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# Elliott House Care Home

## 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?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 29 and 30 June 2016. It was an unannounced inspection.

Elliott House provides personal care and accommodation for a maximum of 70 older people, some people are living with dementia. The accommodation is across three floors and there is a separate part of the home for people with dementia, called Poppy unit. Elliott House is a large home set in extensive grounds. There is parking along the drive at the front of the home.

At our last inspection in October 2015, the service was in breach of some of the regulations. The provider sent us an action plan outlining how they would rectify those breaches.

At this inspection there were two registered managers in post who worked together sharing the role between them and both were present at the inspection. 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. People and visitors were complimentary of the service and said that their experience of the management of the service had improved. A visitor commented, "There has been a good improvement in the place and my kids also tell me it is nice to be here now, whereas before they said it was really smelly. There is no sign of that now".

The registered managers had a list of improvements that they were working through to meet the regulations and had made considerable progress. There were some areas that were still a work in progress and needed improvement but enough progress had been made to meet the regulations that were in breach at the last inspection.

At this inspection the recruitment process needed improvement. There was a robust staff recruitment procedure but this had not been followed. References, gaps in employment history and issues on the police checks had not been followed up properly to make sure staff were suitable to work with vulnerable adults. This was a breach in the regulations and the registered managers were asked to take action with this.

The staffing level had been reviewed and more staff were being recruited. The registered managers were developing a dependency tool to make sure they were able to assess the staffing level needed and respond to people's changing needs. Staff had given feedback in a staff meeting about the need for increased staff at particular times in the day and this had been responded to. Agency staff were supporting the team to increase numbers until appropriate staff had been employed and trained. A person commented, "There are usually enough people around and anyone will always help you if you need it".

One of the lifts was out of action and had been for some time. The provider had requested quotes to get this repaired. Changes to the times of the main meals had reduced the need for everyone to use the lift at the same time but there were still periods of time when people had to wait. This was an area for improvement.

A visitor commented, "If we need the lift to go downstairs we do have to wait our turn".

The quality monitoring system was based on responding to feedback and issues identified. There was a good system of auditing and analysing the feedback received. There was no overall development plan for the service to structure the projects the registered managers were focusing on, so that it was clear to people what they were working on and what the priorities were. This was an area for improvement.

Visitors and staff said that the registered managers had worked hard and that the service had greatly improved. Visitors said they felt listened to if they had a concern and that the managers had an open door, so that they felt confident to approach them. Staff said they felt well supported by the registered managers and were clear about their role and what was expected of them.

The registered managers understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. All staff were receiving training in the principles of the MCA and the DoLS and were becoming more confident about the requirements of the legislation. Work was on going with the assessments but many were already in place for essential things like whether people were able to consent to taking their medicines and if they wanted to have the flu injection.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS authorisations had been obtained from the local authority. Some further applications had been made and DoLS assessors had been involved.

A variety of training courses were provided and some new courses were being organised to make sure staff had the skills and knowledge they needed for their role. New staff received induction training and supervision from the registered managers until they were confident. There was a plan to introduce the Care Certificate so that staff had up to date training for current good practice. (This is the new minimum standard for new care staff.)

People were supported to have a healthy diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Some people said they had to wait for their meal. Some people said the meals were not as hot and as tasty as they could be. The organisation of meal times was being reviewed, to make sure people did not have to wait too long for their meal to be served and so that it was served at the right temperature. At the time of the visit there were three different sitting and serving times, an additional member of staff had been allocated to the dining room where most people needed support and an additional cook had been employed. People said this had improved things.

People were supported to keep well and healthy and if they became unwell the staff responded promptly and made sure that people accessed the appropriate services. Visiting health professionals including district nurses and doctors were involved in supporting people's health and wellbeing as needed.

Staff were attentive and responsive when people called for them or indicated that they needed some help. We saw staff behaved respectfully and were accommodating if people wanted drinks and snacks at different times; and if people wanted to go to the toilet, staff responded straight away. A visitor commented, "I am always made welcome when I come in".

People received their medicines safely and when they needed them. They were monitored for any side effects. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. All medicines were stored safely and all records were completed. The registered managers carried out medicines audits and picked up any issues.

People said they felt safe in the service. Staff understood how to protect people from the risk of abuse and the action they needed to take to report any concerns in order to keep people safe. Staff were confident to whistle-blow to the registered managers if they had any concerns and were confident appropriate action would be taken.

