Townsend Life Care Ltd

Dumpton Lodge

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection that took place on 23 and 26 February 2015.

Dumpton Lodge is located overlooking the sea in Broadstairs. The service is registered to provide accommodation for up to 29 people. Accommodation is set over two floors. There are bedrooms on the ground and first floor. There are large communal areas.

The service was managed by a registered manager who was present on both days of 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.

Some of the care plans were not up to date and were not personalised with information about people's preferences. Risk assessments were not reviewed consistently, although any significant changes in people's needs were identified and updated into the care plans and risk assessments. The care plan audit had not identified the shortfalls in the care plans. Staff knew the

Summary of findings

support people needed and what people's likes, dislikes and preferences were. Handovers and effective communication meant staff knew about changes in people's needs.

People had mixed views about the activities. Some people enjoyed some of the activities that were on offer. Other people felt there could be more variety. Relatives told us that activities were, 'limited'. One relative said, "They don't always include everyone and Dad doesn't like what they do".

Most of the time there were enough staff on duty to meet people's needs. The registered manager planned to increase staff cover for the weekend mornings to help staff so they did not have to rush people. Checks were carried out on new members of staff, but references were not always obtained from the last place of employment.

Staff felt they received good support and were confident that the registered manager listened to what they had to say. Staff had received training and told us they felt the training supported them to meet the people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, the manager was seeking further support to ensure that no one was at risk of having their liberty deprived. Where people lacked the mental capacity to make decisions staff were not always guided by the principles of the Mental Capacity Act to ensure any decisions were made in the person's best interests, as there were no individual capacity assessments.

People spoke positively about the care and support they received. They thought staff knew and understood them. One person said, "The carers are very competent and always do their best for me". Staff treated people with dignity and respect. People told us they felt safe and that staff gave them the support they needed.

People were protected from the risk of abuse. Staff knew how to keep people safe and who to report any concerns to. Risk assessments supported people to receive safe care and staff knew how to assist people to keep them safe. The environment was safely maintained and free from obvious risks. There was a lack of appropriate signage and colour schemes in the extension to help people find their way around on their own as advocated by dementia care good practice guidelines.

Medicines were stored safely and people received their medicines when they needed them. All medicines, apart from the application of creams, were recorded properly.

People were supported to have a healthy diet and choose what they wanted to eat and drink. People's healthcare needs were monitored and appropriate advice sought from health care professionals to make sure people's needs were met. People said they didn't need to worry about their health. One person told us, "They always make sure I feel well". A visitor told us that their relative had, "Taken on a new lease of life since moving in".

There was an accessible complaints procedure. People and their relatives were confident that any concerns they raised would be acted on and resolved. One person told us, "I wanted to get up later and I told staff and now I can have a lie in when I want".

People's views were asked for through questionnaires and conversations with staff. Staff responded when people made specific requests. Relatives felt that the registered manager and staff were supportive and listened to what they had to say.

There was an open and transparent culture where staff supported an ethos of promoting a family orientated atmosphere. People told us that the service felt like a, 'home'. One person said, "I would prefer to be at home but I am happy here".

We have made some recommendations to the provider so that they can make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

There was enough staff on duty to meet people's needs, although staff felt rushed at the weekends. Appropriate checks were not always carried out on new members of staff.

Risk assessments were updated when there were significant changes in people's needs, but this did not happen consistently.

People received their medicines when they needed them. Most medicines were recorded properly, although the recording of the application of creams was not recorded consistently.

The lack of signage meant people could not always find their way round on their own, but was safe and well maintained.

Is the service effective?

Requires improvement

The service was not always effective.

Care plans needed updating although staff communicated well and understood the needs of people.

There was a lack of understanding about the principles of the Mental Capacity Act. Staff did understand the importance of listening to people and gaining their consent.

Staff felt well supported, were suitably trained and were knowledgeable about the support people needed.

People were supported to maintain a healthy diet and had access to health care support when they needed it.

Is the service caring?

