

Speciality Care (Addison Court) Limited

Addison Court

Inspection report

Addison Street
Accrington
Lancashire
BB5 6AG

Tel: 01254233821
Website: www.craegmoor.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 5 and 6 February 2017. The first day was unannounced.

Addison Court is a nursing and residential care home registered to provide care for up to 50 people. Facilities for people who used the service were provided over three floors. The second floor was a small unit that cared for people living with a dementia. All of the bedrooms were of single occupancy and had access to ensuite facilities. There was easy access to a private garden with seating available for people during the warmer months.

The service had a registered manager in post. 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.

At the last inspection on 9 October 2015 we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staffing and records. We asked the provider to take action to make improvements and to send us an action plan. The provider complied with our request. During this inspection we found some improvements had been made. However during this inspection we found further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to infection control, the environment and equipment and good governance. We also made recommendations in relation to the management of medicines and activities.

We also found one continuing breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 in relation to staffing. You can see what action we told the provider to take at the back of the full version of the report.

We saw medicines were administered safely to people who used the service during our inspection. However we identified concerns relating to the storage of creams and the recording of maximum and minimum room temperatures where medicines were stored.

We saw safe recruitment processes in place. However we identified some concerns relating to the staffing numbers in the home during our inspection.

People who used the service told us they felt safe in the home and there was evidence of risk assessments in place to protect people from harm.

We had concerns relating to the environment, the storage of equipment and cleanliness in a number of areas of the home.

We saw evidence of reviews taking place by health professionals on people's health and wellbeing where it

was required.

All of the staff we spoke with had an understanding of the principles of the MCA and best interest's decisions. Staff were seen asking for peoples consent before they undertook any care or activity.

Meals provided to people looked appetising and where people required a special meal, this was provided. Staff members' were observed engaging positively with people who used the service and supported people respectfully in the dining areas of the home.

Staff treated people with dignity and respect. Staff were discreet when discussing care needs and it was clear they were familiar with people's individual needs, wishes and choices.

Where people who could not make decision for themselves and had no family to support them, information on the use of advocacy service was available to support them, advocacy services was available and information on how to access this was displayed within the home.

Care files reflected people's individual needs and demonstrated regular reviews had taken place to ensure they reflected people's current needs. Care plans and risk assessments detailed guidance for staff on how to support people safely and ensure they received care that was tailored to their individual need.

We saw evidence of completed investigation's when dealing with complaints. Staff understood their responsibilities when dealing with a complaint and there was a complaints policy in place to guide staff on the process.

There was details relating to activities in the home, however these were very difficult to read. People told us about the activities provided by the staff member responsible for this, however we saw little evidence of meaningful and enriching activities taking place in the home.

We received mixed feedback about the management arrangements and leadership for the service from staff. However people who used the service and relatives were very positive about the changes that had been made since the registered manager came into post.

We saw incidents and accidents were dealt with appropriately and records included actions taken as a result of the incident. There was evidence of audits taking place in the home. However a weekly audit failed to identify clutter in some of the communal areas of the home or concerns relating to the cleanliness in some of the bedrooms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Some people told us they felt safe in the home. Staff had a good understanding of how to report abuse.

We also identified breaches in relation to the environment, equipment and the cleanliness of the home. There were concerns relating to the management of medicines we have made a recommendation about this.

Whilst people had been recruited safely we had concerns relating to the staffing numbers in the home.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who had received training to ensure they provided effective care.

Staff demonstrated they had a clear understanding of the principles of the MCA 2005.

Records confirmed health professionals had been involved in reviews of people who used the service where required.

People received nutritious and appetising meals that met their individual needs and preferences.

Is the service caring?

Good ●

The service was caring.

We received positive feedback about the care delivered to people in the home. Care files we looked at included how people liked to be supported with their care.

We saw staff knocked on bedroom doors and waited to be invited in. Where care was discussed with people, staff were seen speaking quietly with them maintaining their privacy and dignity.

Is the service responsive?

The service was not consistently responsive.

People told us they enjoyed the activities provided by activities staff, however we saw little evidence of activities taking place during our inspection.

Care files had been completed and reflected people's current need and risk. Evidence of regular reviews was taking place and risk assessments demonstrated measures to keep people safe.

The home had a complaints policy in place and records confirmed complaints were investigated and included outcomes of investigations.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

We saw evidence of audits and monitoring of the service taking place however where weekly environmental audits had been completed, there was no record of the clutter in public areas of the home or the lack of cleanliness in a number of the bedrooms.

We received mixed feedback about the registered manager.

The ratings from our last inspection were on display in the entrance to the home.

