Mr & Mrs T F Chon

Parkside Residential Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 5 January 2016 and was unannounced. An inspection took place on 14 and 15 June 2014 and found that two safeguarding allegations had not been appropriately responded to and were not reported to the safeguarding team. The home did not have a code of conduct or policy on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Mental capacity assessments examined were not sufficiently comprehensive as they did not contain assessments of people's mental capacity. A follow up inspection on 22 September 2014 found the service to be meeting the requirements of the regulations.

Parkside Residential Home is a residential home for up to 30 adults with dementia and mental health needs. There were 25 people staying there at the time of the inspection.

The home had a registered manager, who had recently come back from extended leave. An acting manager was deputising whilst the registered manager was away. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people from behaviours that challenged the service.

A person had a penicillin allergy and this was not recorded on the medicines record. Medicines were administered on time and were stored safely.

Systems were not in place to calculate staffing levels contingent with people's dependency levels. We made a recommendation that staffing levels are assessed against people's dependency needs.

Supervision was not consistent and regular one to one meetings were not being carried out. Staff had not received annual appraisals.

Not all of the staff working at the home had received the training they needed to do their jobs effectively.

People were given choices during meal times and their needs and preferences were taken into account. Nutritional assessments were in place for people, which included the type of food people liked and disliked. However, food was not being monitored for two people with specific health concerns to ensure they had a healthy balanced diet. Blood and glucose levels were not monitored.

Due to risks to their safety most people living at the home were not allowed to go outside without staff or relative accompanying them. Appropriate Deprivation of Liberty safeguards had not been applied for.

Some mental capacity assessments assessed people to have 'limited capacity'. The assessment did not detail the specific decisions that people did not have the capacity to make and we did not see any evidence of best interest meetings or decisions being made on their behalf. The home managed four people's finances. However, we did not see capacity assessments to evidence that this was in their best interests or if people had the capacity to manage their own finances.

Bedroom doors did not have names or photos of people who were occupying them. Some clocks were incorrect. There was also no directional signage around the home that indicated where bedrooms or toilets were. We made a recommendation that the provider seeks guidance to ensure the premises meets people's individual needs particularly for people with dementia.

Some care plans were inconsistent and were not completed in full. Reviews in some care plans contained limited information and did not reflect the changes in the previous month

Staff and resident meetings were not held regularly. The last staff meeting was held on March 2015 and we did not see evidence of residents meetings being held since March 2015.

Questionnaires were completed by people and their relatives about the service. However, we did not see systems were in place to analyse the findings of the survey.

Quality assurance and quality monitoring systems had been implemented to allow the service to demonstrate effectively the safety and quality of the home. Regular health and safety audits were carried out to ensure the premises was safe. However, the provider's quality monitoring had not identified the shortfalls we found during our inspection.

People told us they felt safe. Staff were trained in safeguarding adults and knew how to keep people safe. They knew how to recognise abuse and who to report to and understood how to whistle blow. Whistleblowing is when someone who works for an employer raises a concern which harms, or creates a risk of harm, to people who use the service.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

People enjoyed a number of activities such as going to the library, park, café's and theatre.

Complaints were handled and response was provided appropriately. People were aware on how to make complaints and staff knew how to respond to complaints in accordance with the services complaint policy.

Summary of findings

People were encouraged to be independent and their privacy and dignity was maintained. People were able to go to their rooms and move freely around the house.

We identified breaches of regulations relating to consent, medicines, risk management, nutrition and hydration, person centred care, staff support and training. You can see what action we have asked the provider to take at the back of the full version of this report.

The registered manager acknowledged the findings we made and told us she was aware of some of the issues since coming back from extended leave and assured us that improvements will be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

Some risk assessments were not updated to reflect people's current circumstances and health needs.

Formal needs analysis was not used to calculate staffing levels.

Medicines were stored and administered on time. One person's allergy was not recorded on the medicines administration chart.

Staff members were trained in safeguarding and knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Is the service effective?

Requires improvement

Some aspects of the service were not effective.

Mandatory training had not been undertaken by some staff members. Staff had received the relevant induction

Supervision was not consistent and appraisals were not carried out with staff.