Risks to people's safety were assessed and managed appropriately. The risk assessments identified people's specific needs, and showed how risks could be minimised. Staff understood people's individual needs and had good relationships with them. People looked settled, happy and contented.

The needs of people living with dementia had been considered when the lounge/dining rooms had been redecorated, including plain floors and clear signs. The registered managers were working on picture and easy read documents to help people express their wishes and if they had concerns. This was a work in progress.

Before people decided to move into the service their support needs were assessed by the registered managers to make sure the service would be able to offer them the care they needed.

People's privacy was respected and they were able to make choices about their day to day lives. Staff were respectful and caring when they were supporting people. People were comfortable and at ease with the staff. Staff encouraged and involved people in conversation as they went about their work, smiling and chatting to people as they went by.

Staff spent time with people and found different ways to occupy people. There was a checklist to make sure people were not left in the lounge unattended for too long. When people became anxious staff took time to sit and talk with them until they became settled. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly.

Visiting entertainers and activities coordinators provided some activities each week and there was equipment for the staff to entertain people. The registered managers were in the process of recruiting a new activities coordinator who would be based in the home. Structured activities were carried out by the staff in Poppy unit and visitors were complimentary of the care provided.

A visitor commented, "I think this is a lovely home and everyone seems happy to be here. The staff are very kind and nothing is too much trouble. I would certainly recommend this home to a relative or friend."

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

People, relatives and staff felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them. Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed.

Checks on the equipment and the environment were carried out and emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do.

The gardens at the back were secure with walkways and seating areas. Poppy unit had its own garden with patio doors leading out down a slope. People were sitting or walking outside and enjoying the fine weather. The garden was well maintained and secured with a fence and shrubs. A person commented, "I love walking in the garden. It gives me my exercise." Another person said "I have a brisk walk in the garden when the weather is fine." Many people were able to come and go independently. People who needed support were taken out individually by staff for a breath of fresh air and we saw this throughout both days of our visit.

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. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

We found a breach of Regulation 19 regarding staff recruitment. You can see what action we have taken at the back of this 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 safe overall but improvements were needed with staff recruitment.

The way staff had been recruited did not protect people from being supported by staff who were unsuitable to work with vulnerable adults.

People were kept safe from harm and abuse. Risk assessments were designed so that people had the support they needed and were protected from avoidable harm.

There were enough staff to meet people's needs. A system was being designed to make sure this was maintained.

Equipment was checked regularly to make sure it was safe. There were two lifts. One was not working.

Medicines were administered, stored and recorded appropriately.

**Requires Improvement** 

### Is the service effective?

The service was effective, improvements were on going to make this sustainable.

Staff received the training they needed to have the skills and knowledge to support people and understand their needs.

Consent was always sought before any care was given and if people needed support to make decisions this was provided appropriately.

People were supported to eat a healthy varied diet and at their own pace. Improvements to mealtimes were still in progress.

People were supported to maintain good health and had access to health care professionals when needed.

**Requires Improvement** 

### Is the service caring?

The service was caring.

**Good** 

Staff communicated effectively with people and treated them with kindness and compassion.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed when they came to live at the service and their care plans were personalised to reflect their wishes and preferences.

People had an opportunity to take part in activities of their choice. The choices available were being developed.

Information about how to make a complaint was on display at the service. People and relatives knew how to raise any concern and they were confident they would be acted on.

### Is the service well-led?

Requires Improvement ●

The service was well led with some improvements still needed.

Quality monitoring systems were in place and any areas that needed improvement were picked up. A clear development plan was not in place and this was an area for improvement.

There was a positive culture in the home. People and visitors said they felt confident in the staff support and the home had a good atmosphere.

There were two registered managers in post leading the staff team. Staff were clear about their role and felt well directed and supported.

# Elliott House Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 and 30 June 2016 and was unannounced. The inspection was carried out by two inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and with people living with dementia. There were 47 people living at the service at the time of our inspection.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR had not been updated again as this was a follow up inspection and we had not asked the provider to do this. 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 included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

During the inspection we looked around all the communal areas of the service and went into some of the bedrooms to talk to people. We met most of the people living at the service and talked with twenty two people about their experiences of living at Elliott House. Conversations took place in the lounge areas and in people's bedrooms (with their permission). Some people were unable to talk about the care they received and had intermittent awareness during our conversations, so we observed their interactions with the staff and spent time with people. We observed the lunch time meal on both days in both dining rooms and in the Poppy unit. We observed how staff spoke and interacted with people at different times during the day. Some people were able to tell us about their experiences of living at the service and for those who were not able to talk with us we used our observation tool called SOFI. SOFI stands for Short Observation Tool for Inspection and is a timed checklist of how people are spending their time and how they are cared for during a specific observation period. We looked at how people were supported throughout the day with their daily routines and activities.



