

Greensleeves Homes Trust

Torkington House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

The inspection took place on 2 and 3 August 2016 and the first day was unannounced. The service was last inspected on 2 and 4 April 2014 and at the time was found to be meeting the regulations we looked at.

Torkington House provides accommodation and personal care for up to 32 older people. The service provides a service for older people who have a range of needs including dementia care needs. There were 31 people living at the service at the time of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risk assessments did not provide up to date information in relation to individual's risks when receiving care.

There was a policy and procedure in place for the administration of medicines and medicines were stored securely. However, people did not always safely receive their medicines and records staff kept were incomplete and did not fully evidence what action staff had taken.

There was a range of audits in place but these had not been carried out regularly or effectively to identify aspects of the service requiring improvement and therefore action had not always been taken to address issues.

People's capacity to consent to their care and treatment had been considered and assessed although it was not always clear why in some cases capacity assessments had taken place and when they had not. The registered manager had acted in accordance with the Deprivation of Liberty Safeguards.

We made a recommendation for the provider to seek national guidance on the Mental Capacity Act.

We found staff monitored people's nutrition and fluid intake but records were not always maintained accurately. It was not always clear when people's needs changed if staff had responded effectively.

We made a recommendation for the provider to seek national guidance on nutrition and hydration for older people.

Some care records reflected people's health and social care needs. However, improvements needed to be made to ensure people's records always noted the support they needed to meet their current needs.

We made a recommendation for the provider to review how care records are written and audited to ensure records accurately noted people's current needs and if someone else had the legal power to make decisions

on their behalf.

Although we found some areas that required improving, people and their relatives gave us complimentary comments about the service they received. People felt happy and well looked after. Staff knew people well and understood how to meet their individual needs. We observed positive relationships between staff and people at the service and their relatives.

There was a good range of activities on offer for people and people's right to take part or not was respected. These also took into account if people were living with dementia and what they responded to and enjoyed.

Staff had the training they needed to care for people. Specialist training was organised to ensure staff worked in a person centred way.

The environment was designed and used in a way which reflected people's preferences and took account of their needs.

There were enough staff on duty to meet people's needs and they had been suitably recruited.

The staff worked with other healthcare professional to assess and meet the healthcare needs of people who used the service.

There was an appropriate complaints procedure and people knew how to make a complaint.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to risk assessment and recording, medicines management and auditing.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were recording issues and therefore we could not be sure that people received their medicines as prescribed.

Not all risks had been identified or updated to reflect people's current needs.

There were procedures designed to safeguard people and the staff knew what to do if they thought someone was at risk of abuse.

There were enough staff on duty to meet people's needs and they had been suitably recruited.

Requires Improvement ●

Is the service effective?

The service was not always effective.

For the most part the registered manager had acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, people's capacity to consent to their care and treatment had not always been appropriately assessed.

The staff received the training and support they needed to care for people.

People's nutritional needs were assessed and they had a variety of freshly prepared food. However, records did not always show if staff had acted on a change to people's nutritional and health needs.

The staff worked with other healthcare professionals to assess and meet the healthcare needs of people who used the service.

The environment was designed and used in a way which reflected people's preferences and took account of their needs.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives commented positively on the staff employed in the service.

Staff treated people with kindness and patience. They gave people the support they needed promptly and efficiently and individuals did not have to wait for staff to help them.

Staff supported people to make choices about aspects of their daily lives and they were encouraged to maintain social relationships with their relatives and friends.

Is the service responsive?

The service was not fully responsive.

Care plans were personalised in many areas and helped staff meet people's individual needs, however, some care records needed to be reviewed to ensure they accurately recorded people's current needs.

Staff showed a good understanding of how people wanted to be supported.

Activities were stimulating, meaningful and planned in line with people's interests.

Information on how to make a complaint was available for people and they felt able to raise any concerns with staff.

Requires Improvement ●

Is the service well-led?

The service was partially well-led because the registered manager had the qualifications and skills to manage the service effectively. However, we found that improvements needed to be made to the checks and monitoring systems that were currently in place.

There was a clear vision for the service and people living there. There was an open and positive culture which focused on the individual person, their abilities and preferences.

