been on a recent outing to the theatre. The provider had invested in a range of training for the activities coordinators to help meet people's differing needs for stimulation.

People's relatives told us they knew how to make a complaint and felt that the current registered manager was approachable and would take action to address the complaint. A relative said, "They do listen and took action straightway when I told them." The provider had a complaints policy that was displayed at the home and we saw that complaints had been managed in line with the policy. We found the registered manager looked at complaints to understand what learning could be identified to improve the care provided. We found following a recent complaint they had organised additional training for staff on end of life care.



## Is the service well-led?

### Our findings

At the last comprehensive inspection of the home in April 2017 we had found serious concerns about the management of the service and about aspects of the way the home was run. Systems to monitor and manage risk were not effective. The provider's audits had not identified these issues or acted upon them. We took enforcement action in relation to the seriousness of the breaches we found and the provider agreed to a voluntary restriction on any new admissions to the home.

We had carried out a focused inspection on the 25 and 26 July 2017 to check that the provider had taken action to address the more serious concerns and meet the regulatory requirements. We had found improvements had been made but further improvement was needed to ensure the improvements were consistent and were embedded.

At this inspection we found real improvements had been made across all the key questions. However, further improvement was still needed to ensure effective and consistent quality monitoring across the home. Overall there were more effective systems in place to monitor risk and quality. However, these had not identified the issues we found. Care plan audits had not identified the issues we had identified in relation to risk and care plan records. A mattress audit in May 2017 had identified a number of mattresses that needed replacement earlier in the year. We saw actions had been completed in all but two cases. However, we found a further audit completed in September 2017 did not record what action was taken in respect of the two beds outstanding from the May audit. We found two pressure mattresses at the wrong setting and this had not been picked up in the daily check of mattress settings.

However, the registered manager and new manager immediately took action and sent us an action plan to tell us what they were doing to address the issues we found. We will check on this at our next inspection of the service.

Other audits were effective in relation to medicines, catering and other aspects of health and safety. These identified any actions needed and a recent catering audit had identified the need for a new freezer and descaling work which had been acted on. The provider had recently carried out an internal visit focused on health and safety and we found areas identified had been acted on such as replacement call bell chords in the communal bathrooms. Night spot checks were completed and recent checks had identified staff arriving late on duty for which action had been taken.

At this inspection there was a registered manager in post who had taken over the management of the home in May 2017 and registered as a manager with CQC. They understood their role as registered manager. A new manager had recently been appointed and started work at the home with the support of the current registered manager. They told us they would be applying to register as the manager soon. They had previous experience working as a manager and understood their role and responsibilities.

We found the leadership at the home had worked successfully to improve the culture of the home since the last inspection. It was clear that they promoted the needs and rights of people living at the home and

encouraged staff to develop their skills and confidence.

Relatives told us they felt there had been a number of improvements at the home. One relative remarked, "There have been a lot of improvements in the home. The new manager had to start from a long way back because of the poor previous management in so many areas." Another relative remarked, "I really like this care home. It is flexible not regimental." Relatives told us the registered manager was approachable and was always available. Relatives were also positive about the new manager. One relative said, "The manager has improved things and the new manager seems really good."

Staff told us they felt there had been improvements with the leadership of the home. One staff member said, "It is much better. We have more permanent staff and the staff team work well together. There is more communication about the people we care for. It is much better for the residents." Two staff members told us there had been changes and team work had improved but there was still a little way to go for it to work consistently well. Staff told us the registered manager was approachable and supportive and that both the registered manager and new manager were always around. We observed the new manager reassure a staff member following a difficult interaction with a person at the home.

A range of meetings were held to ensure effective communication across the home. The new manager had introduced a heads of department meeting attended by representatives from care, maintenance, housekeeping, catering and activities. We observed there was an efficient exchange of information and update on any significant events for the day ahead. A regular daily clinical meeting had also been introduced to increase monitoring of any risks to people.

There were regular handover meetings between shifts and allocation of work across the staff group. There was a nurse's communication book to ensure messages were passed across the team efficiently. Staff meetings were also held to ensure all staff were updated about any changes and their views sought. Nurses and senior care worker meetings had also been established. Meetings had been held with groups of staff such as domestic staff to ensure any issues were highlighted. We saw from a recent meeting it was agreed a new cleaning product would be purchased.

Champion and senior care worker roles had been developed to give staff an additional responsibility and involvement in the running of the home. Champion roles included end of life, infection control, dignity, moving and handling, nutrition and mental health. Staff told us they were just becoming familiar with their role and what this might involve. The provider encouraged staff by recognising achievements through an employee of the month award.

The provider sought the views of people and their relatives through meetings and surveys. A newsletter had recently been introduced to provide families with information about events and training at the home. Relatives said the registered manager was available and approachable if they wanted to raise any issues. Relatives and residents meetings were held at regular intervals to keep families informed and involved and we saw the provider and registered manager had discussed the findings of inspections and what they were doing to address any issues. At the last meeting in October 2017 relatives' views had been sought about the newsletter and the arrangements for the new visiting GP. A friends and families telephone survey had been carried out in July 2017 and the registered manager had responded individually to those who responded. This had identified improvements to the garden as a theme and work had taken place on the garden in the summer. A further survey had been sent out that month.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people were not always assessed or everything practical done to mitigate risk.  Regulation 12 (1)(2)(a)(b)