We spoke with seven members of staff, seven visitors, the visiting activities coordinator, the hairdresser, two kitchen staff, a visiting healthcare professional and both registered managers.

We reviewed ten care plans of the people living at the service, and looked at a range of other records, including safety checks and records kept for people's medicines. We reviewed nine staff files and records about how the quality of the service was managed and discussed these with the registered managers.

We last inspected this service in 23 and 24 October 2015. Concerns and breaches in the regulations were identified at this inspection.

# Is the service safe?

## Our findings

People talked about their experiences. Everyone we spoke with commented that they felt safe in the home. A person commented, "I like living here the people are nice and friendly, I don't have any problems". Another person said, "There are always plenty of people around if I did need help. It's ok living here, there are no problems".

At this inspection we found that there were shortfalls in part of the recruitment process for new staff. The provider had a system of checking staff before they started working but some of these checks had not all been carried out properly. Staff completed an application form and had a formal interview as part of their recruitment. Police checks, proof of identity, employment history and health declarations were requested. In some of the files there was no proof of identity, some of the references had not been received and some were not checked out to make sure they were authentic, there was no proof of police check being returned and some interview notes were not included. Where there were gaps in employment history or past incidents that may make staff unsuitable, these had not been checked thoroughly enough to make sure staff were of good character and suitable to work with vulnerable adults.

The provider must make sure that persons employed are of good character and suitable to work with vulnerable adults. This was a breach of regulation 19 of the Health and Social Care Act 2008 and requires improvement.

At our last inspection in October 2015 the provider had not made sure that there were sufficient staff to keep people safe and meet their needs at all times. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements to staffing levels and how staff were organised had been made.

Staffing levels were monitored and reviewed regularly to make sure people received the support they needed. Two staff had recently left employment. The shortfalls were covered by agency staff on a temporary basis. A staff member said, "is good teamwork we work well together and we now have more staff so we can keep a team on each floor, most times it works ok until someone goes off sick." The registered managers were in the process of recruiting new staff. They were also advertising for staff to work flexible hours so that there was a bank of staff that could be called on when needed. This would be to cover unexpected absences like staff sickness and if additional staff were needed for a limited period of time if a person's needs increased.

Staff were allocated specific areas of the home and there was a separate staff team in the Poppy unit. Staff continued to support people in the same areas throughout the shift. Staff said this made it clear to them, so that they knew what they were to do and were aware of when people had got up, been given drinks and had been to the toilet.

There was a library, two lounges and various areas with space and chairs and small tables where people could sit and spend time quietly or with other people. There were periods of time when there were no staff

in the lounges and communal areas but there was a system in place to prevent this being for too long. People said they were comfortable and were able to call staff if they needed them. Staff were organised so that there was always a member of staff available to check people in the lounges and communal areas. There was a checklist that staff completed every half an hour to make sure people were not left unattended for long periods of time in the lounges and parts of the home that staff did not pass through routinely. Staff were able to keep track of how often staff had been available and how frequently the checks had been carried out.

The organisation of staff was kept under review by the registered managers. Following the last review, an extra member of staff had been allocated to support people in the upstairs dining room, who needed more support to eat their meals.

Staff rotas indicated that staffing levels were as planned. Any gaps such as sickness or vacancies were covered by agency staff or staff working additional hours. If staff practice fell below the required standard then the registered managers followed clear staff disciplinary procedures. Checking that there were always sufficient staff and making sure staff were in the right places to support people was an area that needed to be monitored by the registered managers to sustain improvement.

At our last inspection in October 2015 the provider had not made sure that staff had all been trained to use the evacuation equipment should there be an emergency. At this inspection all staff had received the relevant training and said they were competent to use the equipment provided.

There were policies and procedures in place for emergencies, such as, gas / water leaks. Fire exits in the building were clearly marked. Regular fire drills were carried out and documented. Staff told us that they knew what to do in the case of an emergency. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be safely evacuated from the service in an emergency.

