

Miss M Levett

# Little Acorns

## 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

Little Acorns provides accommodation for up to 20 older people. The home is a converted house and bedrooms are spread over three floors. There were 15 people living at the home on the day of the inspection who required a range of care and support related to living with dementia.

There is a registered manager at the home who is also the provider of the home. 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.

The inspection took place on 7 and 8 April 2015 and was unannounced.

People were supported by kind and compassionate staff who had a good understanding of their individual needs. We saw care delivered met people’s needs and was

# Summary of findings

person centred. However, there was a reliance on verbal communication to update staff and people's care records did not always demonstrate the care they required or received.

Medicines were not always managed safely as there was no guidance for staff about 'as required' (PRN) medicines. Medicine policies had not been reviewed and did not support the practice at the home and therefore placed people at risk from uninformed staff.

Risk assessments were in place but these did not include all identified risks. Although personal emergency evacuation plans were in place there was no guidance for staff on how to commence evacuation of the premises to ensure people were safe.

Staff had a good understanding of the safeguarding procedure and what steps they would take if they believed someone was at risk of abuse or harm.

There were enough staff who had been safely recruited to meet people's needs. The registered manager had identified staff training and updates did not always take place in line with policy and had taken steps to address this. Staff received a period of induction and shadowing when they started work at the home. They told us they felt supported to meet people's needs.

Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We observed staff asking people's consent prior to providing any care or support. However, there was a lack of evidence about how staff obtained consent from people on a day to day basis.

People were supported to maintain a balanced and nutritious diet and people told us they enjoyed their food. However, mealtimes appeared noisy and not consistently well managed.

People were supported to receive appropriate healthcare to meet their needs. Healthcare professionals we spoke with were positive about the support staff provided.

There was not an effective system in place to assess the quality of the service provided; therefore the registered manager had not identified all of the shortfalls we found.

Care plans did not include information about people's hobbies and interests. However, staff knew people well and supported them to do things they enjoyed.

We found a number of 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 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?

Little Acorns was not consistently safe.

People's medicines were not always managed safely. There was no guidance for 'as required' medicines.

Risk assessments were in place and staff had a good understanding of the risks associated with the people they cared for.

Staff understood what to do to protect people from the risk of abuse.

There were enough staff working at the home to meet people's needs and staff recruitment practices were safe.

**Requires improvement**



### Is the service effective?

Little Acorns was not consistently effective.

Staff understood their responsibility in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, there was a lack of evidence about how staff obtained consent from people on a day to day basis.

People received a balanced and nutritious diet. However, they did not always receive the support they needed in a timely way. Mealtimes appeared noisy and this may prove distracting to people living with dementia.

Staff received on-going training and support. The registered manager had identified staff training did not always take place in line with policy and was taking steps to address it.

People were supported to have appropriate access to healthcare. This included GP's, district nurses, dieticians and mental health services.

**Requires improvement**



### Is the service caring?

Little Acorns was caring.

Staff had a good understanding of people as individuals. This enabled them to provide good, person centred care.

People were treated with kindness, compassion and understanding.

People were supported to make decisions about their daily care.

**Good**



### Is the service responsive?

Little Acorns was not consistently responsive.

People received care and support that was responsive to their needs because staff knew them well. However, some care records needed to be updated. This meant there was no guidance for staff to ensure consistency or demonstrate that people's care needs were being identified and met.

**Requires improvement**



# Summary of findings

A complaints policy was in place and complaints were handled appropriately.

## Is the service well-led?

Little Acorns was not consistently well-led.

We had not been notified about incidents that affected people who lived at the home as legally required.

There was not an effective system to assess the quality of the service provided.

There was a positive, open culture at the home and staff felt well supported.

**Requires improvement**



# Little Acorns

## 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 7 and 8 April 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience in dementia care. 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 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection five people told us about the care they received. We spoke with seven members of staff which included the registered manager and eight visitors. Following the inspection we spoke with three further visitors and two visiting health care professionals. We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

People who lived in the home were unable to verbally share with us their experiences of life at the home because of their dementia needs. Therefore we spent a large amount of time during our inspection observing the interaction between staff and people and watched how people were being cared for by staff in communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included five people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home.