Requires Improvement 

Addison Court

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 February 2017. The first day was unannounced. The inspection was carried out by two adult social care inspectors, two specialist professional advisors (SPA) one who was a pharmacy specialist and another who was specialist in the care of people living with a dementia and two experts 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.

We also checked the information we held about the service. This included information we had received about any concerns or compliments and any notifications we had received from the provider.

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 used this information to inform the planning of the inspection and as evidence for the report.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent some time observing how staff supported people who used the service in the public areas of the home.

To understand people's experiences of the care they received in the home we spoke with 11 people who used the service and six relatives. As part of our inspection planning we asked visiting professionals for feedback about the care people received. We also spoke with 12 care staff, two registered nurses, the cook and the registered manager who was in day to day control of the service.

We looked at the care records for nine people who used the service. We also checked four staff files and a

number of records relating to the operation and day to day management of the home. These included audits and quality monitoring, duty rotas, and feedback of the care delivered in the home.

Is the service safe?

Our findings

During this inspection we spoke with people who used the service and visitors to the home about the staffing numbers in the home. We received mixed feedback. One person said they felt the numbers of staff had improved since the registered manager had commenced her post. However others told us, "We think there is enough staff here, but on some weekends they can be thin on the ground", "We see a lot of temporary carers [staff], especially at the weekend" and, "Staff are very good responding to buzzers. But you have to wait your turn if they have a more urgent call to attend to, which is fair enough, but usually carers get to you within five minutes, which is not bad. At the weekend this can take longer."

At the last inspection we identified that the provider had failed to deploy sufficient numbers of staff to meet the needs of people living at the home. We told the provider they must take action to protect people who used the service. At this inspection we saw further improvements were required to ensure sufficient numbers of suitably deployed staff were in place.

Staff we spoke with also raised concerns about the staffing levels in the home. One staff member told us, "Sometimes there is enough staff on and other times it's hard. Today we have two carers and one staff doing one to one. It means we have to work together and never leave people unattended", "I struggle to deal with residents [people who used the service] that are aggressive. There is not enough staff on this floor. The people in the lounge get left, we only have time to pop our heads in to see if they are all right", "We work 12 hour shifts we have to snatch a drink and something to eat when we can. There is no one to come and relieve us so we can have some break time", "When its bath times we need two people for each resident that leaves one staff to patrol the corridor It's not safe" and, "There is sufficient staff on two of the floors however they need to look at the dependency on one of the floors. There is always an issue when you have a home over three floors."

We looked at the duty rota for all of the units in the home. Records identified where the registered nurse was on duty as well as carers and ancillary staff to cover shift. Where sickness was identified amendments were clear to cover those shifts. We spoke with the registered manager about how they ensured there was suitable number of staff on duty to meet people's individual needs. They told us a need analysis was completed to ensure sufficient numbers of staff were in place. However this assessment was over all three units and did not recognise the needs of people on each individual floor.

During our inspection we observed the staffing numbers in all areas of the home. These included agency staff as well as the regular staff team. One person we spoke with told us they had asked for a drink of tea at breakfast time however this had not been provided to them until lunchtime. They also said that staff had told them they had no time to provide them with a drink.

We observed that on one of the units where one to one support was required by one person that this was not consistently provided by staff. We saw this was due to staff attending to other people's needs and duties on the unit. This would increase the risks associated with a lack of direction or support on people's needs and care required.

The provider failed to ensure there was sufficient numbers of suitably qualified staff appropriately deployed in the home. This was an ongoing breach of Regulation 18 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.

People we spoke with raised no concerns about the cleanliness of the home and told us, "The general cleanliness and hygiene in this place is very good", "It is nice and clean here" and, "The cleaners do a really good job here. My room is really well cleaned. The cleanliness is wonderful.

We undertook a tour of the building and whilst some areas were clean and tidy we had a number of concerns relating to the cleanliness in a number of peoples bedrooms, ensuite facilities and bathroom cabinets which were dirty on the inside. We looked at records relating to infection control audits and saw these required an up to date review.

There were also unpleasant odours present in some of the bedrooms. One bed that had been made had a sheet wet with urine still in place on the person's bed. The registered manager immediately removed the bedclothes and commenced an investigation. We discussed our concerns with the registered manager who undertook a full infection control audit of the home during the second day of inspection and identified actions required to improve the cleanliness of the home. We reported our concerns to the Local Infection control team who visited and gave us feedback of the improvements that had been made.

During our inspection we saw staff responsible for the homes cleanliness was on duty. We saw they had supplies and cleaning equipment available for them to undertake their duties. However we saw that the cleaning trollies containing substances hazardous to people's health if swallowed were left unsupervised on two occasions in the home. This meant there was an increased risk of misuse of the cleaning equipment and therefore placed people at potential risk of harm.

