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Haslington Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Haslington Residential Home provides residential accommodation for up to 46 older people living with dementia who require personal care. The original building was extended to provide a total of 46 single bedrooms, many of which have en-suite facilities. Accommodation is provided on three floors with access between floors provided by two passenger lifts. The service was managed as three separate units with staff deployed to each unit.

This inspection was carried out on 25 April 2016 by three inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. It was an unannounced inspection. There were 40 people using the service at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not ensured that effective recruitment procedures were followed to ensure that staff working in the home were suitable to work with people who used the service.

The registered provider had not ensured that all areas of people's needs were planned for to ensure they were met in the way people preferred. This was particularly in relation to people's social needs and hobbies, their personal care and their night time care needs.

The registered provider had not ensured good governance of the service. There was not a clear fire evacuation procedure in place or individual evacuation plans. This meant that staff may not be clear about how to evacuate people from the building if there was a fire. There was a lack of effective systems for monitoring and improving the quality and safety of the service. The registered provider had not ensured that accurate and complete records were kept about the care provided to ensure people's needs were met.

The registered provider did not have appropriate knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Sufficient numbers of competent and experienced staff were deployed in the service. The registered provider did not use a system for establishing the numbers of staff required to meet people's needs to ensure it is responsive and provided at all times. We have made a recommendation about this in the report.

Medicines were stored and disposed of safely and correctly. Staff were trained in the safe administration of medicines.

The premises were clean and the risk of the spread of infection was appropriately managed and minimised.

Staff were skilled in meeting people's needs. They had the opportunity to receive training relevant to their roles and the needs of people using the service. All members of staff received regular supervision sessions and had an annual appraisal of their performance. Staff felt supported in their roles and were clear about their responsibilities.

The service was well maintained and the manager had ensured it was decorated in a way that met the needs of the people that used it. The use of signage and contrasting coloured areas helped people find their way around. We made a recommendation that the registered provider review the provision of garden space for those on the middle floor to ensure it meets people's needs and preferences.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People were happy with the quality and range of food they received. Staff knew about and provided for people's dietary preferences and restrictions. People were promptly referred to health care professionals when needed.

Staff sought people's consent before providing care. Where people were unable to consent or to make decisions the principles of the Mental Capacity Act 2005 were applied to ensure decisions were made in people's best interests. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005 requirements.

Staff treated people with respect and ensured their privacy was maintained. The staff promoted people's independence and encouraged people to do as much as possible for themselves. People had positive experiences which were created by staff that understood their personalities and took time to chat with them and provide assurance. Staff were kind and caring in their approach toward people. Staff knew people well and understood how to support people, who lived with dementia, when they needed additional reassurance.

People were involved in their day to day care. People's care plans were reviewed with their participation and relatives were invited to attend reviews that were scheduled. The service responded in a timely way to changes in people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were sufficient staff to meet people's needs, but they had not always been safely recruited.

Risks to individuals had been assessed and most had been managed, but there was not an appropriate fire evacuation procedure in place.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

People's medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff were trained and had a good knowledge of each person and of how to meet their specific needs.

Staff understood the principles of the MCA and applied these in practice. People's rights to liberty were upheld and the requirements of the Deprivation of Liberty Safeguards were met.

People were supported to be eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink. Risks relating to nutrition and hydration were managed effectively. People were referred to healthcare professionals promptly when needed.

Is the service caring?

Good

The service was caring.

Staff provided a caring service that treated people with kindness, compassion and respect and recognised their individuality. People's privacy and dignity was respected by staff.

Staff promoted people's independence and encouraged them to

do as much for themselves as they were able to. People were consulted about and involved in their care and treatment.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

An inconsistent approach to care planning meant that people did not always receive care and support that met their preferences and specific needs. A range of activities was provided, but there was a lack of planning to ensure people were supported to maintain their hobbies.

The service sought feedback from people and their representatives about the overall quality of the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Accurate and complete records had not always been maintained so that the registered provider could ensure people's needs were met.

The registered provider did not operate effective systems for monitoring and improving the quality and safety of the service. It was not clear whether action had been taken to address identified shortfalls.

The registered provider did not have a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff told us they felt supported by the manager. The service promoted a positive culture and sought feedback from people who used the service.

Haslington Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 25 April 2016 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We reviewed our previous inspection reports and sought feedback from the local authority commissioning service. A provider information return was not requested for this inspection as this was a follow up to our inspection on 29 January 2016.

We looked at six people's care records. This included assessments of needs, care plans and records of the care delivered. We made observations to check that people received the care and treatment agreed in their care plan. We reviewed documentation that related to staff management and three staff recruitment files. We looked at records relating to the monitoring, safety and quality of the service and sampled the services' policies and procedures.