Requires Improvement ●

Torkington House

Detailed findings

Background to this inspection

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

This inspection took place on 2 and 3 August and the first day was unannounced.

The inspection was carried out by one inspector, a pharmacist specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had experience of supporting older people to access and use health and social care services, including services for people living with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including six people's care plans, four staff records and records relating to the management of the service. We spoke with 14 people who used the service and four visitors. We met with the registered and deputy manager, the cook, a senior care worker, one care worker, the activities coordinator and a domestic worker. We also spoke with a healthcare professional who was visiting people at the time of our inspection.

Is the service safe?

Our findings

People said they felt safe in the service and one person told us this was because, "You've got somebody to look after you." A visitor confirmed that, "I feel safe for my relative. I don't have to worry that anything untoward is happening."

Risks to people's safety and wellbeing had been assessed and the majority of risk assessments were based on individual risks, such as risk of falling or expressing themselves using particular behaviours that could harm another person. These risks had been identified either at the point of initial assessment or during a review. However, we did find there were some risks that had not triggered staff to record action they were taking. For example, on one person's records it noted they had to be checked and turned every two hours. We saw from the night staff records they had signed to say the person had been checked but there were no turning charts for staff to complete. Without these charts staff would not know when the person needed support and turning to minimise them developing pressure ulcers or sores. We drew this to the attention of the senior care worker who developed a turning chart during the inspection that would be implemented for that night.

In another person's daily record on the 23 July 2016 it was noted that there was redness to a small area on their body. On the 28 July 2016 we saw that a referral was made to the district nurse team who visited that day and put a dressing on this person. This person had a pressure relieving mattress but we observed during the inspection that they sat on a chair with no pressure relieving equipment. The night staff record from the 1 August 2016 had noted that they had placed the person on their left side to ensure they were comfortable and not lying on the sore. It was also noted that the person's sore had not been dressed. The senior carer informed us that they were not aware of an out of hours twilight district nurse service that they could call on if a person needed an assessment and treatment from the district nurse team. We informed the registered manager of the above concern and that this person had been at risk of developing a pressure ulcer. The person was seen by a district nurse during the inspection. They checked and confirmed to staff that they did not deem the sore to be a pressure ulcer. However, the above demonstrated that staff were not quick to ensure the person was not placed at risk and the person's risk assessment for developing pressure sores had not been updated to inform staff on how to support them safely.

Furthermore the person's care plan noted they were on a pureed diet and a speech and language therapy referral had been made in July 2016. However the plan of care for nutrition and hydration made no mention of any swallowing difficulties and their food diary regularly recorded that they consumed biscuits as snacks.

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

Staff received training in medicine management and we observed medicines being administered to people in a caring and professional manner. They checked with the individuals to see if they required pain relief. However, when asked what pain assessment tool was used to recognise pain for people who were unable to verbally communicate, the senior care worker explained they did not currently use any such assessment.

The senior staff member explained that people regularly had their medicines reviewed by their supporting GPs and this was recorded in their individual care plans. However, in three care plans we viewed only one had documentation of a medicine review and this was carried out by a Psychiatrist.

We found there was no record of room temperature where medicines were stored. There was a record of minimum and maximum fridge temperatures but when asked the senior care worker confirmed staff did not know how to read minimum and maximum temperatures and just recorded the display temperature.

One person received medicines in a covert way. Reference was made to the Mental Capacity Act and the GP and family members had been involved in making this decision. However, it did not cover all the medicines the person was currently taking as the person was taking one medication which should not be crushed. The Medicine Administration Record (MAR) did not highlight which medicines were to be administered covertly and it was not clear if the medicines were hidden in food or if they were crushed. There was no risk assessment in place recording how staff should safely give the person their medicines and the senior care worker could not confirm that all staff were aware of how to covertly administer the person's medicines.

We found discrepancies with one person's medicines. Staff booked in only two of their new medicines onto the MAR chart. One medicine had been in a night blister pack although the printed MAR chart stated to be taken daily. On the 7 July 2016 and 9 July 2016 the MAR chart was signed as given in the morning and the evening. The senior care worker explained when they had recognised the mistake they brought it to the attention of the registered manager. Later when discussed with the registered manager they stated they were unaware of the incident. An incident form had not been completed once this error had been identified, as stated in the provider's medicines policy, nor had the monthly audits carried out by the management team noted the problem.

