Care Quality Commission

Glencare Homes Limited

Penhellis Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected Penhellis Nursing Home on 5 November 2014, the inspection was unannounced. This was a comprehensive inspection which was brought forward after we received information of concern. We reviewed the information held by the Care Quality Commission about this service prior to the inspection. We last inspected Penhellis on 10 March 2014. At that time there were no concerns.

Penhellis is a care home for older people who require nursing care. It provides accommodation over two floors for up to 26 people. At the time of the inspection there were 24 people living at the service.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

Some people, visitors and staff did not find the registered manager approachable saying, " On occasions I have faced a brick wall when I have spoken to the manager" and "She is not very empathetic." The registered manager had quality assurance and monitoring systems in place to manage the building and the business. However, people, staff and visitors reported the registered manager did not manage people well.

Summary of findings

Staff working at the home understood the needs of people they supported. However, it was not recorded when people and their families were involved in the planning of their own care and their consent was not sought to their photographs being openly displayed on their care records. Care records were not kept securely.

People were not supported with information to help orientate them to day and date and prompt them to recall what was being provided at meal times. There was no calendar or board showing what day it was and people were not aware what was being offered for meals as there was no menu to prompt them. There was outside space for people to enjoy. This was not secure and staff told us some people required support when outside in the garden to ensure their safety. People could not leave by the front door independently as it was locked with a coded key pad. The code was not available for people who had the ability to manage their own safety, should they wish to leave independently. This did not respect and consider people's right to make independent choices for themselves.

People were supported in a safe way. There were sufficient numbers of well trained and competent staff at the home to meet people's needs. Staff were aware of how to raise any concerns they may have. People received their medicines at the prescribed times. People had good access to healthcare professionals when needed. There was a programme of activities available for people should they choose to take part.

Visitors and family reported, "Yes, my (relative) loves it here, (they) enjoy the surroundings and enjoy sitting in the garden on nice days. I wouldn't hesitate to talk to staff if there was a problem, I would speak to the relevant staff. My (relative) does receive (their) medication on time and I discuss any changes with the nursing staff." We saw people were happy living at the home. The atmosphere was friendly and staff and people living at the home were relaxed in each other's company. People told us, "It is really lovely being here, its like a hotel," and "The staff are all excellent."

The inside of the building was accessible, well maintained and comfortable. There were a choice of places for people to spend time with visitors, taking part in activities, or spending time on their own.

During our inspection we observed people looked well cared for and their needs were met quickly and appropriately. People who lived at the service and their relatives were complimentary about the care and support they received from staff who they felt were knowledgeable and competent to meet their individual needs. People told us, "Staff are wonderful, I am well looked after, I have no complaints," and This is the best home I've seen, good appearance, no smell and very welcoming."

Staff were appropriately trained and skilled to ensure the care provided to people was safe and effective to meet their needs. Staff did not have a good understanding of the Deprivation of Liberty Safeguards (DoLS).

The had developed positive contacts with other professionals who ensured effective care delivery for people whenever they needed or wanted it.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Good

The service was safe. People told us they felt safe. Staff were aware of how to recognise potential abuse and report any concerns.

There were sufficient numbers of staff to meet people's needs.

People were protected from the risks associated with medicine administration.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. People were not supported with information to help orientate them to day and date and prompt them to recall what was being provided at meal times.

People at Penhellis received good care and support from well trained and well supported staff.

External healthcare professionals were involved in providing specialist areas of care and treatment to people. Staff could access appropriate health, social and medical support whenever it was needed.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People and their families were treated with dignity and respect.

People received support in a timely manner.

Is the service responsive?

Good

The service was responsive. People were assessed prior to moving to the home to ensure their needs could be met.

There was a choice of activities for people to participate in if they wished. People were encouraged to follow their specific interests.

People and their families needs and wishes were responded to appropriately.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Some people and staff felt the registered manager was not approachable.

There was no evidence of people being involved in the planning or the subsequent reviews of their own care. People's confidential information was not kept securely

The registered manager had quality assurance and monitoring systems in place to manage the building and the business.

Penhellis 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.

We visited Penhellis on 5 November 2014. The inspection was carried out by two inspectors 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. Their area of expertise was in older people's care. The inspection was unannounced and was in response to information of concern received by the Care Quality Commission.

During the inspection we spoke with the registered manager, the head of care, seven staff, seven people and two visitors. Following the inspection we spoke to three family members on the telephone to seek their views and experiences of the service provided at Penhellis.

