

Phoenix Residential Care Homes Limited

# Phoenix Residential Care Home

## Inspection report

45 Maidstone Road  
Chatham  
Kent  
ME4 6DP

Tel: 01634841002

Website: [www.phoenixcarehome.org](http://www.phoenixcarehome.org)

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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?

**Good** 

# Summary of findings

## Overall summary

We previously carried out an unannounced comprehensive inspection of this service on 16 and 18 November 2015. Breaches of legal requirements were found. We took enforcement action and required the provider to make improvements to become compliant with Regulation 9, 13, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, by 11 April 2016.

We undertook a focused inspection on 12 April 2016 to check the provider was meeting the regulations. At that inspection we found that some improvements had been made however the provider remained in breach of Regulation 9, 11, 17. A breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was also found during that inspection.

This inspection was carried out on 30 August 2016 and was unannounced. This was a comprehensive inspection and included an inspection of the previous breaches of legal requirements. The service provided accommodation and personal care for up to 18 older people some of whom were living with dementia. The accommodation is arranged over two floors. There is a lift to assist people to move between floors. There were 12 people living in the service when we inspected. At this inspection we found that improvements had been made, however, improvements were still required in a number of areas.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The provider was also the registered manager of the service. 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 received a service that was safe and they told us they felt safe. Systems were in place to protect people from the potential risk of abuse. Staff had access to an up to date safeguarding adults policy which included the action staff should take if they suspected abuse. Some staff had received training about protecting people from abuse; however, some staff were overdue the refresher course. Staff were able to describe the potential signs of abuse. Accidents and incidents involving people had been recorded, but these were not monitored to identify any potential patterns or trends that had developed. We have made a recommendation about this.

People received support and assistance from enough staff to meet their assessed needs. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support. However, the provider had not ensured the full employment history for each

member of staff had been recorded. We have made a recommendation about this.

Risks to people's safety had been assessed and recorded with measures put into place to manage any hazards identified. The premises had been maintained to ensure the safety of people. However, checks of the fire alarm system had not been consistently completed. A fire risk assessment had been completed by an external auditor which had identified a number of actions which required completing to ensure the safety of people using the service.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. People were supported to remain as healthy as possible with the support of healthcare professionals.

Staff had not always received sufficient training to meet people's needs. Courses that the provider considered mandatory were overdue the updates. New staff received an induction before starting to work at the service. Staff felt supported by the registered manager and said they were encouraged to discuss ideas and suggestions they had to improve the service.

People's capacity to consent had not always been assessed as per the Mental Capacity Act 2005. Decisions had been made for people without their consent. Staff offered people choices and gained their consent prior to offering any support. Staff were kind and caring towards people however, people's privacy and dignity were not always consistently maintained. We have made a recommendation about this.

People were given food and drink that they enjoyed and had chosen. People were supported to maintain their nutrition and hydration. Healthcare professionals were involved if people were at risk of malnutrition or dehydration.

People's needs had been assessed to identify the care they required. Care and support was planned with people and their loved ones and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to meet people's needs including any specialist support needs.

People were encouraged to participate in activities within the service and occasionally out in the community. People were involved and asked for suggestions of ways the service could be improved, these were acted on. People and their relatives had access to a compliant policy and procedure. Systems were in place to monitor the quality of the service being provided to people.

We found breaches 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 the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The premises had not always been maintained to ensure the safety of people.

People felt safe and were protected from the potential risk of harm.

Recruitment practices did not always follow guidance.

People received their medicines as prescribed by their GP.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Not all staff had received the appropriate training they required to meet people's needs.

People's capacity to consent to certain tasks had not always been assessed.

People were given a range of nutritious food and drink of their choice.

People were supported to remain as healthy as possible.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness and respect.

Staff knew people well and knew their likes and dislikes.

People were involved in the planning of their care and support.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Good** ●

Guidance was available to staff informing them how to meet people's needs.

Activities were available to people within the service, however people were not always supported to access the community.

People were supported to remain as independent as they wanted to be.

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**Is the service well-led?**

The service was well-led.

The registered manager had a good understanding of their role and responsibility.

There was an open culture between staff and management, where staff were asked for their ideas and suggestions.

Audits were carried out to monitor the quality of the service being provided to people.

