

# Sanctuary Care Limited

# Ashley House

## Inspection report

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Good



## Overall summary

The inspection took place on 12 and 14 October 2015 and was unannounced. Ashley House is registered to provide residential care for older people many of whom experience dementia, people with a physical disability or a sensory impairment. At the time of the inspection there were 33 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's medicines were stored safely. Staff had worked with professionals to ensure people only took medicines they required and had followed national guidance to ensure medicines were not used to control people's behaviours. However, there had been an incident where procedures in relation to the administration and recording of medicines controlled under the Misuse of

# Summary of findings

Drugs Act 1971 had not been followed to ensure people's safety. The registered manager had also accepted evidence from a new staff member of their previous medicines training rather than ensuring that they had completed and passed the provider's approved medicines training before administering people's medicines. The failure to follow medicines procedures had placed people at risk of not receiving their medicines correctly.

People and relatives told us the service was safe. Staff had undergone relevant training and understood their role in relation to safeguarding people and the actions they should take to keep people safe from the risk of abuse.

There were processes in place to ensure risks to people had been assessed and action had been taken to manage any identified risks. Staff had been allocated to people, in order to check upon their welfare across the course of the day. Where incidents occurred they were documented, reported, investigated and reviewed to identify if any further action was required to keep people safe. Relevant checks were undertaken in relation to the environment to ensure people's safety.

The registered manager aimed to provide a good level of staffing to meet people's needs. Four staff had left the service in August 2015 when the army left the area. This had resulted in a reduction in staffing levels on some shifts, especially at weekends. There had still been sufficient staff deployed to meet people's care needs. The registered manager had taken swift action to replace these staff and to enable them to staff the service at the usual staffing level. Recruitment checks had been completed to ensure staff were suitable for their role.

Staff underwent the industry standard induction when they commenced work for the provider. Staff had been required to undertake a range of training and underwent additional face to face dementia care training to ensure they had the skills to support people effectively. Staff had been encouraged to undertake professional qualifications. Staff told us they adequately supported in their role. People's care was provided by staff who had the required skills to support people effectively.

Where people lacked the mental capacity to make specific decisions, staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions

made were in the person's best interests. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS applications had been submitted for people where required. People's liberty was only restricted where this was legally authorised.

Risks to people from malnutrition were managed effectively. People's weight was monitored. A range of nutritious foods was available to them across the course of the day. People were supported by staff to have positive mealtime experiences and were enabled to make choices about their meals. Staff rosters were organised to ensure staff were available to support people with their meals.

People were supported by staff to access a range of health care professionals as required in response to their identified health care needs. Staff had good working relationships with external health care professionals.

People told us they found the staff to be caring towards them. Staff treated people with dignity and respect when they provided their care. Staff had developed positive and caring relationships with people and interacted with them in a kindly, unrushed manner. People were continually offered choices about their care and supported by staff to express themselves. Staff ensured people were able to exercise their independence.

People's care needs were assessed prior to them being admitted to the service. People and their relatives were involved in on-going reviews of their care.

The service was outstanding in their flexibility and responsiveness to the individual needs and preferences of people living with dementia, finding creative ways to enable people to live as full a life as possible. In addition to the scheduled range of activities. People had been provided with innovative and varied opportunities to engage in activities which they could initiate for themselves. Throughout the service there were items for people to touch, hold, look at and things for them to do. Staff had ensured the environment was arranged in response to people's needs for different activities and spaces depending on their mood. People were provided with a range of purposeful activities which stimulated them and enriched their lives.

Staff had formed links with the local community and there was a weekly session so people who were living in

# Summary of findings

the community with dementia and their carers could come in and share a cup of tea and a chat with people. Staff had also worked with a charity to enable people to be involved in their own theatrical production. People were innovatively enabled to engage with the outside world.

The provider had a process in place to enable people to make complaints, none had been received. The registered manager held regular resident's meetings to seek people's views on the service. People were consulted on a range of everyday issues such as the quality of the meals. Their views were sought about proposed projects. Changes had been made to the service as a result of people's feedback from these meetings.

The provider required staff to apply their principles of care in the provision of people's care. Staff were observed throughout the inspection to apply these in their work and interactions with people.