We found other issues where staff had not followed the provider's medicines policy and procedure. For one person who had been discharged from hospital, there was a MAR chart handwritten by staff and no signature of who had checked this document to ensure it was correct.

For one person there were several missing signatures on their MAR chart with no explanations recorded. There were other recording issues for different people using the service. For one person they were prescribed a medicine to be taken weekly and the MAR chart was signed as given on 1 June 2016, 8 June 2016 and 2 July 2016. However, the weekly dose on 25 June 2016 remained blank and the MAR chart was marked as 1 remaining. There was no explanation as to why the missed dose occurred or that any concerns were raised in relation to this issue.

We saw in one person's bedroom there was a cream being used that had been prescribed for another person who no longer lived in the service. We saw emollient creams were kept in some people's bathrooms along with other toiletries and products, so that any person could access these, which did not follow the provider's medicine policy and procedure.

Following on from the inspection we spoke with the registered manager about the medicine issues and they confirmed they had raised safeguarding alerts to the local authority so that they were aware that medicine problems had been identified which could have placed people at risk.

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

Staff we spoke with knew what action to take if they thought a person was at risk of harm or abuse. They all

said they would report concerns to the registered manager. Staff were also aware of reporting to external agencies if necessary, such as the local authority or the Care Quality Commission (CQC). The registered manager confirmed there had been no safeguarding allegations or concerns and CQC were not aware of any such issues via the local authority or the provider. There was clear information around the service informing people using the service, visitors and staff of who to contact if they thought people were being harmed.

In an emergency there was a plan in place which we viewed and this contained the contact details of all staff and for services such as water, gas and electric. The registered and deputy manager were on call out of hours if staff had a query of if there was a problem.

People lived in an environment which was appropriately maintained. Water temperatures were taken on a regular basis to ensure they remained at a safe level. Windows were equipped with restricting devices and these were checked monthly. The service was also divided into zones so that staff could respond quickly and know where there were problems or incidents occurring. The fire system alerted staff to know if there was a problem with a particular room not just a zone. Staff took part in fire safety training and practice fire drills. The registered manager told us that the next drill would include night staff as they had not been involved in a recent drill. The fire risk assessment carried out in 2012 had been reviewed each year to ensure any issues were picked up. There were regular checks on fire safety equipment. The provider employed a maintenance worker who made checks on the environment and carried out repairs. We saw records of safety checks and service records for gas safety, legionella and portable electrical equipment. All of the checks and service records we viewed were up to date.

We looked at staffing levels and a copy of two week's staff rotas for the month of August 2016. One person told us, "The staff are very busy. They keep having training days." We saw staff were busy but they did spend time talking with people and ensuring they were comfortable and checking if they needed anything. We observed that call bells were answered promptly and the registered manager said there was a new call system and that they would check to see if there was a way for them to monitor how long it took for staff to respond to people using the call bells. The registered manager said the provider was proactive in listening to feedback about staffing levels and when staff had requested for extra help this was agreed and provided. There had been an additional staff member added during the daytime period to assist people. Staff we spoke with said this had been beneficial for them and the people using the service as it could be busy at times preparing people to get ready for the day ahead. The registered manager confirmed they looked at people's dependency levels each month which we saw records of. They said that they reviewed staffing levels for both day and night to ensure people could be safely supported. There were a small number of people who needed two staff to assist them to mobilise at night and as there were only three staff working at night, this meant that one staff member was left to support any other person if called upon to do so. The registered manager told us that staff working at night had not expressed any concerns about supporting people but that they would check to make sure there were no issues with the current arrangements.

Recruitment practices ensured staff were suitable to support people. This included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. This included obtaining references, where possible from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed. We also saw that applicants were asked to complete a survey so that the registered manager could check their literacy and reading skills. Previously, some people using the service had been on interview panels to ask their own questions. The registered and deputy manager said they would look to see if people were interested in taking part in this again when they next carried out interviews so that they were involved in hiring staff who would be supporting them.