We reviewed the information held by the Care Quality Commission about this service prior to the inspection. During the inspection we looked around the home and observed care practices on the day of our visit. We looked at five records which related to people's individual care. We also looked at five staff files and records in relation to the running of the home

Good

Is the service safe?

Our findings

Prior to this inspection we received anonymous information from a person who was concerned about the staffing levels at the service. Concerns were also raised about specific items of equipment which allegedly were not fit for purpose and an accident which took place which was not reported appropriately. These concerns were checked at this inspection. There had been a shortage of permanent staff which had been addressed by the registered manager using agency staff. A piece of equipment had been found to be unsuitable for use at training. Subsequently the registered manager identified it had been found to have had an incorrectly fitted buckle. This had been subsequently checked by an external agency and found to be safe to use once adjusted.

We received a mixed picture from people we spoke with regarding the service provided to people who lived at the home. There had recently been a period of high staff sickness at the service and some staff had left. This had led to a reduction in the numbers of staff available to cover shifts. We checked the staffing rotas for the past two months and saw there had been days when staff numbers were low and shifts had been supplemented by the use of agency staff. The registered manager monitored the dependency levels of the people who lived at the service to ensure there were sufficient numbers of staff to meet their needs at all times. On the evening of the inspection an extra member of staff had been bought in for the firework display and barbeque which was due to take place, to ensure people could take part in the event with support. During the inspection there were five care staff on duty during the morning and four care staff on during the afternoon, to meet the needs of 24 people. The rota showed nurses worked 12 hour shifts, from eight in the morning till eight at night. The registered manager was available during office hours to support staff as needed. New staff had been recently recruited and the home was fully staffed at the time of this inspection. There was a safe recruitment process. All new staff had been checked to help ensure they were of suitable character to work with older people who may be vulnerable.

People generally received care and support in a timely manner and staff were not reported to be rushed. We heard call bells ringing from time to time during the inspection as people required assistance. These were answered quickly. One person told us, “I think there are enough staff,” and “They come when I need them,” and, “I feel perfectly safe and well looked after.”

Visitors told us, “Generally, there are enough staff but sometimes not enough. My (relative) needs two carers when they use the toilet, (they) sometimes have to wait for two to be available. My (relative) has been left in bed later than (they) would like, I’ve noticed that bells get answered but not always promptly.”

Staff reported that staffing levels had improved recently. Two new members of staff told us, “When we started there were a few of us new ones working sometimes with agency staff who did not know much more than us, so it was a bit scary for a bit,” “Its better now and we don’t use agency hardly at all and we are all a bit more knowledgeable now too,” and “We are a happy bunch now, working well together.”

One accident had occurred at the service which had not been reported appropriately. The registered manager was not aware of this particular accident which had been recorded in the person’s records and treated by the nurses according to the assessment of the injury. This person’s injury had healed. The registered manager told us the reporting process would be discussed with all staff to ensure all events were reported appropriately.

Staff told us they had received safeguarding training and the records confirmed this. We saw there was a record kept of staff training which helped ensure the management were aware when updates to specific training courses, such as ‘safeguarding adults’, were due. We spoke with staff about safeguarding and what they would do if they suspected abuse was taking place. They told us they would have no hesitation in reporting any issues to the manager and were confident these would be acted on. Staff were aware of the safeguarding adults policy and procedure and knew where to find it should they need to. People were protected from the risk of abuse because staff were trained to identify signs of possible abuse and knew how to act on any concerns.

Care plans contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how often a person needed to have their position changed and what specific size and type of equipment was to be used to move

Good

Is the service safe?

and handle the person. Another risk assessment stated a person was at risk of pressure sores and directed staff to ensure the person used their individually customised wheelchair with pressure relieving cushioned areas when sitting out of bed. These risk assessments were regularly reviewed.

We looked at the arrangements in place for the administration of medicines. People told us they received their medicines at the appropriate times. The records clearly showed when each person had received, or not required, their medicines and these were at the prescribed times. A visitor told us, "My husband does receive his medication on time and I discuss any changes with the nursing staff." One nurse was seen giving a person their medicines, the tablets were handed to the person in the nurses hand, one tablet fell into a drink the person was holding, the nurse was seen to put her hand in to the drink and retrieve the tablet and continue to give it to the person to swallow. This is contrary to the procedure explained to us by the nurse on duty during the inspection. They told us medicines should be dispensed into a medicine pot and handed to the person in the pot.