**Good** ●

# Phoenix Residential 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 30 August 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist nurse advisor. The specialist nurse advisor specialised in medicines and older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with six people using the service, six relatives and a visiting health care professional about their experience of the service. We spoke with three care staff, the cook and the registered manager/provider to gain their views. We asked two commissioners for their views and experience of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at four people's care files, five staff record files, the staff training programme, the staff rota and meeting minutes.

## Is the service safe?

### Our findings

People told us that they felt safe with the care and support they received from the staff. They said that staff were always attentive, asking them if they were okay and whether they wanted some help. People's comments included, "I definitely feel safe, I love it here." Another said when asked, "Oh yes it's safe here. The place runs smoothly, staff brilliant." Relatives we spoke with told us they felt their loved one was safe. One relative said, "Staff are always here for them, they are happy here, they are well looked after." Another said when speaking about their relative and the staff, "They are looked after very well. Very patient. Never seen anything untoward."

At our last inspection on 12 April 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure people received their medicines as prescribed by their GP. Systems were not in place to ensure medicines were ordered and received in a timely manner. At this inspection we found that improvements had been made and people were receiving their medicines as prescribed by their GP. People told us they received their medicines regularly and when they required them. One person said, "The staff supervise me taking my medication and I am happy with the way they do it. I never miss my medicine." A relative said, "I don't have any issues with medication. I see the girls (staff) coming in to give mum her medication and they are very patient with her."

People's medicine was stored securely within a locked trolley in a designated medicine room. The temperature of the room was taken daily to ensure that medicines were stored at the correct temperature. A designated member of staff was allocated to administer people's medicines on a daily basis. Staff told us and records confirmed that staff completed training in the administration of medicines which, was then followed by a competency assessment with a member of the management team, prior to administering medicines. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered and returned. There were regular medicine audits carried out by the pharmacist which had generated action plans and reviews. Records showed that the action plan from the last audit had been carried out. These processes gave people assurance that their medicines would be administered safely.

The service used the Medicines Administration Record Sheets (MARs) for the administration of medicine. Each person had their photographs in front of their MARs with the appropriate consent to the administration of their medicine. These were written legibly and the records showed no gaps. During medicine round we observed staff checking the medicine carefully against the MARs before handing the medicine to the person. Staff explained to people what each medicine was for such as, "The white one is for pain" and asked the person which medicine they would like to take first. After the person had taken the medicine staff then signed the MARs. After the medicine round staff checked the medicine chart to ensure that everybody had received their prescribed medicine. The member of staff said, "We checked all the charts at the end of the round to ensure that we have done everything properly. If we note that a medicine is about to run out, we order it immediately so that the person always has medication available."

Some people had "As and when required" PRN medicines. Protocol and guidance was in place for staff to

follow which included the dosage, frequency, purpose of administration and any special instructions. These had been reviewed by the person's GP. We observed staff asking people whether they were in pain before administering any pain relief. One person said, "I am not in pain, but if I am in pain I know who to go to."

People were protected from the potential risk of abuse. There was a safeguarding adults policy in place which had been reviewed in May 2016. This included guidance for staff informing them how to raise any concerns they had if they needed to. Staff had been made aware of the update to the policy when they had a supervision meeting with their manager. Staff had been trained and knew how to identify potential signs of abuse and gave examples of when they had raised concerns previously to protect people from abuse. Staff gave examples of how people's belongings were kept safe such as keeping a record of any items that people had brought into the service or putting valuable items in locked safes.

Systems were in place to ensure there was enough staff on duty and deployed throughout the day to meet people's assessed needs. The registered manager used a dependency tool which calculated the number of staff required to meet people's needs. Staff told us they felt there was enough staff on duty to meet people's needs. Observations during our inspection indicated that there was enough staff to meet people's needs. Call bells were answered quickly and people were not left waiting when they asked staff for assistance.

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the five files we checked, all five did not contain complete employment histories for staff with an explanation of gaps in employment. Interview notes recorded that discussions about work histories had taken place however there were no dates of employment or full explanations of gaps recorded. The registered manager told us that they were aware of this and had planned to ensure any gaps in employment were fully recorded. Checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

We recommend that the provider explores any gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Accidents and incidents involving people were recorded by the staff team within an accident report book. Records included information about the incident, who was involved, if any injury had been sustained and the action that had been taken. Regular observational checks were completed over a 48 hour period if a person had fallen. The registered manager then completed an assessment and audit of each incident. This recorded any additional actions that had been taken such as a review of a person's risk assessment.

