

Carebase (Claremont) Limited

Claremont Court

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?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection was carried out on the 7 April 2015. Claremont Court is a service that is registered to provide accommodation and nursing care for 57 older people some of whom are living with dementia. Respite care is also provided. This provides temporary relief to those who are caring for family members, who might otherwise require permanent placement in a service outside the home. The registered provider is Carebase (Claremont) Limited. Accommodation is provided over three floors. The top floor is primarily for people who are more independent where some people are living with dementia, the middle floor is for people who are all living

with dementia and the ground floor is for people who mostly have advanced dementia and have more physical needs. On the day of our visit 52 people lived at the service.

On the day of our visit there was a registered manager in day to day charge. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2014 and associated regulations about how the service is run.

There was not always guidance for staff in relation to the safe administration of people's medicines. Where people needed an 'As required' medicine there was no information for staff on when this should be given. There was no guidance from the pharmacy on the best way to give covert medicines where people were receiving them. This is a breach of regulation 12 of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored appropriately and audits of all medicines took place.

Staff did not always have the most up to date guidance in relation to their role. The service's mandatory training had not been completed by all of the staff and nurses were not up to date with their clinical knowledge which included wound and catheter care.

One to one meetings were not regularly undertaken with staff and their manager and appraisals had taken place for all staff. This is a breach of regulation 18 of the The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not sufficient numbers of staff deployed to meet people's needs. People were left on their own in the lounge for periods of time which was a risk to their safety. These are a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives said they felt their family members were safe from abuse. However two relatives said that they were concerned that their family member was left on their own for too long.

The service was not always clean. There was a risk of infections spreading where soiled laundry had not been kept separate from un-soiled laundry. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments for people were up to date and detailed. Each risk assessment gave staff information on how to reduce the risk. These included risks of poor nutrition, choking and falls. Staff had a good understanding of each person's risks.

There were complete pre-employment checks for all staff. This included full employment history and reasons why they had left their previous employment. This meant as far as possible only staff with the mix of skills and competencies were employed.

Staff had knowledge of safeguarding people and what to do if they suspected abuse.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had knowledge of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). However the registered manager had not submitted DoLS applications to the local authority for people in the service who's liberty may need to be deprived. Where people lacked capacity and had bed rails, applications had not been to the local authority in relation to their liberty being deprived. These are breaches of regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People were not offered a choice of meals. Menus were not available in a format big enough for people to see. Those people who needed support to eat did not always receive this in a timely way. This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives said that the food was good. We saw that there was a wide variety of fresh food and drinks available for people throughout the day.

People had access to external health care professionals as and when they required it.

There were times when staff were not considerate of people living at the service. One person's radio had not

Summary of findings

been tuned in properly to a radio station for most of the morning which meant that they had not been able to listen to anything. This is a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities)

People and relatives felt that staff were kind. People were treated with kindness and compassion by staff throughout the inspection. Staff acknowledged people warmly and sat talking with people. Where people were anxious staff responded in a caring and reassuring way.

We saw that staff knew and understood people's needs in relation to the care that they received.

People were not always treated with dignity and respect. People were being alternately supported to eat during meal times and staff were seen to stand over people to put food into their mouths. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff knocked on people's doors and waited for a response before entering and personal care was given in the privacy of people's own rooms or bathrooms.

We were not provided with any evidence of how complaints had been addressed however there was a complaints policy which people and relatives had knowledge of.

People's personal history, individual preferences, interests and aspirations were all considered in their care planning. Care plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. We found instances where a change had occurred and care was changed to reflect this. Staff responded to people's needs as and when they needed it.

There was a programme of activities in place and an activities coordinator who worked part time at the service. People were also supported to access the outside community.

Audits of systems and practices carried out were not always effective. Where concerns had been identified these were not always addressed. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported and were listened to by the registered manager. Regular staff meetings took place and staff contributed to how the service ran. Meetings were minuted and made available to all staff.

Annual surveys were sent to the relatives who were very complimentary of the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were at risk because their medicines were not being managed appropriately in relation to 'as required' medicine. Medicines were stored and disposed of safely.

There were not enough qualified and skilled staff to meet people's needs.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance to staff.

Staff understood and would recognise what abuse was and knew how to report it if this was required.

All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Requires improvement



Is the service effective?

The service was not effective. Staff had not received regular one to one meetings with their line manager.