The registered manager was accessible to people and their relatives. They were sited where they could monitor the culture of the service. The registered manager knew people and their relatives. They were supported in their role by the regional manager and there were plans to further strengthen the management team with the planned appointment of a deputy manager. The service was well led for people.

The provider had processes in place to regularly monitor the quality of the service people received. When areas for improvement had been identified through these processes action had been taken to ensure they were addressed for people.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Processes for the safe management of medicines and the required training of staff had not been followed consistently to ensure people's safety in relation to medicines administration.

People had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There were sufficient staff to meet people's needs. The registered manager had taken appropriate action to replace staff who had recently left the service and to ensure staffing remained at a safe level for people.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff undertook the provider's required training and had undergone additional dementia care training to enable them to support people effectively.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. Applications had been made to the relevant authority in relation to any restrictions placed upon people's liberty.

People were supported to ensure they received enough to eat and drink and their weight was monitored. Staff enabled people to have an enjoyable mealtime experience.

Staff supported people to maintain good health and to access health care services as required.

**Good**



### Is the service caring?

The service was caring.

Staff developed positive and caring relationships with people.

People were supported to express their views and to make decisions about their care.

People's privacy and dignity was maintained in the provision of their care.

**Good**



### Is the service responsive?

The service was responsive.

People's care needs had been assessed prior to them being accommodated by the service to ensure their care could be planned proactively.

**Outstanding**



# Summary of findings

Creative, tailor made techniques were used to provide people living with dementia with a range of innovative activities and experiences which they could initiate for themselves in addition to staff led activities.

People were able to engage with the local community and staff worked with outside agencies to provide people with new experiences to enrich their lives and give them an enhanced sense of well-being.

The service had a complaints policy for people and their relatives to make a complaint if they needed to.

## Is the service well-led?

The service was well led.

Staff applied the provider's principles of care in the course of their work with people.

People were supported to provide their feedback on the quality of the service provided.

There was clear, visible and effective management of the service.

The provider had a range of systems in place to enable them to monitor the quality of the service people received and to identify any issues which required attention for people.

Good



# Ashley 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 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.

The inspection took place on 12 and 14 October 2015 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR

along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a GP and a Social Services team manager. Following the inspection we spoke with the community matron for the service.

During the inspection we spoke with four people and four people's relatives. We spoke with the registered manager, eight care staff, the cook and maintenance staff.

As many people experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) to understand their experience of the care provided. We spent time observing the breakfast and lunch service and also observed a staff handover and a medicine round.

We reviewed records which included six people's care plans, five staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in June 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People had medicines care plans which documented what medicines they were taking and why. There was information for staff about the actions to take if people refused to take their medicines. Staff were observed during part of a medicine round. They told people what medicine they were giving them and checked with the person they had taken their medicine, before they signed their medicine administration record (MAR) sheet. People's medicines were administered by trained staff.

The temperature of the medicines room and the fridge were taken on a daily basis to ensure medicines were stored at a safe temperature. We checked the stocks of medicines and found the amounts held reconciled with records.

Some prescription medicines are controlled under the Misuse of Drugs Act 1971 these medicines are called controlled drugs or medicines. Providers are required to ensure procedures are in place to ensure they are safely managed and that staff follow these to keep people safe. Following the inspection we received information which indicated an incident had occurred where safe practice in relation to the administration and recording of the administration of controlled drugs had not been followed, by a member of staff to ensure people's controlled medicines were managed safely.

On the commencement of their employment at this service a staff member submitted documentation which was accepted by the registered manager as evidence of their competence to administer people's medicines safely. This member of staff had gone onto administer people's medicines at this service without them first undertaking and passing the provider's approved training, which when taken the first time they had failed. This had potentially placed people at risk as the staff member had not been assessed as competent by the provider. Records showed the remaining staff who administered people's medicines had undergone the relevant training.

The failure to ensure the proper and safe management of medicines was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records demonstrated people's medicines were reviewed at least annually by the GP to ensure they

were receiving the correct medicines. Anti-psychotics are major tranquilizers which may be used to treat people's behaviours. The registered manager told us they had tried to reduce the use of anti-psychotic medicine by people within the service, and to focus on behavioural interventions in line with national objectives. Records showed out of the 33 people accommodated only three were on a regular small dose of an antipsychotic, two further people took these medicines only 'As required.' A person's relative confirmed their mother had been admitted to the service on an antipsychotic and staff had arranged to have this reviewed and stopped. They told us "She is much happier now." Staff discussed at the staff handover how they were liaising with the community psychiatric nurse to change the time of another person's anti-psychotic to ensure that it did not impact upon their mobility. Staff had applied research and national objectives and worked with other services to minimise people's use of these medicines and their impact upon people.