We recommend that the registered manager uses a system to detect and alert the registered manager to any patterns or trends that had developed.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, pressure area care, mobility and health conditions. Each risk had been assessed to identify any potential hazards which were then followed by the existing control measures which were in place and any further actions that were required. Staff understood the importance of pressure area care and gave examples of how they recognised when other healthcare professionals needed to be contacted. Risk assessments were updated for people and records were kept to show the progress of any areas which staff had identified as in need of monitoring. Staff had a good understanding of what



preventative measures could be taken to reduce the risk of people developing pressure areas. Environmental risks relating to people and staff were assessed and recorded and were kept within the service. A system was in place to ensure these were reviewed by the registered manager on a regular basis.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, firefighting equipment and lifting aids were properly maintained and tested. Daily checks of the kitchen had taken place along with an audit of the cleaning schedules.

People had a personal emergency evacuation plan (PEEP) located in the locked 'grab bag' at the front door and a copy kept within their care plan. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. This included an essential information sheet for each person living at the service to inform people of the support they required including any medical assistance. People's safety in the event of an emergency had been carefully considered and recorded.

Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order. However the weekly fire system check had not been completed consistently by the staff team. A comprehensive fire risk assessment was in place which was completed in April 2016. The assessment had generated an action plan which scored all actions in a priority order. The registered manager told us that they were working through the actions, "But this was a work in progress." There were a number of actions which were scored at 1 which was 'most urgent' however these had not been completed such as fire doors having gaps around the frames and doors not containing 'self-closing devices'. These processes were required to minimise the risk to people and ensure their safety within the service.

The examples above showed that the provider had failed to ensure the premises met the health, safety and welfare of people using it. This was a breach of Regulation 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service effective?

### Our findings

At our last inspection on 12 April 2016, we identified two breaches of Regulation 18 & 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that all staff had sufficient support and training to carry out their roles. At this inspection we found that not all staff had received training to enable them to meet people's needs. Staff were being supported in their roles by the registered manager.

People told us they felt the staff were well trained and knowledgeable. One person said, "Staff are very good, well trained. They move me in and out of this chair using a hoist. Always two staff, one on the controls and other helps and guides me. I have not fallen." A relative said, "The staff are recognising the triggers which make (loved one) anxious and agitated and very good at keeping (loved one) calm." Another said, "As far as I can see they are well trained. They are all very patient with people. There is always someone about."

The registered manager had not effectively monitored staff training to ensure that staff were up to date with training that they needed to carry out their roles. There were still a number of gaps in the staff's training records relating to refresher training. The service employed 16 care staff, and of those care staff, ten were recorded as having up to date moving and handling training, ten were recorded as having in date infection control training, six were recorded as having in date medication training. Nine were recorded as having in date food safety and hygiene training, 12 were recorded as having up to date first aid training and 11 were recorded as having up to date safeguarding training. Only one member of staff was recorded as having in date fire training. However when staff were spoken with they had a good understanding of what to do in the event of a fire, how people needed to be supported and where to evacuate people to. Staff said that they had regular fire alarm tests and had been through a recent fire drill where they evacuated the building.

The provider had failed to ensure that all staff had sufficient training to carry out their roles which was a continued breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations for some people. Staff we spoke with were not clear whether anyone living at the service had a DoLS authorisation in place.

At our last inspection on 12 April 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess and record people's capacity to make specific decisions about their lives. At this inspection we found that improvements had not been made. Some staff were not aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Nine out of the 16 staff were recorded as completing training in the Mental Capacity Act 2005. The registered

manager said that she had identified that staff required further training around the Mental Capacity Act and we saw that a training session had been booked for September 2016. People's capacity to consent and make everyday decisions about their lives had not always been assessed and recorded. For example, one person told us they wanted to go out for a walk but they were not allowed by the staff. This person had not been assessed to determine if they had the mental capacity to be able to make this decision. Staff were observed offering people choices and asking people for their consent prior to offering any support.