We noted staff had access to personal protective equipment (PPE) such as hand gels, paper towels, disposable gloves and aprons throughout the home. Where we would expect staff to wear protective gloves we saw occasions where gloves had not been used. We also observed during the medicines administration round that staff did not apply alcohol sanitising gel to their hands in between administering medicines to another person to reduce the risk of cross infection.

The provider failed to ensure people were protected from the risks of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with about the environment with which they lived told us, "One grumble I have is that my mattress is not very comfortable. I have no medical needs for a new mattress, so [registered manager] has said I can bring in my own mattress, which I prefer. I'm also going to replace the carpet in room too." A relative told us, "I have brought some of [my relatives] pictures to put up on the wall. I have asked for the handy man to put up the pictures, nothing had been done so I have brought a hammer and nails and put them up myself."

As part of our tour of the building we noted a number of areas in the home that had equipment and furniture stored in communal areas of the home and corridors. For example in one of the lounges there were a number of pictures and mirrors stored in the corner of the room. This could pose a risk of injury to people as they were not secured to the wall safely. Corridors in one of the units was cluttered with equipment and belongings from people who no longer lived at the service. The registered manager gave assurance that these would be removed immediately.

We also saw ensuites in people's bedrooms were cluttered with lifting equipment, continence chairs and continence aids. This meant people could not access their ensuites safely and were at risk of injury. During our observations we saw a number of beds had duvet covers instead of sheets to cover people up. We discussed this with the registered manager who told us there was enough supplies of sheets for all people in the home without the need to use duvet covers.

We noted that on two of the floors people who used the service were able to lock themselves into their bedrooms. The type of lock used was not safe as the type used could not be overridden with a master key. This meant people could lock themselves in their room and staff would not be able to gain entry in response to an emergency situation. We spoke with the registered manager about this who confirmed after our inspection they had taken urgent action to ensure that people were not at risk of locking themselves in their rooms accidentally.

Although some areas of the home had been decorated recently some areas were still in need of redecoration. A number of doorways identified damage where they have been scraped by trolleys and wheelchairs. We spoke with the registered manager about this who told us plans were in place to refurbish the home.

We undertook a tour of the building and saw all bedrooms had ensuite facilities and hand washing in their bedrooms. One of the units was well designed to meet the needs of people living with mental health or dementia. Corridors were straight and wide to aid visibility and accessibility. The walls on the corridors were decorated with memorabilia. However, we did not see evidence of other dementia friendly resources or adaptations in the communal room's bathrooms and toilets. We discussed the environment with the registered manager who confirmed they would seek advice on decoration that was dementia friendly.

We examined a drawer in the medication room which contained a variety of needles and syringes and other medical equipment used to administer medicines. We noted that several of these the date had expired along with two boxes of a blood collection system and a staple/clip remover which also showed that the date had expired. These items were immediately removed for safe disposal as this could increase the risks associated with the use of equipment outside of the manufacturers recommended expiry date.

The provider failed to ensure the premises and equipment was suitable, properly used, properly maintained and appropriately located. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager provided evidence that checks on the environment had been undertaken in the home to protect people from unnecessary risk These included legionella water checks, shower head, gas and electrical safety and portable appliance testing. There were also records relating to the environment and equipment used at the service for example monthly bed inspections, bed rails, slings, vehicles and service records for equipment such as hoists, sluice machine and kitchen fryers.

Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Fire drills were practiced and an up to date fire risk assessment was completed. Staff were trained in emergency procedures and during our visit we noted staff responded well to a fire alarm that had been accidentally activated. The service had contingency plans in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the home.

We under took observations of the medication administration on all of the units in the home during our inspection. We saw people received their medicines safely and records were completed following administration. Staff had a good understanding of people's needs regarding their medicine and people we

spoke with confirmed their medicines were being given to them safely. One person said, "I have 100% faith in my medication regime. My drugs are given to me at the right time and recorded properly. This is properly discussed with the nursing staff who know my exact need" and, "The nurse called [staff] is really good. They make sure I take my tablets at the right time."

We observed clinic rooms and medicine trolleys were locked and secured to ensure their safe storage. There was evidence of the safe storage of controlled drugs in the home. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. Records confirmed checks on stocks were taking place; a sample of medicines checked confirmed accurate recording of stock levels had been taken. We saw in one clinic room a new controlled drug cupboard had been delivered to store the increasing amounts of controlled medicines but had not yet been installed by the home. We discussed this with the registered manager who dealt with the matter immediately and we noted this was installed on the second day of our inspection.