A person told us "Yes, I feel safe." A person's relative also confirmed they thought their mum was safe. Staff told us they had undergone safeguarding training, and this was confirmed by records. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff were clear about their responsibility to report any concerns they might have about people's safety. Staff had access to the provider's safeguarding and whistleblowing policies to provide them with written guidance about the actions they should take in the event a person was at risk from abuse in order to keep them safe.

Risks to people had been assessed and there were care plans in place to say how these would be managed. For example, people's moving and handling care plans described the number of staff needed to support them safely and the equipment required. Two staff were observed hoisting a person, they spoke with the person throughout and communicated with each other about how to move the person safely. A person's care plan stated they were at risk of developing pressure ulcers and they needed a pressure mattress and a pressure relieving cushion to manage this risk, these had been provided. Risks to people had been identified and managed safely.

Staff had guidance about how often people needed to be checked upon. Staff told us at each shift they were allocated people to care for and monitor. Throughout the

## Is the service safe?

inspection staff were seen checking upon people in their bedrooms and spending time with them. Staff did not document the times people had been checked upon in their bedrooms, which would have provided documentary evidence of the checks completed. We spoke with the registered manager about this, and during the inspection they introduced a form for staff to complete so there was a record of the time people were checked upon. People were safe as staff had checked upon their welfare regularly.

If people experienced an accident staff completed an incident form. The registered manager reviewed all incidents and investigated them in order to identify if any further action was required to reduce the risk of repetition to people. A person's records demonstrated that after they had fallen their care had been reviewed and a sensor mat introduced to minimise the risk of them experiencing future falls. The registered manager submitted a monthly incident report to the provider to enable them to monitor the number and types of incident people experienced. Where people had experienced more than one fall the registered manager was able to tell us what any associated factors had been and the action taken. For example, one person had been treated for a urinary tract infection, which can be linked to people falling. There were processes in place to investigate and review incidents to ensure people were kept safe.

The service had a business continuity plan which detailed how emergencies would be addressed. The maintenance person told us all of the required checks had been completed in relation to electrical, gas, water and equipment safety and this was confirmed by records. Processes were in place to ensure the environment was safe for people.

The registered manager told us they staffed the service at a level of seven care staff from 07:00 until 03:00, then five to six care staff from 02:00 until 22:00 and four care staff from 21:30 until 07:30. They told us rostering this level of staff provided people with a good level of staffing to meet their

care needs. They did not use agency staff as they felt their use did not provide people with the continuity they required and instead covered any shortages with the use of bank staff and from within the staff team.

People and the majority of staff told us staffing was sufficient to meet people's needs. A person's relative and some staff told us there had been staff shortages on some weekends. Staff told us however, they had still been able to meet people's care needs; one commented "We all pitch in to help." The community matron told us there were no issues with staffing and if they had been down on staff on shifts this had not impacted upon people.

The provider's staffing report from 20 July 2015 to 30 August 2015 demonstrated staffing had been provided at the level described by the registered manager up until Saturday 22 August 2015. Since then there had been shifts where the level of staffing had been reduced on average by one member of staff. The affected shifts tended to be primarily at the weekends. The registered manager told us this had happened as four care staff who were army wives had left the service in August 2015 when the army moved out of the area. They told us and records confirmed they had recruited four staff during September to replace them and following the inspection they confirmed a fifth staff member was about to commence their induction. Although on some shifts staffing had not been at the registered manager's preferred level, sufficient numbers of staff had still been deployed to meet people's care needs. The registered manager had taken appropriate, prompt action to replace these staff and to enable them to provide their preferred level of staffing.

Staff had undergone recruitment checks these included the provision of suitable references, employment history, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records demonstrated a record was made of the applicant's job interview, to ensure there was a record of what had been discussed. People were kept safe as relevant recruitment checks had been completed.