Is the service effective?

Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We found the registered manager understood their responsibilities under the MCA and had sent applications to the local authorities responsible for authorising a restriction on people's liberty in order to keep them safe. During the inspection we saw that a professional was carrying out mental capacity assessments on some people using the service. The registered manager had a checklist of who they had applied for so that they could track these requests and see if they were authorised and if so when they would expire.

There were some mental capacity assessments on the care records we viewed. However, it was not clear when or why these were filled in. For one person their records indicated they might have difficulties in making daily decisions for themselves. They had one mental capacity assessment in place for night time support and their care records stated they required the use of bed rails to prevent them from falling out of bed. The bed rails assessment had been signed by the person's relative but there was no indication that the bed rail was being used as a deprivation of the person's liberty and that the person did not have the capacity to agree to this restriction being in place.

We talked with the registered manager about the need to have clear evidence of the legal rights people's relatives or friends have to agree to how people live their lives. We also discussed that staff needed to know when mental capacity assessments should be completed in relation to specific decisions at the time such decisions needed to be made. Following on from the inspection the registered manager sent us a best interest form they planned to use to clearly evidence decisions discussed and made and an alternative mental capacity act assessment they intended to use to assist staff in recording any capacity issues in a more consistent and correct way. They had also made contact with relatives requesting that a copy is made of the relevant documents if they did have any Lasting Power of Attorney in relation to finance or health and welfare matters.

We recommend that the provider seeks recognised national guidance on the Mental Capacity Act in order to ensure staff support people appropriately and they follow this legislation.

Staff received training on MCA and DoLS and could describe the basic principles of this legislation and how it guided them on how to support people. Staff confirmed they helped people make daily choices. The

activities coordinator said "Activities were not an obligation" and told us they "respected people's right to make a decision."

We looked at how people were supported with their nutrition and fluid intake. Malnutrition Universal Screening Tool (MUST) scores were recorded. This is a tool to use to risk assess if people are at risk of malnutrition or are overweight. People were weighed either monthly or weekly depending on their needs. One person who had been in hospital and had lost weight during this admission did not have a food or fluid chart in place. The senior care worker informed us that this person once back in the service was eating well and that there was no need to complete these forms. It was noted on this person's care records for them to be weighed each week and we saw it was recorded on the list staff used to remind them of who needed to be weighed weekly. However, this person had been weighed once since they had been discharged. We informed the senior care worker who confirmed they had done this during the inspection and that the person had gained weight. We told the registered manager that this had been missed for two weeks so that they could check this was continuing to take place following on from the inspection.

For a second person there was information on their care file that stated they had lost 7% of their body weight in the last six months and whilst the risk of them losing further weight was identified there was no record of any action having been taken to address this issue. Food and fluid charts were being used for this person to check what they had eaten and had to drink each day. The fluid charts from the 20 July 2016 to 23 July 2016 showed the person as regularly achieving intakes between 800 and 1000mls. There were no fluid amounts recorded after 5pm on those dates and it was not clear what was the ideal amount of fluid intake for the person to drink each day. It was not noted if the person had refused any drinks after this time and this has not been picked up as a possible recording problem or risk to the person.

There was no evidence that people's health had deteriorated as a result of this issue, however we could not be sure that staff would know what action to take if a person had lost weight and needed closely monitoring.

We recommend that the provider seeks recognised national guidance on supporting people with their nutrition and hydration to ensure they are supported effectively.

Comments from people using the service on the meal provision were positive. People said, "You can't fault the food," "Mealtimes are not bad at all. I can't grumble about them. I'm not a big eater. Most of the things I like, ordinary things. You get a choice" and "Mealtimes are pretty good. The manager says that if anyone wants to have their meals in their room they can, without question."

We met with the cook who had worked in the service for several years and understood people's likes and dislikes. Menus were planned on a four week rolling menu and alternatives were provided if requested. The menu was in both a written format and pictures which helped people make a decision about what they wanted to eat. The cook confirmed they prepared fresh meals and carried out the necessary food hygiene checks to ensure meals were prepared in a clean environment. The Provider Information Return (PIR) completed by the registered manager stated that improvements would be made in areas such as, the catering staff would liaise with a food supplier to use a web-based nutritional analysis tool.