Good

The service was caring.

People were supported in a kind, friendly and caring manner by staff who understood their needs.

People were cared for by staff who respected their privacy and dignity.

Staff listened to what people had to say and respected their choices.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had their needs assessed when they moved in, and care plans were updated when there was a major change in people's needs. However care plans were not always updated following minor or more gradual changes.

Summary of findings

Activities did not meet everyone's choices and expectations.

There was an accessible complaints procedure and people were confident that any concerns would be acted on and resolved.

Is the service well-led?

Requires improvement

The service was not always well-led.

There was a registered manager in post who understood her responsibilities. Quality assurance systems did not effectively identify some shortfalls in the care plans. Care plans and risk assessments were not kept up to date.

Staff were given the support they needed and understood their roles and responsibilities. Staff said they tried to promote a family atmosphere.

People and their relatives felt that comments were listened to.

Dumpton Lodge

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 23 and 26 February 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and had specialist knowledge of people living with dementia.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with six relatives or friends who were visiting, eight members of staff and the registered manager. We spoke with twelve people using the service.

We observed the lunch time meals and observed how staff spoke with people. We looked around the service including shared facilities, in people's bedrooms with their permission. We looked at a range of records including the care plans and monitoring records for five people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff, relatives and resident meeting minutes.

The last inspection took place on 11 November 2013. There was one breach of regulations with regard to the staffing numbers.

Requires improvement

Is the service safe?

Our findings

People told us staff helped them to stay safe. They said, "Staff walk with me to make sure I don't fall because I am not very steady on me feet", and, "The carers bring me downstairs in the lift, or if I prefer on the stair lift. I feel alright about that". One person told us they often felt unwell and said, "They always make sure I get what I need". Another person said, "I feel really safe here and it's because they (staff) always look after me". A relative said, "Staff always makes sure my Mum is kept safe. I can go home and know I don't need to worry about anything". One relative said, "They manage the medicines properly, Dad always gets them when he needs them".

The registered manager used a dependency assessment tool which worked out how many staff were needed on each shift. The manager regularly reassessed the amount of time staff needed to spend with each person to give them the support they needed. Since our last visit the number of staff on duty had been increased. During the week there were four staff members of staff on duty each morning. The registered manager helped staff by, for example, giving out people's medicines every week day morning. Staff said this meant that there was enough staff to help people get up when they wanted to and to have their breakfast. Staff told us that they found it, 'a bit harder at the weekends'. This was because, although there was still four staff on duty, one member of staff was needed to give out medicines as the manager was not on duty to help. Staff said that this 'sometimes' impacted on helping people get up and meant weekend mornings were 'a bit of a rush'. The registered manager knew that weekend mornings were difficult for staff and said she was in the process of arranging for an additional member of staff to be on duty to help with medicines at weekends so that people were not rushed.

The staff rota showed that, apart from weekend mornings, there were consistent numbers of staff on duty throughout the day and night to make sure people received the support they needed. People said they thought there was enough staff on duty. They told us that staff answered their call bells quickly and helped them when they needed it. Relatives said that when they visited there was always enough staff about.

There were recruitment procedures in place to make sure that only suitable staff were employed. Gaps in employment were checked and prospective members of staff attended an interview before they were offered a job. New members of staff did not start work until all the safety checks had been received. References were obtained and each staff member had two written references. Two out of the five staff files we looked at, did not have references from their previous employer including one from a previous job at another care service. The registered manager said that these members of staff were on induction and that they had no concerns about their performance and felt confident that they were suitable to be employed at Dumpton Lodge. All other checks were in place. This included proof of identity, a health declaration and a Disclosure and Barring Service (DBS) check. The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

We found that the registered person had failed to obtain information as specified in Schedule 3. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was clean and free from hazards. Some parts of the service were more homely than others. The older part of the building had pictures and ornaments on display. An extension had been built at the back of the property and many the bedrooms were located in this area. The extension felt stark with no decoration and white walls in the hallways and bedrooms. Doors to the bedrooms and cupboards in this area were also white as were the floor tiles. There was no signage or different colour schemes to guide people to their rooms. There were no pictures or other decorations to give this area a homely feel. Some people living at the service had dementia and recognised dementia care research recommends that environments should support people's well-being with appropriate signage and colour schemes.