Staff had not received appropriate up to date clinical and service mandatory training.

Mental Capacity Assessments had not been completed for people where they lacked capacity and not all appropriate forms had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Appropriate support was not always given to people in a timely way when they required support to eat and drink. People were not always offered choices of what they wanted to eat.

People's weight, food and fluid intakes had not always been monitored accurately.

People had been effectively assessed or care delivered appropriately to meet their individual needs.

People's health needs were monitored.

Requires improvement



Is the service caring?

The service is caring.

People were not always treated with consideration.

People had their dignity, respect and privacy protected.

Staff interacted with people in a respectful or positive way.

Requires improvement



Summary of findings

People told us staff were caring and we observed that people were consulted about their care and the daily life in the service.

Is the service responsive?

The service was responsive.

Complaints were not recorded and logged to establish how the complaint had been addressed. However people felt that their concerns were listened to.

Pre-assessments took place before people moved in and staff provided care specific to people's needs.

Staff we spoke with knew the needs of people they were supporting. We saw there were activities and events which people took part in.

Good



Is the service well-led?

The service was not always well-led.

There were not effective procedures in place to monitor the quality of the service. Where issues were identified and actions plans were in place these had not always been addressed.

Staff said that they felt supported, listened to and valued in the service.

Requires improvement



Claremont 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 was an unannounced inspection which took place on the 7 April 2015. The inspection team consisted of two inspectors and an expert by experience in the care of people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit, we spoke with 10 people who used the service, eight visitors and 15 members of staff and the registered manager. We spent time observing care and support in communal areas. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at a sample of four care records of people who used the service, medicine administration records, four recruitment files for staff, and supervision and one to one records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection of this home was on 30 April 2013 where we found our standards were being met and no concerns were identified.

Is the service safe?

Our findings

There were mixed opinions about whether people and relatives felt safe. One relative said “I know (my family member) is cared for but I do worry about safety. I don’t worry about staff abusing but more about (family member) falling.” People who were able to tell us said that they felt safe. Other relatives were concerned that the staffing levels meant that their family members were not always being supported by staff.

Guidance was not always available for staff in relation to the administration of some medicines.

Medicines prescribed to be used ‘As required’ did not always have guidance available for staff on how and when the medicine should be given and what staff should look out for. The registered manager said that this had been identified and was being addressed however the ‘medication audit’ undertaken by the clinical lead at the service in February 2015 stated that there was guidance in place for all residents who may need ‘As required’ medicine which was not the case. There was a risk that people were not having medicines when they needed. Staff understood what was meant by the term ‘covert’ medication. Covert medication is the administration of medicines in a disguised form. This usually involves disguising medicines by administering it in food and drink. As a result, the person is unknowingly taking medicine. However there were examples of where there was no evidence that guidance had been sought from the pharmacy around the best way to give the medicine or evidence of the best interest decision around why the medicine should be given covertly. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to take their medicine and given time to consider what was being asked of them. Staff took time to explain what was happening and where appropriate, what the medication was for. Medicine trolleys were stored in the treatment room which was kept locked at all times. Only senior members of the staff team had access to the keys and they were kept with the member of staff on duty at all times. Other medicines were stored in a locked metal cabinet inside the locked treatment room. Staff told us the procedure used for the disposal of unused or discarded medication.

Up to date medicine policies and procedures were available to staff and kept with the medicine trolley. We looked at Medication Administration Records (MAR) and found the daily checklist for medicine administration had been signed appropriately, there were no gaps and correct codes had been used where necessary which showed people had received their prescribed medicines..

There were not always sufficient members of staff deployed to support people. On the day of the inspection we saw times where people had been left on their own in the living areas for over ten minutes. On one occasion we saw one person trying to stand up out of their chair unassisted and we supported them to sit back down until someone could help them. Staff were busy transferring people into their wheelchairs with a hoist and taking them to the dining rooms which left people un-supervised. One relative said that they were concerned about their family member being left on their own, this was the same person that we saw trying to stand up without assistance.

Staff said that often staff would be ‘borrowed’ from other floors to help on the ground floor and that people were often in bed still at midday. One member of staff said that in the morning there could be two staff assisting people with their breakfast, one member of staff would support people in the living room which left one member of staff do undertake personal care for over twenty people. Relatives told us that they thought the staffing levels were low especially at weekends. One said that they always filled up with family’s member’s water jug because they knew that it was a long time before someone checked on them in their room. One person’s care plan stated, ‘Staff must not leave (the person) unattended in their wheelchair’ however there were several occasions throughout the morning there were no staff in the room and the person had been left in their wheelchair.