People's weight was monitored. Records did not include information on what action staff should take if people lost weight. Food was not being monitored for two people with specific health concerns to ensure they had a healthy balanced diet

People's rights were not being consistently upheld in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

There was not directional signage around the premises and people's bedroom doors did not have their name or photo.

People had access to healthcare and had choices during mealtimes.

Is the service caring?

Good

The service was caring.

There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People had privacy and staff encouraged independence.

Staff had a good knowledge and understanding on people's background and preferences.

Summary of findings

Is the service responsive?

Some aspects of the service was not responsive.

Care was not always delivered to meet people's individual needs.

People were involved in a wide range of everyday activities.

There was a complaint system in place. People using the service and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Requires improvement

Is the service well-led?

Some aspects of the service were not well-led.

Staff and resident meetings were not carried out regularly.

There were appropriate systems in place to monitor the service. Regular audits were undertaken; however, these did not always identify shortfalls.

Staff told us that the registered manager was supportive and approachable.

Requires improvement

Parkside Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to 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.

The inspection was carried out on 5 January 2016 and was unannounced. The inspection team comprised an inspector, a specialist advisor in adult social care and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with 11 people, four relatives, six staff members, the cook, a visiting health professional, the registered manager and the provider. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at ten people's care plans, which included risk assessments.

We reviewed eight staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

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 when they may not be able to tell us themselves.

Requires improvement

Is the service safe?

Our findings

People told us they were safe at the service and had no concerns. One person told us when asked if they were safe, "Yes, very much so, yes. We've never had any problems." Another person commented, "Yes, oh yes I'm alright here." A relative told us, "He's quite happy here." Despite these positive comments we found that some aspects of the service were not safe.

There were some assessments specific to individual's needs. There were general assessments for everyone such as safety awareness, falls, people walking unsupervised, physical/verbal aggression and absconding. These were carried out with people to identify risks and were regularly reviewed. Staff were aware of the risks to people around moving and handling and how to respond to escalating health concerns. For people at risk high cholesterol levels or diabetes, staff told us that if people were unwell or lost weight, then this would be monitored through a balanced diet and an appointment booked with a GP if required. We saw one person had a fall due to tremors on her legs and the person's risk assessment had been updated and appropriate action was taken, such as hourly bedroom checks, placing sensor mats next to the bed and walking frame for support was provided to the person to ensure the risk of re-occurrence is minimal.

However, when some risks were identified, we found there was no clear guidance to staff on the actions they needed to take to mitigate such risks.

Risk assessments were not completed in full. For two people who could demonstrate behaviour that challenged the service, risk assessments were not completed on how to mitigate risks, such as the steps to be taken to de-escalate situations. In one care plan we saw that a person had trouble swallowing and there were no risk assessments to ensure the risk of harm was minimised. Records showed some people had specific health concerns such as high cholesterol, epilepsy, dementia, diabetes and Parkinson's disease. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications.

Skin integrity was assessed using Waterlow charts to determine risk levels. In two Waterlow charts, we found that people were at high risk. There were no action plans or risk assessments that showed the appropriate management of these risks to reduce the risk of serious skin breakdown. Records showed that Waterlow charts were incomplete in two care plans and in another care plan we found the chart had not been reviewed since February 2015.

The medicines folder was easy to follow and included individual medicine administration records (MAR) for each person. The front sheet included people's photograph, date of birth, GP details, and information about their medicines. However, there were no records of allergies that people may have recorded on their medicine folder. The registered manager told us one person had a penicillin allergy and staff administering medicines were aware of the allergy. However, this was not recorded on the person's medicine administration record (MAR).

One person receiving a specific medicine required that their pulse was recorded before administration. We found that records were not being kept for this.

PRN medicines are medicines that should only be administered when needed, such as paracetamol. The instructions for PRN medicines were not fully completed. For three people, we found that PRN medicines, which included paracetamol, instructions such as maximum dose in a 24 hour period, frequency, reason, duration and where applicable a review were not recorded in full.

We found some creams did not have the date of opening or expiry recorded. In some cases the names of people using the creams were unreadable. In one instance, a cream had the name of another person.

