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Elreg House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Elreg House on the 22 March 2016. We previously carried out a comprehensive inspection at Elreg House on 20 and 22 April 2015. Breaches of legal requirements were found and we took enforcement action against the provider in relation to the management of consent and good governance. The overall rating of the service was Inadequate and Elreg House was placed into Special Measures.

As a result we undertook a focused inspection on 14 September 2015 to follow up on whether the required actions had been taken to address these concerns, and to see if the required improvements had been made. We found improvements had been made with some areas. However, despite meeting all legal requirements, further areas for improvement were identified in order to improve further some practices in relation to meeting people's nutritional needs, 'as required' (PRN) medicines and the provider's quality assurance framework. The overall rating for Elreg House remained as Inadequate and the service continued to be in Special Measures.

The purpose of special measures was to provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. Services placed in Special Measures will be re-inspected again within six months. If sufficient improvements have been made, the service can come out of Special Measures and the overall rating can be revised. You can read the reports from our previous inspection, by selecting the 'all reports' link for (Elreg House) on our website at www.cqc.org.uk

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to ensure that the areas that required improvement had been met, and that the previous improvements had been sustained. We found that they had, and the overall rating for Elreg House has been revised to good, the service has also come out of Special Measures. However, further areas were identified in order to improve some practices in relation to record keeping.

Elreg House is registered to provide accommodation with personal care for a maximum of 28 people. There were 27 people using the service on the day of our inspection. The home specialises in the care of older people with dementia type illnesses. It is situated in a residential area and provides accommodation over two floors.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Care plans gave information on how people wished to be supported and daily records showed what care had been delivered. However some care plans and daily records contained gaps in their recording, or were missing information. We also saw that records in relation to water temperatures, complaints and personal

emergency evacuation plans (PEEPS) were not accurate, were missing, or contained omissions. We have identified this as an area of practice that needs improvement.

Improvements had been made since the previous inspection, and medicines, including PRN (as required) were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Improvements had been made since the previous inspection, and people were encouraged and supported to eat and drink well. There was a varied choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

Improvements had been made since the previous inspection, and people were involved in the development of the service and were encouraged to express their views. Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were available to discuss suggestions and address problems or concerns. One member of staff told us, "The new manager has made a real difference here. She is approachable and listens". The provider undertook quality assurance reviews to measure and monitor the standard of the service.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work with adults at risk. One person told us, "Yes, I have always felt safe here". Staff were knowledgeable and had received training on safeguarding adults. Staff understood what action they should take if they suspected abuse was taking place.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken by the service to minimise the risk of similar events happening. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions.

Staff had received essential training and there were opportunities for additional training specific to the needs of people. Staff had formal personal development plans, such as regular supervision meetings with their manager. One member of staff told us, "We get lots of regular training, I'm up to date".

People felt well looked after and supported and we observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are friendly and helpful". A relative added, "I am very happy with the care". People were treated with dignity and respect, their privacy was upheld and they were encouraged to be as independent as possible.

People were encouraged to stay in touch with their families and receive visitors. Relatives were asked for

their views about the service and the care delivered to their family members. Completed surveys showed families were happy overall and felt staff were friendly, welcoming and approachable. Residents' and relatives meetings were held and people said they felt listened to and any concerns or issues they raised were addressed. A relative told us, "The manager is really good, we're very pleased with the home. I have no concerns at all".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Several records contained gaps in their recording, or were missing information.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them. People were able to comment on the service provided to influence service delivery.

Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to help improve standards of service delivery.

Elreg House

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 checked 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 10 February 2016. This visit was unannounced, which meant the provider and staff did not know we were coming.

Three inspectors and an expert by experience in older people's care undertook this inspection. 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 our inspection we reviewed the information we held about the service. We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported to eat and drink. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including eight people's care records, three staff files and other records relating to the management of the service, such accident/incident recording and safety documentation.

Some people had complex ways of communicating and several had limited verbal communication. During our inspection, we spoke with five people living at the service, three visitors, three care staff, the activities co-ordinator, the registered manager, the cook and the provider.

We also 'pathway tracked' several people living at Elreg House. This is when we followed the care and support a person receives and what is documented about their needs and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "Yes, I have always felt safe here". Another person told us, "I am very happy and feel safe". Everybody we spoke with said that they had no concern around safety.

At the last inspection we identified areas of improvement in relation to the management of PRN (as required) medication, as guidance was not always available for staff to follow in relation to administering people's PRN medication. Additionally, stock records of PRN medication did not always reflect the stock levels of medication held.