There were two passenger lifts in the home but only one was working. One of the passenger lifts had been out of use for a long time and people commented on having to wait to use the lift that was in use. One visitor commented, "There is only one lift on this floor that works and because there are quite a few frail people if there was a fire, what would happen. I don't understand why that is. If we need the lift to go downstairs we do have to wait our turn". The registered managers said that quotes had been requested for its repair. Getting this lift in working order was an area for improvement.

All other equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A maintenance person was employed in the home and there was a system for repairs to be carried out promptly. A maintenance folder contained records and plans for all checks that were regularly carried out including servicing of the passenger lift in use, servicing of the electrical system in the home, portable appliances checks, hot water checks and all hoisting equipment was regularly serviced. External contractors were called when needed.

Staff showed a good awareness and understanding of different forms of abuse and knew what to do if they witnessed or suspected abuse. Training in safeguarding people was provided to all new staff and there were regular refresher courses for the whole staff team to keep everybody up to date. Staff were aware of the whistle blowing policy and knew how to blow the whistle on poor practice to agencies outside the organisation. There was a clear policy in the home for staff to follow that included reporting to external agencies like the police or social services. Staff said they knew who to report to and the contact details for

external agencies were usually on a noticeboard but were unable to find them during the visit. Making sure staff had easy access to the information they needed to report suspected abuse is an area for improvement.

Risks to people's wellbeing had been assessed by the registered managers and staff understood and consistently followed them to protect people from unnecessary accidents and harm. Risk assessments identified people's specific needs, and showed how risks could be minimised. These were recorded and regularly reviewed within each person's care plan. Individual risk assessments included: risk of skin breakdown for people with limited mobility, not having enough to eat and drink and using mobility equipment. Where risks had been identified, for example, if people were unsteady on their feet and at risk of falling, the support needed to prevent unnecessary accidents had been arranged. Staff were given guidelines to follow so that people were protected as far as possible without their freedom and independence being restricted. People had the equipment they needed. People at risk had pressure mats beside their beds to alert staff that they may need help. A person told us they used a walking frame and commented, "That makes me feel very safe". Call bells were in reach in people's bedrooms so that people could ask staff for help when they needed it.

People were given their medicines safely. There was a clear administration procedure. Staff were able to give out medicines from a trolley uninterrupted so they were able to concentrate. Staff were considerate when giving out medicines and allowed people to take their time, making sure they had taken their tablets before returning to the medication trolley.

People did have the opportunity to manage their own medicines if they chose to. At the time of the inspection none of the people had chosen to manage their own medicines. If this happened a risk assessment was completed with the person to make sure they were safe and to see if they needed any support to manage their own medicines. If people needed support swallowing their medicines the speech and language therapist had been involved and their advice incorporated into the care plan with guidance for staff that had been followed.

All medicines were stored safely in lockable cabinets. There was a fridge for medicines that needed to be stored at a cooler temperature. People's creams were kept in their rooms securely. It was clear when medicines that were not in the blister packs had been opened and the use by date was referred to.

Records were clearly completed and there was information for the staff about the prescribed medicines they were handling so that they knew what signs and symptoms to check for. This included medicines that were given routinely and those that were prescribed to only be given when required. The registered managers carried out audits to make sure there were no mistakes and followed up any errors made. There was a clear disciplinary procedure if staff made repeated mistakes. All medicines that were not needed were disposed of safely.

## Is the service effective?

### Our findings

People and their visitors told us that they were well supported to maintain their health and wellbeing. A person told us, "If I am not well they call the doctor to see me". A relative said, "They are very good in getting my relative assessed and notify me if she has a fall or any other health issues." Another relative told us, "My wife has only been here a few weeks following a stroke. I don't know what they have done but her weak hand has definitely improved. I am very impressed." Visiting relatives told us they were offered refreshments and one relative commented, "The staff are very hospitable." A relative also commented, "When my wife was at home I had difficulty in getting her to eat. She was very fussy. Now I note she eats anything which is quite a surprise!" Quite a number of people had complained about the food and said it was not always hot enough but that it had improved recently. One person said, "I haven't been here very long but I have settled well. The staff do their best for us and are very kind and caring. The food is mostly alright although it could be hotter."

At our last inspection there were some gaps in staff training resulting in a breach of the regulations. A person had a specific health care condition and staff had not received sufficient training for this. Staff were unsure how to work the pressure mattresses and were not always using pressure relieving equipment. At this inspection we found improvements had been made to meet these regulations. Staff were confident in using the pressure equipment and there were measures in place to make sure staff had received the training they needed to care for people and meet their needs.

