Summerfield Private Residential Home Limited

Summerfield Private Residential Home

Inspection report

Summerfield, Skipton Road
Silsden
Keighley
West Yorkshire
BD20 9DA

Tel: 01535653219

Date of inspection visit:
27 September 2016

Date of publication:
31 October 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Summerfield provides care and support for up to thirty one people. The people using the service are predominantly older people and people living with dementia. The home is situated in Silsden near Keighley and is within easy reach of the town and local areas of interest.

The inspection was unannounced and was carried out on 27 September 2016. There were 31 people living at the home at the time of the inspection.

A registered manager was in place. '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.'

At the last inspection in August 2015 we found several breaches of regulation and rated the service as 'Inadequate.' We placed the service into special measures. At this inspection we checked whether improvements had been made.

At this inspection, we found significant improvements had been made to the overall quality of the service. However we found some aspects of the way mealtimes were organised did not promote a person centred approach to care. The service would need to rectify this issue and demonstrate improvements were sustained over time before we could be assured the service provided a 'good' overall quality of care.

People and relatives all spoke positively about the service. They said care was appropriate and met people's individual needs. They said staff were kind and caring and treated people with dignity and respect.

Medicines were safely managed. People received their medicines as prescribed and they were stored safely. Medicines records were subject to regular review to identify any errors.

People said they felt safe from abuse. Staff understood how to identify and act on any allegations of abuse. Risks to people's health and safety were assessed and plans of care put in place, which were subject to regular review.

There were enough staff to ensure people received prompt care and support. Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people.

The premises was suitable for its purpose and maintenance and safety checks took place to help keep people safe.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated they had the required skills and knowledge to care for people safely. Staff received the required training, support and supervision from management.

People and relatives praised the food and said there was sufficient choice. People's nutritional needs were regularly assessed and reviewed and action was taken following any weight loss.

People's healthcare needs were assessed and appropriate plans of care put in place. People had access to a range of health professionals.

Care was delivered by kind and compassionate staff who knew people well and their individual needs and preferences.

People said they felt listened to by staff and had any queries or concerns acted on.

People's needs were assessed and appropriate plans of care put in place. Care records were clear and personalised. We found appropriate care was delivered to people that used the service.

A range of activities took place, arranged by a dedicated activities co-ordinator. This included entertainers and trips out.

A system was in place to log, investigate and respond to any complaints. People said they were satisfied with the service and any minor issues had been effectively dealt with.

Systems were in place to assess, monitor and improve the service. Although we found significant improvements had been made to the service, it had failed to act on our feedback regarding the timings of mealtimes to ensure they met people's individual needs and requirements.

People's feedback was regularly sought on the service. People spoke positively about the way the service was run and said they found the management team approachable.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. You can see what action we asked the provider to take 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?

Good

The service was safe.

There were enough staff deployed to ensure people received prompt care and social interaction.

Medicines were safely managed. People received their medicines prescribed and staff were careful and diligent in their administration.

People felt safe using the service. Risks to people's health and safety were assessed and appropriate plans of care put in place.

Is the service effective?

Good

The service was effective.

Staff had the right skills and knowledge to care for people and meet their needs. Staff received regular training, supervision and support from the management team.

The service was acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.

People's nutrition was closely monitored by the service. People and relatives praised the food provided by the service.

People's healthcare needs were assessed and plans of care put in place for staff to follow. People had access to a range of health professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some aspects of the way mealtimes were organised did not promote a person centred approach to care.

People and relatives spoke positively about staff and said they were treated with kindness and compassion, and their dignity and privacy respected.

Staff knew people well and had developed positive relationships with them.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed and clear and person centred care plans put in place.

People were provided with a range of activities and social opportunities.

A system was in place to log, investigate and respond to complaints. People spoke positively about the service and said any minor issues were resolved by management.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements had been made to the way the service was led. However these improvements needed to be sustained over time.