People were supported by staff who had appropriate skills and experience. Staff commented on the training and support they received. Comments included, "I like to do the training," "I have support and get updates from my line manager" and "there is enough training for the work I do."

Staff told us they had received an induction when they started to work for the service. This included training

and working alongside other staff members. The induction program consisted of a range of training modules and a period of supervision and shadowing. There were plans in place for all staff to take part in the 'virtual dementia tour' where staff would experience what it might be like to live with dementia. Most staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3 and the service was using the Care Certificate for new staff. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.

Training records confirmed that staff training was delivered regularly and refreshed where necessary and that it was seen as an ongoing part of working in the service so that staff could keep up to date with good practice guidelines and any changes to legislation and deliver care to the expected standard.

During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us and we saw evidence that they received supervision from their line manager. One staff member confirmed they had the chance to "discuss areas to improve on." Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People's healthcare needs were identified and recorded in their care records. If people required input from healthcare professionals this was arranged. The GP visited as and when needed if there were concerns about a person's health. Visits from the healthcare professionals had been documented. The optician was visiting during the inspection. A healthcare professional we met confirmed that staff were "receptive" and that they had witnessed "caring" interactions between staff and people using the service. They also said that staff followed their guidance about how to best support the person.

The environment was welcoming and had considered providing people with space both inside and outside of the service. The garden was accessible for people and many of the plants and flowers were in higher containers so that people could easily see, smell and touch them. We saw people sitting outside or walking about the garden throughout the inspection. There were tactile boards around the service for people to feel different textures and materials. The registered manager's Provider Information Return (PIR) stated that the service also had the loop system in place for people with hearing impairments and large signage for people who wore glasses. The business plan for 2016-2017 also had noted that further improvements to the environment were being arranged so that it was more dementia friendly. For example, introducing brightly coloured toilet seats, clearer simple signage for toilets and people's bedrooms.

Is the service caring?

Our findings

People and relatives were happy with the care being provided at the service. Comments included, "The staff here are very jolly and very friendly with smiles," "The staff are all nice. They are all good to me," "as far as the caring goes, you couldn't be in a better place" and "If you want something they will go out of their way to get it for you." Relatives told us, "The staff are very caring. If there are any specific issues with my relative they will call me," "It's always clean, and the staff are good. They offer you a cup of tea," and "I am happy with the home."

We observed staff interacting with people during lunch and throughout the inspection in a kind and caring way, listening to what they had to say, showing patience and supporting people in an encouraging and gentle manner.

Staff we met spoke passionately about their work and the people using the service. They understood people's preferences and informed us of who liked their privacy so that we did not disturb them. Staff knew what people enjoyed and the atmosphere was jovial and relaxed throughout the inspection. There was background music on in the lounge that people liked and we saw people singing along to old songs with each other.

People's cultural and religious wishes and beliefs were identified in their care plans. Representatives from different faiths visited the service, such as the Church of England, Roman Catholic Church and the Greek Orthodox Church. People's care plans also included information about their needs in respect of their gender care preferences. For example, it was noted if people had a preference for who supported them with their personal care, such as only having female staff provide this type of care.

People could use the computer which had large buttons on the keyboard so that people with any visual impairment could use this. We saw a person accessing the internet and people could also use an iPad as well to Skype and talk with relatives and friends. We saw people had visitors throughout the inspection and could go out with them if they wanted to.

The service accessed various organisations to ensure it was meeting people's needs in a professional and caring way. We saw there was a wishing tree in the communal area of the service. This was where people could record their wishes and if these were achieved the messages on the tree noted this. This encouraged people to consider things they might like to do that otherwise staff would not necessarily know about. Some staff had received information and training from the 'Ladder To The Moon' organisation. This organisation provides workforce and service development that enables health and care organisations to develop active, creative, vibrant care services. Through working using the advice and information from this organisation staff were encouraged to offer a service that meets people's individual needs.