# Is the service safe?

## Our findings

People and visitors told us they felt safe at the home. One person said, “I’m safe, they are good to me.” Another person told us, “I don’t worry about a thing here.” Visitors told us their relatives were safe. One visitor said, “When I leave here I don’t worry about her safety, I know she’s safe.” Another visitor told us they were planning a holiday; this was something they had been unable to do for some time. They said now their relative had moved into the home and was safe they were able to do this.

People had not been protected against all the risks associated with the administration of medicines and best practice guidance was not always followed. Some medicines were ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There was no guidance in the medicine administration record (MAR) charts, care plans or risk assessments to inform staff why these medicines had been prescribed and when they should be taken. For example two people had medicines prescribed for health related conditions. There was no information for staff about when these medicines should be given, any side effects or what actions to take if the medicine was not effective. This placed people at risk of not receiving medicines appropriately and did not ensure that medicines were given in a safe and consistent way.

Medicine policies and procedures were dated 2011. The registered manager told us these needed updating as they did not support practice in the home. The procedure said that any omissions or PRN medicines were to be recorded on rear of MAR chart and there was no area for this. Procedures were limited and for example did not include self-administration, covert or crushing medicines or GP verbal changes to medicines. This meant staff were not following the most up to date guidance which could leave people at risk of receiving inappropriate treatment.

Medicines had been administered as prescribed and MAR charts had been completed and signed by staff to show when medicines had been administered. However, there was no list of staff signatures to allow the registered manager to identify who had administered what medicine.

MAR charts contained a number of medicines that had been discontinued this included antibiotics. This meant it was not easy for staff to identify which medicines people required.

Medicines were not always stored securely or appropriately. The medicine trolley was locked but had not been secured to prevent its removal by unauthorised persons. A further medicine cupboard had not been secured in line Medicines which needed to be stored in a fridge were in the kitchen fridge. They were not stored in a separate container or secured in any way. The temperature of this fridge had not been monitored. This meant medicines could be removed by untrained persons and may not be effective as they had not been stored correctly. This could leave people at risk of inappropriate treatment.

People were not protected against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were well organised and the MAR charts were well completed. Medicines received into the home were checked and signed in on the MAR chart and there was a system to return unused medicines to the pharmacy. Medicine administration was limited to the senior staff who had received appropriate training. If senior staff were not on duty, for example at night, staff received the appropriate training and medicines were signed for by two staff to indicate double checking. The registered manager and deputy manager had a good understanding of what medicines each person required. Records showed people had received medicines that they were prescribed.

Individual risk assessments were in place and staff had a good understanding of the risks related to people and their care. Risk assessments included how staff should support people and took into account the environment, peoples understanding of risk, their mobility, sight and specific care needs such as pressure area care. For example one person had been identified as walking independently but required staff to observe them whilst using the stairs. However, risk assessments were not in place for all identified risks. Personal emergency evacuation plans (PEEPs) were in place in people’s care plans. There were no instructions to staff on how to commence evacuation of the premises however staff had a good understanding of what actions were required to keep people safe.

## Is the service safe?

Staff had a good understanding of their responsibilities in relation to safeguarding people in order to protect them from the risk of abuse. They told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff told us they would report to the most senior person on duty at the time. If concerns were related to the registered manager they would report to the relevant external organisations. They told us they would always report concerns to make sure people were safe. One staff member gave us an example of what actions they had taken to raise a concern with the local authority safeguarding team when the manager was not available.

Records showed regular servicing and health and safety checks had taken place. This included gas and electrical services, emergency lighting and fire safety checks. The home was staffed 24 hours a day.