A range of audits and checks were undertaken and we saw these had been used to drive improvement within the service.

People and staff spoke positively about the way the service was managed.

Summerfield Private Residential 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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We checked to see if improvements had been made to the service following the August 2015 inspection when the service was rated as 'Inadequate.'

The inspection took place on 27 September 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, six relatives, six care workers, the cook, activities co-ordinator, the registered manager and deputy manager.

We looked at elements of four people's care records and other records which related to the management of the service such as training records and policies and procedures.

As part of our inspection planning we reviewed the information we held about the home. This included information from the provider, notifications and contacting the local authority safeguarding and commissioning team. We also spoke with a health professional who has contact with the service.

As part of the inspection process we reviewed the Provider Information Return (PIR), which the provider had completed prior to the inspection. This asks them to give key information about the service, what the service does well and what improvements they plan to make.

Good

Is the service safe?

Our findings

At the last inspection in August 2015 we identified the service was not safe. Medicines were not managed in a safe way and appropriate measures had not been taken to protect people from abuse. At this inspection we found improvements had been made to the safety of the service.

People and relatives said people were safe living in the home. One person said, "Safe? I do, I really feel safe." Another relative told us, "Can relax in the knowledge that he is being looked after 24 hours a day." A third relative said they had previously had a concern over the way a staff member addressed their relative, but this had been dealt with by management and it hadn't happened since. People and relatives said they had never witnessed any violence and when people had become distressed this had been dealt with effectively and confidently by staff.

The service had policies and procedures in place in relation to safeguarding people from abuse. Information was on display throughout the premises instructing people how they could raise a concern. Staff told us, and records confirmed, they had attended the provider's safeguarding training and could describe to us potential signs of abuse including those for people with dementia related conditions. Staff all felt able to raise any concerns or queries about people's safety and well-being, and felt the registered manager would act on their concerns. Staff understood whistleblowing procedures and were aware they could contact external agencies and commissioners if they had any concerns. The registered manager, staff and records confirmed there had been a low number of safeguarding incidents occurring within the service. Where incidents had occurred we saw appropriate referrals had been made to the local authority and Care Quality Commission and where appropriate, measures put in place to prevent a re-occurrence.

We saw from care records that risks to people's wellbeing were identified at initial assessment and plans were put in place to reduce these. Care records contained risk assessments and care plans designed to keep people safe and reduce the risk of harm. This included risk assessments covering areas such as skin integrity, nutrition and manual handling. We saw staff were vigilant in monitoring risk. For example, on the day of inspection we observed an incident where a hoist had become unstable during transfer. We saw staff had discussed this incident with the deputy manager and a new risk assessment and plan of care was rapidly put in place for the person to keep them safe. We saw people had aids and equipment to help them move safely around the home such as walking frames and wheelchairs. One relative told us, "When they are moving people, they are very gentle." Another relative told us the service took appropriate measures to prevent falls and staff were very aware and experienced.

In August 2015, we found medicines were not given as prescribed and medicines were not stored securely. At this inspection we found improvements had been made. Following the last inspection, the home had introduced a new monitored dosage system and changed the pharmacy which supplied the home. The deputy manager told us this had simplified the system and allowed for a greater level of personalised support from the pharmacy. Staff had received training in the safe administration of medicines and were assessed to determine their competency to administer medicines safely.

People and relatives told us appropriate support was provided in relation to medicines management. During the medicines round, we saw staff administered people's medicines in a kind and caring manner. The staff member carefully checked each medicine prescribed to ensure it had been packaged correctly in the dosette by the pharmacy. They had a good knowledge about the medicines they were administering, explaining to each person what each of their medicines was for.