We recommend that the provider seeks guidance and advice about best practice in ensuring the environment supports people living with dementia.

Potential risks to people were identified and there were risk assessments in place to make sure that people stayed safe. These included moving and handling, nutrition, skin integrity and falls. Risk assessments were not always reviewed on a regular basis, but were reviewed when there

Requires improvement

Is the service safe?

was a change in a person's needs. For instance one person's mobility had changed and so the risk assessment had been reviewed and additional mobility aids had been provided to help them to stay safe. Staff knew and understood about the risks to people and what action they needed to take to keep people safe from harm. Staff knew about emergency procedures and what they should do in the event of a fire.

People had call bells in their rooms so they could contact staff if they needed any help. Most people knew how to use their call bells. Staff checked on people who could not use their call bells. Records showed that staff recorded these checks and that they were carried out on at regular intervals when people stayed in their rooms.

Accidents and incidents were reported and recorded. When a person had falls referrals were made to the falls clinic. Staff told us how they reduced the risk of people falling and how they helped people to walk safely. Staff helped people to walk around safely. One person became tired and needed to sit down and staff were immediately at their side and helped them sit down.

Staff knew how to keep people safe. Staff told us about the different types of abuse and knew what to report and who to report any concerns to. Staff told us they would immediately report any concerns to the registered manager and knew who to contact if the registered manager was not available. Members of staff were also aware of outside agencies they could contact such as the local safeguarding authority. Staff told us they were confident about bringing anything to the attention of the registered manager and felt any concerns they raised would be acted on. All the staff we spoke with knew about the different policies and procedures they would use and knew where to access them. The registered manager understood her responsibilities in relation to keeping people safe and where necessary reported any concerns to the appropriate authority.

There were policies and procedures to give staff guidance about how to manage medicines. Only staff who had been trained and were assessed as competent administered medicines. Some people needed creams applied to keep their skin healthy and staff knew who needed creams and when. The system to record the administration of creams was not effective as staff did not record the administration of creams in the same place. Some staff recorded the application of creams in the daily records and other staff recorded creams on the medicine administration records (MAR) charts. We brought this to the attention of the registered manager who stated that they would improve the system for recording creams. All other medicines were recorded properly on the appropriate charts with no gaps.

Medicines were stored safely and at the correct temperatures to ensure they were suitable for use. Records were kept for medicines received, administered and disposed of. Each person had a medicines profile which had guidance about the different medicines and any possible side effects. People received their medicines when they needed them. Staff explained to people what their medicines were for. Staff made sure people had water or a drink so people could swallow their tablets and stayed with people until they made sure that they had taken their tablets safely. Some people needed medicines on an 'as and when' (PRN) basis. Staff checked to see if they needed these medicines and recorded that they had been taken if people wanted them.

Requires improvement

Is the service effective?

Our findings

People told us that they felt the staff knew how to care for them. One person said, "They know how I like things done" and another person told us, "I get all the help I need from staff who know what they are doing". Visitors told us that staff understood their relative's needs. One relative said, "My Nan was very poorly when she came here and we thought we were going to lose her. But she's put on weight and taken on a new lease of life". Another relative said, "Carers really understand how to support my Mum, she can't communicate very well but they know what she wants".

Staff communicated effectively with people. They listened to what people had to say and responded to any requests for assistance. One person had limited verbal communication and staff took time to sit with the person and communicated using different ways so they could find out what the person wanted. Staff observed people who had limited mobility and made sure they were safe when they were walking around. Staff gave detailed handovers at the end of each shift so they were up to date about people's needs. They talked about people's emotional and physical needs and any changes to their support. Staff were knowledgeable about different procedures needed to help different people, such as moving and handling. If staff were unsure about anyone's needs they asked a senior staff or the registered manager for further advice.