The provider had failed to act in accordance with the Mental Capacity Act 2005 when making an assessment of whether a person had the capacity to make certain decisions about their lives. This is a continued breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed an induction to the service when they started work. Staff told us that this had involved being inducted with the service and the company, being introduced to people who lived at the service and staff. Staff completed an induction checklist which covered areas of health and safety such as emergency exits, evacuation procedure, first aid facilities and accident reporting. New staff worked alongside more experienced staff before working unsupervised. A member of staff had recently returned from maternity leave. As part of their reintroduction to the service they were being supported by another member of staff to re-orientate them to the role.

Staff received regular support and supervision from the registered manager where they were able to discuss how they were performing, any areas for development and whether any additional training was required. Staff said that they were able to discuss their role and the service openly during these sessions and were able to raise concerns and make suggestions for how the service could be improved. Staff were able to request other training in areas relevant to their role that they thought would help them develop such as completing diplomas in care. Staff were supported to develop in different roles within the service and this was evident in the records from supervision. Staff were also made aware of changes to policies and procedures during these sessions and were kept up to date with changes at the service.

At our previous inspection on 16 and 18 November 2015, we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not provided with the support they needed to eat and drink the right amounts to protect them from the risk of inadequate nutrition and dehydration. Staff had not monitored people's weight effectively to identify any potential risks of malnutrition. People had previously told us that they did not feel able to access drinks or snacks outside of mealtimes. At this inspection we found that improvements had been made.

People told us they chose what they wanted to eat and were complimentary about the food they received. They said, "Its lovely, it always is. We always have lovely food." Another said, "We can have a fry up if you want it. Always a good choice of meals. If you are hungry they (staff) will make you a sandwich." Relatives told us that they felt their loved ones received a variety of fresh food which they enjoyed. One relative said, "They have home cooked meals so much better for (loved one), quite varied fish, meat, vegetables. Lots of fresh fruit. (loved one) is always asked what they would like and given a choice of options." The registered manager had introduced a drinks station which was kept in the hallway and enabled people to pour themselves a hot or cold drink. The station also included a selection of fruit people could eat when they wanted to. One person said when talking about the drinks station, "Tea always on the go here. I can make my own 24/7 if I want it."

The registered manager had used an assessment tool to detect any risk of malnutrition. People who required additional support to maintain their nutrition had care plans in place to inform staff the specific support they required. For example, if people had a fortified diet. Records showed that health and social

care professionals had been involved in the assessment of people's eating and drinking needs to ensure their nutritional needs were met. People's weight had been monitored and action taken if staff were concerned that someone had lost weight, such as contacting the dietician. People's food and fluid intake had been recorded. However, the targeted amount of fluid people should be drinking on the fluid balance chart had not been calculated and the amount of fluid taken by an individual taken over 24 hours had not always totalled. This meant that it was not always possible to know whether the person had adequate fluid on a daily basis. This information is important for the early detection of poor fluid intake and prevention of dehydration.

People were supported to remain as healthy as possible. People told us that the doctors regularly visited the service and if they wanted to see a doctor they just had to ask. A relative said, "(name) their relative had been restless at night. Staff called the doctor and found they had a water infection." Another said, "The staff seem to notice any infections early on and they get treatment quickly. I always get a call to let me know what is happening." Each person had an index within their care file of the health care professionals involved in their care and support. Records showed that people had been supported with appointments with district nurses, speech and language therapist, psychologist, dietician, optician, physiotherapist and the persons GP. A record was kept of what was discussed during the appointment and any action that was required by the staff. A visiting district nurse said, "There has been a vast improvement in communication. And this has impacted on the people's health positively. This means that we have been able to intervene earlier and give advice and treat conditions quickly and effectively. The relationship has improved significantly."

## Is the service caring?

### Our findings

People told us that the staff were friendly, caring and always showed them respect. People said, "When the girls come up to my room they always knock and if I didn't respond they will use the key to let themselves in." Another said, "Girls very caring, very good." When speaking about the staff. A relative said, "Staff seem very caring, patient and kind to the residents as well as their visitors." Another said, "The way they talk to people is lovely, so caring; they are always double checking with people that they are okay."

At our previous inspection on 16 and 18 November 2015, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always treated with dignity and respect. Confidential information about an individual was discussed in the lounge with others present. At this inspection we found that some improvement had been made. People told us that staff respected their privacy and dignity and we observed staff knocking on bedroom doors and waiting for a reply before entering. However this was not consistent, we observed staff supporting one person with a personal care task in the lounge with other people present. The same person was supported with the same task later on in the day when a privacy screen was used. This showed that at times staff showed a lack of privacy and dignity towards some people receiving support.