We examined medicine administration records and found them to be well completed indicating people had received their medicine as prescribed. Where medicines were required to be given at periodic intervals such as weekly, the day of administration was highlighted on the MAR to ensure staff were aware when to give. Some medicines had to be given at specific times for example, before food. We saw arrangements were in place to ensure these were given at appropriate times. We undertook a random count of stock balances. In nearly all cases we found the balance matched what was supposed to be present, indicating people had received their medicines as prescribed. In one case we identified a discrepancy which we asked the deputy manager to investigate. Although we were satisfied that all medicines administered were within date, the date of opening of bottles was not always written on the side of bottles. We raised this with the deputy manager who agreed to ensure this was clearly put in place.

Instructions on when to give 'as required' medicines were present within people's medication risk assessments. We saw staff asking people whether they needed any pain relief in line with their plans of care. Medicines risk assessments were highly personalised and stated how the person liked their medicines and anything staff needed to be aware of. This helped ensure appropriate care.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

We saw one person was diabetic and staff monitored their blood sugar levels consistently each day and were able to analyse levels through use of the computerised care management system. A clear procedure was in place instructing staff on what to do if blood sugar levels became too high or low.

Body maps were in place instructing staff where to apply topical creams. The creams and ointments were correctly stored and dated upon opening. All medication was found to be in date. Record of administration of creams was well completed indicating people had received these medicines as prescribed.

Appropriate storage arrangements were in place for medicines. Medicines were all stored securely within a locked medicine cabinet and a locked room. Staff were diligent to always secure the medicines trolley. Fridge and room temperatures were monitored daily to ensure medicines were stored safely at the correct temperature.

We reviewed the services staffing levels by making observations, speaking with people and staff, reviewing the rota and speaking with the registered manager. We concluded there were enough staff to ensure safe care and support. People and relatives told us there were enough staff. One person told us when they needed assistance staff, "come straight away. I'm happy." A relative told us, "Certainly in areas I am in, the staff are always busy. Occasionally I've been in the lounge and someone will say can you help me up. They (staff) come straight away and help. There is always someone to speak to, someone around. We know all the staff." The registered manager told us they kept staffing levels under continuous review as people and their needs changed over time. We saw there were housekeeping and catering staff deployed to support care staff each day. This helped care staff focus on supporting people rather than on domestic tasks.
Observations of care and support showed there were staff readily available to assist with care and support

tasks. We saw people were not left waiting if they asked for support. Staff had a constant presence in communal areas of the home and paid regular visits to people who were in their bedrooms. Staff we spoke with told us there were enough staff and they did not feel overly rushed. They also said a positive feature of working at the service was having time to chat with residents as well as carrying out care and support tasks.

Robust recruitment procedures were in place to help ensure staff were suitable to work with vulnerable people. We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references were requested and checks performed with the Disclosure and Barring Service (DBS) to establish whether potential applicants had any criminal convictions before they were offered the job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

Overall people said the premises was pleasant and suitable for their needs. For example one person said, "The carpets all smell clean. It's always clean and tidy." A relative told us how they had chosen the home as it had a secure garden which their relative could access safely. We undertook a tour of the building and looked in a selection of bedrooms as well as the communal areas. We found the premises to be safely managed and suitable for its purpose. Décor was generally well maintained although a little tired in areas. One relative told us they thought some areas of the home were, "a bit shabby." There were adequate amounts of communal space for people to spend time including a choice of lounge, dining rooms and pleasant enclosed garden area. Bedrooms were well maintained and personalised to the person who lived within. The required safety checks were undertaken on the premises including to the gas, water, electrical and fire systems. A system was in place to report and act on maintenance issues. Risk assessments had been undertaken about hazards associated with the premises such as internal stairs.

Emergency arrangements were in place. This included a business continuity plan and personal evacuation plans to instruct staff or the fire service how to support people to evacuate the building in an emergency such as fire.

Good

Is the service effective?

Our findings

At the last inspection in August 2015 we identified the service was not effective. Deprivation of Liberty Safeguards (DoLS) were not in place for people who needed them and nutritional risks were not well managed. At this inspection we found improvements had been made to the effectiveness of the service.