Other medicines were stored safely. Staff members handling medicines were trained and we saw up to date training certificates. People and relatives told us medicines were received on time. There were appropriate procedures in place to return unused medicines. We noted only one staff signature was recorded. However, two staff signatures are needed to confirm disposal of medicines.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. These were recorded in a register and stored in a secured controlled drugs cupboard in a secured area.

Requires improvement

Is the service safe?

Most people using the service and their relatives told us they were happy with the help they had from staff and told us that staff members provided support as expected. Two people and one relative we spoke to expressed concerns with staffing levels. One person told us "Personally I feel that we need more, both day and night. Some of the people here need constant attention which takes away from the rest of us." We observed staff providing some good care to people and in most instances assisted people when required promptly. The home employed four care workers during the day, which was then reduced to three care workers after 3pm. The care workers were supported by a cook, a domestic staff and an activities coordinator during the day.

Records showed one of the people using the service needed two staff to provide support. People were mobile and some people used walking frames for support and required prompting and supervision. We did observe on occasions there was lack of interaction with people. People were either looking at the television or sleeping while staff were completing tasks. In one instance, a person was calling staff for help and as staff were not nearby, we had to locate a staff member to assist the person. We asked the registered manager how staffing levels had been assessed and calculated. She said that there had not been a formal needs analysis and risk assessment to work out staffing levels. The registered manager told us that a deputy manager had been appointed to provide extra support and is currently awaiting pre-employment checks before commencing employment.

There were individual Personal Emergency Evacuation Plans (PEEPs). However, we found that four people's PEEPs were not completed in full. We did not see evidence of recent emergency evacuation drills carried out in the home. The registered manager told us emergency evacuation drills had not been carried out since March 2015 and systems will be in place to ensure this is undertaken every three months. After the inspection the registered manager sent evidence to show that an evacuation drill had been carried out.

Staff had completed training in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy. Weekly fire tests were carried out. Risk assessments and fire safety checks regarding the safety and security of the premises were completed.

We saw evidence that demonstrated appropriate gas safety, electrical installation safety checks were undertaken by qualified professionals. Checks were made in portable appliance testing, hot water temperature and legionnaire disease to ensure people living at the home were safe.

Staff had undertaken appropriate training in understanding and preventing abuse and up to date training certificates were in staff files. Staff were able to explain what safeguarding is and who to report to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission. There was information on whistleblowing in the staff room. We looked at the provider's safeguarding and whistleblowing procedure, which provided clear and detailed information on types and signs of abuse and how to report allegations of abuse.

Staff files demonstrated the service followed safe recruitment practice. Records showed the service collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

On reviewing the accident and incident book, we noted that incidents were recorded in detail and listed actions that had been taken.

Staff told us they had not used physical intervention to manage behaviours which challenged the service. They described how they used de-escalation techniques such as providing reassurance, talking in a calm manner and listening to people to minimise the risk of harm to people and staff.

We recommend that formal needs analysis is carried out to assess the required staffing levels.

Requires improvement

Is the service effective?

Our findings

People told us that staff members were skilled and knowledgeable. One person told us "We've never had any problems that needed to be brought to management. They have the patience of saints." Another person commented when asked if staff were able to look after them "Yes." Despite these positive comments we found that some aspects of the service were not effective.

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

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

We checked whether the service was working within the principles of the MCA.

Training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS) had not been provided and staff were not able to explain the principles of the MCA. We found the assessments did not follow the MCA principles evidencing decisions that were taken was in their best interests.

The home had a basic MCA form that listed if people had capacity to make decisions. The forms did not cover the elements of capacity, namely can the person understand, retain, and weigh the information, and make a decision on the information. Five of the MCA forms listed that people had 'limited' capacity. However, they did not detail specific decisions that people did not have the capacity to make and we did not see any evidence of best interest meetings or decisions. The home managed four people's finances. However, we did not see capacity assessments or best interest's evidence that stated that the individuals were unable to manage their own finances or agreement for the provider to manage people's finances.