We spoke with eight people who lived in the service and two people's relatives to gather their feedback. We reviewed comments and feedback sent to the commission and the service to understand people's experience of the care provided. We spoke with the manager, the registered provider and four members of care staff. We also spoke with housekeeping, catering and activity staff. We obtained feedback from health and social care professionals involved in the care of people using the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us, "Yes I do feel safe. Best place for me, I don't have to worry about it." Another person told us, "Yes they are all very good to me." A person's relative told us their relative was, "Definitely 100% safe. [The person's] medication is all sorted out. Mum was so vulnerable at home. She is definitely looked after here."

The service had not always followed safe recruitment practices. Each staff file had a document which was used to track how far along the recruitment process each person was and whether there was any outstanding documentation required. However, this had not always been effective in identifying where key information was missing. Of the five recruitment files reviewed two files did not have exact dates of employment, so it was unclear whether a full employment history had been given and, the registered manager was unable to demonstrate they had taken appropriate action if they identified areas of concern during the recruitment procedures. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Three staff members had not yet received their DBS check back, however the manager had completed an adult first check, which is a check of a register of people barred from working with adults in care settings. This allowed them to work under supervision until the full DBS check was received back. On the day of the inspection, one of these members of staff was seen to be working unsupervised for short periods of time in one of the lounges. We raised this with the registered manager during the inspection. The records for one staff member highlighted some issues in references and the criminal records check. The registered manager had not undertaken a formal risk assessment to demonstrate the decision making process when appointing the person or considered any safeguards which may need to be put in place. The registered manager began following this up during the inspection. All of the files contained proof of identity documents. All copies had been signed by the manager to confirm that original documents had been seen. Records of interviews were held which covered notes about qualifications and skills as well as personal qualities which would make the person suitable for the role.

Shortfalls in the checks made of new employees placed people at risk of receiving care from staff who may not be suitable to work with them. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not a clear evacuation plan for staff to follow in the event of a fire. The registered manager told us that one was located in a folder on each unit, but this could not be found by the registered manager at the time of the inspection. People did not have personal evacuation plans that reflected their mobility needs and the support they would require to evacuate the building in an emergency. We asked two staff how they would move a person from the building in an emergency and we were given two differing responses. This meant that staff may not know how to safely evacuate them from the building in the event of a fire.

There was not a clear fire evacuation procedure in place or individual evacuation plans. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risks of potential abuse. Our observations showed that people appeared relaxed and comfortable in the service and in the presence of the staff that cared for them. Staff had received training in safeguarding people from abuse and they were able to describe the signs of abuse and how they would respond. One staff member told us, "Once you know a client you'd know if their body language changed. They might become reticent about talking to some people. They might shy away or be scared if you like move your hands more quickly." Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member said, "If I had any concerns I'd speak to the senior or go to the office and talk to my manager. It would depend on who was doing it. If I had to go further I'd go to the owner, CQC or social services."

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. People who required mobility aids had these within their reach and were supported to use them safely. Risks to individuals had been assessed as part of their care plan. This included the risk of falls, developing pressure wounds and poor nutrition. They were updated appropriately as people's needs changed. People at risk of developing pressure wounds had appropriate pressure relieving equipment in place and we saw that staff made sure they had these in use at all times. Staff were aware of the risks that related to each person and what action they should take to minimise the risk of harm or injury. One staff member said, "If people spill tea we always clean the floor quickly. We might move furniture too so people don't fall." The risks to individuals' safety and wellbeing were regularly assessed and minimised.

The registered provider had ensured the premises were safe for people to use. The premises had been assessed to identify risks and action taken to minimise these, for example, by providing hand rails and covering hot radiators. Staff tested the temperature of the water from various outlets each week to ensure people were not at risk of water that was too hot. There was a system in place to identify any repairs needed and action was taken to complete these within a reasonable timescale. The service employed a maintenance worker who undertook general repairs and external contractors were called when needed for larger scale repair or refurbishment works. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. A passenger lift that facilitated access to the upper floors was serviced yearly. All hoisting equipment was regularly serviced.