We found staff had the required skills and knowledge to care for people effectively. There was a low turnover of staff which helped the development and retention of skills and knowledge within the home. Staff demonstrated a good understanding of the topics and people we asked them about which helped provide assurance that effective care was provided. We saw evidence that new staff completed a thorough induction process. Staff had attended mandatory training such as moving and handling and safeguarding or they were booked to attend the course. The registered manager kept a matrix of all staff showing when refresher training was needed. Staff we spoke with confirmed to us they had to attend regular training and this was discussed during their supervision meetings. Staff had positive remarks to make about the standard of the training, telling us it suited their learning style and gave them the necessary skills to undertake the role.

All staff were supervised regularly by senior staff and records showed us this included discussion around supporting the needs of people who used the service as well as their own performance and training needs. Staff had an annual appraisal and during this process were given feedback on their performance and advice about further training that they could access. Staff told us they felt supported and had plenty of opportunity to voice any concerns.

At the last inspection, we found risks associated with nutrition had not been properly managed. At this inspection we found improvements had been made. Overall people and relatives spoke positively about the food and said there was sufficient choice. One person said, "It is hot enough to eat and the food is really nice." One person did however tell us they thought, "The food is 'iffy'." Relatives spoke positively about the food. One relative told us, "Meals have been balanced. They have a hot meal at lunchtime. They always have 3 courses. They will tell me if [relative] hasn't eaten. They give ice-cream out if people haven't eaten. They have water, juice and tea. They come with cakes mid-afternoon; homemade." Another relative told us, "I've seen him eating. It's really good; he tucks into it."

A menu was on display in the home informing people of the choices on offer. People had cereals and toasts for breakfast personalised to their individual requirements, and cooked items could be provided on request. There was one main meal provided each lunchtime although the cook told us if someone didn't like what was on offer they were flexible and could prepare something additional. We observed this was the case, for example, a person who wasn't keen on the main option was offered an alternative dessert. At lunchtime we found tables were set and people were offered clothing protectors. There was a calm atmosphere and people were supported appropriately. We saw people were asked if they wanted drinks throughout the day and snacks including crisps and fruit were provided to people.

People's weights were consistently monitored in line with their plan of care. A report on people's weights

was produced on a monthly basis using the computerised care system and any weight loss investigated. The deputy manager completed the MUST (Malnutrition Universal Screening Tool) on a monthly basis, and the subsequent notes showed analysis of any change in weight. We found there was sometimes a discrepancy between the MUST score calculated by the computerised care management system and manually by the deputy manager. We asked the deputy manager to look at how the computerised system calculated the score to ensure it was correct. Where weight loss occurred we saw appropriate action was taken, which included referring to the person's GP, fortifying food, or increased monitoring of their food input.

Where people were having their food intake monitored, records were well completed, specifying the components of the meal people had eaten and the size of the portion. If people did not eat at any given mealtime the reasons were clearly documented. The registered manger reviewed food and fluid charts on a daily basis. The cook demonstrated a good awareness of how to fortify food and said they received information from care staff on the consistency of diets. Staff were aware of who required a pureed or soft diet and this was clearly specified in people's care and support plans.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People and relatives reported no unnecessary restrictions on people within the home. We saw from records the service had referred people for assessments for DoLS as necessary. There was also a clear process of review and renewal of any DoLS as required over time. This meant people were being protected against the risk of unlawful restriction of their liberty.

We saw where people's capacity deteriorated over time, staff applied the principles of the MCA to ensure decisions were made in their best interests and involved relevant parties. For example, there was evidence within the care documentation we looked at which showed where people were unable to consent to care and treatment their preferences were discussed and reviewed with relatives and health care professionals and a best interest decision made. Where restrictions had been placed on people such as bed rails, care plan documentation showed these had been carefully considered as to whether they were in the person's best interest.

We saw throughout the day people were asked for their consent before assisting with care and support tasks. This included consent to place protectors over people's clothing at mealtimes and seeking consent before assisting with medication and moving and handling tasks.