# Is the service effective?

## Our findings

Staff told us they had completed an induction into their role when they started working for the provider. They had undertaken either the Skills for Care Common Induction Standards (CIS) pre April 2015 or commenced the Care Certificate post April 2015. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised. Staff underwent the recognised industry standard induction to ensure they had the skills required to provide people's care effectively.

The registered manager told us and records confirmed staff were currently 80% compliant with the provider's required on-line training as they had just had a number of new staff commence work. Records showed staff had not always received the level of one to one supervision required by the provider. They had however; received group supervisions and the last one took place on 12 August 2015. Staff told us they felt adequately supervised and supported in their role. Staff had not all had an annual appraisal to enable them to reflect upon their achievements over the past year and to set goals for their development. This need had been identified within the provider's monthly visit and staff appraisals were planned for October and November 2015. Staff told us they had been supported to undertake professional qualifications. Records demonstrated that 27 of the 37 care staff had completed a National Vocational Qualification (NVQ) in care at level two or three. People were supported by staff who were adequately supported in their role.

The registered manager told us and records confirmed that in addition to the provider's on-line dementia care training, staff completed face to face training which focused on staffs understanding and response to people's behaviours. There were few incidents of people experiencing behaviours which challenged staff. Staff were observed throughout the inspection to respond promptly when people showed signs of distress and to try and understand the source of their distress. They either assisted them or divert them into another activity. People were cared for by staff who had a good understanding of the needs of people who experienced dementia and how to meet them.

Staff were heard to ask people if they wanted assistance. Rather than making an assumption, they checked with the person first. A person told us "Staff ask my permission." People had cognitive care plans which documented what

decisions they had the capacity to make on a day to day basis, for example, in relation to decisions such as their food and clothing. There was guidance for staff about how to support people to make decisions, for example, through the use of closed questions so people did not feel overwhelmed by open questions. Staff sought people's consent and supported them to make every day decisions.

Staff told us and records confirmed they had completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA 2005 provides the legal framework for when people have been assessed as lacking the capacity to make a decision for themselves. The MCA 2005 was discussed with staff at their group supervision on 12 August 2015 and how staff should use the least restrictive option to support people. Staff had also been issued with the Skills for Care MCA 2005 booklet to provide them with guidance.

People's ability to consent to their care plan had been assessed. If people lacked the capacity to consent to specific decisions this had been documented and a best interest decision made involving relevant people. People's records demonstrated if they had an enduring/ lasting power of attorney, advance decision or involvement of the Court of Protection. These are legal processes designed to protect the rights of people who lack the capacity to make specific decisions. The service followed legal requirements in relation to obtaining people's consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The DoLS ensure any restrictions upon people's liberty are made in accordance with legal requirements. Records confirmed that DoLS applications had been submitted for 29 of the 33 people living at the service. Authorisation had been sought for any restrictions upon people's liberty.

People told us the food was good and met their needs. One commented "The food is good. I have a soft diet and this is provided." A person's relative said "Mum is eating really well and if she doesn't like anything they will offer an alternative."

People were weighed monthly to monitor them for any weight loss. The regional manager's monthly report provided evidence that where people had been identified as having lost weight this had been reported to the GP and methods discussed to manage this. The cook fortified

## Is the service effective?

people's foods as required with the addition of butter and cream to increase people's calorie intake. There was a chilled water dispenser on each floor and jugs of squash and snacks were strategically placed on tables around the service to encourage people to 'Graze' as they moved around. Risks to people from malnutrition were managed effectively.

People had nutritional care plans in place which detailed the support they required. Information was provided to the cook about people's dietary needs, any foods they were allergic to and they were informed if people needed a pureed diet. Staff understood people's food preferences and ensured these were met. One person liked a specific drink with their meal and we saw this had been provided. People's food preferences and needs were understood by staff.

The lunch service was a very sociable and enjoyable experience for people. As staff supported people to be seated for lunch there were lots of interactions. Staff asked would someone like to choose a song and encouraged people to sing, everyone was enthusiastic and joined in. Staff ensured people were occupied and entertained rather than bored whilst they waited for everyone to be seated. Then a member of staff took people 'Show plates' to enable them to see what the choice of main meal was whilst another staff member brought them their choice.