The registered managers had a good overview of the staff skills and knowledge. Staff had an annual appraisal with one of the managers to discuss their role, their interests and further development. One to one meetings were held every two months to check their progress.

New staff received induction training when they first started. This was initially familiarisation with the home and service provided and then basic training for their role. The registered managers observed new staff's care practice before signing them off. The owner had arranged for consultancy support to revise the induction training in line with the competencies and topics of the Care Certificate. (The Care Certificate is the new minimum standards that should be covered as part of the induction training of new care workers). This is an area for improvement.

There was a system of training to develop staff skills and knowledge. Staff had completed essential training to keep people safe and meet their care needs including: first aid, moving and handling, food hygiene, infection control and dementia awareness. Staff were working towards, or had achieved, a vocational qualification in care to level two or three and during our visit the assessor was assessing some of the staff's latest work.

Training was also provided by community health and social care professionals. Training in skin care was being given to some of the staff during our visit by one of the clinical nurse specialists and other training was planned. These courses were set up to run over several days so that all the staff team could attend the training without adversely affecting people's care.

At our last inspection there was a lack of mental capacity assessments to check people's capacity to gain consent to various activities of care being given. This was a breach of regulation 11. At this inspection improvements had been made.

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.

The registered managers had spent time with people and had talked to people about their care preferences and there was a system of checking people's capacity, assessing the support needed and gaining people's consent. The registered managers were in the process of revising the care plans so that the support given had been agreed in line with MCA and were just over half way through. There were various individual capacity assessments and forms consenting to aspects of care in people's care plan folders that were reviewed monthly or in response to a change. These included things like: consent to receive medicines, a decision to have the flu injection and having sight and hearing tests. Where people did not have the capacity to consent to aspects of care or the decision was more complex, a meeting was held with relevant people, so that decisions were made in the person's best interests.

The registered managers were implementing a new system of assessment so that MCA was routinely included in every person's care plan. Staff had received training and were getting to understand how to implement MCA and DoLS to make sure people were given the support they needed to make day to day decisions. The work on assessments, documentation and increasing staff awareness was on going and was included in the registered managers' action plan. This was an area for further improvement.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Where people's liberty was restricted, deprivation of liberty safeguards had been applied for. For example, people had DoLS assessments if they may want to go out but would not have any road sense or be able to find their way around and home again safely without constant staff supervision.

At our last inspection people's nutritional needs were not all being met. At this inspection some improvements had been made. People's food likes and dislikes were included in their care plans. Where people needed additional supplements these were provided. People's health and weight was monitored to make sure people were eating the right amount and getting the right nutrition. People were referred to dieticians when needed and their advice was followed. A visitor commented, "[Person] doesn't ask for a drink but is always offered drinks and then drinks them. Always being checked and asked. No limits to how much."

There were still some mixed comments about the food but overall the comments were positive. Improving people's experience with their meals was a work in progress and was included in the registered managers' action plan. The registered managers were working on ways to improve meal times and gaining people's feedback to determine what was working well and what still needed to change. There were three different times that the main meal was served to reduce the amount of time between food being put on the plate and given to the person.

The times that meals were served was different in each dining room, including Poppy unit and if people

were eating in their rooms, so that there were enough staff to support and serve the food and it was served at the right temperature. The staff were organised so that there were more staff where people needed the most support to eat their meal. Meals were served from a trolley in both dining rooms and staff took individual meals to people in their rooms on trays.

On the first day of our inspection we saw that some of the meals were not very warm. We talked to people about the food. Some people were unhappy about the quality of the food and said it was not served hot enough but most people commented that the food was served at a reasonable temperature and had no complaints. On the second day we checked the food more closely and found that the plates were warm and there was some steam coming off the food in both dining rooms. People we spoke with said it was hot enough. People looked like they were enjoying their meals and the mealtime was a social occasion with people choosing whether to sit with friends or on their own if they preferred. The tables were set out to make the dining room look pleasant and welcoming.

There was a small team of kitchen staff including two cooks. At the time of the inspection one cook was on holiday and one cook had recently been employed. The new cook was still on induction and probation and was working through competency assessed training for this role. The new cook had previous experience of cooking for large numbers and had enough knowledge about what people needed nutritionally to provide the service required. Specialist diets were provided and food was prepared in different ways to suit individual needs including pureeing and adding extra nutrition. Alternatives were available on the menu and we saw that some people had chosen an alternative. The cook said that food was homemade and cakes and scones were made for each afternoon.