We saw staff supported people to choose where and how they spent their time. While some people came to the main lounge, others chose to stay in their rooms or sit in the communal hall. All of the people we saw were clean and dressed individually, some people wore accessories such as jewellery. Staff told us they

supported people to choose the clothes they wore each day and in the care records viewed we saw that it was noted what people liked to wear, such as 'prefers to wear trousers and tops.' People's bedrooms were also personalised with their belongings in them.

People did not have an advocate as they were supported by relatives or friends but we saw there was information in the entrance hall with details of an advocacy service if people needed this independent form of support.

Is the service responsive?

Our findings

People and their relatives could visit the service prior to making a decision about moving into the service. Their needs were assessed prior to the move to the service and care plans created to tell the staff how to meet these needs, which included people's health, social and care needs. Where possible, people were involved in making decisions about the care and support they received. One person confirmed that they had seen their care records and said, "They (staff) bring it to you; there's a whole series of headings." "A relative told us they had also seen a copy of the care records and stated, "the care plan is brought to me and I look at it about once a year."

There was information in one person's care plan that was not written in a professional or person centred way. We talked with the registered and deputy manager about the language used in care records when describing how to support a person. They confirmed this would be amended, to be more informative and not derogatory to the person. We also found other areas regarding people's records that needed to be improved, such as one person's end of life wishes had not been dated to show it had been reviewed since March 2014. In another person's care records it said they should be checked at night every two hours but did not say why.

However, in one person's care records we could see clear evidence of how to support this person with their particular needs and the staff member we asked could explain how they supported the person correctly and safely. Some specific information about the person had been recorded such as if they have a preference for a bath or shower.

The registered manager could show evidence of where they had worked with a range of professionals to ensure decisions were made about whether they could meet people's needs, or if people needed to be re-assessed and moved to more suitable accommodation.

There were shortfalls in some areas of the care records that have been referred to elsewhere in this report and we found there were many different sections for staff to complete and review, which could make it difficult to keep everything up to date. For new staff there was a lot of information to read and remember. The registered manager said they would be looking at producing a summary of people's needs and preferences that could be helpful to know important details about a person at a glance. They also confirmed the service would be using the provider's new care plan format which aimed to simplify the information about people's individual needs.

We recommend the provider reviews and updates people's records to address the issues we have highlighted in this report.

Feedback on the activities on offer was very positive. One person said, "That lady (indicating the activity coordinator) does a very good exercise class and all sorts of activities. You don't have to go to anything if you don't want to. It's up to you," another person said, "They keep you occupied... They do different things. It's Musical Bingo this afternoon, which I've never done. I want to find out how it works." A relative commented,

"The activity coordinator tries her best; she always asks my relative if she wants to go to the group activities even though she always says no."

We met with the activities coordinator who was enthusiastic about the work they did. They explained that the care staff supported them as they also needed to know what types of activities to offer to people. They told us, "People should be treated as individuals and to respect people's differences and preferences." They were fully aware of offering activities that met people's needs, including if they were living with dementia. There were games in the service that were designed for people living with dementia and this was offered for both people using the service and their relatives to take part in. The service had also signed up to the organisation 'Oomph'. This provided training, support and ideas for the service.

We saw a monthly activities plan which was available for people to see in the communal areas and people were given a copy of this. The activities included, quizzes, exercises, picnic in the local park and a cooking class. Occasionally day trips were also organised as well as outside people visiting the service, such as with their pets or entertainers. The activities coordinator also had a list where they recorded the preferences of people who usually stayed in their bedrooms or declined taking part in activities. The list they had regarding people who rarely took part in social events informed all staff on how to engage with the people who chose to remain in their rooms. For example it might note that a person likes to read and that staff should offer books from the mobile library, or that a person might enjoy a manicure.

The activities coordinator was keen to record people's life stories with them and their relatives and informed us that nine people so far had these in place. They explained a few people wanted to keep these in their bedrooms, whilst others agreed for them to be kept with their care records for staff to know more about their background.

The service was registered and accredited to follow the principles of the Eden philosophy. It is based on ten principles that have been developed to support the elimination of loneliness, helplessness and boredom. This prompted the staff to ensure that care and support was offered to people in a person-centred way and provided them with meaningful interactions and opportunities. Some staff explained that they had received the training and that it encouraged them to support people in a way that valued them and took into account their preferences and interests. We observed that throughout the inspection there was much interaction and conversation with people. Staff sat with people in they were sitting in the communal areas and talked with people all the time ensuring that people were stimulated and did not feel isolated.