Staff had received training in a range of subjects that helped them to carry out their role. This included training in moving and handling, infection control, health and safety and safeguarding people so staff were given the skills and competencies to make sure people were cared for safely. Staff had training in the Mental Capacity Act (2005) and Deprivation of Liberty (DoLS) safeguards, dementia awareness and managing challenging behaviour to help them understand and support people. Staff knew about different types of dementia. One member of staff said, "The dementia training I had was really useful. It made me see things from the person's point of view and gave me a lot more patience". Staff told us how they supported people if they became upset or agitated and during the inspection we observed staff supporting people in way that met their needs.

New members of staff had received an induction so they could get to know people and the support they needed. This was based on the Skills for Care common induction standards (which are standards that staff working in adult social care need to meet before they can safely work unsupervised). Staff completed a workbook and their competencies were checked by the registered manager.

Staff told us they were supported and felt appreciated by the registered manager. They said they could approach the registered manager at any time if they felt they needed extra support. Staff had regular formal supervision meetings every three months when they could discuss their training needs, any concerns and receive feedback. The registered manager joined in the handovers at the end of a shift to provide continuous support and hear any updates.

The MCA and DoLS procedures is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people's rights. Everyone had the same assessment that considered whether they had capacity to deal with their post, finances, investigations and medical appointments. None of the assessments were individual to the person and care plans stated that people had the capacity to make these decisions when they may not do. The MCA states that capacity must be presumed unless proven otherwise and that those assessments should be time and decision specific. The approach used to record that people did have capacity did not meet with MCA code of practice

Staff talked positively about respecting people's choices and supporting them to make their own decisions but did not understand the key principles of the MCA. Staff were able to demonstrate that if they felt anyone was not able to make a decision they would not make any decisions on their behalf and they would ask for further advice. Staff were aware of the importance of ensuring people were supported properly with making decisions. The registered manager understood the principles of the MCA and knew where to seek further advice and guidance from. One person had been discharged from hospital with a 'Do Not Attempt Resuscitation' (DNAR) form. The registered manager had contacted the G.P. and made arrangements for a best interest meeting for this to be discussed further as the DNAR stated that this person did not have capacity. The registered manager told us that this person had been living at the service for a while and there had been no evidence that this person lacked capacity. They said, "We need to make sure that this has been done correctly and it is in their best interest".

Requires improvement

Is the service effective?

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager said that they did not have a 'locked door policy' which meant, that if safe to do so, people could come and go as they pleased. One person regularly visited friends and sometimes had an overnight stay away from the service. Other people were supported to go out with staff and relatives. There was a DoLS checklist in place for each person to ensure that their liberties were not restricted unlawfully. The registered manager had made applications to the DoLS office for four people, although they had not been assessed as having their liberty restricted. The registered manager told us that they lacked knowledge in this area, however stated, "I would rather seek advice than get it wrong".

Any use of restraint including bed rails was assessed and agreed to. Bed rails were only used if it had been assessed as the best way to keep people safe and they, or their representative agreed to them being used. All areas of the environment were accessible to everyone. If anyone had any behaviour that may affect their own or other people's safety, advice was sought from health care professionals such as the community psychiatric nurse or G.P. about ways to the support people and safeguard others.

People's nutritional needs for eating and drinking had been assessed and people were supported to have a balanced diet. Drinks were available throughout the day and people could choose from hot and cold drinks. Snacks were offered during the morning and afternoon. Meals were freshly prepared and well presented. The cook was knowledgeable about people's nutritional needs and how to ensure meals met different people's needs such as catering for people with diabetes or people who needed their food served at a different consistency to help with swallowing problems. People told us they enjoyed their meals. One person said, "I get the meals I like" and another said, "It's always delicious".

