

Healthmade Limited

Royal Court Care Home

Inspection report

22 Royal Court
Hoyland
Barnsley
South Yorkshire
S74 9RP

Tel: 01226741986

Date of inspection visit:
16 May 2018

Date of publication:
27 July 2018

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 16 May 2018. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Royal Court Care Home is a 'care home'. 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. Royal Court Care Home is registered to provide accommodation for persons who require personal care without nursing. The service can accommodate a maximum of 40 people. At the time of the inspection there were 23 people living at the home.

Our last inspection at Royal Court Care Home took place on 11 and 12 January 2017. The service was rated Requires Improvement overall. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of these regulations.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 spoken with were very positive about their experience of living at Royal Court Care Home. They told us they were happy, felt safe and were respected.

Sufficient numbers of staff were provided to keep people safe. However, people spoken with said they want more staff on duty and there were periods when they had to wait for support. We made a recommendation for the registered provider to consider people's views when making decisions about the staffing arrangements at the service.

Everyone we spoke with was complimentary about the food. We carried out observations during lunchtime and saw that there was a relaxed atmosphere. We found the overall meal experience had improved since the previous inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the registered provider's policies and systems supported this practice. We saw the registered provider had no record keeping system in place to show when they had obtained people's or their representative's consent for care and treatment. This meant we were not able to verify proper consent had been obtained during the admission process.

We found the programme of activities provided was not effective at meeting people's needs. People and their relatives gave mixed feedback about the quality of activities provided. This was a breach of regulation and improvements in this area are needed.

We identified improvements were needed to the design, adaptation and decoration of the service to make it more stimulating for people living with dementia.

Staff were provided with relevant training, which gave them the skills they needed to undertake their role. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and they were involved in decisions about their care. People's privacy and dignity was respected and promoted. Staff understood how to support people in a sensitive way.

People's care records contained detailed information and reflected the care and support being given. The care records checked showed people were provided with support from a range of health professionals to maintain their health.

There were some systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

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.

There were clear policies and procedures in place to support staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

We found systems were in place to make sure medicines were safely ordered, stored and disposed of. People received their medicines at the right time

There were sufficient numbers of staff employed to keep people safe. We received mixed views about the staffing levels from people living at the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service was working within the principles of the Mental Capacity Act 2005. We found no record keeping system for when people or their representative consented to care and treatment.

We identified improvements were needed to the design, adaptation and decoration for people living with dementia.

People were supported to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the staff were kind and caring. They were overwhelmingly positive in the comments they made.

Staff knew what it meant to treat people with dignity and respect, and we saw people had their privacy and dignity respected by staff throughout the inspection.

Is the service responsive?

The service was not always responsive.

People and their relatives told us there were not enough activities to meet their needs. People were not offered regular social opportunities inside and outside of the service. This was a breach of regulation.

The service had an effective complaints policy and procedure in place. People living at Royal Court Care Home knew how to make a complaint but told us they had never had reason to.

People's care records accurately reflected their needs. Improvements were needed to show when the service had collaborated with people and relevant persons when assessing the needs and preferences for care and treatment of people living at the service.

Requires Improvement 

Is the service well-led?

The service was not always well led.

The service had effective quality assurance systems in place. However, we saw in a provider's audit they were aware improvements were needed to the program of activities but had not taken effective action to resolve this.

Staff were clear about their roles and responsibilities. They told us they felt supported by their managers, who they said were approachable.

Requires Improvement 

Royal Court Care 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 was planned to check whether the provider was 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 took place on 16 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and one 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. The expert-by-experience had experience in caring for older people and people living with dementia.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They reported no concerns. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch held no information about this service.

We asked the provider to complete 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with 11 people who used the service and five visiting relatives. We spoke to one visiting health and social care professional. We spoke with the registered manager, one senior carer, two care assistants and the catering team.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of the service. This included ten people's care records, nine staff records, and the systems in place for the management of medicines and quality assurance.

Is the service safe?

Our findings

Everyone we spoke with, without exception said they felt safe living at Royal Court Care Home. Comments included, "The staff are smashing. They do everything they can to keep us safe," "I feel so safe living here," and "The night staff make sure you're safe too."

Relatives also had no concerns and were confident their family members were safe and well cared for at Royal Court Care Home. They told us, "[Relative's name] is really safe here. She had so many trips and falls at home and has not had one since she lived here", "[relative's name] is safe and is in her own community," and "[relative's name] feeling safe is really important to him - this is better than when he is at home."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. This meant staff were aware of the correct procedures to follow to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager. They also felt confident they would be listened to, taken seriously and appropriate action would be taken to help keep people safe. We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them. The staff training records checked showed staff had been provided with relevant safeguarding training.