We looked at the management of medicines and saw that improvements had been made since the previous inspection. Medicines, including PRN (as required) were managed safely and in accordance with current regulations and guidance. Up to date guidance was available for staff to recognise certain behaviours that could indicate when somebody may require PRN medication. The guidance also informed staff of the appropriate type and dose of medication required. We also checked the stock records of PRN medication against the stock levels held and found that they were accurate.

There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered correctly and medicines which were out of date or no longer needed were disposed of safely.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. The registered manager said, "We have a risk assessment for one person to go out of the home independently. We make sure their scooter is charged, so they can go out when they wants". We saw this person coming and going from the home. We also saw that some people who were assessed as being at risk of falls were moving freely around the service. The registered manager added, "We want people to walk around the home freely, with minimal restrictions".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "I accommodate staff with shifts that make them happy. I would add staff as needed. I don't think that staff are struggling, they have plenty of time". The registered manager gave us an example of how they had introduced extra staff into the service in the evening, to meet the needs people. We were told agency staff were used when required and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff. One person told us, "They always check on me". A member of staff said, "I wouldn't say we are short staffed. There has been a big improvement in sickness here". Another member of staff added, "There is definitely enough staff and sickness is covered". Our own observations supported this. Staff were on hand at all times to assist people when required, and staff appeared calm and unrushed in their duties.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. Staff told us they had submitted an application form and attended an interview. We saw evidence that staff had been interviewed following the submission of a completed application form.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "They look after me very well". A visiting friend said, "My friend is doing very well, they really look after him". A relative added, "I have no criticism of the staff and I'm sure my [relative] is happy with them too".

At the last inspection we identified areas of improvement in relation to the way the service supported people to eat and drink well. We made a recommendation that the service considered researching and following best practice guidelines, such as those detailed in the Social Care Institute for Excellence (SCIE): Dignity factors – Eating and nutritional care guidance.

We looked at the way people were encouraged and supported to eat and drink well and saw that improvements had been made since the previous inspection. The service had accessed appropriate guidance, and procedures such as developing nutritional action plans and the use of robust risk assessments around people who may be at risk of losing weight had been implemented. The registered manager ensured that this information was kept up to date and was accessible to staff.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. A member of staff told us, "People get food all of the time and snacks as well". Another member of staff said, "People are getting plenty of food. One person had two breakfasts this morning".

We observed breakfast and lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom or the lounge. People were encouraged to be independent throughout the meals and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others and staff, enjoying the company and conversation. Some people had requested kippers for breakfast and these had been prepared for them. One person said, "These are nice". A member of staff said to one person, "You got your kippers, are they nice?" and the person tapped their plate, nodded and smiled. Throughout breakfast and lunch, the time staff were checking that people liked their food and offered alternatives if they wished. People were also offered drinks and snacks throughout the day. They could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. The details of people's special dietary requirements, allergies and food preferences were recorded to ensure that the cook was fully aware of people's needs and choices when preparing meals. Staff recorded the food eaten and any observations about people during the meal. The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "I've had training around the MCA. I'm always asking people first before we do anything". Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training records confirmed staff received essential training on areas such as, moving and handling, equality and diversity and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, nutrition, diabetes and preventing hospital admissions. Staff spoke highly of the opportunities for training. One member of staff told us, "I've got my NVQ 2 (National Vocational Qualification Level 2) and I want to do my NVQ 3. The manager is supporting me to do this". Another added, "We get lots of regular training, I'm up to date". Our own observations supported this. Staff were seen to be confident and competent and demonstrated they had the appropriate skills in relation to the care they delivered.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Elreg House and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "The induction was very useful and the manager was very helpful. The shadowing let me get to know the residents". The registered manager added, "I carry out observations, and sign off the induction when I feel the member of staff is competent". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries.

People commented that their healthcare needs were effectively managed and met. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "When [my relative] became ill and needed medical help, they kept me up to date with all the developments. I liked that as I felt in the loop and involved". Staff were committed to providing high quality, effective care. One member of staff told us, "We are always asking about people's health and we discuss it at handover". Another member of staff said, "I'd always let the manager know if somebody was ill". The registered manager told us, Staff are well trained and we record people's observations, they would know if someone was unwell". People's health and wellbeing was monitored on a day to day basis. Daily notes recorded how people were feeling and whether they required input from healthcare professionals including doctors, district nurses, occupational therapists and chiropodists. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A visitor told us, "They really care for my friend here". A relative said, "I am very happy with the care".

Positive relationships had developed with people. One person told us, "The staff are friendly and helpful". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. We saw that one person became upset, they kept saying that they thought they were going to die and that they were lonely. A member of staff gently reassured them that this was not the case and said, "No you're not, don't worry, I'm here for you. Here have some water, everybody knows you here, we will look after you". The person became relaxed and the member of staff sat with them and chatted about the music that was playing. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better. We saw another example whereby a person was calling out a word that sounded like 'cake'. A member of the inspection team asked a member of staff why this person had not been given a piece of cake. Two members of staff responded that this person used this word as a signal when they wished to go to the toilet. It was evident that the staff knew this person well and their particular methods of communication.