Handwritten entries on the medicine records were signed by two people to reduce the risks associated with transcribing information. This was in accordance with the medicines policy held at the home. There were safe arrangements for the ordering, storage and disposal of controlled medicines. We checked the records of these medicines which agreed with the stocks held.

Some medicines required cold storage and the service had a fridge specifically for this purpose. We noted the maximum and minimum temperature of this fridge was recorded. The maximum temperature of this fridge should not have exceeded 8 degrees Centigrade to ensure the safe storage of these medicines. The records showed this fridge had been recorded as exceeding 8 degrees on most days since 15 October 2014. The daily check had not been recorded since 02 November 2014. We discussed this with the nurse who did not appear to be aware of this information. The registered manager took action during the inspection by ensuring the temperature recording device was moved from inside the door to an appropriate position within the fridge to register an accurate internal reading. We were advised that if the fridge continued to register temperatures exceeding 8 degrees a new fridge would be purchased.

We recommend the provider follows the NICE guidance for managing medicines in care homes.

Requires Improvement

Is the service effective?

Our findings

People were not orientated to what day and date it was as there was no calendar or board showing this information. Prior to lunch people could not recall what was available as there was no menu available to prompt them. Many people at the service experienced difficulty in remembering things that happened in the past and they were not assisted with recalling what was available at a meal. This did not support the needs of people living with dementia. We did not see any evidence of work created by people at the activity sessions around the home.

We saw people were supported by staff to access the gardens when requested. However, it was not possible for people, who could manage their own safety need, to operate the key pad on the front door independently. Staff told us, "No one knows the code," and "Evening time is usually the worst for people trying to go out." We discussed this with the registered manager who told us the locked door was to ensure people did not enter or leave the home without staff knowledge. They told us the gardens were not secure and some people living at the home were not able to maintain their own safety outside if unaccompanied. This did not respect and consider people's right to move around independently as they had to ask staff whenever they wished to leave the home, as the code was not available to them

People's preferences and wishes were noted in the records. Staff told us people were involved in their own care planning and subsequent review process but we did not see documented evidence of this in all the records. Three people told us they were not aware of the content of their care plan and were not aware of being involved in any reviews or having been asked for their signed consent. Of the five care records we reviewed three had been signed by the person, or their representative, to verify they were in agreement with the content of their own care plan. People had not been asked for their signed consent to photographs of people which had been taken of them and were then displayed at the front of their care and medicine records. This meant people at the home were not respected and involved in decisions about their own care.

The above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

We saw from the records staff had attended the home's mandatory training such as fire safety, infection control and moving and handling, and also additional training such as dementia care and a person centred care approach. All staff were required to complete regular test based questionnaires on issues such as safety at work and communication, and to undertake regular reading of policies and procedures to ensure they were familiar with their content.

People who lived at the service received effective care and support from well trained and well supported staff. Care staff knew the people they supported well and their needs and preferences regarding their care and support were met. One visitor told us, "(the person) is a creature of habit and his bed times are usually kept to."

There was an induction process which new staff told us they found very supportive when they joined the home. Staff underwent a period of shadowing experienced staff before they worked alone. New staff completed an induction pack which was monitored via practical supervisions, discussions with the member of staff and written work to ensure the home was satisfied they had good knowledge and standards. Staff meetings took place "when there were specific issues to raise or discuss." We did not see the minutes of these meetings. Staff benefitted from regular supervision and appraisal.

Five out of seven staff we spoke with were knowledgeable regarding the requirements of the Mental Capacity Act 2005 (MCA), and recognised people's right to make choices for themselves. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making, only at this point would there be an indication for an assessment. Care records we reviewed showed instances where people's decisions were respected even when they might have been considered unwise. For example, one person chose to stay in bed following an operation and although this was contrary to medical advice the person's decision was respected and they were cared for in bed. Another person's beliefs meant they did not want to have injections or medicines, and the records showed the person had made a clear decision they "did not want to be taken to hospital at

Requires Improvement

Is the service effective?

all." Where some people at the service had been assessed as not having capacity to make a specific decision, best interest meetings had taken place to make such decisions on their behalf. These meeting involved family members as well as healthcare professionals.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005 and ensures peoples rights are protected should they need to be restricted to remain safe and cared for. Although the registered manager was aware of the recent supreme court judgement regarding the associated Deprivation of Liberty Safeguards (DoLS), the staff we spoke with were not clear on this legislation. Staff told us they had not received training on DoLS. The registered manager had not identified this before the inspection and told us they would address the issue by supporting staff with the relevant training in the days after our inspection. The home had not had any need to apply for an authorisation under DoLS for any of the people that lived at the home due to a potentially restrictive care plan. The registered manager was aware of the process and assured us they would be reviewing the situation at the service regularly to ensure no one was being restricted unlawfully.