People and their relatives told us they were happy with the overall presentation of the service. During our checks of the environment we saw the home was mostly clean and tidy. However, in some areas of the home it would have benefitted from a deeper clean. We saw in the main lounge a build up of grime at the edges of the laminate flooring and on some easy chairs they were stained and dirty with dried food debris. We saw some corridors were lined with a dark brown carpet-effect on the bottom half of the wall. Although it looked clean we felt this was an infection risk as the corridor was a public space and ordinary cleaning would be difficult due it being fabric. After the inspection the registered provider sent us an action plan confirming they have implemented a cleaning rota to regularly steam clean the carpet walls, until it can be removed. They also confirmed that they have cleaned the edges of floors and skirting boards in the lounge and this action will be added to the cleaning routine to prevent further build-up of dirt.

Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained. We checked the service had relevant safety certificates for the equipment they used, such as hoists. We found the certificates were up to date. We saw evidence of regular checks to the fire alarm system and call points and an appropriate fire risk assessment in place. We saw personal emergency evacuation plans (PEEPs) for everyone who lived at the service. PEEPs are a support plan for people who may need help and assistance to leave a building in the event of an emergency. Staff spoken with were able to describe the service's evacuation procedures. This shows there were systems in place evacuate people

safely in the event of a fire.

On the day of our inspection the following staff were working at the service; the registered manager, one senior care assistant and two care assistants, as well as a team of support staff for cooking and cleaning. We looked at staff rotas and found they reflected the number of staff working. For night time shifts the rota showed one senior care assistant and two care assistants scheduled to work. We saw the registered manager used a dependency tool to calculate the staffing numbers at the service. Dependency tools are used to measure individual's level of need to inform evidence-based decision making on staffing and workforce. The registered manager told us they reviewed staffing and people's dependency monthly or on as required basis, such as when people's needs change or new people coming to live at Royal Court Care Home. The registered manager told us no agency staff had worked at the service since July 2017. Our checks of the rota confirmed no agency staff were used during the inspection.

Most people spoken with said they had no concerns with the number of staff on duty, and did not report any impact on the care delivered. One person told us, "You can call for help whenever you need it." Two out of the eleven people we spoke to told us they would like more staff on duty. One person told us, "The staff get very busy. Sometimes you have to wait for help." Although we were satisfied that staffing levels were adequate to keep people safe, we recommend the registered provider consider people's views when making decisions about the staffing arrangements at the service.

We checked to see if medicines were being safely administered. Medicine was administered to people by the care staff. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the two CD records checked.

People spoken with were happy with the support they received for their medicines. One person told us; "I have a lot of tablets. The staff make sure I get them." A visiting relative told us, "When I visit, the medication system seems to be very organised."

The medication was administered by staff who had received training to administer medication. We saw the registered manager checked the competency of all staff administering medicines. Competency assessments are used to identify whether staff were performing their roles correctly or that poor practice was being identified and acted on. At this inspection, we observed staff administering medicines correctly. Staff spoken to told us they felt confident administering medicines and they received regular training.

We found safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. We saw for each staff member the service obtained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. The service also considered the person's employment history and staff had to complete a pre-interview questionnaire and a formal interview. This helped to ensure the people employed were of good character and had been assessed as suitable to work at the home.

We looked at three people's care plans and saw each plan contained risk assessments, which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all

aspects of a person's activity and were individual to reflect the person's needs. For example, we saw where people required hoisting the risk assessment detailed what equipment was needed and gave clear instructions for staff on how to support that person to effectively reduce risk. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Is the service effective?

Our findings

We checked progress the registered manager had made following our inspection on 11 and 12 January 2017, when we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the service failed to ensure staff received appropriate training, support, supervision and appraisals to enable them to carry out their role effectively. At this inspection we found sufficient improvements had been made to meet the requirements of Regulation.

People and their relatives told us they thought the care staff were well trained and performed their jobs well. One relative told us, "[Relative's name] is in professional and capable hands." Another relative told us, "The staff have such a good understanding of my mother's needs. Her behaviours can be unpredictable." This shows staff provided effective care which met people's needs.

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. One staff member we spoke with told us, "I have training in everything I need it for." Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects, to provide staff with further relevant skills were also undertaken, for example, training on dementia and end of life care. This meant all staff had appropriate skills and knowledge to support people.

We found staff had received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team.

We saw that some staff members were designated 'champions' at the service. We saw champions in areas such as dignity and infection control. The role of champion is allocated to staff who have an interest or knowledge of their chosen area and can support other staff by giving information or advice. The registered manager told us that champions are supported in their roles by being offered relevant training and the opportunity to attend meetings to discuss good practice.