The registered manager told us that each person’s needs were assessed to identify how many staff were needed to care for them. They said that two nurses and ten carers were needed to safely meet people’s needs. We saw from the staff rotas that there was always this number of staff on duty. Where there was a gap in the rota the registered manager would call upon agency staff according to the registered manager’s assessment, however in practice there

Is the service safe?

r were not enough staff deployed to meet people's needs. These are a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment files contained a check list of documents that had been obtained before each person started work. We saw that the documents included Disclosure and Barring checks (DBS), two references, evidence of the person's identity and full employment history. This gave

assurances to the registered manager that only suitably qualified staff were recruited. Staff confirmed to us that before they started work recruitment checks were undertaken.

Relatives said that the service was not always clean. One relative said "We are unhappy with the cleaning and the hoovering. We told a member of staff two weeks ago that there was an orange splash mark on the ceiling of (their family member's room) and its still there. ...cups in the room aren't not cleared away and where petals have fallen on the plants they are left on the table." Another relative said "Food isn't always cleared up straight away after meals."

There was a risk of cross infection because the service was not cleaned to an appropriate standard. We observed a strong smell of urine in one person's room and in other areas of the service. This smell remained all day and was noticeable all along the corridor of the room. We saw that this had been identified in the service monthly audit in December 2014 and although the flooring had been changed in the person's room this had not made a difference. The dining room was not cleaned properly and food debris remained on the floor from the lunchtime meal through to the evening meal. We showed this to the registered manager who said that they would address this. There was thick dust around one person bed frame. We saw a large orange splash mark on the ceiling of someone's room which was identified as thickener for drinks. The head of housekeeping confirmed that the stain had been there for over two weeks and they were struggling to remove the mark. Whilst we were there this area was painted over.

There was a risk of cross contamination because of the lack of management of the processes around the cleaning of laundry. We were told by staff that soiled clothing was stored in red bags separately from the other dirty laundry. However we saw in the large bins in the laundry room that

there was a large blanket which was soiled on top of other bedding and clothes that were not soiled. The red laundry bags meant for soiled items had been emptied out into another large bin. This meant that they were no longer contained to prevent the risk of cross contamination. Staff said that the bags should be sealed and placed into the washing machine which was not happening. The urine soaked clothes and bedding were being placed into the washing machine by a member of staff who was not wearing protective gloves.

Cleanliness and infection control audits were not effective. One member of staff told us that they undertook spot checks daily to identify any gaps in the cleanliness of the service. They told us that they did not feel qualified to undertake the infection control spot checks and audits because they had not had sufficient training. The records showed that the cleaning spot checks had not been undertaken since 13 January 2015. There was no official designated infection control lead. The registered manager said that the deputy manager was a nurse and that it would make sense if this responsibly sat with them. This meant that there was no one at the service taking responsibility to audit or oversee the infection control processes .

These are breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had knowledge of safeguarding adult's procedures and what to do if they suspected any type of abuse. Staff said that they would feel comfortable referring any concerns they had to the manager or the local authority if needed. There was a Safeguarding Adults policy and staff had received training regarding this. There were flowcharts in the offices on each floor to guide staff and people about what they needed to do if they suspected abuse.

The management of people's risks were dealt with in several ways. There were risk assessments in each person's care plan and these needed to be reviewed every month or sooner if required. One member of staff told us that for any new person that joined the service their mobility, weight and skin integrity was assessed within 24 hours. Where a risk had been identified a control measure was recorded for staff to help reduce the risk. One person was at risk of falls. There was information for staff on how to minimise the risk by supporting the person when they wanted to go for a walk and to offer a wheelchair for long distances. Other

Is the service safe?

areas of risks assessed included pressure sores and malnutrition. The member of staff said that these risks to people were also discussed at staff handover. We observed staff supported people when they were walking with their frames and had knowledge of what the risks to people were.

Accidents and incidents involving people were recorded with information of what happened, who was involved, what documents had been completed, who had been informed and what actions were taken. Any trends are identified from the records and steps taken to reduce the risk of this happening. Additional medicines administration training was arranged for staff as a result of continued medicine errors. Staff said that if an incident occurred they would use their walkie talkies to relay information to other staff within the service to get the help they needed.