The home was currently undergoing refurbishment throughout. The environment beyond the downstairs lounge area currently presented challenges particularly in view of people having dementia. There was a lack of signage for example to direct people to the toilet or bedrooms, newly decorated areas were all white and new carpets had a small busy pattern. These could be very unhelpful to anyone experiencing visual perception difficulties and to retain independence and ease of orienteering safely around the building. We discussed this with the registered manager as an area for improvement. She told us new signage was available and would be put in

place when the decoration was complete. We observed staff supporting people and reminding them where their bedrooms or toilets were. One visitor told us, "They've been refurbishing it as you can see, peoples care and safety has never been compromised. I've been really impressed how they've done it." Another visitor said, "It's not about the décor, it's about how people are treated."

Staff went through a number of checks before they were able to work with people. This included an application form with full employment history, references, the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. There were sufficient staff working each shift to keep people safe and meet their individual needs. During the day there were four staff providing direct care and support to people plus a cook and a housekeeper. In the event of staff absences such as sickness this was either covered by other staff or the registered manager worked as a member of the care team. Staff told us there was always enough staff to provide care. They told us if they were busy the registered manager would always help. We were told if people's needs increased and extra staff were required this would happen for example if people required end of life care or one to one support. During the inspection there were enough staff to care for the people and their needs. People were responded to in a timely way and care staff had time to chat to people and spend as long as was needed to provide support.

# Is the service effective?

## Our findings

People received care from staff who had good knowledge and skills. We asked people and visitors if they thought staff were good at what they did, some people nodded or said yes. One person said, “They’re really good, they look after me.” A visitor told us, “Even the newest member of staff knows what they’re doing. I have no reason to believe based on what I see that there is anything lacking in any of their training.” We observed staff going about their roles with confidence and delivering care effectively.

People were supported to have enough to eat and drink. However aspects of the mealtime experience require improvement.

People required varying degrees of support to eat their food. For example one person needed staff to remind them how to use their cutlery, once they had remembered the technique they were able to eat their meal independently. Some people had plate guards in place to support them to eat independently. On the first day of our inspection we observed four people in the dining area who required support to eat. They were supported by one member of staff who could not attend to people in a timely way which resulted in two people dropping their puddings. Three other people were observed as having their chairs too far from the table to eat comfortably and this was not attended to by staff. Another person appeared sleepy and did not want to eat their meal. Whilst the second staff member spoke to this person they did not offer to support the person to move to somewhere more comfortable. Another member of staff recognised this needed to be moved to be made comfortable and encouraged them to go to a more suitable chair in the lounge. On the second day of our inspection people were supported to eat their meals appropriately. They were well positioned at the tables and staff attended to them appropriately and in a timely manner. This mealtime appeared a social and happy occasion. People were talking to each other and engaging with staff. Two people required one to one support to eat their meals. We observed staff sitting next to them, supporting and engaging with them throughout.

There were no menus or pictorial tools on display to inform or remind people what was for lunch. All meal sizes were the same, one person remarked that the portion size was rather large, care staff asked if it was too big for them to which they replies, “Yes.” However, the staff did not provide

the person with a smaller portion. The provider did not always have regard to people’s well-being when meeting their nutritional and hydration needs. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The dining room and lounge was a large open area and most people chose to eat their meals there. One person chose to remain in their own room which adjoined the dining area and on the first day of our inspection one other person chose to remain in their bedroom and a further person sat in the garden. We observed staff asking people where they would like to sit and who they would like to sit with and if they would like an apron. Some people sat at the dining tables which were nicely presented with cutlery, condiments including sauces, serviettes, clear beakers and flowers. Others sat at individual tables in the dining or lounge area. A choice of cold drinks was available at all times during the day and people were regularly offered these. Staff asked people what drink they would like and one staff member showed people the cold drinks to help them to make a choice.

Staff had a good understanding of people’s dietary likes and dislikes. These were documented in their care plans and in the kitchen and used to inform meal planning. We were told people were offered a choice at mealtimes and we saw a variety of breakfast cereals or cooked breakfasts were available. At lunchtime we did not see people being offered any choices, staff told us they spoke with people about what was for lunch during the morning and were able to offer people alternatives if they did not like the main meal. One person told us they were provided with their food of choice. Other people told us food was nice and they enjoyed it.