We recommend the provider seeks appropriate systems to ensure people's privacy and dignity are consistently maintained.

People told us they felt respected and had a good relationship with staff. We observed communication between people and staff within the communal areas. Staff addressed people by their names and spoke in a quiet manner. Staff got close to people who were hard of hearing and maintained eye contact. Some staff were observed to get down on their knees to get closer and maintain eye contact with people. People appeared to be relaxed and happy during conversation. They exchanged words and smiled. One person said "This place feels like a family home, it is like my home."

Staff were aware of people's communication needs. Staff took time to listen to what people were saying and used simple and easy to understand language to ensure people understood what they were saying. Staff were also observed communicating with people using non-verbal communication such as signs and gestures.

At our previous inspection on 16 and 18 November 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People or their representatives had not been involved with the planning of their care. At this inspection we found that improvements had been made. Staff knew people and their relatives well with many staff having worked at the service for over a year. People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff said that there was information about people's personal histories within their care files. One member of staff said, "As I am a key worker, I have more time with some people to talk about their past so we probably know more about the people that we are key workers for." Other

members of staff said that they had a good idea about most people's histories and enjoyed chatting with people about their families and what they used to do.

People were supported to maintain contact with people that mattered to them. People and their relatives told us they felt that there was no restriction on visiting times. One relative said, "I can come here at any time and I don't have to ask permission or ask the staff. I always feel welcome. I can make myself a drink at any time. Sometimes I am offered something to eat as well." Another relative said "I feel that I can discuss anything openly with the staff and they would tell me the truth."

Some people had spoken to staff and relatives about the care and treatment they wanted at the end of their life which had been recorded within an advance care plan. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Personal, confidential information about people and their needs was kept safe and secure. However one person we spoke with did not understand that this was in place and it had not been reviewed. The registered manager told us they would take this out of the person's file until it had been appropriately reviewed.

## Is the service responsive?

### Our findings

People told us that the staff always asked what they would like help with and staff supported them in the way they preferred. One person said, "I feel as if I am wanted here, staff always make sure my washing is done and put away in my drawers. They always offer help if I want it." Another said, "I am able to stay up all night if I want to. No set times for bed here. If I am tired I can go straight up to my room. I prefer to be here other people down here." A third said, "I am an early bird. I like to get up at 6.30 and have a strip wash and come down straight down to the lounge."

People's care plans contained information and guidance to inform staff how they wanted their assessed needs met. People's care plans recorded the person's ability, support required and the desired outcome; these were then linked to a risk assessment. They included guidance about people's daily routines, communication, health condition support and eating and drinking. People were supported to complete a 'wish list' of activities or tasks they wanted to complete such as gardening or household tasks. Staff supported people to achieve things that were recorded on their 'wish list'.

People were supported to remain as independent as they wanted to be. People told us that the staff encouraged them to do as much for themselves as they were able. One person said, "They (staff) run the bath for me. I try to manage myself. I ask for help sometimes if I am feeling a bit tottery and need it." Another person told us they liked to "keep busy and help around the house", the registered manager had put steps in place to ensure this person was able to complete the 'jobs' they wanted to. People's care plans contained guidance to inform staff how they could maintain people's independence.

At our previous inspection on 12 April 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records relating to people had not been regularly reviewed. At this inspection we found that the registered manager had implemented systems to ensure people's plans were reviewed on a regular basis. The registered manager completed an audit of people's care plans every six weeks and then recorded what, if any action was required by a member of the management team.

An activity timetable was displayed on the notice board in the hallway which included social activities such as, games, quizzes, nail painting and bingo. The service had two lounges one which was used for activities and the other was a quiet lounge where people could relax. One person said, "I like being in this lounge with (name). We like watching television and have a chat." Another person told us that they wanted to exercise more, therefore the registered manager had arranged for them to take part in a boxing game which was linked to the television. This person said, "I feel so much better keeping fit," as a result of the game. Other activities that were available to people included a monthly music and gentle exercise class, foot care service and a mobile hairdresser. Some people were supported to go out into the community with their family or friends to various places, including garden centres or local churches. However, some people we spoke with told us they were not able to go out into the community as much as they wanted to. The registered manager was aware of this and told us they had recently started to introduce times where people were supported to go out with the support of staff. This was confirmed by one person who said, "Two of us went out for a meal

at the (local pub) last week with one of the staff. The manager drove us up there and picked us when we had finished. We had a lovely meal and chat"