We saw that the front door was kept locked and most people did not go out. The registered manager told us most people were not allowed to go out without a staff or relative accompanying them due to risks to their safety. The home had not applied for DoLS authorisations for people who they felt were unable to safely go out alone and therefore this meant that people may have been unlawfully deprived of their liberty.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they always asked for consent before providing care and treatment. One comment included "We do ask for their permission before doing anything." People confirmed that staff asked for consent before proceeding with care or treatment.

The provider's supervision policy showed that formal supervisions and appraisals should be carried out with staff regularly. Supervision was inconsistent and irregular. Most of the staff had not received supervision since February 2015.

Appraisals were not carried out with staff. The service was unable to produce any documentary evidence to show that appraisals were undertaken. The registered manager told us systems were now in place to carry out regular supervision and appraisals in 2016 and also showed us evidence that a number of staff had received recent supervision.

When we looked at training records we saw that not all of the staff had received appropriate training. Out of the eight training records we looked at, we did not see evidence that two staff members had received any training. Along with training in MCA and DoLS, staff had not received training in equality and diversity and person centred care. Despite the service offering care to people living with dementia, we did not see evidence that five staff members had received training in this area. Six staff members had not received training in first aid and infection control. Only three members of staff had received training in health and safety.

This was a breach of regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff completed an induction to make sure they had the relevant skills and knowledge to perform their role.

Requires improvement

Is the service effective?

Induction involved a probationary period, which included opportunities to shadow a more experienced member of staff and look at care plans. Staff confirmed they had induction training when they started the role.

Food and fluid charts were used for most people that required a balanced diet due to their health. The food chart had instructions that listed the portion size eaten. The fluid charts were completed hourly and recorded the total amount of fluids that was consumed within 24 hours. We found on some charts, where a person did not consume enough fluids, instructions were written in red to staff to encourage the person to drink more. However, In two care plans we saw that people should be on a balanced diet due to high cholesterol and diabetes and staff should monitor food and fluid intake. However, this was not being monitored. Systems were not in place to record people's blood and glucose levels and the provider confirmed people's glucose and blood levels were not recorded.

Nutritional assessments were being carried out, which included what type of food people liked and disliked along with special diets. Some people had high cholesterol and diabetes and we saw people's weight was being monitored regularly. However, the records that were in place did not include information on what action staff should take if people were losing weight. In one care plan we found that the person had lost weight and needed weekly weight checks, we did not see evidence that weekly weight checks were carried out and the actions taken to ensure the person regains weight.

This was a breach of regulations 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

We saw five people's bedrooms and noticed personal photos and decoration which identified the individual and their room. However, bedroom doors only had room numbers and no names or photos of people who were occupying them. There was also no directional signage around the home that indicated where the toilet was and the kitchen or a person's bedroom especially for those people living with dementia. Clocks in some rooms were incorrect. We observed one of the clocks in the lounge was also incorrect, and some calendars were from 2015. There were two televisions within close proximity of each other playing different channels in the lounge, which made the lounge environment noisy and it was difficult to concentrate and confusing for people in the area.

Records showed that people had been referred to healthcare professionals such as the GP, district nurse and dietician. Outcomes of the visits were recorded on people's individual's records along with any letters from specialists. Records showed that people were supported to go to hospital when needed and referrals were made to other healthcare professionals when required. Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well, and take the person to the GP and records confirmed this. One person told us "If it is necessary, they will notify the doctor."

Most of the people told us that they enjoyed the food at the home and if they wanted more food, this was provided. A person commented "Yes, I like the food." However, three people told us that the meat at times were undercooked, which made it difficult to swallow. We fed this back to the registered manager and provider who assured us that people's preferences on cooked meat will be communicated with the cook. The cook had good knowledge about people's individual dietary needs and preferences. The cook told us that views were sought from people about mealtimes and no concerns had been raised from people. Records showed that people were given different meals during meal times and it was varied, nourishing and fresh and observations confirmed this. People told us they were offered choices during meal times, one person told us "They ask us about things to do with food" and another person commented "There is a good choice."

We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that two people who needed support when eating were assisted and staff explained what they were doing and regularly interacted with the people. We saw a person was given a choice on whether to have their meal on the chair they were sitting on or at the table. The person expressed they would like to eat on the chair and this was respected. Staff placed a cushion behind the person to ensure the person was comfortable when having their food and the food was placed within their reach. People were not rushed and we saw good interactions between people and staff who communicated effectively.

Requires improvement

Is the service effective?

We recommend that the service seek advice and guidance from a reputable source to ensure the premises meets people's individual needs particularly for people with dementia.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. People told us they liked the staff and staff spoke of people with affection and respect. Relatives told us that they had no concerns about the staff. One relative commented, "The staff here are very pleasant." One person told us "The staff are very nice." A visiting health professional told us the staff were very caring to people and treated them with respect. We saw people were well dressed and presented.

Staff told us they built positive relationship with people by spending time and talking to them regularly. We saw staff chatting with people engaging in meaningful conversations such as talking about current news and asking how people were. One relative told us "Absolutely, he [family member] seems to have a good relationship with everyone. They treat him and myself very kindly."

Staff had a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the background of the people and the care and support they required. They described people's behaviours, likes and dislikes and health condition. Relatives and people confirmed staff had a good understanding to provide care. One relative told us "They really know the residents here really well."

There was a five stage daily plan, which included support needs for each person during breakfast, lunch, tea, supper and night time. The plan listed people's choice in food and the support they required in between each stage, which included the time people wanted to wake up in the morning and go to bed at night. One person told us "We do agree with things that must be done, such as clipping nails."

Staff supported people to be independent in their day-to-day lives. Staff members told us people were encouraged to be independent. Observation confirmed staff encouraged people while supporting them. We observed people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to. A person commented "I do everything myself. I have a very high level of independence" and a relative told us "They try and keep them doing as much as they possibly can."

Staff told us that they respected people's privacy and dignity. People could freely go into their rooms when they wanted and close the door without interruptions from staff and people. A person told us "Yes, I get private time." We observed staff knocked on people's door before entering, one person commented "Well I have my own room. The staff would always knock my door first." Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would had negatively impacted on a person's dignity. Staff respected people's choice for privacy as we observed some people preferred to take their meals in their own rooms and this was respected.

There was end of life care plans in individual care plans, which included detailed assessments of people's wishes such as where they wanted to stay if they were seriously ill and if they wanted members from religious institutes to be called. People that received end of life care had an end of life care plan. The care plan reflected the wishes of the person. Records showed arrangements had been made with the palliative care team to visit a person and visits were made by the team in regards to pain relief.

The service had an equality and diversity policy. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. One staff member commented "I treat people the way I would like my mother to be treated." The registered manager and staff told us people attended religious institutes and the service accommodated this. People told us that the service had arranged for a priest to see people, one person commented "Yes, we have our own Priest that visits once a week for Holy Communion." A person told us that the service catered for food to accommodate their spiritual beliefs.

People had contact with family members and details of family members were recorded on their care plans. There were pictures of people with their family members in their rooms. We saw a relative visiting their family member and the relative confirmed that they could visit anytime.

Requires improvement

Is the service responsive?

Our findings

People and relatives told us that that the home was responsive to their needs and preferences. One person commented "I find her quite responsive [registered manager]." Another person told us "I have asked for a male carer and they supplied me with one." One relative told us "There was an issue in his room (water damage) and the staff were very helpful and moved [family member] room."

Care plans included a summary of people's support needs, food preferences, healthcare, communication, personal hygiene, medicines history and activities. Most care plans were up to date and included important details such as people's current circumstances and if there were any issues that needed addressing, such as action plans to manage someone's health condition. Some care plans were personalised and person centred to people's needs and preferences. In one care plan we read that a person needed help to walk. We observed that person being assisted by a member of staff when walking. There was a form covering consent to photography and another for consent to care and treatment signed by people or their relatives.

Records showed the care plans were inconsistent and some plans were not completed in full. In four care plans, there was a 'my care plan summary', which summarised people's needs and preferences in activities and how they liked to be supported. We did not see evidence of the care plan summary in the remaining six care plans we looked at. In one care plan, we found important sections on communication, personal hygiene and nutrition had not been completed.

Care plans for managing and supporting people with specific health conditions such as Parkinson's disease, epilepsy, and the behaviours and limitations caused by dementia, were not recorded therefore staff did not have the information from which they could deliver personalised care.

Reviews were carried out to determine if there had been changes to people's health or support needs. One person told us "We have regular reviews. Yes, we've been involved with that sort of thing." However, reviews in some care plans contained limited information and did not reflect the changes in the previous month. For example, in one care plan a person had seen a dietician and the outcome of the appointment was not recorded in the plan. In another care plan, a person had lost weight and specific plans to manage weight levels were not in place and the review was recorded as 'No change' from the previous month.

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

People were assessed before being admitted to the home in order to ensure that their needs could be catered for. Admission sheets confirmed that detailed assessments of people's needs were undertaken, including important aspects such as details of the GP, next of kin, medical history and health information.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a handover and daily logs were completed. These recorded any changes in people's needs as well as information regarding activities, medicines and people's well-being. The registered manager told us that the information was used to communicate between shifts on the overall care people received during each shift.

The home had an activities coordinator. People had access to activities which were meaningful to them and reflected their individual interests. During the inspection we observed people participated in musical bingo where each person was encouraged to participate. One person told us "Yes, I enjoy the activities held here." There was a programme of activities scheduled each day, which included bingo, dominoes and gardening. People went out to cafes, theatres and to the library. A relative told us, "They seem to do quite a lot here, sing songs, quizzes, cooking, board games, church service visits, birthday parties."

There were procedures in place to handle complaints. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. We saw formal complaint had been received and these had been investigated and resolved appropriately to the satisfaction of the complainant.

There were complementary letters from family members thanking staff for looking after their relative living at the home.

Requires improvement

Is the service well-led?

Our findings

The service had some systems in place for quality assurance and continuous improvements. Medicines audit were not carried out regularly, and the last audit was undertaken on March 2015.

Audits were recently carried out in security, fire safety, hazards and cleanliness. However, the quality monitoring had not identified the shortfalls that we identified during our inspection.

Regular staff and resident meetings were not being held. The last staff and resident meeting was held on March 2015.

There were policies and procedures to ensure staff had the appropriate guidance on equality and diversity, safeguarding, complaints and fire safety. Staff confirmed they could access the information if required. The home had a medicines policies procedure. However, the policy referred to the 'Nurse in Charge or Designated person', throughout the document, despite there being no nurses employed. In addition the policy had general information and was not specific in respect of the home's current medication system. We found guidance from the British National Formulary (BNF) was dated 2008 and 2011 and therefore was not current.

The service had a quality monitoring system which included questionnaires for people and relatives. We saw the results of the questionnaires, which was very positive and covered important aspects on happiness, staff, safety, concerns and food. Comments from one relatives included "Every member of staff have been amazing with mum" and "I know mum has been really happy living here." However, the service had not analysed the feedback to see if improvements to the service could be made.

Staff told us they enjoyed working at the home, one staff member said "I love it here." The registered manager told us that they tried to create an inclusive and open environment for people. Staff confirmed that this was the home's approach and that there was a family culture. One staff commented "Culture is diverse, it's like a family." We observed the environment to be relaxed where people were free to chat and interact with each other and staff members. For example, people were able to freely move around the house and go into different parts of the house and sit down if they wanted privacy. A relative told us "I think this home has a homely atmosphere. It feels more like a home rather than an institution."

The people we spoke with told us they liked the registered manager. One person commented, "[registered manager] Friendly, helpful and kind." Relatives were happy with the management at the home. One relative told us, "I've found her [registered manager] very good." Observation confirmed the registered manager had a positive relationship with people and people were comfortable when interacting with the registered manager.

Staff told us they were able to raise any issues they had with the registered manager and they were supported. They felt any concerns were listened to and acted on appropriately. One staff member told us "She is pretty good" and another commented, "She is supportive." The interaction between staff and the registered manager was professional and respectful.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(2)(b)) The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to ensure the safe management of medicines (Regulation 12(2)(g))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had not ensured that all staff received appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18(2)(a))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Assessments of the needs and preferences for care and treatment were not carried out in full for some people that used the service. (Regulation 9(3)(a))
	In order to reduce the risk of harm from malnutrition or unexpected weight loss the service should ensure that they appropriately record diets and take action at the right time to keep people in good or the best of health.(Regulation 14(4)(a))