This ensured people were not kept waiting long between making their choice and actually receiving their meal. If people required a pureed diet each element of the meal that needed to be had been pureed individually and presented to look appetising on the plate. Staff meeting records from July 2015 demonstrated the registered manager had re-structured the times of staff meal breaks to ensure all staff were available to support people with their meals from 12:30 to 13:00. Staff ensured people's needs were met promptly at mealtimes and ensured they enjoyed themselves.

A person's relative told us staff had involved them in meetings with health professionals at the service. Another told us "She gets medical treatment quickly and they alert me." The GP told us they visited people at the service once a fortnight and that staff were quick to call them out as required.

People's records demonstrated they had seen health care professionals as required. People had seen the GP, Social Worker occupational therapist, dentist, community psychiatric nurse and the district nurse. At the staff handover staff were heard arranging for the district nurse to review a person and making arrangements for a dentist to see a person. Staff supported people to access health care services as required.

# Is the service caring?

## Our findings

People told us they were happy and loved the staff who were good to them. A person told us “Carers are wonderful, very helpful” and another commented “Staff are kind, I couldn’t fault them.” A person’s relative said “The staff are not just caring for her basic needs; they will sit with mum and comfort her.” They care for mum the way I want.” The GP told us staff were very caring.

People’s care plans noted their preferred term of address and staff knew what people liked to be called. Staff knew who enjoyed physical contact and used touch where appropriate to communicate with people. Staff were observed to frequently hold hands with people and people seemed comfortable with this. Staff ensured they were on people’s eye level when they spoke with them, people engaged with staff in return. No one was left out; anyone that was alone was quickly brought into a group or sat with and asked if everything was all right. Staff also used humour where appropriate when interacting with people. Staff were heard complimenting people who had been to the hairdresser on how their hair looked; this made people feel good about themselves. Staff cared about people.

At lunchtime staff interacted positively with people. Staff chatted with people as they served their meal and spoke with them about what was happening later. One person was holding a doll, so staff offered to take it for them and look after it whilst they ate their lunch. This enabled the person to eat their lunch without being worried. Staff were observed when supporting people to eat to sit with them and to assist them in an unhurried manner. People benefited from positive relationships with staff.

People’s care plans documented if they had a preference about the gender of care staff providing their care and this was taken into account in the provision of their care. They also noted the person’s personal history and what they liked to do with their time. One person’s care plan noted they liked to sit in the country kitchen lounge and that was where they were seen to spend a lot of their time during the inspection. A person had their hair dressed in the style described in their care plan. Staff asked people for their

views on all aspects of their care, for example, at breakfast they asked people which type of fruit juice they would like. People were given a choice about where they wanted to sit at lunch. People were offered choices about how they wanted their care to be provided.

A person’s records guided staff to watch their facial expressions when communicating with them as they could not communicate with staff verbally. When supporting people who required assistance to eat their meal. Staff gave the person a spoonful of their meal and if they were unable to communicate verbally they asked the person if they were ready for more and then waited and watched for the person’s reaction to gauge their response. They did not rush people but communicated with them at their pace. Staff were observant of people’s expressions particularly if they had limited verbal communication.

People’s care plans provided staff with guidance about how to promote people’s independence. For example, one person’s care plan told staff the person could clean their teeth if staff handed them the toothbrush. People who were able to make their way down to lunch independently were encouraged to do so. There were no access codes on the lift so people who were able to use it could do so independently. Staff encouraged people to be independent where possible.

People’s cultural background had been noted within their care records. Two people’s relatives told us staff tried to speak with their loved ones in their language and of the pleasure this gave them. Staff had noted people’s culture and took this into account in the provision of their care.

People told us staff treated them with dignity, one commented “They respect me and always knock” and another said “Staff treat me with dignity.” A person’s relative told us they thought the staff were polite and respectful. Staff were able to tell us how they promoted people’s privacy and dignity by knocking on their door before entering and ensuring people were kept covered during personal care. Staff were observed to knock on people’s doors and to wait for a response before they entered. Staff ensured people’s care was provided in a way that upheld their privacy and dignity.



# Is the service responsive?

## Our findings

A person's relative told us the service had completed an assessment of their mum's needs before they moved in, this was confirmed by records. The service had obtained copies of other relevant assessments about people's needs for example, from Social Services. A person's records demonstrated their needs had been re-assessed following their admission to hospital to ensure the service was still suitable to meet their needs. People's records showed their families had been invited to attend reviews of their care. People and their relatives were involved in planning and reviewing their care.