The environment was set up to keep people safe. The building was secured with key codes to internal doors and external doors. Window restrictors were in place to prevent people falling out of windows. Equipment was available for people including specialist beds, pressure relieving mattresses and specialised baths and hoists on every floor.

In the event of an emergency, such as the building being flooded or a fire, there was a service contingency plan which detailed what staff needed to do to protect people and made them safe. If people needed to be evacuated another provider service had arrangements to take people in. There were personal evacuation plans for each person that were updated regularly.

Is the service effective?

Our findings

People and relatives said that staff understood their needs. One relative said “I am confident that they understand (the family member’s) needs.” Relatives said that advice was sought from health care professionals as soon as needed.

Staff were not always supported to provide the most appropriate care to people. We asked the registered manager for evidence of staff one to ones and appraisals. The registered manager told us that one to ones and supervisions were not up to date and that they were addressing this. Evidence of one to ones was not provided and staff confirmed that these did not always take place. Nursing staff’s competencies should be assessed regularly to ensure that they are making decisions in line with the latest clinical guidance. Although group supervisions were taking place with the nurses they had not had a one to one meeting with their manager. We saw that 22 members of staff out of 60 were overdue with their appraisal. We were not provided with any evidence of whether the rest of the staff had received one if appropriate (been at the service more than a year). As this was not happening there was a risk that people may not be effectively cared for from staff that did not have up to date knowledge in best practice. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to an external health care professional who said “I don’t have any concerns; staff have a good understanding of people’s needs.” The registered manager told us that they worked closely with health care professionals and sought their advice when needed.

Staff were kept up to date with the required service mandatory training. The training included fire safety, moving and handling, health and safety, food hygiene and dementia training. Staff gave examples of how their training had helped them with their role. One member of staff said that the manual handling training helped them understand that the sling they used to hoist people was determined by what the person weighed. Another said that when they first started they received an induction and were mentored by another member of staff. They said “It was sufficient to give me confidence in my role.” This meant that staff had the appropriate and up to date training in relation to their role. At the time of writing the report we had not been provided

with evidence of the clinical training that nurses had received. One health care professional we told us that they had no concerns over the clinical care that people received or the nurse’s knowledge.

Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We found that records of any mental capacity assessments were either incomplete or missing from people’s care plans. There were no records of any decision around why it was in someone’s best interest to restrict them of their liberty if this decision had been made.

The front door and doors to each corridor had a coded door entry system. The registered manager said that they had made all the applications they needed to Surrey County Council. This related to people that lacked capacity where they felt their liberty may be restricted in relation to the doors being locked. We saw that where ‘Do not attempt cardio pulmonary resuscitation’ (DNACPR) forms had been completed for people who lacked capacity there was no evidence that capacity assessments had been completed. These are breaches of regulation 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff gave examples of where they would ask people for consent in relation to providing personal care. We saw several instances of this happening during the day.

People said they enjoyed the food. However there were mixed reviews from relatives about the food. One said that they felt for the amount it cost to live there the meals were not good.” Another relative said that the chef blended their family member’s food when needed and was happy with what they received.

We observed lunch being served on all three floors and people’s experiences varied. A menu was displayed just outside of the dining rooms for people however this was written in small print which was difficult for people to read. On the ground floor, people were not offered a choice of meals although there were two main courses available.

Is the service effective?

There were no photos of the meals or other means for people to look at and help them decide what meal they wanted. Those that needed assistance to eat sometimes had to wait until other people had been assisted. For those people who had their meals pureed this was done by the chef before any opportunity was given about what people wanted to eat. The chef acknowledged this and said that they were working on a system of getting staff to ask people what they wanted to eat before the meals were cooked. These are breaches of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people needed to have their food and fluid recorded this was not always done accurately. One person (who was at risk of being dehydrated) had not had a drink between 10.30 to lunchtime; However the record showed that they had been given a cup of tea during the mid-morning. We saw that staff didn't offer this person a drink and that this had been recorded incorrectly. This meant that staff did not have an accurate record of what this person had drunk. We raised this with the registered manager on the day who said that they would address this immediately. This is a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However it was noted during the inspection that some people's drinks were within reach for people that were in bed. People had a choice of where to have their meals, either in the dining room or their own room. On the two other floors we saw that staff engaged with people more, offered choices and provided support to eat their meal if needed.