There was a new dining room in Poppy unit that was more spacious. People were able to eat looking out of the window to the garden or sit in small groups. The room was light and airy, staff were attentive and the atmosphere was calm. The food was served and looked warm and people looked like they were enjoying their meal. Visitors were complimentary of the food and said that drinks and snacks were available if their relative got hungry and that staff were very attentive.

Throughout the mealtimes in all dining rooms, staff responded to people's needs promptly giving people time to make choices and express their preferences. Staff encouraged people to eat, helping as necessary but allowing people the freedom to be independent. Staff had a kind approach, also communicating with each other to make sure desserts and drinks were brought at the right times and people received the support they needed. Some people needed their nutrition and hydration monitored more closely and this was clearly recorded in their care plan. Staff diligently completed records of how much people had eaten just after the meal so that it was fresh in their minds and the records were accurate.

People's physical and mental health was monitored and community professionals were involved as needed to make sure people received the right care and support. District Nurses visited regularly, supporting people with skin conditions and other health conditions. The staff had knowledge of people's medical, physical and social needs. Staff had their own pocket notebook and wrote down all relevant notes regarding people's care so that they could report to senior staff and make sure records included accurate and relevant information. When people had health conditions that needed monitoring, staff received training to be able to deliver the care. One of the staff explained that two people had recently had swallowing difficulties so the community speech and language therapist had assessed each person and provided training to the staff in how to support them.

## Is the service caring?

### Our findings

All people and visitors we spoke with were complimentary of the staff, saying they were caring and treated people with respect. A person said, "Its marvellous here, they are so kind, nothing is too much trouble". One visitor said, "I can't fault it here". Another person said, "People are always nice and they are friendly. If I need anything I will just ask for it". A person said, "I go downstairs for the activities and do look forward to going to the hairdressers here."

Staff treated people with kindness and compassion and had got to know people well. People said staff helped them enough but not too much so they were able to maintain their independence as much as possible. A visitor described their relative's health condition and personalised care that they received and added that staff "are very gentle."

People said the staff listened to them and they were able to say how they preferred to be supported. A visitor said, "It's really nice how they notice everything." Staff were attentive and were either in the lounge or stopped and checked on people to make sure they had what they needed as they passed. Occasionally people could become upset, anxious or emotional and staff were able to manage and diffuse these situations.

People were treated with dignity and their privacy was respected. People could have their doors shut and staff would knock and gain permission before entering. People were helped to go to the toilet discretely. People's care preferences were considered and recorded. If people preferred to be supported by carers of the same gender this was respected and arranged. There was good storage to keep people's equipment safely and personal items like pads were stored discretely to protect people's dignity. People had been able to personalise their rooms by bringing their belongings in and some people had brought their own furniture. One person liked pink and had chosen a deep shade of pink paint to decorate their bedroom. There was a room that was used for hair dressing and treatments so that these could be offered in private. People could receive visitors in private if they wished and meetings discussing people's personal information were held in private.

People were supported to make choices. They told us that staff always offered them choices such as what they wanted to eat or wear. People chose where they wished to be in the service, either in their room or the various communal areas. People said they were supported to go out into the garden and could sit outside when the weather was fine. We saw people going outside as they wanted and there was a secure garden leading outside from Poppy unit so that people who may be disorientated sometimes were able to be as independent as possible, going outside for some fresh air safely.

Visitors said there was a relaxed atmosphere in the home. Staff and relatives told us that visitors were welcome at any time. A visitor commented, "Staff are so sincere." During our inspection there were a number of friends and relatives who visited. They told us that they visited whenever they wished. Staff were welcoming and polite and spent time updating people about their relatives.



There were various places in the home that people could spend time either by themselves or with other people. There were groups of chairs in the lobby areas, two dining rooms and a lounge upstairs and downstairs in the main part of the home. Dining room chairs had arm rests and people said they were able to push themselves up from them which helped maintain their independence. Many of the chairs were new as they were all being replaced. People said the chairs were comfortable. The home smelled clean and carpets and chairs looked clean. We spoke with a visitor in Poppy unit who said, "[Person] always looks clean. Never smells in all the four years I've been coming here."

Staff had spent time with people and got to know them well. Staff had knowledge of people's needs, likes and dislikes. People were called by their preferred names and the staff and people chatted together and with each other. People looked clean and well dressed. Men had been supported to shave. Staff sat with people and painted their nails which they said they enjoyed.