A person told us "Staff understand my history." The registered manager told us staff tried to find out about people's life history and to apply this knowledge when trying to understand people's behaviours and considered how this information could be used to support the person. They gave an example of a person whose behaviours which challenged staff had been influenced by their previous employment. Staff had used this information to provide the person with relevant work based items so they felt as though they could still carry out aspects of their work and felt valued. This had a calming effect on the person and resulted in them experiencing less behaviours that challenged staff.

The registered manager told us they ran a monthly 'Resident of the day' system to ensure people's care plans were reviewed regularly. They told us the day was also used to try and do something relevant to that person and special to them for example, a manicure or something related to that person's interests. The general manager's monthly visit record noted the registered manager had evolved the process to provide opportunities for people to bring to life important events for them and to make it a 'special day' for the person. A person's relative told us their mother came from a different culture and staff would buy little items which reflected this. They also told us staff had tried to learn some of the language so they could speak a few words with their mother which delighted her. Staff had creatively enhanced the resident of the day system to produce positive and personal experiences for people.

Throughout our inspection we found the service to be flexible and responsive to the individual needs and preferences of people living with dementia, finding creative ways to enable people to live as full a life as possible. The

activities schedule included a range of staff led activities for people such as the hairdresser, music, flower arranging, reviewing the papers, trip down memory lane, films and afternoon tea. However, in addition to these structured sessions throughout the service there were innovative and wide spread opportunities for people to engage in activities which they could initiate for themselves. These activities included washing up areas where people could just take their cups and wash them up. There were 'half-done' activities such as a basket of tea towels which people could stop and fold if they wished and a dressing table with scarves for people to touch or fold. There was a piano people could play if they wanted to, and throughout the service there were items for people to touch or to prompt memories such as wedding outfits. There were items such as suitcases for people to pack or unpack.

A person's relative told us staff tried out all sorts of things with their mum and then let her know if she liked them. They told us she was encouraged to join in activities and given domestic chores to do which she liked. Staff were seen to involve people in everyday activities taking place, such as helping to peel vegetables for lunch. Staff told us when they could they took people to the shop with them, for example, if they were going to collect a prescription. Books and magazines were located throughout the service. The July 2015 staff meeting had involved discussions with staff on how they could use materials such as books to prompt interactions with people. A person was looking at a sewing book, so staff used this as a basis for discussion with them. Staff had thought creatively of ways to provide people with opportunities to have access to stimulating activities through the provision of everyday items.

The registered manager told us the service had recently been involved in a 'Ladder to the Moon' charity project. People had been supported to choose a musical to participate in and had chosen 'The Sound of Music.' The charity had brought in actors and props for their production. A DVD of the event had been produced and people were seen to have enjoyed the experience in different ways with some singing, some dancing and some watching the production. The registered manager told us staff had supported people to hatch butterflies earlier in the year which were then released at the opening of their new memorial garden. People had been supported to celebrate older person's day on 1 October 2015, activities



## Is the service responsive?

included pampering, fitness and refreshments. The purpose of the day was to celebrate people's characters. Staff had enabled people to have new and enriching experiences and to feel valued as individuals.

The registered manager told us they were keen to involve the community in the service wherever possible. Following consultation with people they had started a weekly afternoon tea 'Smile and Share' when members of the community who experienced dementia were encouraged to drop into the service with their family. Staff told us local schools visited and the Brownies. A person's records showed they were supported to maintain contact with a voluntary befriender who visited them. Another person told us they regularly went out on trips with their friend. Staff had built links with the local community and people were encouraged to have links outside the service.

There were seating areas throughout the service where people could sit in small groups. Each lounge had a different theme, one was a county kitchen set up with props so people could touch mixing bowls and saucepans. Another lounge had a sensory light which provided a calming place for people to sit and relax. The registered manager told us this lounge was used especially in the evening when people were prone to experience levels of agitation, as it had a calming effect on people. Staff would sit with people, have a cup of tea and read to provide a gentle wind-down period before bed. There was a contemplative lounge used for church services with a book of remembrance to remember past residents. Families

were able to bring flowers if they wished. People's bedroom doors were designed as front doors with a knocker for staff to use before entering people's private space. Next to their door people had a 'memory box' filled with items that had significance for them and provided information about them as a person.