People who needed support and encouragement with their food and drink were given the help they needed. One person needed full assistance during their meal. A member of staff sat with this person and slowly and gently helped them. They checked that the person had finished each mouthful before offering another one and gave them the choice of what part of the meal they would prefer. People were not rushed and were given the time to eat their meals at a pace that suited them. Staff continually checked on people and offered support when needed.

Weights were monitored monthly or more frequently if needed. Advice was sought from the dietician or G.P. if staff had any concerns about people's weight. One person's weight fluctuated up and down and this was monitored and discussed at each monthly care review. People who had been identified as being at risk because of their nutritional needs had their food and drinks recorded so staff could monitor that they were eating and drinking enough.

Changes in people's health care needs were noted and acted on. People attended medical appointments. Staff recorded and knew why people needed to see their G.P. or other health care professionals. Any outcomes were followed up and staff acted on advice given by professionals such as the district nurses, dieticians and mental health care professionals. Two people had needed different specialist equipment to help with either their breathing or their continence. Following consultation with district nurses staff acted on their advice and guidance, which led to these aids no longer being needed A visitor told us that when their relative moved in they had 'a lot of healthcare problems'. They went on to say, "Since Mum has been here she is much better. She doesn't get infections, her skin has improved and they get the G.P. in at the drop of a hat".

Good

Is the service caring?

Our findings

People and their relatives thought the staff were kind and caring. People said, "All the staff are extremely kind and sympathetic" and, "They (staff) are very good". One person told us, "It was the best move I ever made". Relatives spoke highly of the caring nature of the staff. One relative said, "Mum loves it here and her face really lights up each time the carers talk to her and they always go out of their way to do that". Another relative said, "Staff are very respectful".

Each person had a, 'This is me' document in their care plan, which contained information about people's personal histories. Some contained more detail than others. The registered manager told us that they talked to people and their relatives when they moved in to find out as much as they could about people's lives. They told us that, 'Sometimes it was difficult' to get a lot of information but they worked with people to find out about them. Relatives confirmed that when their families moved in they had been asked about what people's likes and dislikes were and about their life histories.

Staff knew how people preferred to be helped and were able to tell us how they supported people with their preferences. People said that staff helped them in the way they wanted. One person told us that staff always helped them in the way they preferred. They said, "They (staff) know I like to be as independent as possible and they are there to support me". One person told us, "Staff always ask me how I want to be helped. I am feeling a bit wobbly at the moment and they (staff) aren't rushing me". Another person said, "I love a bath and get one when I want".

Relatives told us that they had been involved in the care plans. Each person had a summary of their needs so that staff could check to see what support people needed. These summaries had been signed either by the person or their relative to say they agreed. The registered manager told us that no one had an independent advocate, as people could either make their own informed choices or were supported by close family members.

People and their relatives were encouraged to give their views through conversations with staff and the registered manager. Relatives said that staff always talked to people and listened to them. One relative said, "They spend time talking to Mum and you can see that relaxes her and she sits and has a conversation with them". Another relative said, "They do listen to what we have to say and they do act on it". One person had wanted to move to another room so that they were on the ground floor and had been arranged for the person.

Staff treated people with compassion and understanding and reassured people if they became upset or were worried about anything. One person was worried because they were waiting for the G.P. to visit them. A member of staff noticed this and went over to them straight away. They knew what was troubling this person and spent time reassuring and comforting them until the person was not so distressed. The member of staff told us that this person often became upset and needed reassurance if the G.P. was visiting them. They said, "If you listen and give reassurance it really stops them worrying until the doctor arrives".

Throughout the inspection we observed staff treating people with dignity and respect. They listened to what people said and offered people choices. When one person wanted to go to their room, staff made sure they were supported to do so safely. People could choose to have their doors either closed or open when they were in their rooms. Staff respected people's choices about their privacy. Some people had limited communication and staff used visual aids or wrote things down so people could point and choose what they wanted. Staff helped people to remember appointments by using different methods. People were reassured by being reminded of appointments by staff.