We observed that staff were not identified as administering medication when undertaking the medicine round to prevent them from being disturbed. We discussed with the registered manager the importance of ensuring staff are not disturbed during medications administration to reduce the risk of errors.

Where people required creams these were stored in their bedrooms. However we found a number of out of date tubes of topical medication in people's bedrooms. We saw that they were being stored in bathroom cabinets above the hand basin in the room along with the residents other personal toiletries. We also saw a number of these topical medicines had not been signed when opened to ensure they were used in line with guidance.

We saw the home had up to date policies and procedures in place to guide staff on the safe administration of medicines. Staff trained to administer medicine told us they had read the policies but there was no record of staff signatures to confirm this. There was a copy of the British National Formulary (BNF) available for use by staff. The BNF is a pharmaceutical reference book that contains information and advice on prescribing along with facts and details about medicines. However we saw that this was not the most up to date version. This meant that the information in the BNF may not be the most up to date information to support staff in the administration of medicines.

We checked the records relating to the fridge and room temperatures. We saw twice daily checks had taken place however we saw that the maximum and minimum fridge or room temperature were not being recorded to ensure they were being stored in line with guidance.

We recommend that the provider seeks nationally recognised guidance on the proper and safe management of medicines.

We looked at a sample of Medicines Administration Record (MAR) forms and the relevant sections of the medicine section of care plans were looked at on each floor as well as the systems in use for medicines procurement, storage, administration, disposal and record keeping. Overall, MAR forms and care plans were comprehensively and correctly completed. Where people were receiving covert administration of their medicines we saw appropriate documentation in place to confirm best interests meetings had been completed to ensure people were receiving their medicines appropriately.

We looked at how the service managed individual risks in the home. We saw evidence of appropriate risk assessments in place. These included, moving and handling, nutrition, falls, managing aggression and choking. Risk assessment contained details on how staff could support people safely and prevent them from

future risks of harm. However we looked at the training record and noted staff had not been trained to manage behaviours that challenged. Staff we spoke with confirmed they had not been trained in this topic and told us they got to know people and what triggers caused them a distressed reaction and how best to support them avoid particular situations.

We spoke with people who used the service about whether they felt safe in the home. We received mixed feedback. People said, "The experience of coming to this care home has been far, far better than I could have ever imagined or expected. Yes, I would recommend this care home 100%.", "I feel really safe here because I get on with everyone really well", "I have no problems. I think this is best care home in the area" and, "I feel safe here because no intruders can get in easily, but having said that other residents do come into my room which I hate unless I've invited them." However another person told us, "I don't feel safe when I can be shouted at by other residents some of them can be very abusive. I am told I shout a lot." A visiting relative told us, "We believe she is very safe here and well looked after. Another told us, "She is well looked after and in very safe hands."

We examined the records relating to investigations into allegations of abuse. There was a policy and procedure in place for staff to follow along with local authority guidance on how to deal with allegations of abuse. We saw they included details relating to the allegations along with a log sheet and summary of the concerns as well as relevant notification submitted to the commission as part of their regulatory responsibility. This would assist in monitoring of ongoing investigations. We spoke with staff about safeguarding investigations in the home who told us they were not informed of any outcome of investigations, actions taken forward or any learning as a result of any investigations. They told us where relationships between the home, people who used the service and relatives had deteriorated the home had no policy in place for zero tolerance to protect people who used the service and staff.

All of the staff we spoke with had the knowledge and skills to keep people safe and as well as the actions to take if they suspected abuse. Staff told us and records confirmed that training in the protection of vulnerable people had been completed. This would ensure staff had the relevant knowledge and skills to protect people who used the service from the risks of abuse. One staff member said, "I would definitely report any abuse I witnessed or heard about without question."

All of the staff files we looked at confirmed safe recruitment procedures were followed. Records confirmed an application had been received and staff had attended an interview. Essential pre-employment checks had taken place, these included reference checks from previous employers, relevant registration requirements as well as Disclosure and Barring Service (DBS) checks and proof of identity. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant staff were only employed after all the required recruitment checks had been completed.

Is the service effective?

Our findings

People who used the service and visitors to the home told us they were confident in the knowledge and skills of the staff team supporting them. One person said, "The staff here are really dedicated. They do a brilliant job, sometimes with some very difficult people." Staff told us and we observed that staff had the knowledge and skills to undertake their duties. One staff member said, "I have done dementia training and creative minds and would like to see this developed here." Another said, "I do a lot of training and done creative minds." However some staff told us they lacked training in challenging behaviours that would assist them when supporting people's individual needs.