People and relatives told us the service provided good care and ensured their health. People's healthcare needs were assessed by the service and plans of care put in place to help staff safely support them. We saw from records people had access to support from external health care professionals including GP's, district nurses, opticians, dietician and dentists. This was confirmed by people and relatives. For example, one person told us, "Yes, I've got appointments for my cataracts and diabetes." A relative said, "They have had the doctor to him. They look after him that way because he can't tell them." Another relative told us, "They

were good at getting people in. The doctor came and gave him pain relief." Staff said they supported people to attend appointments if required, such as GP's and chiropodists or asked for home visits. During the inspection we spoke with one health professional who visited the service. They told us that staff were receptive to their advice and showed a willingness of provide good quality care and continuously improve their practice.

Requires Improvement

Is the service caring?

Our findings

At the last inspection in August 2015 we identified the way mealtimes were organised did not promote a person centred approach to care. We concluded this meant there was a risk people did not always receive care which met their needs and reflected their preferences. At this inspection we found a lack of person centred approach remained in regards to some people's mealtimes. We identified from our observations and speaking with staff that people requiring assistance with their food still had a separate lunchtime course which began at 11am. We found this approach was not always appropriate. We observed one person eating their breakfast between 9.30 and 10.15am. However because they required some level of assistance from staff at lunchtime, they were then taken for their lunch at 11am and computerised records confirmed they had finished their lunch by 11.15am. This was not an appropriate gap between breakfast and lunch and demonstrated a lack of person centred approach to care and support. We raised this with the registered manager at feedback who agreed this was not acceptable.

This was a breach of regulation 9 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

People and relatives said staff were kind and compassionate and treated them with dignity and respect. They said they felt well cared for by the staff and management team. One person said, "Staff are really friendly." Another person said, "They have all been very helpful, I feel happy here, there is nothing I would change." Another person said, "Staff are considerate, I can't grumble. Staff are gentle. They brought me a banana before lunch and cut it up." One relative told us, "It's absolutely brilliant. He has been to x number of homes in four months but here they are so patient and kind. To me, they (the staff) are very special. They are very patient. They try to joke [person] along, they make [person] smile." Another relative said staff had gone the extra mile for their relative for their birthday. They told us, "It was [relative's] birthday. It was lovely the amount of trouble they went to; I was quite shocked. They got everyone together. They got sherry. [Relative] was in tears. It took me aback. It was so nice to see [person's]face lit up."

Some people and relatives reported that laundry sometimes went missing. However we saw staff took steps to minimise this and had compensated people when items had gone missing.

Staff we spoke with had a good awareness of how to ensure people were treated with dignity and respect and their privacy maintained. For example, they gave examples of how people were asked what they wanted to wear each day and ensuring doors and curtains were closed when assisting with personal care. This was confirmed in our observations of care and support. For example, we saw staff knocked on bedroom and bathroom doors and waited for permission before entering.

During observations of care and support we saw staff were gentle and kind with people. We saw people and staff sharing jokes and staff providing companionship as well as delivering care and support tasks. It was clear people had developed relationships with staff who knew them well. All staff knew people by name and how to interact with them as individuals. We heard staff speaking with people about their past lives and where they used to live, demonstrating they knew them well. Information was available in care records

which helped to identify people's preferences in daily living, their hobbies and important facts about their life history. This helped staff provide support in an individualised way which respected people's wishes.

Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. We saw this was the case during mealtimes with staff prompting people to maintain their independence in relation to eating and drinking.

People told us they felt listened to by the service and had their views acted on .One relative told us, "[Person] was respected; [person's] wishes were respected. [Person] could be cantankerous and [person] was nocturnal but they let [person] get up later." Staff we spoke with were aware of the importance of ensuring people were involved in decisions about their care and support. We saw the activities co-ordinator made an effort to ensure people's views were listened to with regards to the activities they wanted to take part in. During the inspection, entertainers visited the home. The activities co-ordinator ensured everyone including those sitting in their room were given the opportunity to be involved in the entertainment.