People and their relatives had access to the complaints policy and procedure. This was given to people as part of their admission to the service and we saw it was visible around the service. The registered manager would look in to providing a pictorial version of reporting complaints. One person told us, "This place, they do look after you. I haven't got any complaints." A relative confirmed that they had raised an issue with the registered manager and they had dealt with it promptly.

The registered manager confirmed that the service had not received any complaints and the Care Quality Commission (CQC) had not received any about the service.

The service obtained the views of people using the service and relatives in a variety of ways. Satisfaction surveys were given to people and relatives that looked at different aspects of the service such as food and activities. These were analysed and an action plan put in place if recommendations were made. We also saw there had been a meeting for people using the service in June 2016 and a relatives meeting that had been held in July 2016. A newsletter was also produced for people so that they could hear news about the service and know what had taken place and future events coming up.

Is the service well-led?

Our findings

We received positive feedback about the service, the registered manager and staff team. We observed kind and caring interactions between staff and the people using the service. One person told us, "I have a good relationship with the manager." A comment from a relative was, "The manager, she is not just a figurehead; she knows her residents. If I have any concerns I raise them with her."

Although there were many checks and monitoring systems in place, these were not always effective in identifying the issues found during this inspection. This included medicine management and record keeping. The in house medicines audits for June and July 2016 had not detected the issues highlighted and one audit had scored a 99% compliant score which meant that it did not find that there were problems with some of the recording and administration of medicines in the service.

Following on from the inspection, the registered manager sent us copies of medicine audits they would be using which would be more frequent and detailed with the aim to ensure people safely received their medicines.

People's care documents were audited each month and the registered manager also checked the contents of people's files. However, these audits had not identified the areas we found needed attention and clarification, such as making referrals to community health care professionals and ensuring there were relevant risk assessments in place to safely support people. There was some information that did not fully inform staff of people's individual needs and did not include all the documents necessary such as copies of the legal documents showing what legal powers relatives and/or others had in matters such as people's finances and/or health and welfare.

We found there were different ways staff shared communication with each other and there were meetings for both the general staff team and the senior staff team. Some of the issues found during the inspection showed that there were problems with how effective daily communication was between the registered manager and the staff team. There were various places to record messages, people's needs and any other relevant information about each person but we could not be certain that all important messages had been passed to the registered manager so that they could review any problems in the service.

Overall the monitoring checks did not fully identify all the improvements needed to be made to ensure people received a safe and consistent service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed other systems and procedures that were in place which monitored how the service was running. Various professionals and trustees also visited the service to check different aspects of the service and made recommendations for the registered manager to act on if they found areas needing attention.

There was a business plan in place. This looked at the objectives the registered manager would like to see put in place to enhance the experience for people living in the service. We saw from the 2016-2017 business plan that various requests had been made to purchase items such as, an interactive music system, which people could use independently to make music. Also decorating in communal lobby areas and new flooring in certain areas to ensure the service continued to look welcoming and homely.

Staff were complimentary about the registered manager who had been in post for almost ten years. Their comments included, "she is approachable," "you are free to go to her," "always support me" and "the management help us a lot, can go to them anytime." Meetings were held for staff and the last one had been held in May 2016. Other meetings were held as and when the registered manager felt it was needed to ensure staff heard any updates or news about the service or provider.

The registered manager told us they kept up to date via meeting and receiving support from other managers who worked in the provider's other services. They also received updates from Skills for Care (a social care organisation that can offer guidance and information on current good care practices) and the Care Quality Commission.

The registered manager also ensured that the service and staff accessed different opportunities and that external resources were accessed to improve the lives of the people using the service. This included, creating a "fine dining" experience where people using the service and their relatives were served food and staff dressed formally to serve people their meals to make the event meaningful. The service was short listed when they entered this competition in 2015.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users.</p> <p>Regulation 12 (1)</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Regulation 17 (2) (a)</p>