A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. It can also help to make up for impaired memory, learning and reasoning skills. Elreg House had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. Personal items such as pictures and artwork made by people living at the service was on display. Memory boxes were placed outside peoples' rooms. Memory boxes are used to contain personal information that is important to each person, such as family photographs and other visual information of relevance or interest. They promote a homely feel to people's rooms and are also used to orientate the person to where their room is. Memory boxes are also used by staff to give them an idea of peoples' life histories and what is important to them.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. We saw a member of staff talking with a lady, they said, "You've had your nails painted, they're lovely, really beautiful", and the person responded with a smile and a thank you. We also observed a member of staff sensitively support somebody to put their shoes on, they discussed if the shoes were the ones that the person wanted to wear today and offered to get different ones if the person wanted. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One

member of staff told us, "We always offer choice to people and see what they want. Even if they have trouble speaking with us, we'll keep trying and get a yes or a no". Another member of staff said, "People are given choices each day about whether they want a shower, what they want to wear or eat. The activity co-ordinator always asks what people want to do". The registered manager added, "The service users are always the priority and I instil that in the staff. We're always offering choice. Everyone likes different things, for example hair and clothes, we record it. Every day the staff need to be working with the service users around likes and dislikes".

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles, which was covered as part of their induction. The registered manager undertook competency checks to ensure staff were adhering to these principles, and staff were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "We always close doors and respect people's privacy". People confirmed staff upheld their privacy and dignity, and we saw this take place. For example, we saw staff ensuring that people's bedroom doors were closed when personal care was taking place, and talking quietly and respectfully when supporting people to go to the toilet. A relative told us, "They [staff] are private and respectful".

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "We encourage people to be independent, for example to remain mobile. We ensure there is a clear and clutter free environment, so that they don't just use a wheelchair, but use a Zimmer frame. We give people time and don't rush them". Other staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. We saw examples of people assisting to lay tables, carrying out tasks in the office, helping with deliveries and folding laundry. The registered manger added, "We make people feel valued and wanted and that we care for them".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A visiting relative told us, "The facilities for visitors are excellent".

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "They've painted my nails, they let me choose the colour I wanted".

There was regular involvement in activities and the service employed a specific activities co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. There was a range of activities throughout the week, including weekends, organised by the activities co-ordinator. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. On the day of the inspection, we saw activities taking place for people. People were playing catch with a balloon and the activities co-ordinator also organised a music quiz. People appeared to be enjoying the activities taking place, they tapped their feet and sang to the music. The enthusiasm of the activities co-ordinator motivated people to get involved and have conversations with one and other. The registered manager told us, "We have activities every day in the home. We find out what people like". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time.

The staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms, and that staff and the activity co-ordinator set aside time to sit with people on a one to one basis. A member of staff told us, "I visit people in their rooms. We read and sit and chat. One person loves musicals, so we talk about Les Miserables. One person chooses to stay in their room, so I buy them their newspaper that they like. I always try and encourage them to come out and join in though". The staff also supported people to maintain their hobbies and interests, for example one person used to be a world class drummer. A member of staff told us, "It has been ongoing work and it took a while, but [person's] confidence has improved and now they come out of their room and have started drumming. They played the drums with a visiting musician last week". People also enjoyed knitting, gardening and painting and their artwork was displayed around the service. A member of staff added, "We find out what people's hobbies were, and find out what they like to do".

People's needs were assessed and plans of care were developed to meet those needs. People or their relatives had been involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Each section of the care plan was relevant to the person and their needs. Areas covered included, mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained information on the person's likes, dislikes and daily routine with guidance for staff on how best to support that individual. For example, one care plan stated that a person enjoyed sitting in the same chair every day next to their friend, and we saw that this had happened. Other care plans stated the preferred times that people wished to get up and go to bed and the gender of staff they wanted to carry out their personal care.

Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Staff gave us examples of people's individual personalities that were reflected in peoples care plans. One member of staff said, "One resident always likes a shower every other day after supper at 7:00pm, that is what he likes". Another added, "We have one lady who always likes to wear a specific hat, so we make sure that she has it".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Formal complaints had been recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. A relative told us, "This is a good home. I think the manager is doing a great job". Another relative added, "The manager is really good, we're very pleased with the home. I have no concerns at all". A member of staff said, "The manager really listens to us". Another member of staff said, "This is a homely home, I would put my relative here". However, despite the positive feedback, we saw areas of practice that need improvement.