People had access to a variety of hot and cold drinks throughout the day, both in their rooms and in the lounge areas. A hot drinks machine provided access to drinks for people and their visitors throughout the day. Biscuits were also available during the morning. We saw the dining room provided a relaxed and sociable environment in which some people chose to have their meals, while others ate in their rooms. At lunch time we saw well presented food served to people. Staff were available to support people with their meals if required. There was a choice of food and people told us they could also have food that was not what had been planned for that day if they chose. One person was having their food intake monitored at the time of this inspection. This was because staff had noted their reluctance to eat if unsupported. Staff now supported this person at mealtimes and their food intake record was completed by staff. The records were monitored by the nursing staff to help ensure the person had sufficient to eat in order to meet their needs. We saw fresh fruit was available to people throughout the day. People told us, "The food is lovely," and, "The meals are very good and there is plenty of choice," and "(the person) does enjoy fruit and they will puree it for (them), (they) do have a choice of food."

People told us they felt their healthcare needs were fully met by the home and external professionals. A visitor praised the staff for coping well with the demands of their relative. We saw this person was calling for attention very regularly and the home had ensured that they had recently been visited by external healthcare professionals to assess their needs. During the inspection we saw a visiting healthcare professional visiting several people at the home. Staff told us they felt supported by the visiting healthcare professionals who assisted in people's care at the service. Care records evidenced people receiving support from a podiatrist, audiologist, continuing healthcare assessors and GP's that visited as required.

Good

Is the service caring?

Our findings

People living at the service were supported by kind and caring staff. Comments included “They (the staff) come when I call them,” “So kind,” “They (the staff) always talk things through with me,” “They treat me with dignity when they move me,” “Staff are kind to me and they respect me. They do treat me with respect,” and “The staff seem to know my husband well,” However people were not aware of having a care plan or being involved in their own care plan reviews.

Family members comments included “It (the service) is a super home, we are very happy with it” and “They (the staff) are marvellous with my mother,” and “The staff are very caring and very sweet with (the person), of course they respect (them) and have affection for (them),” and “I have only seen kindness on my visits.” People were able to have visitors at any time. During the inspection we saw family members and friends spending time with people in the lounges and in their own rooms.

Staff comments included, “I think we provide good care, we know our residents well,” and “I have worked at other homes, this is a very calm place to work, we have time to give to people, I didn’t get that where I have worked before.”

People told us they received their care and support in a timely way. We heard call bells ringing from time to time throughout the inspection and these were answered quickly. During the inspection we heard people seek support and reassurance from staff. The staff responded in a kind and caring manner and addressed the person’s concern quickly. Staff supported people with patience, happily chatting to people as they walked with them and provided reassurance. We observed staff providing care and support in a calm relaxed manner; we did not see people being rushed. We heard staff taking time to explain things to people prior to supporting them. Staff ensured doors were always closed when care was being provided, people confirmed their privacy was respected.

People’s personal care files were kept on open shelves in the staff room, this room was not locked and could be accessed by anyone walking through the corridor. The staff room was found unattended on three occasions throughout the inspection. We saw personal care records relating to one person on a shelf in a corridor. This meant people could not be confident their personal information was kept securely and could pose a risk of breach of confidentiality.

We looked at five care files. Care plans were in a clear format that made finding relevant information easy for staff. Care plans were very individual and personalised with a lot of detailed information for staff on how the person’s needs were to be met in accordance with their wishes. Care plans clearly indicated people’s preferences and dislikes and their preferred term of address. We heard staff use these preferred names throughout the inspection. Staff told us they regularly read people’s care files to be well informed of people’s care needs. One care plan clearly stated, “(the person) likes to wear her jewellery and scarves,” and “Drinks from a beaker.” Many of the people living at the service were living with dementia and had difficulty initiating conversations and communicating with staff. We saw life histories in two of the five files we reviewed. Life histories are important for staff to understand the background of the person and how it impacts on who they are today. One staff member told us, “I found out they used to be a racing car driver, you would never have guessed that.” One person who could communicate effectively expressed an interest in specific activities and staff helped them to follow these. They specifically liked to create artwork and we heard this talked about during staff interactions with this person.