Staff did not hurry people to finish their meals, they ensured people had finished or eaten enough of their main course before they offered pudding. If people did not eat their meal they were offered a sandwich. We observed one person who did not eat their cooked lunch, staff then offered a sandwich which they then ate. Staff told us this person generally did not eat a cooked meal at lunchtime however they would always eat a sandwich. They said this had recently been noticed and staff were currently discussing whether this person would be offered a cooked meal in the evening rather than lunchtime as this appeared to be their preference. Another person who declined their



## Is the service effective?

lunch was offered a sandwich which they were able to eat independently. A further person had eaten all their meal expressed they were still hungry and staff provided them with an extra portion.

Staff were aware of what people had eaten and drunk throughout the day, this was not recorded. However, people were weighed regularly to ensure their weight remained stable. Where concerns had previously been identified people had been referred to a dietician or speech and language therapist.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) although not all staff had received training. There were relevant guidelines in the home for staff to follow. This act protects people who lack capacity to make certain decisions because of illness or disability. The safeguards ensure any restrictions to their freedom and liberty have been authorised by the local authority as being required to protect the person from harm. The registered manager and the deputy manager demonstrated a working knowledge of both. For example, one person with fluctuating capacity was unable to leave the home without appropriate support. A best interest meeting had taken place to ensure decisions made on behalf of an individual were undertaken appropriately and in accordance with legislation. A DoLS authorisation was made and this was reviewed regularly to ensure unnecessary restrictions were not in place.

There was a lack of evidence about how staff had obtained consent from people on a day to day basis. Some people shared bedrooms, some had done this for a long time. We spoke with visitors who told us they had been involved in the decision for their relatives to share; however, this had not been recorded. We discussed this with the registered manager and recommend she seek advice as to whether these decisions have been made in people's best interests.

We saw staff always asked people's consent before offering them help and made sure the person was happy with what had been provided and did not need anything further support at that time.

When they started work at the home staff completed a period of induction. This included the day to day running of the home, health and safety and people's care records. They then spent time shadowing other staff before they worked on their own. Staff told us they usually shadowed

other staff for two weeks however they were able to have longer if they needed. Staff told us induction provided them with the knowledge and skills to look after people. They said they were well supported by the registered manager and colleagues and could always approach them for help.

Staff told us they received ongoing training and further development such as the diploma in health and social care. They said they were well supported by the registered manager and their colleagues and could talk to the registered manager about concerns at any time. Staff demonstrated a good knowledge about how they cared for people in relation to their nutrition, pressure area care and dementia. We read in the PIR the registered manager had identified training and updates did not always take place in line with the policy and this needs to be improved. She planned to introduce a training matrix to make it easier to be aware of when training was due. This had been introduced, training needs had been identified and some training updates had taken place. All staff who administered medicines had received appropriate training, the registered manager told us staff competencies were checked prior to them giving medicines but this had not been recorded. Staff told us about recent training they had received, this included first aid, moving and handling, managing challenging behaviour and dementia awareness. One staff member told us how dementia awareness training had increased her knowledge and understanding of the condition enabled her to better support people.

There was an on-going programme of supervision and appraisal. Staff confirmed they received this regularly and it was an opportunity for them to identify areas where they may require more support or training.

People were supported to have access to healthcare services and maintain good health. Care records showed external healthcare professionals were involved in supporting people to maintain their health. This included GP's, district nurses, optician and chiropodist. We spoke with one healthcare professionals who told us staff were very proactive and identified changes in people's health needs quickly. This meant people received treatment before their health deteriorated. Visitors we spoke with told us if there was any change in their relative's health the appropriate healthcare professionals were contacted.

# Is the service caring?

## Our findings

People were very positive about the caring nature of staff. Their comments included, “They are nice,” “I like them,” “If I wasn’t happy with them I wouldn’t stay here” and “I’m happy here everyone is nice.” Visitors were equally positive, they told us their relatives were well cared for and happy. They said staff had a good rapport with people. One visitor said, “We liked it immediately it was the staff that drew me to it, the care is very very good.” Another told us, “They are really well cared for here, me and my family are very happy.”