People were wearing clothes that looked well laundered, were coordinated and appropriate for the weather. There was a good sized laundry area that was well organised. Laundry staff spent time making sure people's clothes were washed and dried properly and put away neatly. One of the laundry staff came into a person's room while we were talking to them to put their clothes away. They were respectful and jovial with the person. When they had left the room the person complimented them saying, "I like him, he's nice. Always does a good job." We spoke with people and their visitors about the laundry and everyone said that their belongings were returned to them and well looked after.

## Is the service responsive?

### Our findings

Each person's needs had been assessed before they moved into the service to make sure the home would be suitable to meet their needs. People and their relatives were involved in the assessments, which continued when they had moved in and were reviewed if any of their needs changed. Support was provided from community services to assist if needed. People were reassessed by social services if the home was unable to meet their needs appropriately. The registered managers spent time with each person and their representative to plan their care.

Each person had a written care plan based on their assessed needs. Care plans were well organised and information was easily accessible for staff to refer to. Staff said they were allocated time to read through and refresh themselves of people's needs. If there were any changes staff were told about this at the handover meetings and then read the care plan again.

Care plans were colour coordinated to match areas of the home, for quick reference for the staff so that they were referred to when giving care. Care plans were reviewed and completed with senior staff as well as the registered managers. Plans were reviewed routinely every month and some people's care plans were reviewed more frequently to reflect people's changing needs. All staff had their own notebook, where they took notes if they observed anything they needed to report. If there was something of concern or particular to people that needed to be passed on that was significant to their care this was taken into consideration, this was acted on and added into their care plan and daily records.

Some people could become confused and occasionally be anxious, angry or upset. The registered managers and staff were able to manage people when this happened. There was information included in the care plan about what to do if the person became anxious or upset and about what might trigger certain behaviour. The behaviours the person may show were recorded with the action staff should take to minimise the triggers and how to support the person safely. There was a focus on occupying and distracting people to reduce the impact of any behaviour on the person and others. People were regularly reassessed to make sure the service was still able to meet their needs and to check the impact on other people in the home.

Plans included people's preferences and past interests, how they would like to spend their time during the day, their preferred name, times they would like to get up and go to bed and comments like, "[Person] enjoys the company of others." Information about what aids were needed and whether they wore glasses for reading, their favourite food and drink, any dislikes, what sorts of things they like to talk about and how would they let someone know they were unhappy. These questions were answered with comments that reflected that individuals response for staff to look out for. People's families had been involved in helping give background information about people's past and current interests, beliefs, hobbies and details like what smells people like. All these aspects were being taken into consideration when care was organised and the registered managers were developing activities that people may be interested in.

People were encouraged and supported to maintain the relationships with people who mattered to them

and to avoid social isolation. All contact details of people who were important were included in each person's care plan. One person had a printed calendar of photos of their family that they were looking through and every so often staff would stop and talk to them about the people. There was no restriction on visitors and visiting times. Relatives told us they had visited at all different times of the day and came along without letting the staff or registered manager know they were coming.

Some activities were organised and people could choose where they wanted to spend their time depending on what they wanted to do. Earlier in the week two singers from a previously well known band had entertained people. Celebrations were organised including the Queen's birthday where the home had been decorated with bunting and they had a tea party. There were places where activities were usually held that were conducted by visiting activities coordinators and entertainers, TVs in some lounges, a library that people could spend quieter time in and grouped seating so people could have conversations with each other. There were two gardens, one sectioned off for extra security for people who were living with dementia, and people were able to walk in and out when they felt like a walk and some fresh air. A group of people were talking with us said they liked to socialise with each other in the lounge and they really enjoy a walk around in the grounds.

During the first day of our visit a music and movement session was held in the Poppy unit by a visiting activities coordinator who came to the home twice a week. People looked like they were enjoying the activity, waving paper shakers to lively music and listening to the instructions by the activity leader. The music and movement activity was repeated later in the downstairs lounge of the main part of the home. We saw people enjoyed this activity and quite a number of people joined in and looked happy. Providing more structured activities that people may like was an area the registered managers were working on and is an area for further improvement.

Activities were structured in the Poppy unit to help people get as much benefit from the activities as possible. On both days of the visit we saw people doing different things. There were some soft balls and exercise equipment, puzzles, crafts, books and magazines. People had their things near to them. Some activities were held individually and some were organised by the staff at the tables in the dining room, where we saw people colouring and being read to. A visitor in Poppy unit commented, "Every day is different. The carers are so attentive. They keep everyone occupied a bit at a time. There are puzzles and books that they look through with people. We come in during the evening sometimes and read with [person]. We don't give any notice. We just turn up and it is always like this."