Staff acted in a professional and caring manner. They spoke about people confidentially so they were not overheard. Staff said there was good support amongst the staff and they worked as team to make sure people received the help they needed. Information about people was kept securely so only authorised staff could access it.

Relatives told us that they were able to visit at any time and were made to feel welcome. They told us that they could take their families out when they wanted and staff always made sure people had what they needed if they were going out.

Requires improvement

Is the service responsive?

Our findings

People were not sure about their care plans, but they knew that staff kept records about the care and support they received. Two people said that they were not interested in their care plans. Relatives told us that they had been involved when their relatives moved into the service. One relative said, "They carried out an assessment and we were all included" and another told us, "The senior staff have spoken to me about the care plan, so I know what's involved".

People had an initial assessment before they moved in. People's needs with regard to their personal, emotional and health care needs were assessed and a care plan was written. Care plans were reviewed on monthly basis, but the information was not always updated to reflect people's current needs. When there had been a major change in people's needs the care plan was updated so for example where one person's mobility had changed the care plan had been updated. Less significant and more gradual changes were not updated into the care plans. A care plan for one person had been written in October 2013 and the reviews showed their needs had changed since that date; the care plan had not been updated to reflect this. Another care plan had been reviewed in September 2014 and stated that they 'needed more help' with washing and dressing, but the care plan had not been updated to say what this help was and how staff should assist.

Staff were knowledgeable about the support people needed. Staff told us how they supported the person who needed more help with their personal care and they described how they supported them. This person told us that staff, "Do everything I need. I used to be able to do more for myself but can't anymore, they help me but don't take over". One person became anxious. There was no detailed guidance on how to support them in the care plan; staff were able to tell us what they did to reduce this person's anxiety. Observations made during our visit showed that staff gave this person the support they needed which resulted in them becoming calmer and less distressed.

Care plans had limited information about people's life histories, their likes, dislikes and personal preferences. Staff knew the support people needed and what their likes and dislikes were. Information in care plans were not all up to date and accurate so staff were not given the information they needed. A lack of accurate records poses a risk of people receiving inconsistent care.

We found that the registered person had failed keep accurate and up to date records. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff understood how to support people and told us about the different things that affected people's daily lives. One person became unsettled at a specific time each day, staff had identified a pattern and realised that it was a time of day when they used to have a set routine. At this time of day staff made sure this person was involved in an activity or they spent time talking with them. Staff told us about another person who had increased difficulty with managing their meals, they had been supplied with special cutlery which helped them to manage their meal and be more independent. Staff supported people appropriately to meet their needs.

There was an activities coordinator who worked at the service two and a half days a week. They told us that they didn't have an activities planner because they "Did the same activities every week". This included a quiz, word searches, dominoes, papers, magazines, sing-alongs and a film. At our inspection there was a quiz which lasted approximately two hours. There were a small number of the people sitting in the lounge that joined in. Other people were not encouraged to take part.

Relatives told us that they thought there was a lack of activities and that there could be more on offer. One relative said, "They have a quiz, but it is always the same one and I have never seen people doing anything different". Another relative said, "It would be nice if Mum could go out more".

There was a lack of information available for people to see what was happening during the day. There was no activity schedule on display, which meant that people had to ask staff what was happening. Care plans did not include information about people's preferred activities. The activities coordinator told us that they didn't involve people in planning the activities although they said they always asked people if there was, 'Anything else they

Requires improvement

Is the service responsive?

wanted to do'. People had been asked for their opinions about the activities as part of the quality assurance survey that had been sent out in January 2015. Most people had said on the survey that they thought the activities were good. However people gave us mixed views about the activities when we spoke with them. Some people said they enjoyed activities like the quiz and liked to take part. Other people said they didn't like many of the activities which were on offer. People also told us that there were not a lot of activities on offer. When the activities coordinator was not on duty there were no arrangements for people to take part in or join in different things. Staff told us that they tried to spend time with people on a one-to-one basis and when they had time they gave people pamper sessions.

We recommend that the provider seeks advice and guidance about supporting people to support them to access a range of activities.