The service had adapted the premises to meet people's individual needs. However, further improvements were identified for people living with dementia. There was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. Since the previous inspection we saw the registered provider had almost completed refurbishments of people's bedrooms and these changes were appropriate to their individual needs. We saw evidence of dementia friendly signage on each unit, such as the names of staff who were on duty and meals of the day, which was an improvement from the previous inspection. Corridors were wide, well-lit and people's bedrooms were clearly marked. We found some areas of the service where colours schemes used for the environment were not very dementia friendly. For example, we saw similar colour tones used for the doors on storage rooms and communal bathrooms, which meant it could be difficult to distinguish between the two. We saw in some corridors the bare wood handrails were not sufficiently contrasted against the securing wall. Corridors were clean and

functional but lacked points of interest and interactive elements to help people engage with their environment. We saw photos and thank you cards displayed in communal areas, which in some cases were a decade old, and therefore no longer relevant to some of the people living at Royal Court. This concern was feedback to registered provider on the previous inspection and again at this inspection. We saw bold, swirly patterned carpets in some of the lounges. This can all be disorientating for a person living with dementia. This concern was also feedback to the registered provider at the previous inspection. Improvements are still required in this area. We recommend the registered provider consider relevant guidance when making changes to the environment.

The care records checked showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and dentists. We saw evidence that community health professionals were visiting regularly. This was reflected in feedback and one person said, "The staff make sure I get to see a doctor if I need one and they arrange all my hospital visits." Other comments include, "[Staff] always make appointments for me to see the chiropodist or the optician when the time comes around," and "If ever the staff make medical appointments, they let me or my family know about it," and one visiting relative told us, "The communication is good. if [relative's name] sees a doctor, they let me know." This shows the service was working in partnership with other agencies so people received effective care and their health needs were met.

We saw in care records that people had their nutritional needs assessed, including likes, dislikes, allergies or special diets. We saw referrals to relevant professionals were made, such as dieticians, so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency. We saw the service used Malnutrition Universal Screening Tool (MUST) so emerging risks could be quickly identified. MUST is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also provides clear guidance for staff so they know when to escalate concerns around nutrition to a health professional.

Everyone we spoke with was complimentary about the food. Comments from people living at Royal Court included, "The food is grand - it's just how I like it," "I have to say - the best thing about this place is the food," "The cooks will cook you anything. You only have to ask," "I must say, the food here is the best, it's just like home cooking," and "I love my cooked breakfasts. Today I have had bacon and tomatoes, it was lovely."

Relatives spoken were also very positive about the food and told us, "I think the food here is good," "My mum had put weight on since she started to enjoy the food here. That's got to be a good thing," "I visit three or four times a week, everyone seems to enjoy the food that's offered," "[Relatives name] tells me the food is really good and he would say something if it wasn't right."

We found the meal experience had improved since the previous inspection. We carried out observations during lunchtime and saw that there was a relaxed atmosphere. We observed meaningful interactions between staff and people who used the service. The cook took the lead on serving the meals and the staff were seen to be very calm and patient when delivering meals. People were not offered a wide choice of food for lunch although we saw their preferences and choices were respected. We saw one person had requested a fishcake for lunch, which the cook made for them. Staff dedicated their time to individuals with encouraging words to keep them engaged with their food. We saw one person was brought to the table wearing only socks and with no foot-rest plates on the wheel chair, which is unsafe and poor practice. We discussed this concern with the registered manager who gave assurances this would not happen again.

We found that the kitchen was clean and food was stored appropriately. We saw stocks of fresh food and use by dates were clearly displayed. People's care records highlighted any special diets or nutritional needs

people required and we saw this information had also been shared with the kitchen staff. The cook was able to tell us about people's nutritional needs and how these were being managed. This included fortifying foods with higher fat alternatives to encourage weight gain. This demonstrated that people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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. At the time of the inspection the registered manager told us there were six people living at the home who were subject to a standard authorisation and one person who was awaiting assessment. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

We saw people were asked consent before care and support interventions were provided. We found evidence that people were consulted about how they wanted to receive their care in records we checked. We saw the registered provider had no record keeping system in place to show when they had obtained people's or their representative's consent for care and treatment, which is usually recorded as part of a service's admissions process. This meant we were not able to verify proper consent had been obtained. After the inspection the registered manager confirmed they had implemented a record keeping system to address our concerns in this area.

Is the service caring?