Care assessments had been regularly reviewed to take account of any changes which may have occurred in people’s needs.

Good

Is the service responsive?

Our findings

People told us there were no formal residents meetings held to seek their views and experiences. People told us they did not see the registered manager very often and they spoke with care staff or the nurses mostly. Staff told us they spoke with people all the time about their experiences of care and support, at the home. All but one of the people we spoke with were happy with their care and support and most spoke very positively of the staff. Relatives told us, "I do talk to staff about my worries with my husband and I am listened to," "I and the family can visit any time, day or night. I was given a small bed in his room at Christmas and could have stayed for as long as needed, they also offered me a bed in a spare room if I wanted." They also told us, "There were lots of challenges for the staff when (the person) first moved in, she was not easy at all. They (the staff) have managed to somehow turn things around and (the person) is really coming out of herself and mixing with others and getting involved in activities more than she ever would have done before."

There were two activity co-ordinators who worked Monday to Friday. They arranged a varied programme of activities both for groups and one to one in people's rooms, according to their preferences and interests. People could choose from exercises, manicures, singing and trips out to the local community. One to one activities were based on what the person felt was important to them such as reminiscing about their past experiences or talking about their hobbies and interests. There were comprehensive records kept of who attended each activity and the response from the person. We saw the programme of activities was distributed to each person's bedroom for reference. Comments we received from people included, "I have a choice of joining in activities or not," "The activities lady will reminisce with me on my past life. I play skittles and other physical games and I love to sing," "They ask me if I want to attend the church service here today but I won't bother," and "I feel fairly happy here, I choose what I do every day." Visitors told us, "(the person) is bed bound but some staff visit him and have a one to one with music and hand massage." However another visitor said, "There is an activities list and (the person) can join in if he chooses. I know that hand massages are done sometimes." There was a hairdressing salon which was used once a week for people to enjoy the experience of visiting a salon to have their hair done. People we spoke with enjoyed using this facility.

We saw people were assessed prior to moving into the home to ensure their needs would be met once they arrived at the home. People were spoken with about their needs and preferences and a care plan was drawn up over the first few weeks following their admission to the home. Care plans contained people's end of life wishes and records of discussions and decisions made with their GP about resuscitation should they experience a cardiac arrest.

Staff did not attend face to face handovers prior to commencing each shift, but listened to information on a recorded message dictated by the previous shift. There were variations in the time staff shifts changed throughout each day and this method of imparting information had proved effective for staff whatever time they arrived to start work. All care staff were required to write daily records of care and activity for each person in their individual files.

People told us they did not see the registered manager very often and they spoke with care staff or the nurses mostly. Staff told us they spoke with people all the time about their experiences of care and support, at the home. All but one of the people we spoke with were happy with their care and support and most spoke very positively of the staff. Relatives told us, "I do talk to staff about my worries with my husband and I am listened to," "I and the family can visit any time, day or night. I was given a small bed in his room at Christmas and could have stayed for as long as needed, they also offered me a bed in a spare room if I wanted." They also told us, "There were lots of challenges for the staff when (the person) first moved in, she was not easy at all. They (the staff) have managed to somehow turn things around and (the person) is really coming out of herself and mixing with others and getting involved in activities more than she ever would have done before."

Requires Improvement

Is the service well-led?

Our findings

We received mixed views from people and staff when we spoke with them about the conduct of the registered manager. People told us, "The manager is not very visible," "I don't find (the registered manager) very approachable," "Sometimes I have difficulty talking to some staff about my worries. On occasions I have faced a brick wall when I have spoken to the manager and head nurse, (my relative) needs patience and care and an explanation of what is being done, I feel this doesn't always happen," "The (registered) manager doesn't come to speak to me when I ask, I don't know why, the girls keep asking her but she avoids me." A relative told us, "A nurse phoned me at home to ask if my husband would be happier in a custom made wheel chair. I discussed it with my husband and I think he was measured, this was a few weeks ago and I haven't heard anything since ." Communication between the registered manager and people who lived at the service and their families was not effective. People told us they did not feel involved in how the service was run. There were no residents meetings to discuss their views and experiences. This did not respect people who lived at the home.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Staff told us, "She (the registered manager) is not very good at dealing with people," "There have been a lot of really good staff leave because of the managers approach," "I asked her (the registered manager) to go and see a person who had asked to see the manager, and she just went home," "She just gives out questionnaires every so often," However staff also told us, "I find the manager supportive and always available if I need anything," "She' s fine with me," When asked about the culture of the home staff told us they felt "its all about what the place looks like, obviously the care is important and I think we get that right, people are well cared for here, but I suppose its good when you come in all you smell is coffee and not anything unpleasant."