We observed many conversations and interactions that were caring and courteous. It was noticeable that staff and people chatted about all sorts of things not just care related topics. This included the cleaner, hairdresser, manager and care staff. Whilst people were having their hair done the hairdresser engaged them in a range of conversations about Easter, when people were born and the weather. A staff member entered and offered people a cup of tea, made the drinks and fetched table to place them on.

People were treated with kindness and compassion by staff. One person was upset and we observed a staff member reassuring and supporting the person. They then offered to make them a cup of tea which was accepted and told the person they would soon be back. The person immediately looked relaxed and smiled. The staff member mentioned it to another staff member before she left the lounge. The person was given the cup of tea and further reassurance. The staff member returned to the person a short while later to ensure they were no longer upset.

Staff knew people well and supported them as individuals. Staff spoke with people making eye to eye contact, using their preferred name and taking time to listen to them. They were able to tell us about people’s choices, personal histories and interests. They told us how they communicated with and understood the needs of people who were less able to express themselves. One staff member told us how they observed people’s body

language and expressions to determine what they required. We observed one staff member talking to a person about their particular choice of music and another about films they liked to watch. Staff were genuinely interested in talking with people.

During the day we observed staff attending to people in a timely way and helped them to maintain their dignity. One person remained in their room rang the call bell when they required support. We saw staff responded promptly. Staff were observant and attentive to people’s needs. They noticed when curtains needed drawing as the sun on people’s faces and when people needed tissues to wipe their noses but encouraged them to do so independently or with support if they needed it.

Staff reminded and supported people when they had forgotten things. One person was clearly looking for somebody. Staff asked the person if they were alright and then reminded them about a visitor who was due to visit that day. Another person had lost an item and staff supported them with kindness and empathy to find it.

People were involved in decisions about their day to day care and support. People were able to spend their day as they chose. We saw most people spent their day in the lounge and dining area. When people chose to spend time in their bedrooms we saw staff checked on them regularly ensuring they did not require support or company. We saw staff asking people if they would like to spend some time outside in the garden, they invited people to come outside and have a look at the daffodils.

Staff maintained people’s privacy. Some people shared bedrooms, we asked staff how they ensured people’s privacy was maintained for example when they received personal care. Staff explained there were screens in each room which were used for this purpose. People were well dressed in clothes of their own choice. The hairdresser was at the home on the first day of our inspection. We observed staff reminded people it was ‘hairdressing day’ and supported them to have their hair done. Each person was treated as an individual and their care was personalised to suit them.

# Is the service responsive?

## Our findings

From our observations we saw people were able to choose how they spent their day. Some people chose to stay in their rooms, and some people sat in the garden. We saw people were encouraged and supported to make decisions about their care. We saw staff responded appropriately to people who for example looked upset or tired. Visitors to the home told us they were involved in discussions about their relatives care plans. They told us when changes occurred or concerns arose they were contacted and staff acted promptly to ensure people received the care they needed. One visitor said they had been involved in their relatives care plan development and was provided with a copy. Another visitor told us they were regularly involved and went onto say, "It really is something that is ongoing and because we're in constant communication we discuss things as they develop or change."

Before people moved into the home the registered manager carried out an assessment to make sure they could provide them with the care and support they needed. Care plans included information about people's likes, dislikes and some choices as well as their needs. There was information about who the person would like to be involved with their care. These had not been reviewed and updated and did not include all the current relevant information.

Care plans were not personalised and did not reflect the individualised care and support staff provided to people. They contained some information about people's dietary choices, whether they preferred male or female staff and waking and bed times. However, specific information about how they would like their care delivered had not been included. For example information about bedtime routines did not include whether the person slept with the light on or how many pillows they required. There was no information about people's past interests or hobbies and how staff supported people to maintain these.