The chef had records of people's individual requirements in relation to their allergies, likes and dislikes and if people required softer food that was easier to swallow. For those people that needed it equipment was provided to help them eat and drink independently, such as plate guards and adapted drinking cups. Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. People's weights were recorded and where needed advice was sought from the relevant health care professional.

A safe, well designed living space is a key part of providing the best care for people living with dementia. We did not see sufficient age appropriate points of interest. We saw people walking around the service and sitting in different areas but they were not interacting with anything of interest. There was clear signage for people and each room had a memory box outside to help orientate people to their own rooms.

The design of the environment of the service helped people living with dementia to be as independent as possible. Chairs were arranged in social areas in small clusters that encouraged conversations as well as other quiet areas where people could sit if they wanted to. There was space to walk around independently inside the service and we saw people doing this throughout the inspection.

People had access to a range of health care professionals, such as GP, physiotherapist, and nutritionist. The GP visited regularly and people were referred when there were concerns with their health.

Is the service caring?

Our findings

People and relatives felt that staff were kind and caring. Comments included “Staff are wonderful” and “Staff are exceptional.” Comments from relatives included “It is very friendly, we can visit at any time” and another told us that a member of staff took the time to research about their family members previous career to give them things to talk about.

There were times throughout the inspection where staff were not caring. On the middle floor a member of staff put a cd music disc on for people in the lounge where most people were living with dementia. The cd started with a loud air raid siren. We asked the member of staff what this was and she remarked that the music was a bit old but didn’t acknowledge how this noise could have been distressful for people. No one was asked what music they wanted to listen to. Another person was in their room, they told us that if they needed a member of staff they would use their call bell. However the call bell was not within easy reach. We mentioned this to a member of staff who said they would deal with it. A while later the person could be heard banging their cup on her table and calling out, “Is anyone there” for about three minutes as lunch was being served. The person’s radio was on but it had not been tuned in properly. Staff had not been in the room to address this or to make the call bell easier for them to reach. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were instances of staff being caring towards people. Staff demonstrated affection and kindness towards people. One person was sitting in their chair with their eyes closed. A member of staff gently spoke to the person and engaged with them. The person smiled and enjoyed having the interaction with the member of staff. One person wasn’t able to communicate verbally however staff spoke to them and asked them questions in a way that allowed

them to respond using body language. People, who were able to communicate with us verbally, said they were well cared for and the staff were kind. It was obvious from the conversations that staff had with people that they knew them and what their likes and dislikes were.

One member of staff said it was important to not take anything away from people. For example, if a person was a private person, they didn’t expect them to join in on group activities. It was important to them to learn about the person and understand who that person was.

One relative told us “We can visit at any time.” We saw that this was happening throughout the day. External health care professionals said that the staff were caring.

People were not always given the opportunity to be involved in the running of the service. We asked for evidence of any residents meetings that had been held and we were not provided with these. Relatives said that they did feel involved but were not sure if residents meetings took place.

People were offered choices of where they wanted to sit and where they wanted to eat their meals.

There were occasions where staff did not treat people with respect. During meals we staff assisting two people to eat at the same time going from one person to the other with a spoonful of food. We saw staff stand and lean over people to offer them a mouthful of food. We spoke to the registered manager about this who said that this was not acceptable and did not promote dignity and that they would address this with staff. This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities)

We saw occasions where staff were seen to be respectful and polite to people. Staff knocked on doors and waited before entering and protected people’s dignity when providing personal care.

Is the service responsive?

Our findings

People and relatives told us that before they moved in the manager undertook an assessment of their needs.

There was a complaints procedure in place for people to access but a record of how complaints had been resolved was not always recorded. We asked the registered manager to provide us with evidence of complaints received and how these were responded to. We received information about the nature of the complaints but not how these had been resolved. We were unable to establish if any action plans had resulted from any complaints made and how these had been dealt with. However all of the people and relatives we spoke with said that they would make a complaint if they needed to. They said that their complaint was responded to promptly by the manager. One person said that they had asked to see the registered manager as they wished to complain. They said the registered manager had sorted everything out for them. We saw that there was a copy of the complaints procedure available for people in the reception.

We recommend that the registered manager makes a clear record of how complaints have been responded to and any learning from these complaints are recorded.