People and relatives reported no restrictions on visiting. One relative told us, "The home is very welcoming; always. I'm a regular visitor. I come four times a week and I come deliberately at different times of day. I want to be reassured. I've never arrived and been unhappy. I tried ten different homes but I knew when I came here it was the one. I had a gut feeling. I came here and it was like a pair of arms. It's like a family. I feel like a member of a family."

Good

Is the service responsive?

Our findings

At the last inspection in August 2015 we found the service was not responsive. We identified staff did not respond to people's care needs and care plan and risk assessment documentation was not present or up-to-date. At this inspection we found improvements had been made.

People and relatives told us the care provided was appropriate and met people's individual needs. For example, one relative told us following their relative moving into the home the difference in them was, "Amazing;" they had put on weight and were happy living there. Another relative told us, "[Relative] had really dry legs previously. I've noticed that (since her relative came to the home) that they have treated them. They are like silk! They put cream on."

We observed people's care using the SOFI (Short Observational Framework for Inspectors) tool. We found staff interacted appropriately with people, responded to their needs and ensured they had enough to drink throughout the day of the inspection. We saw people looked clean and well cared for. People had clean fingernails, were appropriately dressed and their hair styled. This indicating their personal care needs were met. One relative told us, "What impresses me is that everyone is nicely dressed. Men are shaved. They have a tie on if they want one. [Relative] is always nicely dressed."

Since the last inspection the provider had transferred care records to an electronic care recording system. We found this was easy to navigate and contained the required information on people's needs. The quality of recording was consistent and provided clear information about each individual. Comprehensive assessments of needs were carried out prior to people moving into the home. These were then used to develop detailed care and support plans. These contained a good level of detail; for example, manual handling plans contained information on the type and size of sling required. Where people were diagnosed with dementia, detailed and person centred plans providing information on how to meet the person's needs were in place. However, although care records were generally appropriate, we identified one person's skin integrity care plan was very generic and not appropriately personalised.

People's personal care needs and preferences were clearly recorded in their support plans and care planning showed there was a focus on encouraging people to maintain a level of independence. We saw care records included information about how people could be involved in making decisions about their care and welfare and how they wanted their care and support to be delivered. Care records showed where people had limited or no verbal communication staff used a variety of different method to understand their needs. These included observing their body language and facial expressions and using pictorial prompts.

The staff we spoke with were informed and respectful of people's individual needs, abilities and preferred lifestyles. For example, a staff member described how one person was supported with their personal care and it was evident they were aware of their likes and dislikes. We saw care was provided in a flexible way to meet people's individual preferences.

We saw there were regular reviews of care which involved both people, where they were able, and their

relatives. There was a system in place to monitor care with checks carried out by senior staff and care plans updated as necessary. When changes were identified in assessments, care plans and other documentation were amended quickly to reflect this. People and relatives confirmed they were involved in care plan review.

People told us they were allowed to personalise their rooms. One relative told us, "They made a point of saying [relative's] room is [relatives] and that we can do whatever we want such as putting things on the walls." We looked around the building and saw this was the case with rooms personalised to meet people's individual preferences.

People and relatives told us a range of activities was provided which were well received and appropriate to people's individual needs. An activities co-ordinator was employed who worked eight hours a week spread over four days. They undertook a variety of games and activities with people and this was complimented by external visitors. For example, a visitor provided an exercise class each week. During the inspection a 1940's entertainment act visited the home. We saw this was very well received, with many people singing, smiling and enjoying themselves. The activities co-ordinator reported no budget constraints on activities, saying, "There is no budget. I spend what I want." They demonstrated they also included people who stayed in their room in activities, by sitting with them and undertaking one to one activities. They undertook reminiscence activities with people, for example reading a newspaper called 'The Weekly Sparkle' to initiate conversations about the past. Care workers were also encouraged to chat with people and meet their social needs alongside undertaking care tasks.