Staff raised any concerns they had in the first instance with the nurse, head of care or the registered manager. Staff we spoke with were confident action would be taken.

Staff told us they felt the registered manager was good at dealing with the "technical side of running the home," such as training, supervision, recruitment, audits and surveys, but not "really a good people person, who does upset some people ."

People told us they did not feel involved in how the service was run. There were no residents meetings to discuss their views and experiences. However, the registered manager had carried out annual quality assurance surveys, the most recent in July 2014. The 12 responses received to questions about the staff were positive, comments included, "Excellent and great," "Very pleasant," and "Considerate and helpful." Further comments included "Management and staff to be more transparent re; health issues and information given and discussed in an open manner to improve quality of care." A survey of people's food preferences had been carried out in October 2014. Changes to the menu had taken place, for example, cheese on toast had been added to the tea menu following requests at this survey.

Although a concern was raised prior to this inspection about an accident which had occurred at the service and had not been reported appropriately, we found accidents and incidents were otherwise reported effectively. We saw the audit of such events which was used by the registered manager to recognise any patterns or trends in events taking place at the home and address them to reduce the risk of reoccurrence.

There was a complaints procedure at the service. This was not visible anywhere in the home but was contained in the residents information booklet given to people when they first arrived at the home. People we spoke with did not know about this procedure and so were not supported to raise concerns outside of the home should they wish to do so. Staff were not clear how to support people to complain outside of the home and not aware the complaints procedure was in the residents information booklet. However, people and relatives told us, "My complaints and concerns have always been dealt with," "I wouldn't hesitate to talk to staff if there was a problem, I would speak to the relevant staff," "I did make a complaint about white patches on my husband's trousers, maybe bleached, they have now changed the soap powder and there have been no more

Requires Improvement

Is the service well-led?

problems" and "Any minor complaints are dealt with immediately." We were not advised of any formal complaints that had been raised with the registered manager.

During the week after our inspection, the registered manager sent us further information to support the information gathered at the inspection. This contained details of further staff training that had taken place, that was not shown on the records we were given at the inspection. The registered manager said they had addressed the concern raised from the inspection, regarding staff not being aware of the DoLS legislation at the time of the inspection. 17 of the 28 staff at the service had been supported to undertake DoLS awareness raising training since the inspection. The registered manager also sent us a written response to the feedback given on the day of the inspection. This information contained details of various actions that the registered manager had taken to address some of the concerns raised by staff and people at the service. They also described how they develop their relationships with people at the home. This includes them having her mobile phone number, operating an open door policy, email correspondence, speaking to people on a regular basis.

In addition to the mandatory fire training provided for staff, the home carried out monthly fire scenarios which required staff to discuss an example of discovering a fire and issues which may arise. This allowed staff to consider the practical problems should such a situation occur and reduce potential risks.

The registered manager and clinical staff worked closely with external healthcare professionals who supported the home's clinical decisions, provided information and supported staff in the most effective ways to deliver individualised care to meet people's specific needs.

There was a programme of auditing equipment such as hoists, lifts, fire equipment and alarm systems. There was a programme of maintenance of all areas of the home. The home had a very high standard of decoration and presentation, and there was a robust programme of re-decoration to ensure the home remained in good condition.

The registered manager had good support from the provider, with daily contact by telephone and more formal meetings twice a month. The registered manager reported on all aspects of the running of the home to the provider and told us they felt the provider was very supportive.

The registered manager was responsible for notifying the Care Quality Commission of events which affected the people living at the home or the running of the home. We saw from our records such notifications had been received when appropriate.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **Regulation 17 HSCA (Regulated Activities) Regulations 2010 Respecting and involving people who use services. The registered person must treat service users with consideration and respect. Regulation 17 (2) (a)**