Staff were given appropriate information to enable them to respond to people effectively. The service used electronic care plans and risk assessments. Care plans covered activities of daily living with supporting risk assessments. Care plans had relevant information with personal preferences noted, for example one stated that 'hair and make-up is important to me'. We saw that staff supported this person in a way they wanted. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, and care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

One member of staff said when people are admitted they would involve the family and the person to "Create a picture" of that person and to get to know them. They said that after that, any changes they noticed to a person they would report to the nurse so the care plan could be reviewed.

Staff had a handover between shifts and the team leaders and deputy manager met every morning to talk through each person. They used a handover sheet to highlight specific information that staff needed to be aware of before providing care. One person had become unwell and was being cared for in bed. This was discussed with staff at the handover. This meant that staff were kept up to date of any changes in people's care.

Daily records were written by staff throughout the day on mini handheld pads. Records included what people had eaten and drunk. It included detail about the support people received throughout the day. Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual's current needs. Where a change to someone's needs had been identified this was updated on the care plan as soon as possible and staff were informed of the changes. One person was now had to have their food pureed and staff (including the kitchen staff) were kept informed.

We saw a mixture of activities going on through the day. A member of staff sat and painted one person's nails. Two people were taken out into the garden for 20 minutes each. This was done separately so a member of staff could remain on the floor supporting people who did not want to take part in activities. Staff asked people what music they would like to listen to and staff accommodated this. A Communion service took place outside in the afternoon and this was attended by four or five people. People were able to help with the garden and greenhouse if they were interested. Other activities included seasonal events, flower arranging, cake making, trips to the local pub, and music and one to one sessions with the activities coordinator. Activities were designed to meet the needs of everyone at the service.

Is the service well-led?

Our findings

People and relatives said they were satisfied that the home was well managed and they felt supported. One member of staff had been unwell and said they felt the manager was understanding and supportive.

The registered manager had only been in post since January 2015. They were aware that there was a lot of work that needed to be done to improve the culture of the service to ensure quality care was delivered by staff.

The quality assurance systems in place were not robust. Monthly 'Business Managers' quality assurance visits took place. These included areas of staff supervision, care plans, the menu and food and infection control. It was identified in January 2015 that food and fluid recording needed to improve, that the smell of urine in one person's room needed to be addressed and 'Do not resuscitate' forms needs more detailed information about the discussions that had taken place with the person. We found that this was still a concern and that these matters had not been addressed. A medication audit took place on the 26 January 2015 but it did not pick up that there were no 'As required' medicine guidance for staff.

A relative and staff survey had taken place before the registered manager had started work at the service. An analysis of the surveys had not taken place and concerns that had been identified were not addressed. For example it was raised on the relative's survey that there were not activities or food choices but there was no action plan to show how the relatives concerns had been addressed.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported by the registered manager. They said they saw them and the deputy manager every

day. Staff said that the managers helped out and that they knew the people well and engaged with people. We saw examples of this during the visit. They said colleagues were friendly and helpful with each other and they enjoyed working at the service.

Staff said that morale had been low but things had improved. Staff said that they were now having more team meetings. One member of staff said that staff were very loving and caring to people "It was a really good bunch of hardworking staff."

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. For example discussions around the handover forms and on-line training.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

The services 'Mission' was clear to people, visitors and staff. There was a copy of the 'Mission' statement in the reception of the service. Staff understood what it should mean for people who received care and that the highest standards of care should be maintained. The 'Mission' was 'To improve and make a difference to the lives we touch through the delivery of high quality health care and a deep sense of compassion. One member staff said "To see everyone as a unique person, the butterfly effect." Another said that "Care was the utmost."

Staff at the service were open and approachable. We found that interactions between staff, people and visitors promoted a sense of well-being.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control This is because the registered provider failed to protect people against the risks associated with unsafe care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing This is because the registered person did not have the right numbers of staff deployed to meet people's needs. Suitable arrangements were not in place to ensure that persons employed are appropriately supported in relation to their responsibilities and best practise guidance.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance This is because there were not processes in place that ensured the improvement of quality and safety of the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent This is because the registered provider did not have suitable arrangements in place for obtaining and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

This is because people must not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

This is because people must be treated with dignity and respect when they receive care and treatment. This includes staff treating them in a caring and compassionate way.

This section is primarily information for the provider

Enforcement actions

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