The registered manager told us there had not been any recent complaints. There was a complaints procedure in place and information about this was included in people's contracts, the service user guide and the home's brochures. People said they knew who to go to if they had a complaint. People and relatives said they were very satisfied with the service and had no cause to complain. Where minor issues had been raised, people said these had been resolved effectively by the management team.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in August 2015 we found the service was not well led. We found a number of breaches of regulation which demonstrated the service did not have adequate systems in place to assess, monitor and improve the service. At this inspection we found improvements had been made. However these improvements would need to be sustained to demonstrate the service was well led. In addition, we found one area where the provider had not acted on our feedback. We found the timing of mealtimes was not appropriate for some people who used the service. This should have been rectified based on the feedback provided at the August 2015 inspection.

Systems were in place to assess, monitor and improve the service. A range of audits and checks took place which covered areas such as maintenance, infection control, medication and care plans. We found care plan audits could have been more robust, as they were rather generic rather than providing a clear audit trail of the care plans reviewed. The registered manager also undertook random night checks where they visited the service to ensure staff were working correctly and people's needs were being met. Charts such as food and fluid and reposition charts were audited and checked by the registered manager on a weekly basis.

The service had enlisted the help of external specialists to assist in improving the service. Pharmacy audits were undertaken and there was evidence of improvement following these visits. The service had recently switched pharmacies and a further audit was planned during the week of our inspection. An external consultant had also been enlisted to undertake compliance visits as a mechanism to help improve the service. We saw evidence of a mock CQC inspection carried out in June 2016 which reviewed a comprehensive range of areas. We saw actions had been taken to address where issues had been identified through this audit.

Staff and management meetings were held periodically. We saw items such as safeguarding, the Mental Capacity Act (MCA) and other care quality issues were discussed. There was evidence these were useful mechanisms to drive improvement of the service.

A system was in place to log, investigate and learn from any incidents or accidents. These were analysed on a monthly basis to look for any themes or trends. We did not identify any concerning incidents or themes and staff told us there had been very few incidents within the service.

The provider did not have meetings for people who used the service and/or their representatives. The registered manager told us they had tried this in the past but it had not been successful. They told us they gathered people's views and feedback through mechanisms which included quality surveys, informal discussion with management, and the care review process. We reviewed recent surveys sent out to residents and families. Responses were all positive and had been analysed by management. Comments included, "All staff are excellent, they have been caring for [relative] for over 10 years now," and, "[Relative's] dignity is always respected." Relatives we spoke with confirmed surveys had been sent out. The results were displayed in the reception area to inform people of the organisation's performance

A registered manager was in place. They were supported by a deputy manager who as well as working care shifts was allocated supernumerary time to ensure they were able to complete tasks such as care reviews and audits. We found the service had submitted the required statutory notifications to the Commission such as allegations of abuse and any deaths within the service.

Staff told us morale was good in the home and they got on well with the registered manager. They told us they felt supported and able to raise any issues with them. Staff told us a number of positive improvements had been made to the home in recent months including the implementation of the electronic care management system. They said they found this easy to use and find required information.

People and relatives told us they knew the management team and who to go to in the event of a query or concern. People and relatives told us the service provided high quality care which met people's individual needs. One person said, "I love it, it is well organised." They said the management team were approachable and listened to them. Another person said, "It's alright; quiet. You get well fed. This is a home where you are looked after. I have no complaints."

Relatives reported good communication from the management team if their relative's needs had changed. For example, one relative told us, "If [relative] is under the weather, they will tell me." Another relative told us, "He fell, they rang me and he went to hospital with a staff member and paramedics. There is good communication." We observed a calm and happy atmosphere in the home. Staff seemed happy in their work and people seemed content.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care 1) (a) (b) (c) People did not consistently receive care and treatment which was appropriate, met their needs and took account of their preferences