Our findings

People living at Royal Court Care Home spoke very positively about the staff. They told us they were well cared for by staff that knew them well. Comments included; "The staff know me so well, they know just what I need," "The helpers [staff] who look after me are wonderful," and "Everyone of the [staff] are brilliant, they look after me so well." People told us they felt that as far as possible they were supported to be independent and their family or friends were always made to feel welcome at the service. In the September 2017 satisfaction survey we saw all five participants were happy with their care.

All visiting relatives and friends spoken with were happy with the care people received and said staff were very caring. One relative told us; "The staff have so much devotion". Other comments included, "The good quality of care here puts my mind at rest," "They are all very kind to [relative's name]," and "Their attitude and understanding of mum is fantastic."

People were treated as individuals and their choices and preferences were respected. Staff were trained in equality and diversity and we saw that people's cultural and religious beliefs were promoted. The service had an effective equality and diversity policy in place. We saw staff treat people with kindness, dignity and respect. This was reflected in people's feedback and one person said, "The staff are so kind and patient."

Staff understood the need to respect people's confidentiality. Any information which needed to be passed on about people was done so in a discreet fashion. For example, during staff handovers, which was conducted in private space so information remained confidential. The service also had systems in place to ensure people's personal information remained confidential.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission to enter their rooms. This was also reflected in comments from people who used the service, "The staff respect my privacy. I spend my time where ever I want to." This showed staff respected people's privacy.

Staff were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. The registered manager told us they carried out dignity audits at the service, which meant observing staff delivering care and carrying out checks in the environment. For example, we saw in the May 2018 audit the registered manager identified that the dignity champion was not being displayed so people were not aware. One of the dignity champion's roles was to act as point of contact so people or staff can discuss caring practices, whether good or bad, and get advice should they need it. At inspection we saw the dignity champion was now displayed in the communal areas of the service so people were now aware. This demonstrated people's dignity was promoted and respected.

We looked at the services Statement of Purpose, which sets out their visions and values. This was clearly displayed in the entrance. We observed staff interactions encompassed the service's aims and values, such as supporting people's independence.

We saw a range of information available in communal areas of the home to help people understand their care and support as well as access external services. We also saw useful information about the service's policies and procedures, such how to raise a complaint. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy services were displayed. This showed people had access to important information about their care.

Is the service responsive?

Our findings

We checked progress the registered manager had made following our inspection on 11 and 12 January 2017, when we found breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care. This was because the service failed to collaborate with relevant persons when assessing the needs and preferences for care and treatment of people living at the service. At this inspection we found sufficient improvements had been made in this area.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs and how best to support them. There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations. We saw evidence of monthly reviews of people's care and support plans, information was updated or added to, to ensure it was still correct and relevant. In care records we looked at we could not see evidence of collaborative approach when assessing the needs and preferences for care and treatment of people living at the service. It is important to collaborate with relevant persons about people's care so it can be tailored to the individual. The registered manager showed us specific examples of a collaborative approach to assessments and assured us where possible, they always consulted relevant persons. However, conceded they were not always recording when they had consulted relevant persons and this was an area for improvement. Feedback obtained during inspection showed people's relatives were consulted about their care and this was a record keeping issue. We recommended the service start recording when they have consulted people and relevant persons about the needs and preferences for care and treatment.

One visiting relative told us, "The care team have good communication. They are friendly and helpful. The staff deliver care for the right reasons and with the best intentions."

Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were each day.

We saw that community health professionals were visiting regularly to make sure that people received the right care and support at the service. When we spoke with health professionals they told us staff met people's needs well and made appropriate referrals for their intervention.

We saw the service provided a range of activities, such as jigsaws, puzzles, floor games, nail care, memory day, exercise classes and bingo. Activities were being displayed in communal areas of the service. There was a printed 'newsletter' available for March and April 2018. The newsletter highlighted various national campaigns and initiatives. For example, St David's Day, Disabled Access Day and World hearing Day. Although there were nine 'days' in all, we found none of these were celebrated or acted upon during that time. There were no dates highlighted for April. We saw no newsletter for May and June 2018. A number of people spoken with were not aware of the newsletter. We saw the service had a minibus outside, however this was decommissioned from use. The registered manager told us they were able to book external

minibuses for trips away, although this had not happened in some time. People told us they used to go out in the past in a minibus, but this was "a long time ago".