Records confirmed appropriate training had taken place to support the knowledge and skills of the staff team. This included; basic life support, confidentiality, fire safety and moving and handling. It was clear from the records that staff were up to date with the required mandatory training. There was also evidence of nationally recognised qualifications undertaken that would support the knowledge and skills of the staff team. Staff files confirmed a programme of induction took place on commencement of their role. This helped ensure new staff had the skills to deliver safe effective care.

Records confirmed staff received regular supervision and there was an ongoing programme of supervision as well as annual appraisals. One staff member said, "I've had supervision linked to my induction and I have one coming up linked to my probation period." This would ensure all staff received appropriate and timely support from the management in the home. However some staff we spoke with told us formal supervision was not undertaken consistently and no prior warning of the supervisions were provided to enable preparation of the session. We asked staff about whether they received appropriate and timely supervision. We received mixed feedback. One staff member said, "I have received no formal supervision and one to two group supervisions." We were told supervisions were given without prior notice or preparation for them. We saw a supervision matrix that recorded when supervisions were due with the staff team as well as records of completed supervisions in all of the staff files we looked at.

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

People can only be deprived of their liberty 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). During our inspection 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.

All staff we spoke with had an understanding of the principles of the MCA and DoLS and understood its importance when supporting people who were unable to make decisions for themselves. One staff member

said, "DoLS is protection for individuals, to ensure we work within a legal framework acting in peoples best interests." Another told us, "I understand best interest decisions that need to be made. We can't let people be at risk."

Staff files and training records confirmed staff received up to date training in the principles of MCA and DoLS. We saw evidence of completed DoLS application that were waiting to be authorised by the assessing authority. We saw one record had been approved by the assessing authority in the last year. A statutory notification had not been submitted to the Commission. All care providers must notify us about changes, events and incidents affecting their service or the people who use it. We discussed this with the registered manager who gave assurance that this would be completed immediately after our inspection and would ensure all notifications were submitted to the commission in a timely manner.

During our inspection we observed staff obtaining permission from people who used the service before undertaking any care or activity. Prior to entering peoples bedrooms staff knocked on their doors and waited to be invited in. Where people preferred to be undisturbed staff respected this. Staff were seen offering people choices such as where they would like to sit, what meal or drink they would like. Care files recorded people's choices, needs and how they liked there care to be delivered such as; how I like to look and rising and retiring.

Care files we looked at had evidence of completed capacity assessments where appropriate. There was evidence of consent forms available for people who used the service or their representative to sign agreeing to their care. However not all of these had been signed or dated.

We spoke with people who used the service about the meals on offer in the home. Most people told us they enjoyed their meals and were offered choices of meals and drinks throughout the day. One person said, "The staff know exactly what I like to eat. For my breakfast they know I like cornflakes followed by bread that is lightly toasted with a runny fried egg. I always get this just as I like. Even though staff know this; they always ask me what I want for lunch because there are usually choices on offer." Another person said, "I have difficulty swallowing so the staff know that my meals must be a soft variety, but not pureed. I have been seen by the SALT [Speech And Language Therapist] people." And another person said, "I am offered plenty of options in terms of food, but very little appeals to me. The food is OK, but I don't fancy anything. I am constantly offered drinks. My fluid and food intake is routinely recorded." A relative told us, "I come at lunchtime occasionally so I see what he gets to eat, he's never complained."

Staff we spoke with were aware of people's needs in relation to their meals and told us there was always plenty of choices on offer to people who used the service. However some staff told us there had been occasions where low staffing levels impacted on the delivery of meals. One person we spoke with at lunchtime told us they had not been provided with a drink or breakfast on one the days of our inspection. We spoke with the manager about this who gave assurance people would be offered drinks and meals in a timely manner according to their wishes and needs.

We spoke with the chef who provided evidence of essential checks on food temperatures and kitchen equipment had been completed regularly. This would ensure food provided to people was safe for them to eat. We saw there were supplies fresh foods and the chef told us they always had a plentiful supply of food and there were no restrictions on what foods they could order for people.

During our inspection we undertook observations in all of the dining areas to see the experiences of people who used the service. Tables were nicely set with condiments, cutlery and the menu for the day. Appropriate crockery was in place for people where it was required. Meals were nicely presented and looked

appetising. Where people were living with a dementia staff offered visual prompts of the meals on offer to support them to make their choices. The atmosphere in the dining areas was relaxed and it was clear for the chatter that relationships between staff and people who used the service were positive. One person told us, "There is always at least one care assistant routinely in the dining/lounge area checking on the needs and safety of the residents."