The service had a hairdressing salon and hairdressers visited twice a week. This gave people the experience and feelings associated with having 'been' to the hairdressers. There was also a bar where people could go and sit and have a drink and a chat again replicating the feeling of having been 'out'. This area was also used to run a 'shop' for people who were unable to go out to purchase any small items of toiletries or confectionary for themselves. Staff had considered how people who were living with dementia experienced their environment and had thought creatively about how to ensure it was responsive to their individual needs.

People and their relatives had access to the complaints process in the resident's information guide. The process detailed the stages they could take a complaint through. Staff told us if a person wanted to make a complaint their role would be to try and resolve it or take it to the manager if it was beyond their remit. We reviewed the complaints file, no complaints had been received. No-one we spoke to had felt the need to make a complaint. There were processes in place to ensure people and their relatives could raise a complaint if they needed to.

# Is the service well-led?

## Our findings

A person told us “Yes, we have our views heard.” The registered manager told us they held regular informal resident’s meetings, this was confirmed by records. The meeting minute’s demonstrated people had been consulted about everyday decisions such as whether they wanted flowers cut from the garden and brought in. It also demonstrated they had been consulted about whether they wanted to participate in the ‘Ladder to the moon’ project and were consulted about what production they wanted. People had also been asked for their feedback on the menu. There had been a discussion with people about the afternoon tea experience. Their feedback had been listened to and instead of a tea trolley in the afternoon, tables were laid for afternoon tea with tea pots and cake stands. People were observed to look forward to this event and to enjoy it. The registered manager had sought people’s feedback on the service at residents meetings and made changes which improved people’s experiences as a result.

Records demonstrated the provider’s annual survey had been circulated to people in May 2015. It asked for people’s views on the living environment, meals, care, activities, dignity and communication. Overall there was a 94% level of satisfaction with the service. The registered manager told us they had not been provided with a breakdown of responses which would have enabled them to identify whether or not individuals had raised any issues. People’s views had been sought and there was a high degree of satisfaction, but the process could have been more effective for people if the registered manager had been provided with this information.

Staff told us they had covered the provider’s values during their induction. The provider’s principles of care were based on the acronym CARERS Celebrating individuality, Acting with dignity, Retaining freedom of choice, Encouraging independence, Respecting diversity and Supporting family and friends. Staff delivering people’s care were observed during the inspection to apply these principles in their daily work with people.

The registered manager told us they had moved their office to ensure they were located where people, staff and relatives could access them freely. This also enabled them to be sited where they could observe the culture and daily life within the service. Staff told us the manager was aware

of what was happening on the floor. The registered manager was observed walking around the service speaking to people and staff. They knew everyone by name and it was clear from the interactions with people this was a normal practice. A person told us of the manager “Yes, I know Margaret quite well.” The registered manager was visible and accessible to people and their relatives within the service.

Feedback on the quality of the management was positive. A staff member told us the manager was “Very good” and that they were accessible to staff. Another member of staff said the manager supported staff. Staff told us and records confirmed that the regional manager visited the service monthly. The registered manager told us they were in the process of recruiting a deputy to strengthen the management team and to support them in their role.

The registered manager was required to complete a monthly clinical reporting data sheet to inform the provider of any clinical issues impacting upon people such as infections, people with pressure ulcers, safeguarding, weight loss, DoLs and medicine errors. There were processes in place to alert the provider to any information or trends that might impact upon the quality of the care people received.

The registered manager also completed a quarterly quality audit for the provider, this was then reviewed by the regional manager who completed a monthly compliance visit and any areas for improvement were addressed within the service improvement plan. This demonstrated that when areas for improvement had been identified through the audit processes they had been added to the SIP with an expected completion date. Progress against the action points was then checked by the regional manager at each monthly visit. Records showed required actions such as the weekly auditing of the medicine warfarin had been completed and the frequency of re-positioning had been added to people’s re-positioning charts. The registered manager told us they had picked up some issues with medicines on one of their audits which had been addressed by ensuring that other staff as well as the medicines lead understood the relevant processes. Records showed learning from this was addressed with staff during supervision. Processes were in place to monitor the quality of the service people received and actions were taken when areas for improvement had been identified.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The failure to ensure the proper and safe management of medicines was a breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.