At our previous inspection on 16 and 18 November 2015, we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have an up to date complaints policy and procedure in place and complaints that had been made to the deputy manager had not been dealt with effectively. At this inspection we found that improvements had been made. An up to date complaints policy and procedure was in place and a record of the procedure to follow if people were unhappy about the service was on the notice board in the hallway. People told us if they were unhappy they would speak to the registered manager or staff, and, they felt that they would be listened to. Records showed that the complaints procedure had been followed by the registered manager following a complaint made by a relative. This included written acknowledgement of the complaint followed by an investigation by the registered manager and an outcome letter. A relative told us that they had previously complained about the cleanliness of the bathrooms and said, "It was sorted out straight away. They seem to have a good domestic now the room is hoovered daily and bedding always looks fresh and clean."

People were invited to take part in resident meetings where suggestions and ideas to improve the service were discussed and acted on. A recent meeting had taken place between people and the cook to discuss menus and different food options people would like to try. People expressed that they would prefer to have a larger meal at breakfast and then have a later lunch and later dinner. This had been actioned and was having a trial period at the time of our inspection.



## Is the service well-led?

### Our findings

At our previous inspection on 12 April 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not consistently use the systems that were in place to assess, monitor and improve the quality of the service being provided to people. At this inspection we found that some improvements had been made relating to the audits that were now in place. However, these were not always completed as frequently as it was recorded. For example the infection control audit had been completed for three out of the last six months. The registered manager had a number of action plans they were working towards following internal and external audits such as, medicines, fire and fire risk assessment. A commissioner told us following a recent visit that all but two of the actions had been completed.

At our previous inspection on 12 April 2016 the provider had taken the decision to become the registered manager and manage the service themselves. At this inspection the provider had become the registered manager of the service and had been managing the service for a period of four months. People knew who the registered manager was and told us they were approachable. One person said, "(name) the manager runs the home very well. She always keeps us informed what is going on." Another person said, "(name) is such a friendly person. When I want to see her I just knock on her door and she always says come in. She is very good at getting repairs done." Relatives told us that the service had improved since the registered manager began managing the service. One relative said, "Everyone seems happy enough. Staff all always smiling. They are nice and friendly. Nothing ever seems to be too much trouble for anyone." Another relative said, "Seems to be quite good. Improving, there is more staff about. Maintenance is getting done, the outside was recently painted."

The registered manager was aware of the areas that required improvement and showed us various action plans that they were working towards completion. The action plans had identified the areas of concern that we had found during our inspection.

The registered manager told us they had been working additional care shifts as an opportunity to observe the culture and staff's working practice. Any comments from the observations would be discussed at formal supervisions and team meetings to inform and improve working practice. Staff told us they felt that there was an open culture and they were able to speak openly about issues and concerns when they arose. Staff said that they were kept up to date with changes to the service and when policies and processes changed, they were kept informed. Staff said that they felt that everyone worked together as a team. Staff expressed that they had confidence in the registered manager and that they knew what everyone's roles and responsibilities were. Staff said that they were able to raise concerns with the registered manager and ask for support if they needed it and knew that it would be acted on.

Regular team meetings were held to keep staff up to date with changes to the service and give staff the opportunity to discuss any concerns that they had or put forward their ideas for making improvements. Staff said that they felt listened to and confident that any suggestions that they made would be considered. A member of staff said that they had made some suggestions about different activities that people might like

to do. The member of staff said that the registered manager had agreed that they were good ideas and had purchased some additional equipment for activities such as table tennis sets and a games console. Staff said that they were able to talk freely in meetings and that meetings were also used to keep staff up to date with changes in the service or people's needs.

The registered manager had a good understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. There had not been any notifiable incidents since the last inspection. Staff told us that the registered manager was visible, friendly and approachable.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to act in accordance with the Mental capacity Act 2005 when making an assessment of whether a person had the capacity to make certain decisions about their lives.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure the premises met the health, safety and welfare of people using it.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had failed to ensure that all staff had sufficient training to carry out their roles.