Staff were seen engaging in some positive light hearted conversation in the dining areas supporting people with their meals with patience and encouragement. However we saw one person who ate their meal in their bedroom experienced difficulty with this task, we did not see staff entering their bedroom to offer support during our observations.

We checked records for people who required specialist support with their nutritional needs. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition, weight gain and dehydration. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP, Speech And Language Team (SALT) and dietician as needed. Records confirmed care plans and risk assessments were in place to provide staff with the knowledge about peoples individual dietary requirements. For example where people required a pureed or soft diet it was clear how to support them. This would ensure ongoing monitoring and support was in place for people.

Staff told us peoples' weights' were obtained and their nutritional intake monitored regularly. Records confirmed this. Charts were maintained to support staff keep a record of nutritional intake for people at risk, however some of the records relating to weights were difficult to follow. The registered manager confirmed all people's weights were appropriately monitored to ensure appropriate and timely reviews took place. Care plans included individualised nutritional assessments.

Records confirmed review of people's health care needs had been assessed and where reviews by health professionals was required these were undertaken. Examples of professionals seen were tissue viability nurse, podiatrist and general practitioner. Were people required monitoring of their health and well-being, charts were completed to ensure staff could effectively monitor any changes or deterioration in their health. One person who used the service told us, "Since I have been at this place I have been getting stronger and fitter. I put this down to the very good care I receive. The communication between the GP, nurses and the care home is very good. With my approval they also inform my [relative] if I am not feeling well." Another person told us, "I am really relaxed here. I feel well for the first time in many years." However one person said, "I would like to get walking again properly. When I first came here I could walk. I could do with some physiotherapy but we never see one here. We get a GP in if we are poorly. Occasionally I see a chiropodist, but with my diabetes I think I should see one more often. If you need your ears and eyes checking the staff put you on a list to be seen when they next come to the home."

Is the service caring?

Our findings

People who used the service and visitors to the home were positive about the care people received in the home and would be confident all of the staff team would provide support if required. One person told us, "All the staff are lovely. Staff will come in when they are going off duty just to see how I am. I feel secure here. I can't fault the care I am given. I am bowled over with the care." Another said, "The carers help me out of bed at about 6.30am, which suits me. They give me as much help as I need to get washed and dressed in my room. I really struggle with my shoes and tight socks, so I'm glad to get help. Two carers help me with the shower so there's no chance of me falling over", "Delighted at the high quality of safe care I have received in a short time. The staff are very thorough and gentle", "The staff put me at my ease. They reassure me that nothing is too much trouble for them" and, "It is like a holiday camp. I think it is marvellous here, all the staff are marvellous." A relative told us, "We get the care that [my relative] needs."

We asked staff about the importance of receiving appropriate and timely care. One staff member told us, "All people received individualised care. We get to know them and they have individualised care plans." Another said, "We ensure service users (People who used the service) and families are involved and aware of what is happening. Service users dictate their care and it is most important to keep them involved" and, "At the end of the day these people are like my family and I have a duty to protect them."

Care files included how people liked to be supported with their individual needs and confirmed these had been discussed with them or a relative where required. 'About Me' information was completed and included for example 'Areas of life I most enjoy and value' and included their likes, sleeping pattern and meals. This helped to ensure people received care appropriate to their current needs and choices.

There was information to guide people on the use of advocacy services on display in the entrance hall to the home. This service ensures people who were unable to make decisions about their care with no relatives to support them received external support with their decisions.

During our inspection we saw staff responding in a timely unrushed manner. It was clear from the interactions between staff and people who used the service that they knew their needs well. Agency staff on duty told us the home had informed them about people's individual needs. This helped to ensure people received a seamless and timely care.

During our inspection we observed staff maintained people's dignity and respect at all times. Where care delivery was required staff undertook this in either their bedrooms or bathrooms. Prior to staff entering people's bedroom they were seen knocking on their doors and waiting to be invited in. When staff discussed people's care needs such as personal care we saw this was done discreetly to maintain people's dignity in the company of others.

The atmosphere in the home was relaxed with positive interactions and communications taking place between staff and people who used the service. All people we spoke with told us their privacy and dignity was always protected. One person who used the service told us when staff undertook personal care with them

that, "This is done very professionally and with no embarrassment for me or the staff". Another told us, "The carers respect my privacy in all ways. When I am showered I am properly covered up."

We spoke with staff about how they ensured people's needs in relation to equality and diversity were met. All staff told us people had a choice of gender in relation to the staff member providing care to them. One staff member told us, "There isn't an issue regarding gender. If someone doesn't like a male carer another carer will help out. It does happen at times and quite rightly so. It's about knowing your residents." One person who used the service told us, "I have no problems with male or female staff doing care, I was given a choice when I first entered the home."