The staff attempted to deliver a range of activities; however, our observations indicated these did not appear to be meeting people's needs. There was no planned activity on the day of the visit. Although we observed a care worker painted a person's finger nails after lunch and this was recorded as an activity in the activity records. We also saw a local hairdresser visiting the service; which we observed people used. The activity records indicated that the variety of activities advertised did not take place. We also noted only 18 people were in the activity file, which is inaccurate as there were 24 people living at the service at the time of the inspection. One person said, "We have not played bingo in ages. I love bingo, the staff are just too busy to organise it". Throughout the day we observed very little activities taking place and there was little evidence of the care workers actively sitting with people and chatting. It was approximately three in the afternoon when we saw care staff had sufficient time to sit down and chat with people. Staff were seen engaged in meaningful conversations with people during the afternoon when they were sat in various areas completing 'paper work'.

A new initiative of residents and relatives meetings had begun. Minutes showed that people's thoughts and ideas were recorded. However, there were individuals that had shown an interest in having 'entertainers' and more singers coming to perform at the service. These meetings took place in November 2017 and February 2018. The only entertainment that had been available was during the Christmas period of 2017 and nothing since. Another idea offered up was a person asking if there could be a 'reminder of what day of the week it is'. The manager stated in the minutes that she would look to putting something in the lounge. We saw no such calendar or visual reminder of the date in the lounges. This shows that the feelings, wishes and ideas of people were not always acted upon.

Some people who used the service told us there were not enough activities and staff were too busy, which was consistent with our own observations at inspection. Comments included, "There is definitely not enough happening to keep me occupied," "We used to go out on trips. It would be nice to get out," "The staff are so much fun, they offer us activities when they can," "I get so bored, there should be more to do," and "I would love singers to come in."

Feedback obtained from visiting relatives was unanimous in that the service needed to improve their program of activities. Comments included, "There are not enough activities," "I like the newsletter but the managers do not recognise, in action, some the special days it mentions," "The staff are wonderful, but they just don't have the time to spend on the activities programme," "I am concerned that the activity programme is not personalised. I appreciate people might not always be in the mood, but they need to find out what people prefer to engage in individually," and "There used to be some outings. My mum would love to go out and I think other people would too." It is important people are offered regular social opportunities inside and outside of the service so they can access their community, as well provide positive and meaningful social diversions. Improvements are needed in this area. After the inspection the registered manager confirmed they will source new activities and had scheduled a resident and relatives meeting to get residents to choose what they would like more of and provision more hours to care staff for this.

This was a continued breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. People did not always receive person-centred care which was appropriate and met their needs.

The registered provider had a complaints procedure and the registered manager kept a record of any concerns received. We looked at the complaints received in 2017 and saw in each case the registered provider had followed their policy and responded appropriately. We saw people had access to a copy of the

complaints policy in the reception area. People living at the home and their relatives told us they knew how to complain and felt confident raising concerns informally if they were unhappy with any aspect of their care. One visiting relative told us; "Without a doubt, you can share any worries with the management." Another relative told us; "I certainly could chat about any difficulties with the managers." This demonstrated the management team were approachable and transparent about their complaints policy and procedures.

The service had a strong commitment to supporting people living at the home, and their relatives, before and at the end of their lives. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and relative as appropriately.

Is the service well-led?

Our findings

We checked progress the registered manager had made following our inspection on 11 and 12 January 2017, when we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. We found the systems that monitored the quality of service provision were not always operated effectively in order to drive improvement. At this inspection we found sufficient improvements had been made to meet the requirements of Regulation.

We saw monthly checks and audits had been undertaken to monitor service delivery. Those seen included audits of the medicines, care plans, meal-time, kitchen, dignity and infection control. We saw audits were being carried out regularly and any issues were acted on. For example, we saw an audit of the environment identified some bins were not foot operated which is an infection risk. We saw a completed action to replace these bins. This showed monitoring systems were effective.

We also saw that the registered provider carried out their own visits to the service. In their most recent visit on 19 January 2018 they identified improvements were needed to the variety and frequency of activities provided. This action was ongoing. This shows the registered provider's audit systems were effective at identifying issues, as this was reflected in our own findings at inspection and improvements were recommended. Although given the timescales from when the registered provider completed the audit to when we inspected we would expect to have seen greater improvements in that period.

We saw the registered manager was visible and fully accessible on the day of our inspection. This meant that people living at the service and staff had a clear and accessible support structure should they need to escalate any concerns.

We saw an inclusive culture in the home. All staff said they were part of a team and enjoyed their jobs. We saw evidence that regular staff meetings took place which looked at what issues staff were experiencing in their roles and what support they needed to do their jobs well. This demonstrated that the management team listened to staff and supported them.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures seen had been updated and reviewed when practice guidance and legislation changed. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. This meant staff were kept up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

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 9 HSCA RA Regulations 2014 Person-centred care People did not always receive person-centred care which was appropriate and met their needs.