Several records at the service had not been completed accurately, or contained omissions. For example, food and fluid charts were completed indicating a good intake of food and drink for people and we observed staff updating charts. However, people's fluid charts were not totalled and information on the amount of fluid they should be drinking was missing. We assessed that this did not result in harm occurring, however, this lack of information meant that it was not possible to determine fully if people were at risk of dehydration.

We spoke with staff about recording and documentation at the service. One member of staff told us, "People get the food and fluids they need, but we could pick up a bit more on the recording, but we do try". Another said, "I think all the recording and record keeping could be improved. We are working on it, but it will take a bit of time". A further member of staff added, "The recording can be tricky, but we really try. The manager is on top of it and tells us what we have to do". We raised the issue of accurate recording with the registered manager. They told us that they were aware that some of the records were not correct and stated that they intended to rectify this and ensure that staff were aware of their responsibilities in relation to record keeping.

Additionally, the registered manager informed us that care plans were reviewed every three months and that records were regularly checked to monitor for any inaccuracies or missing information. However, in three of the care plans we looked at we found inaccuracies or missing information. For example, one person had been living at the service for several weeks and did not have a completed care plan. Records of water temperature checks for bathrooms had been completed inconsistently. It is important that the temperature of water checks are completed regularly and accurately, to ensure that any risk to people being scalded can be identified an acted upon. Two complaints had been responded to verbally by the manager, but they had not been formally recorded and responded to in writing. It is important that there is evidence that the service has records of responses to all complaints, to assist them to improve quality and practice. Two people living at the service did not have personal emergency evacuation plans (PEEPS) in place. We assessed that these inaccuracies and omissions did not place people at significant risk. However, records that contain omissions, or are completed incorrectly can undermine patient care. Accurate record keeping forms the basis for planning peoples' care and treatment, obtaining feedback on their progress and suggesting actions for prevention and health promotion. Accurate records provide written evidence that a service has been delivered, and provides information for clinical management, resource management, self-evaluation, clinical audit and quality assurance. We have identified the above issues around record keeping

as an area of practice that needs improvement.

At the last inspection we identified areas of improvement in relation to the arrangements in place to respond to people's feedback. It was acknowledged that systems were in place for the service to receive feedback, and that this feedback had been analysed and acted upon. However, we could not see that people were routinely informed of any changes that had been made.

We looked at the way feedback was responded to and saw that improvements had been made since the previous inspection. We saw that regular meetings had taken place to inform people and their relatives of developments at the service, and there were also individual responses to feedback obtained from people via satisfaction surveys. People were involved in the development of the service and were encouraged to express their views, and we saw that people gave feedback about staff and the service. For example, people had an input in to how the service was decorated. They had requested which colour they wished to have their doorways painted, and whether they wanted carpet or linoleum in their room.

Feedback from staff indicated a positive culture, with staff feeling motivated and supported. We discussed the culture and ethos of the service with the registered manager and staff. They told us, "Our care is good. It's a happy home and we bring lots of happiness to the residents. We want to provide ongoing sustainability and be proud of the care we give. I enjoy what I do and want to ensure that this home works well and is not institutionalised and is like a home. It's not my home, it's the resident's home". Staff supported this and told us, "We provide good care and we always try to provide the best care we can". Another member of staff added, "The atmosphere is much better here now. I leave here feeling I've done a good job". A further member of staff added, "I love this home and wouldn't want to work anywhere else". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I'm supported by the owner and the manager, they listen to me". Another told us, "The new manager has made a real difference here. She is approachable and listens". A further member of staff added, "The provider and the owner are here for us and we also have a deputy manager for guidance and support".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. The registered manager told us, "I'm a good listener. Staff know they are accountable and that we have a duty of care". A member of staff said, "We get on well as a staff group and we support each other". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

At the last inspection, the registered manager was new in post and had not at that time registered with the CQC. We saw at this inspection, that the provider and registered manager were visible within the service. The registered manager took a hands on approach and had subsequently implemented their own ideas and ways of working, which was respected by staff. The registered manager told us, "I am a firm, but fair, hands on and supportive manager. I help on the floor when needed and I act on situations. I drop anything, any time, for the residents". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. Staff told us that they valued handover meetings, and we observed one where they discussed relevant information and ensured that staff coming on to shift were up to date people's needs. A member of staff told us, "Handovers are really important". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We have good team work, we are a good team, and we can discuss anything with the manager".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. Audit activity which included health and safety, medication, laundry and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, through the analysis of audit data, improvements to the environment of the service had been implemented. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and monitored by the provider and was able to liaise with managers from other services in the area. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.