Peoples care files we looked at recorded people's requirement such religion and detailed any specific needs with their sight and hearing. Care plans were clear about supporting people with these needs and identified people who wore glasses and hearing aids; however on one of the units we saw a pair of glasses unattended in the lounge area with no name on and in one person's bedroom there was four pairs of glasses on their table. We discussed this with the registered manager who assured us that they would ensure all people had their own glasses when they required them.

Is the service responsive?

Our findings

We asked people who used the service about the activities on offer in the home, we received mixed feedback. One person told us, "I really like (activities staff) and I'm sad she is only working on three days currently. But I really enjoy our trips out. We went to Blackpool illuminations and had fish & chips. I wish we could have more outings though." Another said, "(Activities staff) has been very helpful in discussing some craft activities that I will be able to do when I can sit up by myself" and, "I am disappointed by the fact that [registered manager] could not organise more trips in the home's mini bus, blaming lack of funds." One person told us they had not been out of the home on any activities other than to sit in the garden.

During our inspection we observed very little activities taking place. Staff were seen offering hand massage on one of the units and another unit had a sing along with staff and people who used the service.

We saw basic activities on display in one of the units however we noted the information would be hard to read as the type was very small. We saw details of an activities programme that would guide people on what activities were on offer in the home. There were no records to confirm what activities had been completed by people or if these had been enjoyed. Recording people's involvement in activities would ensure future events could be tailored around people's individual likes and choices.

We asked staff about the activities on offer in the home. Staff told us activities provided to people who used the service was limited. One staff member said, "I would like to see more activities in the home. Another said, "It gets us down a bit when we would like to do more such as activities", "We have no time to spend with the residents' or do activities", "Activities for dementia could improve" and, "My only complaint is that we don't get enough trips out in the mini bus. I love it when we do, but that doesn't happen very often nowadays. [Staff] says it's because they can't afford a regular driver."

We recommend the provider seeks nationally recognised guidance on the development, delivery and recording of activities for people who used the service to enrich and enjoy their life in the home.

People we spoke with were enthusiastic about future plans for activities and the developments of the outside space for people to use. They also discussed previous events that had taken place such as parties over the Christmas period.

We asked people using the service and relatives about their involvement in the development of their care plans. One person said, "They are very person centred. They do everything in their power to accommodate my needs. I have no unexpected decisions made on my behalf. I am included in all decisions made about me. The staff are very professional and well trained." A relative told us, "We know that [my relatives] care plan is regularly updated when changes occur."

At the last inspection we identified that the provider had failed to maintain an accurate record in respect of people's care and support needs and had failed to keep their needs and associated risks under regular review. We told the provider they must take action to protect people who used the service. At this inspection

we found improvements had been made.

The care files we looked at demonstrated that people or their relatives had been involved in the development of them. Care files had personal details relating to people's date of birth, next of kin and general practitioner. Care plans were well written and provided appropriate guidance for staff to follow on the care and support people required. Examples seen were, diet and fluids, moving and handling, skin, personal care and continence needs. Where reviews of people's care was required records confirmed these had taken place and reflected people's current needs. For example where one person had difficulty with communication staff reflected how to support them to maintain effective communication with them. Risk assessments had been completed and reflected people's needs, risks and how to support people to prevent future risks. These covered a wide range of risks for example, falls, pressure sores, mobility and continence. Care plans had been updated and reviewed regularly and in line with any changing needs. This would ensure staff had current information to support people's individual needs.

Care files included pre-admission assessments that contained information about people's needs and the support required for them. This would ensure that people's need could be met by the home prior to admission. However we saw one person required a reassessment of their needs once they had been admitted to the home. This person was moving to another service to ensure their individual assessed needs were met. We discussed this with the registered manager who gave assurance that prior to any admissions, appropriate and timely assessment would take place to ensure the home could meet their individual needs.

There was also daily documentation completed which recorded people's food and fluid intake, continence needs, personal care and sleep.

During our inspection we saw relatives and visitors were encouraged into the home. Staff were seen engaging positively with visitors and relatives who told us they were always made welcome. The registered manager told us the home was actively involved in the local community and that children from the local area attended the home regularly singing in the communal areas of the home.

The home had an up to date complaint policy and procedure in place. This would ensure both people who used the service and staff had the relevant information to support them in acting on and dealing with complaints. The complaints procedure had details relating to who to contact and as well as how the provider dealt with any complaints.