People had their care reviewed regularly this included any changes that related to their health, care and support. There was no evidence that people or their relatives were involved in the reviews. Although the care reviews were recorded the care plans had not been updated to reflect these changes. One person had fallen and their risk assessment had been updated to reflect this person currently used the stair lift but the care plan stated they

were able to use the stairs if observed by staff. The care plan reviews for another person stated they had a small pressure sore which had now healed. The care plan stated this person was not at risk of pressure sores. There was no care plan in place to inform staff another person had a DoLS in place. Although staff knew people well there was no guidance in place to demonstrate people's care needs had been identified or to ensure consistency.

Care plans were not in place for all identified risks. A number of people smoked and although staff knew how to support these people there was no guidance to ensure consistency. Although staff had a good understanding of what actions were required to keep people safe in the case of an emergency there were no instructions to staff on how to commence evacuation of the premises .

Staff were updated about people's changing needs and choices at the daily handover. They said if they had been on holiday they would update themselves by reading people's care plans. The care plans did not provide staff with an accurate overview of people's needs and were misleading to staff which placed the people at potential risk of their needs not being addressed.

One member of staff was responsible for completing the daily notes each shift. These were all recorded in one diary. To identify which person the notes were about their first name was recorded in the margin. There was information about people's personal care, whether they had eaten and drunk well and where they had spent their day. These were not individualised and did not reflect people's mood or how they had spent their day. People were checked hourly at night, the night diary included entries, 'house checked, all residents sleeping.' If people required care or support this was recorded against people's initials, 'XX helped to bed.' Recording information in this way it did not ensure people's information was stored confidentially. In addition did not clearly identify people which may lead to information being recorded incorrectly and leave people at risk of inappropriate care or support.

Personal records were not accurate, complete and contemporaneous. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a television in both the lounge area and dining area of the home and both of these were on throughout the day, including mealtimes, on different channels. We

## Is the service responsive?

were aware one person was watching programmes and films of their choice as we observed staff supporting them to do this. However, we were not aware of anybody watching the second television. Both mealtimes we observed appeared noisy. Apart from in their bedrooms or the garden there was nowhere quiet for people to sit. This could prove distracting for some people who were living with dementia. There were no visual prompts related to memory, or reminiscence activity for people. This is an area that needs to be improved.

Although there was no organised activities during the inspection people were supported to do what they chose. Other people were prompted and asked what they would like to do. People had a lot of human contact as staff went about their day. It was clear that staff regularly spent time talking to and engaging with people as part of their day to day care and support. We observed the housekeeper talking with a person whilst watering a plant in their bedroom. Staff told us about one person who was unable to communicate verbally who liked to have her hand held and rubbed and another person liked to play dominoes. We observed staff doing this throughout the day whilst chatting with her.

In response to peoples need to walk around staff were seen enabling them to walk as independently as possible, but whilst trying to balance their safety. Throughout the inspection one person intermittently began dancing with

different staff who were happy to engage with her. People were supported to maintain relationships with friends and family and visitors were always welcome at the home and we saw evidence of this throughout the inspection.

One staff member said, "Everybody has something they like to do." They told us some people enjoyed taking part in quizzes and they often watched these on television and were encouraged by staff to become involved. Other people liked to participate in work at the home for example laying meal tables and folding laundry. We heard one person saying, "What can I do now?" A staff member said she was going to do some washing up and would the person like to help. Another person then said they would also like to wash up and it was agreed they would help to do this later. Throughout the inspection we observed people and staff talking and laughing. People appeared to be happy and having fun.

There was a complaints policy at the home. People and visitors said they did not have any complaints at the time but they were always able to speak to the registered manager or any staff if they did. They told us they were listened to and any worries were taken seriously and addressed. Staff told us any issues raised were addressed immediately to prevent them becoming formal complaints. When concerns had been raised these were recorded and what actions had been taken to resolve them.

**We recommend the provider seek advice from a reputable source with regard to providing a suitable environment for people living with dementia.**

# Is the service well-led?

## Our findings

People and visitors told us the registered manager was always available to talk to them. Visitors said they would recommend the home and they thought the home was well run and organised with enough staff to care for people well. They also told us they felt at ease speaking to the registered manager or any of the staff. One said, “The manager always comes around and makes time for you” Another said, “They are all approachable and friendly.” One visitor said, “Staff are lovely, I’m happy to say anything to them, it’s like a family here, like a home.”