Some people preferred not to do too much but just look around at what was happening and listen to the entertainers from a distance. People were encouraged but their preferences were respected.

A complaints procedure was on display and visitors said they were comfortable sharing any concerns with the registered managers and staff. All complaints received in the last year had been responded to, investigated and the outcome shared with the person who had complained. None of the complaints raised any concern regarding people's safety. All the complaints had been resolved although none had actually been signed off as completed. The registered managers were working on an easy read complaints procedure. They were trying things out to see what worked, starting with laminated cards with happy and sad faces, to support people with dementia to express their views about the service. Finalising complaints and making it more user friendly for people with dementia was an area for improvement.

## Is the service well-led?

### Our findings

Staff told us said they felt well supported by the two new registered managers and were happy working at the home. They said that the managers were not afraid to 'role up their sleeves' and help with the caring if they were under pressure. Staff said they felt the home had improved and one staff commented, "The home is doing a better job now." A visiting relative said "Things at the home have improved considerably since the new management. Poppy Unit is absolutely first class with wonderful staff and I cannot fault the care my mother receives. When I go home I am confident that she is in good hands".

The registered managers had worked hard to make improvements since the last inspection. They had been systematically working through their action plan and had made sufficient improvements to meet the regulations from the last inspection. There were some areas that needed further improvement and the registered managers were aware of these.

The registered managers had a good quality assurance system that focused on monitoring practice, putting things right and responding to feedback. People, their relatives and staff were asked for their feedback about the service on a regular basis. Quality assurance surveys were sent out to people, relatives and stakeholders to gain their views and these could also be received anonymously. We saw quality assurance surveys had been completed, analysed and reviewed.

Meetings were held monthly for people to air their views, make suggestions and talk about any issues. People had mixed views about these meetings. Some people found them useful and others said they had attended these meetings and made suggestions and nothing had been done in response. One person said, "I go to the residents meeting and have made several, I feel, valid suggestions about the food but nothing has been done. They have completely ignored my suggestions so I won't be going to the meetings anymore". Another person said, "I have done my bit with that and had my say on food and activities. If I didn't like something I would say".

When we talked to the registered managers about this we saw that they had responded but it may not have always been apparent. Some issues raised previously, for example, the quality and temperature of the food, had been responded to. The registered managers had reviewed the times that meals were served and this was still under review to find a consistently sustainable solution. They had employed a new cook who was under going training and there was a training programme and monitoring in place for all kitchen staff. There had also been a request to improve the slope out to the garden because people had said it was slippery and this work had been carried out. The registered managers also spoke to people individually and this gave people the opportunity to say if they wanted something changed or had a concern. Making it clear what is being focused on and how the registered managers have responded to people's feedback is an area for improvement especially if there is no immediate resolution and it is a work in progress.

A range of audits had been completed including checking: care plans, medication, infection control, food and maintenance. The registered managers had acted on any issues that the audits had highlighted. Some areas of responsibility had been delegated to other members of the staff team and mostly this was

successful and helped the cohesiveness of the team. In some cases the registered managers needed to audit to make sure the policies and procedures in place were being followed correctly and maintain the accountability. This was an area for improvement.

The quality monitoring system was effective at reacting to the issues identified but did not lend itself to the proactive and continuous improvement of quality of care provided. A system for identifying priorities and designing a development plan with timescales in response to assessments, audits and people's feedback and sharing this with people was an area for improvement.

The registered managers had an open door and encouraged people to come in and speak to them. Visitors and staff said they were approachable. Staff said they had a good rapport with the registered managers and were able to say what they thought about the service and share ideas. One of the staff commented, "There is a good team and if I was concerned I would speak up and know that I would be listened to." There were team meetings for staff to discuss various aspects of the service and they had one to one meetings with the registered manager to discuss their own development.

The registered managers had a reasonable understanding of relevant legislation and were knew the importance of keeping their skills and knowledge up to date. Both registered managers were studying for the vocational qualification in social care to level five to support their learning, knowledge and development of the role. They had some links with other organisations to get up to date information and were supported by the owner and another manager in the company. Increasing links with other organisations and forums to develop their confidence, including: Skills for Care and the Registered Manager Forum to share and promote best practice was an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not made sure that persons employed are of good character and suitable to work with vulnerable adults.</p>