All people who used the service we spoke with had no complaints about the care they received in the home. One person told us, "We raise any concerns directly with [registered manager] and she does her best to resolve them." We asked staff about how they would deal with complaints were dealt with in the home. One staff member told us, "Any historical problems I would direct to the manager. I would listen to any complaints, offer reassurance, taken action and record it." The registered manager told us any complaints would be fully investigated and outcome acted upon. We saw records of complaint investigations undertaken by the home. Records confirmed the process of the complaint along with information received as part of the complaint. We saw positive feedback in thank you cards in the entrance to the home. Examples of some of the comments seen were, "Thank you for all you did for mum she seemed happy and content under your care" and, "Thank you to all the staff for all you hard work and patience."

Is the service well-led?

Our findings

We received positive feedback from people who used the service and visitors to the home about the management arrangements. We were told that the management team was respected as being responsive to the wishes and needs of people who used the service. One person told us, "[Registered manager] is making very good improvements to the running of the care home. There have been a number of different managers that let standards slip. She is taking control slowly but surely."

However we received mixed feedback about the leadership and management in the home from staff. Examples of comments seen were, "The manager is very good and supportive and is always about", "The manager keeps us informed of anything new and we can ask to discuss any issues we want", "The manager is brilliant very clued up. I know she gets some flack because she wants to move things along. Her heart is in the right place" and, "The manager is very good, helpful and approachable. I can ask her anything, she always has time to listen." Others told us, "The communication from above isn't brilliant. I am here because I want to be here. We don't get a lot of praise", "We have a good group of staff but the morale is pretty low" and, "[Registered manager] is fine as a manager but is not very effective in their ability to delegate duties and respond to changes. I wouldn't feel confident going to her with any concerns."

The home had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service.

We asked about how the service obtained the views of people who used the service and relatives. Only two people confirmed that they had been contacted about her views on how the care home is run, but had not received any feedback on this survey. There was evidence of monthly reviews by senior managers taking place where the views of people who used the service were obtained. Comments included, "Everything is improving in the home, the food is getting better, I enjoy my meals" and, "I get on with everyone the carers are good to me." However we were shown only one completed feedback questionnaire that had been received recently.

The registered manager and records maintained confirmed systems for monitoring the quality of the service was in place. A wide range of audits were taking place these included; medications, the dining experience, dementia care, nutrition audit and kitchen audit. Notes included actions taken as a result of the findings. There was also evidence of audits taking place by senior managers; records included recommendations as a result of the reviews. We also saw a weekly audit was completed by the registered manager. Areas covered included; the reception, communal areas, dining areas and people's bedrooms. However we could not see any records relating to the concerns we identified in relation to the cluttered communal areas and corridors and the cleanliness in people's bedrooms.

During our inspection we found a number of shortfalls in how medicines were managed, the cleanliness of the home, storage of equipment and the environment. We also identified audits and measures to define the correct staffing levels failed to these were in place. We discussed our concerns with the registered manager who told us they would take actions to address our concerns.

The provider failed to ensure systems and processes were operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about whether team meetings were taking place and whether they were able to discuss their views. We received mixed feedback. One person said, "I don't always feel I am able to bring views to any team meetings", "I think we need more staff meetings" and, "Our last staff meeting was just before Christmas. We discuss lots of things, our work schedule and people we look after." Records we looked at confirmed a team meeting had taken place. Topics covered included; new staff, meals, nurse call bells and training. There was also evidence of resident team meetings which details topics discussed along with attendees to the meeting. Topics included; menu, tables, school visit and staff morale.

We looked how the provider dealt with incidents and accidents in the home. Records included the details of the incident along with immediate actions taken to protect people from any future risks. Incidents and accidents were logged into their systems. This would ensure a system to audit and monitor for trends could be completed.

There was evidence of relevant certificates on display inside the entrance to the home. These included, employer's liability, certificate of registration with Care Quality Commission and investors in people silver award. Investors in People are a development framework designed to help organisations achieve real improvement through its people. This award recognises the quality of the service. We also saw the last rating for the home was on display in the entrance to the home along with an action plan demonstrating the improvements made since our last inspection. This would ensure people who used the service and visitors to the home were aware of the rating received by the home and areas for improvement had been acted upon.

There was range of policies and procedures available to guide staff about what was expected of them in the delivery of care for people who used the service. However there was no evidence to confirm that staff had read them to ensure they had the required knowledge to support the delivery of care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider failed to ensure people were protected from the risks of infection. 12. - (2) (h)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider failed to ensure the premises and equipment was suitable, properly used, properly maintained and appropriately located. 15. - (1) (c) (d) (e) (f)
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to ensure systems and processes were operated effectively. 17. - (1) (a) (b)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure systems and processes were operated effectively. 18. - (1)
Diagnostic and screening procedures	
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice