

Millennium Care (U.K.) Limited

Norley Hall Care Home

Inspection report

Norley Hall Avenue
Wigan
Greater Manchester
WN5 9LP

Tel: 01942224334
Website: www.millennium-care.co.uk

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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?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Norley Hall Care Home on the 12, 13 and 14 September 2018, the first day of inspection was unannounced. The inspection was brought forwards due to a specific incident involving bed rails, which had occurred at the home on 30 August 2018 and is subject to a police investigation. In light of this incident we wanted to assess the quality and standard of care currently being provided to people living in the home. As a result of the ongoing investigation, we did not look in to the incident as part of this inspection. However, we did look at the system and process in place for bedrails to determine if there were any risks to other people living at the home.

Norley Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation and personal care for up to 52 older people, which is divided over two floors. At the time of inspection 49 people were living at the home.

The home was last inspected on the 20 and 28 October 2016, when it was rated as Good and was meeting all regulatory requirements. At this inspection we identified five breaches in four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, safeguarding people from abuse or improper treatment, staffing and good governance. We also made recommendations about capturing people and/or their relative's involvement in care planning and reviews and reviewing the system used to determine staffing levels. You can see what action we asked the provider to take at the back of the full version of this report.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Each person we spoke with told us they felt safe living at Norley Hall and had no concerns with the standard of care provided. Relatives were equally complimentary, stating their loved ones were being well looked after and cared for in a way they would like.

The home had appropriate safeguarding policies and reporting procedures in place and had submitted notifications to the local authority and CQC as required. However, whilst staff knew how to identify the different types of abuse and the procedure for reporting concerns, we found completion of safeguarding training was inconsistent and not regularly refreshed.

We found systems to ensure both the premises and equipment was safe and fit for purpose required strengthening, as not all required safety certificates and checks were in place or up to date. There was no annual schedule of when checks should be completed, which would minimise the risk of these being

overlooked.

We saw medicines were stored, handled and administered safely. Staff responsible for administering medicines had been trained and had their competency assessed. However, we identified shortfalls in the maintaining of fridge temperatures, management of topical medicines and completion of daily audits.

Our observations found the home to be clean with detailed cleaning checklists and appropriate infection control processes in place. Staff had easy access to and wore personal protective equipment (PPE) to prevent the spread of infection.

Feedback received from people and their relatives indicated enough staff were on duty to safely meet people's needs. Overall, staff also felt enough were deployed, though some suggested additional support at night would be useful, due to having to make and serve supper as well as support people to get ready for bed.

Staff spoke positively about the support and training provided, reporting enough was provided and training was completed regularly. However, the training matrix revealed large gaps in training provision and inconsistencies in how many sessions each staff member had completed. Similarly, staff told us they received regular supervision, whereas the matrix indicated this had not been provided in line with company policy and at least a quarter of staff had not received supervision at all this year.

We found the home was not consistently adhering to the principles of the Mental Capacity Act 2005 (MCA). Applications to allow the home to legally deprive people of their liberty had not been submitted for all those who met the requirements, with no clear system in place for determining who required an application and who did not. Best interest meetings had not been held consistently, to make decisions on behalf of people who lacked capacity and had no legal representative such as a Lasting Power of Attorney (LPA) to do so on their behalf.

We found meal times to be a positive experience, with people being supported to eat where they chose. People were able to choose what they wanted to eat and those requiring a modified diet, such as soft or pureed meals, received these as per their care plan. Food and fluid charts had been used where people had specific nutritional or hydration needs, with clear guidance in place for staff to follow.

Throughout the inspection we observed positive and appropriate interactions between the staff and people who used the service. People spoke highly of the care, compassion and kindness displayed by staff and had no concerns or complaints about how they were supported. Staff were seen to be caring and treated people with kindness, dignity and respect.

People living at the home were encouraged to maintain their independence, make decisions and choices about their care and had these choices respected. Care plans contained a rights and choice section, in which this information had been captured.

The home used an electronic care planning system. We looked at nine electronic care files, all of which contained basic personalised information about the people who used the service, along with details of how they wished to be supported and cared for. People and their relatives told us they had been involved in the care planning process and communication with the home was very good, however these interactions had not been captured in the care plans or associated documentation.

Peoples' social and recreational needs were being met by the activities programme provided. As well as in

house activities, such as exercises, ball games and visiting artists, external outings and events had been arranged. The home displayed photographs from the outings and activities people had engaged in which served as a reminder to people of what they had done.

We found the home had insufficient systems and processes to monitor the quality and effectiveness of the service. Formal audits of medicines and care plans was being completed, though this was inconsistent and they had not identified some of the issues we found during our inspection. The home did not have an ongoing action plan in place to demonstrate continuing improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe.

People we spoke with told us they felt safe living at Norley Hall. Staff said they knew how to report safeguarding concerns, but had not all received training in this area.

Staffing levels were appropriate to meet people's needs.

Systems to ensure both the premises and equipment was safe and fit for purpose required strengthening.

We identified issues with the management of medicines which included; temperature recording, topical medicines and audit completion.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective.

The service was not consistently meeting the requirements of the Mental Capacity Act (MCA 2005) and Deprivation of Liberty Safeguards (DoLS).

Staff reported sufficient and regular training and supervision was provided to enable them to carry out their roles successfully, however the matrixes used to documents these, showed gaps in provision and completion.

The dining experience was positive and we saw nutritional needs were being assessed and provided as per people's care plan.

Requires Improvement ●

Is the service caring?

The service was caring.

People living at the home and their relatives were positive about the care and support provided. Staff were reported to be kind, respectful and treated people with dignity.

People's preferences were captured within care files and care was provided in line with their wishes.

Good ●

Staff had a good understanding of the people they cared for and were actively involved in promoting people's independence.

Is the service responsive?

The service was responsive.

Assessments of people's needs were completed and care plans provided staff with the necessary information to help them support people in a person-centred way.

The home had an activities programme in place. People we spoke with were positive about the activities and outings available.

The home had an effective complaints procedure in place. People knew how to complain but had not needed to.

Good ●

Is the service well-led?

Not all aspects of the service were well-led.

Limited audits and monitoring tools were in place to assess the quality of the service and drive improvements to ensure compliance with the regulations.

Both the people living at the home and staff working there said the home was well-led and managed and that they felt supported by the registered manager.

The home had received positive reviews over the last two years from people and relatives and as a result been voted one of the top 20 homes in the region by a care home review website.

Requires Improvement ●

Norley Hall 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.

The inspection took place on the 12, 13 and 14 September 2018. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector and one bank inspector from the Care Quality Commission (CQC) and an Expert by Experience. The bank inspector was a former adult social care inspector, whose role is now to support inspections. An Expert by Experience is a person who has experience of using or caring for someone who uses health and/or social care services.

Before commencing the inspection, we looked at any information we held about the service. This included any notifications that had been received, any complaints, whistleblowing or safeguarding information sent to CQC and the local authority. Following the specific incident, a meeting had taken place involving CQC, local authority, safeguarding, clinical commissioning group (CCG) and the police. Information discussed during this meeting also helped to inform the inspection.

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.

During the course of the inspection we spoke with the registered manager, deputy manager and nine staff members. We also spoke with six people who lived at the home and nine visiting relatives.

We looked around the home and viewed a variety of documentation and records. This included; six staff files, nine care files, eight Medication Administration Record (MAR) charts, policies and procedures, safety records and audit documentation.

Is the service safe?

Our findings

Following the specific incident on the 30 August 2018, the provider had purchased three profiling beds with integrated bed rails, to replace any other type of bed rail currently in use. During this inspection we checked to see what documentation was in place in relation to the use of bed rails, including planned safety and maintenance checks. We saw risk assessments had been completed for people with bed rails in situ. A copy of the manufactures guidance was on file, along with maintenance checklists for both bed rails and bumpers (these are padded covers for bed rails, which prevent people from falling out of bed, soften the impact from sudden movements and help prevent people from getting caught in the bed rails). We saw bi-annual servicing and safety checks by the company who supplied the equipment had been arranged, along with monthly internal safety checks, to ensure beds and rails were in good condition, fitted correctly and fit for purpose.

We also looked at systems and processes in place to ensure both the premises and any other equipment was safe and fit for purpose. Safety certificates were in place and up to date for both gas and electricity, the lift and hoists, which had all been serviced as per guidance with records evidencing this. However we noted checks of the slings used with the hoists had not been carried out since November 2017, when these should be done every six months.

We looked at how the home managed the risks associated with legionella. The home used an external company to complete annual checks, with these being carried out each December. Following the last visit in December 2017, the external company had provided the home with a list of action points which needed to be completed. We noted none of these had been done, or evidence of their completion was not available, for example quarterly showerhead descaling. We also noted flushing of infrequently used water outlets had not been completed. This increased the risk of people contracting legionella.

In terms of fire safety, we found call points and means of escape had been checked regularly to ensure they were in working order. We found no record of smoke detectors or emergency lighting being tested, however was informed this was completed bi-annually by an external company, who oversaw the fire alarm. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans (PEEPs). The PEEP details the method and support each person would need to evacuate safely.

We looked at the homes management of medicines. We observed a staff member administering medicines and found this was done safely and effectively. During administration, one person dropped a tablet. We saw this was disposed of, as per guidance, and the error documented correctly. The medicines trolley was kept in the clinic room at all times, with the staff member returning to the room after each person had been given their medicines, to lift out the next person's. We queried the efficacy of this and was told as staff had to lock and unlock the trolley after each administration, it was safer to leave the trolley in the clinic room, which was accessed via a keypad. We found this did not impact on the timeliness of the medication round.

We looked at medicine administration records (MAR's) for eight people and aside from one missed signature over the last four weeks, found these had been completed accurately and consistently. Stock checks of

these person's medicines showed the amount remaining tallied with the amount received and what had been administered, which confirmed people had received their medicines each day as necessary.

We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about how much to give, when to administer and what signs to look for it may be required, in case the person couldn't tell them. This ensured PRN medicines had been administered safely and when needed.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been stored correctly, however the index within the controlled drugs register only listed the name of the medicine and not the person it was prescribed for. We also noted one person's controlled drug had been omitted completely from the index. We completed checks of three people's CDs and found the amounts in stock match the balance listed in the CD book. We did note one person had nine patches stored in a box, which was labelled as containing five patches, which is poor practice.

The home had a fridge in which medicines were stored when necessary. Refrigerated medicines need to be stored between 2 and 8 degrees Celsius and the temperature checked daily to ensure it is within this range. During the inspection the temperature records we viewed only went up to the 01 June 2018. Following the inspection, the home sent us the records for July to September 2018. When reviewed, we found they demonstrated the fridge had not been maintained at the correct temperature. For example during the first six days on July, the temperature was recorded as being 30 degrees Celsius. Similar high temperature recordings were noted in August and September. We also noted recordings close to or below freezing across all three months.

We found issues with some other documentation or recording procedures, such as the date of opening not being recorded on all topical medicines and daily medicines audits not being completed consistently.

The issues identified with safety checks and medicines management constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment, as the provider had failed to ensure safety checks had been carried out as per requirements, action plans followed to minimise risks to people and medicines managed safely.

We asked people living at the home if they felt safe. Each person we spoke with confirmed they did, comments included, "Yes, we are very safe here", "I'm looked after and they check you in the night and during the day" and "I've never not felt safe here, they look after us very well."

Relatives spoke positively about the safe care provided to their family members. One told us, "Yes, mum is very safe here. She fell earlier this year. I was very happy with the response, I was involved in discussions about how to keep her safe in future. The physio was also involved in this." A second stated, "Oh yes, definitely safe. I have no concerns about the care."

We looked at the home's safeguarding systems and procedures. The home had a safeguarding file containing local authority guidance and reporting procedures, which we saw had been followed. Staff were knowledgeable about the different types of abuse and knew how to report concerns. We did receive conflicting feedback about completion of safeguarding training, with some staff reporting this had been provided and was refreshed, whilst others claimed not to have received this since starting work at the home, although had done so in previous employment. The training matrix showed completion of safeguarding training was inconsistent, however training is covered in more detail within the effective domain.

We looked at six staff personnel files to check if safe recruitment procedures were in place. We found required checks had been completed before new staff commenced working at the home, with a checklist used to ensure all steps were followed. Files included copies of the application form, proof of identity and at least two references. Not everyone's Disclosure and Barring Service (DBS) check information was located in their file, as this was stored electronically. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people.

People we spoke with told us enough staff were on duty to meet their needs. Comments included, "There seems to be enough staff" and "Yes, there's plenty of staff." We received more mixed views from staff, with some reporting staffing was sufficient, to others stating an extra pair of hands was needed to ensure they could do the job properly, especially at night time, when staff needed to prepare supper and support people to go to bed. The registered manager told us, "We always have eight staff during the day and four at night. We introduced a 4-10 shift, to give an extra pair of hands as this is a busy time." However staff we spoke with told us "We've not had the 4-10 shift on for ages, this gets used to cover for sickness and such like." From looking at the last four weeks rotas, we noted whilst some 4-10 shifts had been scheduled, these were inconsistent, with staff initially allocated being used to cover sickness or absence on the day shift instead.

We were told the home used a system for working out the number of staff needed per shift to meet people's needs; these are sometimes called a 'dependency tool'. However, upon reviewing this document, we noted it only rated people's needs in each area of their care, using a rating of low, medium and high, with no indication of the overall level of need within the home and how many staffing hours would be required to meet this need.

We recommend the home reviews the process to determine whether staffing levels are appropriate to meet people's dependency levels.

We found accidents and incidents had been clearly documented and managed appropriately. Records had been stored within each person's electronic care file, rather than in a central file. We saw actions had been considered following reviews of accidents, for example after one person had fallen from bed, a range of options had been considered to minimise future risks, which had resulted in a crash mat being introduced.

As part of the inspection we checked the systems in place to ensure safe infection control practices were maintained. Bathrooms and toilets contained liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. Each area of the home was clean and free from odours, with detailed cleaning checklists located in each area, which were completed daily.

Is the service effective?

Our findings

People who lived at the home and their relatives we spoke with, felt staff were well trained and had good experience. One told us, "They seem to be well trained and also very experienced." Another stated, "They know what they're doing so I've never questioned any of them." Whilst a third said, "I know there well trained because they knew [relative] had a water infection and sussed it very quickly and got it sorted." Staff also reported receiving enough training to carry out their roles. Comments included, "Been good, do it frequently and keep up to date" and "Happy with it, we get enough."

However, despite the positive feedback received, our observations of the home's staff training matrix, demonstrated a number of gaps in training along with completed training being out of date. For example, of the 35 staff directly involved in care, only 11 were documented as having completed safeguarding training and only eight had completed mental capacity act or dementia training. We saw some staff had completed a wide range of training, whereas others had only completed one or two sessions since commencing employment. For example, one person who had been employed for over six months had only completed manual handling training.

We looked at the induction training process for new staff members. The registered manager told us, "This consists of e-learning and in house practical manual handling and fire training. New staff shadow and work alongside experienced staff members. Any staff who do not have an NVQ in care, also enrol on the care certificate." The Care Certificate was officially launched in March 2015 and employers are expected to implement the Care Certificate for all applicable new starters from April 2015. Neither the training matrix, staff personnel files or discussions with staff evidenced these procedures had been followed. We were also informed because the majority of staff had previous experience in care, training completed in previous employment counted and so would not be provided initially, but refreshed when required. Not providing induction training based on this reasoning is poor practice, as the provider would not be aware of the content and quality of training provided elsewhere and therefore be confident staff were competent.

We also identified inconsistencies with the provision of supervision, which are meetings where staff have the opportunity to discuss their practice, training needs and any concerns. The provider's policy stated staff would receive six meetings per year. From looking at both the supervision matrix and staff personnel files, we noted the most any staff member had completed within the last 12 months was two. Of the 52 staff listed on the matrix, 21 had only completed one supervision and 14 had not completed any. Despite this, staff we spoke with told us they felt supported and commented on the registered manager and deputy having an open door policy, which meant they could discuss any issues at any time.

The issues identified with both training provision and staff supervision, constitute a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing, as the provider had failed to ensure staff received the appropriate support, training, professional development and supervision, to enable them to carry out their roles safely and effectively.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We asked staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and received mixed feedback. Only two staff we spoke with had received training at the home and were able to provide a basic summary of what a DoLS was, whilst three others said they had completed training during previous employment.

The home used a log to document DoLS applications. This detailed the type and date of application along with the expiry date. However, we found the home had no clear rationale for determining whether people were being deprived of their liberty and required a DoLS application to be submitted. At the time of inspection, 16 applications had been submitted, however at least four of the people whose files we viewed warranted an application, yet none had not been submitted. We discussed this with the registered manager, who commenced a review of people's circumstances and started to submit the required applications. This process was still ongoing upon completion of the inspection.

We looked at how the home sought consent from people. We saw very few signed consent forms within the care files we viewed. In two instances relatives had signed the consent form, as the person living at the home lacked the capacity to do so. Unless a relative has Lasting Power of Attorney (LPA) for health and welfare, they are not legally permitted to make decisions for their loved ones. Any decisions made on behalf of that person, such as consent to care and treatment, should be made via the best interest process. This involves relatives and professionals meeting to discuss the specific decision to be made, looking at what options are available, weighing up pros and cons and deciding what would be in the person's best interest. The meeting and decisions should be documented and kept in the person's care file. We found the best interest process had not been consistently followed or where it had been, had not been documented as necessary for people who lacked capacity.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment, as the provider had not acted in accordance with the Mental Capacity Act 2005 or followed the Deprivation of Liberty Safeguards.

People living at the home told us they enjoyed the food and got enough to eat and drink. Comments from people included "Very good food, I always enjoy my meals". "We get well looked after here. Marvellous food always well cooked and piping hot" and "Lots of choices, I did not know what to ask for today but I have gone for the pie. I am also going to have a large piece of that lovely pudding afterwards. Lovely atmosphere in this dining room we always have fun".

Observations during the lunch time meal, discussions with staff and people living in the home identified that people were supported to maintain a balanced diet that met their identified needs and preferences. Staff told us that menus were agreed by the provider, in consultation with nutritional specialists and offered a balanced diet to help people, for example, with small appetites, to maintain their weight. Records showed there was a wide and varied choice of dishes at every meal. People who required support to eat received this in a discreet and respectful way. We noted people who required a modified diet, such as soft or pureed meals, received these in line with their care plan.

Care staff monitored people's weight and their appetites and sought advice from healthcare professionals such as a dietician, if they were at risk of poor nutrition. A member of care staff told us "We keep food and fluid charts for people who might be low weight or losing weight. We would refer them to the GP or dietician if we are worried". Care files held monthly updates in respect of weight and any actions taken. Care files also contained a Malnutrition Universal Screening Tool (MUST); which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition or obese. We saw these had been completed and updated timely to reflect people's changing needs.

We found appropriate systems in place to manage people's pressure care needs. We found Waterlow scores had been completed consistently. The Waterlow score is a tool used to assist in assessing the risk of a person developing a pressure ulcer. We noted regular checks had been carried out, with body maps used to record any marks or bruises noted. Where necessary pressure relieving equipment, such as special mattresses and cushions had been used to support people at risk of developing a pressure area, along with regular positional changes. We saw referrals to professionals, such as tissue viability nurses (TVN's) had been made where appropriate.

Records showed that people were supported to maintain their health and were referred to healthcare professionals such as GPs, chiropodists and district nurses when needed. Records showed staff noted the healthcare professional's advice and whether their advice had the intended impact.

We saw some consideration had been given to ensuring the environment was 'dementia friendly'. Corridors were light and airy with contrasting coloured handrails to make them easier to identify. Large pictorial signage was in place on all bathrooms and toilets. Photographs of people engaging in activities and events were displayed on the walls, to act as a reminder. We did note a number of out of date posters advertising outings and events were still on display, for example an outing on 29 May and garden party on 30 June. We were told these were also left to act as a reminder of what people had done, however the registered manager acknowledged, advertising events which had passed could be confusing for people living with dementia, who may have difficulties determining time and date.

Is the service caring?

Our findings

Both people and relatives we spoke with, were complimentary about the standard of care provided at Norley Hall. One person told us, "It's just like a family here." Another said, "I call this place home. I am here by choice as my family all wanted to care for me but I love it here. The staff are kind and caring, we have good fun. I am treated like the queen, I am so happy to be here". A relative stated, "My mum is cared for just as she wants to be, she feels as if she is being spoilt they are so good with her."

We observed staff interactions with people and saw staff were kind and caring in their approach. They spoke with people in a friendly manner, were patient and gave people time to respond. For example, one person was tearful and we saw a care staff member put their arms around the person's shoulders and asked quietly if they could help. Another member of staff was seen to be chatting to a person; they were sharing a joke which both found funny. People looked comfortable and at ease within the home. Following lunch on the first day of inspection, the chef left the kitchen and led a sing song in the dining room. This was well received with everyone singing and clapping.

People told us they felt their privacy and dignity was respected and that members of staff treated them well. Comments included, "They are very respectful and polite" and "Staff always announce themselves before they come into my room. My dignity is respected always." We observed how staff knocked on doors and waited for a response before entering and kept doors closed when supporting people with personal care.

During our walk round, we saw the home was sensitive to people's needs. For example, one person was unable to mobilise and was cared for within their own room, either in bed or in an adapted armchair. This person was unable to use the nurse call and did not want their room door closed, however because some other residents were prone to wander into rooms with open doors, staff were concerned that this would disrupt the persons daily life. As a consequence, staff had installed a 'safety gate' to enable the occupant of the room to not feel isolated but ensure other people could not enter their room without invitation. It also enabled staff to observe the person as they passed their room.

The staff we spoke with displayed an awareness and understanding of how to promote people's independence. One told us, "I encourage people to do things for themselves, see what they are capable of doing before helping out." Another added, "We get to know what people can and can't do for themselves and encourage this, sometimes you have to coax them, but it's important they don't lose their skills."

People we spoke with confirmed staff knew what they wanted and offered them choice. One person told us, "I am satisfied with this [choice]. Anything you want they will get it for you. I choose when to get up and when to go to bed." During the first day of inspection, we saw one person had indicated they wished to remain in bed until 10.30am and staff had adhered to these wishes. People also made choices about where they wished to eat their meals, which we saw was respected.

There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of catering for people's diverse needs,

whether these be spiritual or cultural. At the time of inspection nobody living at the home had any specific requirements, however staff told us these would be catered for. We saw care files contained sections which captured spiritual and cultural information and the support people required in these areas.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. We saw people had communication care plans which explained how they communicated with others, including the use of body language and facial expressions for those with limited verbal communication skills. Consideration had also been given to people's first language, and whether this would hinder communication in any way.

Is the service responsive?

Our findings

We saw the home provided care which was personalised and responsive to people's individual needs and preferences. Pre-admission assessments had been completed, which captured key information about the person, to ensure the home had an understanding of their needs prior to admission. This information also assisted in the completion of the care plan.

Since the last inspection the home had commenced use of an electronic care planning system. All assessments, care plans, risk assessments and daily notes were typed directly into each person's electronic record. Staff had ready access to a laptop, to enable updates to be made throughout the day, which ensured information was recorded timely.

During the inspection we reviewed nine electronic care files. Whilst we saw some personalised information about people's life history, background and interests, this was limited. The registered manager explained obtaining this information had proven difficult for some people and the format of the electronic care planning system was not fully geared to the recording of 'past history'.

Each person's electronic care file was separated into 10 sections, which included personal details, assessments, care plans, medicines, charts and choice. We found people's care plans clearly explained how staff were to support them. Potential risk areas, action plans and outcomes expected were also included within the care plan, to ensure the care provided was safe and met the person's needs. In order to help promote independence, each person's ability or level of functioning in an area had also been recorded, along with the actual support they required.

We looked to see whether people and their relatives had been involved in the care planning process and ongoing reviews, to ensure care met people's needs and was in line with their wishes. One relative told us, "We provided them with information about likes and dislikes and mum's background, we have talked about the care and they keep us updated." Another stated, "The care plan is discussed with my brother. If we have any problems, we can go and see [registered manager]. Communication is very good, we even get email updates." A person living at the home also told us their care was discussed with them and they felt involved. Despite the positive feedback received and reassurance people and relatives were involved, this involvement had not been captured within the electronic care files. There was no record of the discussions held and people had not been asked to 'sign' any documentation, to confirm they had been involved in its completion. We discussed this with the registered manager, who told us this was another limitation with the electronic system.

We recommend the home investigates the most effective way to ensure people and their relatives or legal representatives involvement in the care planning and review process, is documented.

None of the people we spoke with or their relatives had made any complaints about their care, but told us if they had a problem they would speak to the registered manager or a member of staff. Comments included, "I've never had to complain", "Never had reason to complain, but if I did, I would speak to [registered

manager]" and "I am happy with the care I get, no complaints at all from me."

We looked at how complaints were handled. The complaints procedure was recorded in the service user guide which was given to each person upon admission and kept in their room. The home had a dedicated complaints file, which contained a copy of the home's policy and procedure. A log had been used to record complaints received, however we noted the last one received was dated November 2016.

We looked to see how people spent their day and what activities were carried out at the home. We were told the home used to have an activities co-ordinator, however this person left a few months ago and despite ongoing attempts to recruit a replacement, one had yet to be appointed. As a result, responsibility fell to the management and staff to generate and carry out activities.

Despite the current issues faced, people and their relatives spoke positively about what was provided. One person told us, "We do exercises, they take us on trips, we go in the garden when the weather is nice, we have bingo and karaoke nights. There's plenty to do." We saw the home completed armchair exercises, ball games, used a parachute to promote movement and hosted a weekly reading club. Weekly outings had also been arranged to a dementia café, alongside monthly outings such as a barge trip and visit to a sensory farm. The home had also made links with a local school. Children from the school visited the home to engage in activities with people living there, for example they had helped prepare the home and put up decorations prior to the last royal wedding.

We looked at how the home managed end of life care. People's care records showed that they had been offered the opportunity to discuss their end of life wishes. Where people did not want to be resuscitated in the event of a decline in their health, a signed form was displayed within their care record. This helped ensure staff had access to important information. As the home was residential and did not employ nursing staff, end of life care was supported by the district nursing team and GP's.

At the time of inspection, one person was receiving end of life care and passed away whilst the inspection was ongoing. We noted this was managed in a dignified manner, with relative's present being given time and space to spend time with their loved one.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

We looked at systems and processes in place to assess the quality of the service and found these were limited. The home completed audits of medicines and care plans and the electronic care planning system allowed for the generation of reports, such as the amount of accidents, incidents and falls a person had had within a specified time frame or whether the care plan was up to date or needed to be reviewed. The system also monitored whether daily logs and charts such as weekly or monthly weights had been completed.

However, despite these reports being generated on a monthly basis, we saw no evidence an action plan had been devised or details recorded of what had been done to address any issues identified. There were no other audits being completed to assess the overall quality, safety and effectiveness of the home and its service provision, either by the manager or at provider level. Despite having training and supervision matrixes, the gaps we identified had not been picked up as neither system had been effectively checked and monitored. We also found the audits that were in place had not been completed consistently or identified concerns we noted during inspection. Only 10 care plan audits had been completed in the last 12 months, with no actions or outcomes listed for the issues noted. The medicines audits had not identified the concerns we found, even though these areas were included on the audit.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance, as the provider had failed to appropriately assess, monitor and improve the quality and safety of the home and the systems which were in place had not identified the breaches in regulations we noted during inspection.

Staff told us they enjoyed working at the home and felt supported by the registered manager. One told us, "I love working here and feel supported." Another stated, "Yes, I enjoy my job. I feel very supported, they [registered and deputy manager] couldn't have been more supportive of me." Staff also told us the manager was approachable and open to listening to staff's views and opinions. Both the registered and deputy manager was reported to be a visible presence on the floor, assisting with care when required. Comments included, "They are always here and muck in all the time, will never watch you struggle" and "If come in first thing, will help to get people up, not shy about getting stuck in."

People living at the home and the relatives we spoke with, knew the manager and felt the home was well-led. One person told us, "I know the manager well, she's very approachable. If the staff are short, she always helps out, even in the kitchen." Another stated, "[Registered manager and deputy manager] are both belting." A relative told us, "She's absolutely fantastic, very approachable."

People and their relatives had involvement in how the home was run through completion of resident and

relative meetings, however we saw there was no set schedule for when these had been held. Three meetings had been held to date this year, the last occurring in May 2018. People and relatives we spoke with, where aware of the meetings and those that had attended, stated they found them useful and informative.

Rather than use an internal questionnaire to gather people's opinions on the care provided, the home and provider encouraged people and their relatives to do so via a well-known online care home review website. Review cards were readily available, which people could complete, seal and return for submission. Information for people who wished to do this online was also available. We noted the home had received the Top 20 Care Award for the last two years, which meant they had been rated one of the top 20 homes in the region. This was based on reviews submitted to the website.

We saw staff meetings had been completed quarterly, with additional meetings held for different designation of staff, such as domestics. Staff told us the times of the meetings varied to make it fair for both day and night staff. One told us, "Yes, we have meetings, sometimes we have these at night, so we can attend before starting shift."

During the course of the inspection we noted examples of partnership working. As previously mentioned the home had forged links with a local school. They were also members of the 'Community Circles' programme which aims to improve wellbeing levels, combat loneliness, build community connections and improve care outcomes for people.

The home's policies and procedures were supplied via an external company, who updated policies in line with changes to legislation, which ensured the home always had the most up to date guidance available.

We found accidents, incidents and safeguarding had been appropriately reported as required. We saw the registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements and copies of all notifications submitted were kept on file. The last inspection report was displayed within the home as per requirements.