A registered person (provider or manager) must send notifications about an application to deprive someone of their liberty to the Care Quality Commission without delay. We were made aware one person had a DoLS authorisation in place. We had not been notified of this. This meant that we did not have the opportunity to assess if the events affecting people who used the service needed CQC to take further action if required.

A registered person (provider or manager) must send notifications about incidents that affect people who use services to the Care Quality Commission without delay. The registered manager had not submitted any statutory notifications or notified us of any allegations of abuse or injury to people who lived at the home. This meant that we did not have the opportunity to assess if the events affecting people who used the service needed CQC to take further action. These issues are a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009.

There were no audits in place for example in relation to care plans or medicines to identify shortfalls and areas for improvement. There was no overview of training rather a reliance on the training provider to inform when training was due. Accident and incident forms were completed but there was no further analysis to identify any themes or trends. Resident and relative feedback surveys took place each year but these were not audited and there was no evidence of actions taken in relation to issues that had been raised. There were a range of policies and procedures in place, these were out of date and did not reflect the current practice at the home. There was not an effective system in place to monitor and improve the quality and safety of the services provided. This meant that the people

had not been protected against unsafe treatment by the quality assurance systems in place. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We read in the PIR the registered manager had identified she needed to spend more time managing the home. She told us, “I want to spend my time with people, it’s what I enjoy, it’s what makes it work but I do know I need to spend more time on paperwork.” The registered manager and deputy manager told us they had dedicated time to manage the home when they did not provide care. However, they explained this had recently lapsed and the time spent managing the home had been significantly reduced. This was confirmed by staff who told us the registered manager was always available to support with care. One member of staff said, “The manager is hands on, she’s always working with us.”

The registered manager worked at the home most days and had a good knowledge and understanding of people, their needs and choices. She promoted an open inclusive culture with her priority being the well-being and happiness of people who lived there. She told us, and we observed, her aim was to promote a ‘homely’ home where people wanted to live. We observed an occasion when a member of staff did not speak to people with the respect they deserved. The registered manager told us they had been aware of the concern previously, they had taken action through discussion and supervision to address it and improvements had been made. In view of our observations she told us further actions would be taken to ensure future learning was embedded into practice.

Staff told us they were able to discuss any concerns with the registered manager, they would be addressed appropriately and confidentiality would be maintained, Staff had a clear understanding of their roles and responsibilities and who they would report concerns to in the absence of the registered manager. The staff handover included updated information about people needs and choices and who was responsible for certain tasks around the home.

Staff told us there was an open culture at the home. They said it was a happy place to work. One said, “It’s happy here, we’re like a family, staff, residents, visitors, everybody.” People and visitors told us the registered manager and staff were very approachable.

## Is the service well-led?

People and staff were involved in the day to day running of the home. Whilst there was no paper documentation people, visitors and staff told us they were involved through ongoing discussion and a close working relationship. Staff told us they had staff meetings but said most of their updating was undertaken at handover and through daily

and ongoing discussions. There were no resident and relative meetings but again we observed ongoing discussion between staff, people and their visitors about what was happening at the home and changes in people's health, needs and support.



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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</p> <p>People were not protected against the risks associated with the unsafe use and management of medicines.</p> <p>Regulation 12(1)(2)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.</p> <p>The provider did not always have regard to people's well-being when meeting their nutritional and hydration needs.</p> <p>Regulation 9(3)(i)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance</p> <p>People's personal records were not accurate and up to date.</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.</p>

This section is primarily information for the provider

## Action we have told the provider to take

Regulation 17(1)(2)(a)(b)(c)(e)(f)

### Regulated activity

### Regulation

Regulation 18 CQC (Registration) Regulations 2009  
Notification of other incidents

Regulation 18 CQC (Registration) Regulations 2009.  
Notification of other incidents

The registered person had failed to notify the Care Quality Commission about any incidents that affected people who used the service. Regulation 18(1)(2)(a)(4)(a)(b).