There was a complaints procedure on display in the hallway. There were no arrangements in place for the complaints procedures to be made available in a different format, although the registered manager said staff always checked that people were happy with the care they received. This told people how to make a complaint and who they could raise any concerns with. The registered manager told us there had been no formal complaints. People told us they didn't have any complaints and said they had no concerns about telling the registered manager or staff if they were unhappy with anything. Relatives told us that they could access the complaints procedure if they wanted to. Relatives said they had no complaints. One visitor told us that they had a, 'minor niggle' and it had been addressed and resolved straight away.

Requires improvement

Is the service well-led?

Our findings

People and their relatives knew who the registered manager was. Relatives told us that the registered manager was always available. One relative said, "The office door is always open and I can call in when I want and they always make time for me". During our inspection people and relatives stopped at the registered manager's door to talk or ask questions. One relative was concerned about an appointment their family had. The registered manager spent time reassuring them and giving them the information they needed.

Records were kept about the care people received and about the day to day running of the service. Some records, such as care plans and associated risk assessments were not consistently kept up to date to reflect the care people received. Care plans were audited and the registered manager said that they spot checked the care plans and noted to staff when information was missing. Reviews of care records had not identified that they were not all up to date.

Staff communicated well with people and listened to what they said and reported any comments to the manager. When people asked for things to be changed, staff responded and actioned their requests. People did not have the opportunity to attend more formal meetings to have a say about different things that were happening in the home. The systems for receiving feedback from people were on an informal basis, although everyone we spoke with said they were listened to.

Questionnaires were sent out on an annual basis. The most recent had been in January 2015. People had been asked about the quality of the food, activities, their opinions of the care provided, if they thought staff treated them and respect and dignity and if they were happy at the service. All of the responses were positive with people saying they felt everything was good or very good. The registered manager had looked at the answers and addressed any individual suggestions that people had brought up.

Staff felt supported by the registered manager. They told us that they could report any concerns or ask for advice and that they were given the advice or help they needed. Staff were encouraged to share their ideas for improvement and contribute to the delivery of the service through staff meetings and regular handovers with the registered manager. Staff told us they could discuss any issues and were kept informed of any matters that might adversely affect people. Staff said, "The manager is always on hand". One member of staff said, "I work nights and there is always someone I can contact if anything happens. I feel supported all the time".

There were a clear set of values. The registered manager and staff they knew what the values were and how to implement them. They told us that they 'prided' themselves on providing a family atmosphere and that people were supported to be as independent as possible. Staff spoke positively about how they listened to people and said, "It's important to talk to people because what they tell us helps us to support them". Staff communicated with people in ways they understood. People and their relatives told us that they felt they were listened to when they spoke with staff.

There was a culture of openness and transparency with staff communicating with each other and the manager. Staff knew what their roles were and what they were accountable for. Staff took responsibility for different roles during their shift. Staff knew about emergency procedures and how to keep people safe. Staff recognised when people needed extra support or needed support from health care professionals and referrals were made in people's best interest.

The registered manager understood her role and responsibilities in respect of delivering the service. They informed the Care Quality Commission (CQC) of any adverse events as required by regulation. When they had concerns about people's safety or were not sure of procedures to follow with regard to the Deprivation of Liberty Safeguards (DoLS) they contacted the appropriate authorities.

The provider supported the registered manager and visited regularly. The registered manager told us that when they requested additional resources, such as an extra member of staff on duty at the weekends, this had been agreed. The registered manager said the provider gave them good support.

Medicines, infection control, and the health and safety of the service were checked. Any shortfalls were recorded and acted on to make the improvements. Checks were carried out on the safety of the environment to make sure people were safe.

Requires improvement

Is the service well-led?

There were a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew where to access the information they needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person must ensure that information specified in Schedule 3 is available in respect of each person employed at the service. 19 (3) (a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person must ensure that there is an accurate and complete record is maintained in respect of each service user. 17 (2)(c)**