The registered provider had ensured that sufficient numbers of staff were deployed in the service during the day to respond to people's requests and meet their needs. There was no formal tool in use for assessing staffing levels and the registered manager said that she used her experience to understand the staff required to meet people's needs. There were seven staff on duty on the day of the inspection who were allocated across the different floors. There were also five domestic staff who covered the home who were available to support care staff at busy times such as meal times. The home also employed a cook and kitchen assistant, a handyman and an activities co-ordinator. The manager worked in the home five days a week in addition to the rostered care staff numbers. People were helped to get up throughout the morning when they chose to. The atmosphere throughout the home was calm and people were generally able to receive assistance when they needed it. People were able to ask staff as they passed them or when they were in a room with them if they wanted or needed something. However, there were occasions when people were waiting for staff before they asked for something as staff were not always situated in communal areas where people were. A staff member told us, "Yes, generally speaking I think there's enough staff. Sometimes someone will call in sick so then we all have to muck in and get it done." Another staff said, "I feel the staffing levels are ok." There were some vacancies for care staff and the registered manager was interviewing possible candidates on the day of the inspection. Permanent staff worked additional hours to cover the vacancies.

People's medicines were managed in a safe and effective way. The service had a policy for the

administration of medicines that was regularly reviewed. Staff had received appropriate training and the registered manager had made checks of their competence to administer medicines safely. One staff member told us, "I've been trained and signed off as competent to give medication." Another member of staff said, "The manager regularly checks that I'm competent to give medication." The registered manager ensured all medicines were correctly ordered and received, stored and administered. Staff monitored the temperature of storage areas to ensure medicines were stored appropriately. We saw staff administering medicines in a safe way and recording when people had taken these.

People and their relatives told us that the service was kept clean. Staff were employed in housekeeping roles to ensure that areas of the premises were cleaned on a daily and weekly basis. The service had a food safety rating of 4 stars from the local authority. The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise risk from infection. Staff had a clear understanding of infection control practice and understood the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. This meant that people's risk of acquiring an infection was reduced.

Good

Is the service effective?

Our findings

People and their relatives told us that the staff had the skills and understanding required to meet their needs. One person told us, "The staff are very good, they know what they are doing." A person's relative said, "They take care of her very well, I have no concerns." People told us they were satisfied with the quality and range of food provided on the menu and told us they always had enough to drink.

Staff had completed the training they needed to provide safe and effective care. Staff told us they had the training they needed when they started working at the home. Staff completed training which included safeguarding, first aid, fire safety, the Mental Capacity Act and moving & handling. Staff were given an induction when they started working at the service, which included checks of their competency in areas of care such as using a hoist, personal care, oral hygiene and supporting people with meals. A staff member told us, "I'm currently shadowing, it's for twelve weeks as I'm not ready to be on my own." Some staff required refresher sessions to update their knowledge and skills. The registered provider had an ongoing training programme in place to address this.

People were being supported by staff who had the opportunity to maintain their skills and knowledge. New staff were being supported by the registered manager to complete the care certificate. Other staff were completing NVQ's or other relevant qualifications. One staff said, "I'm doing my NVQ level 3 and the support has been good." The registered provider was working with Bradford University, who provide training and support in dementia care, to develop the service and training sessions for staff. The registered manager carried out training and coaching sessions with staff to keep them up to date with developments in supporting people who were living with dementia. All staff had completed dementia training and demonstrated that they understood how to meet the specific needs of people living with dementia and how to respond when people were distressed, agitated or confused. One staff told us, "I've learnt from dementia training that it's so wide. I know the environment we have here helps, like with the doors. It's also about good communication. It's like getting down to their position, not standing over them. I might kneel and talk to them, I'll hold their hand and that often works. If you're patient then you can gain their trust."

Staff told us they felt supported by the registered manager. One staff member told us, "I feel well supported. The team leaders are really good." Staff received monitoring from the registered manager every two months through a supervision session. This consisted of the registered manager observing staff completing tasks in specific areas and identifying whether there were any further training needs. Feedback was given to staff and further actions were put in place if needed. Areas for observation included nutritional support, dignity and respect, communication and job role performance. Some staff were receiving their appraisals on the day of our inspection. Staff received appraisals annually with the registered manager.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). Staff understood the importance of communicating clearly and we saw that they gave people the time they needed to think about and make decisions. We saw that staff sought and obtained people's consent before they helped them. Where people were unable to make a decision, their capacity to do so was assessed and if necessary a decision was made

in their best interests by the appropriate people.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest. The manager was awaiting the outcome of these. This ensured that people's right to liberty were protected.

People told us they liked the food and were able to make choices about what they had to eat. People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. Staff assisted people at an appropriate pace so that people experienced relaxed mealtimes. People were offered choices about what they ate and drank and if they changed their mind this was accommodated easily. People were offered tea and coffee at various points of the day and were able to help themselves to jugs of cold drinks available in the communal areas and people's bedrooms.

People had their health needs assessed and care plans put in place to meet their needs. People's wellbeing was promoted by regular visits from healthcare professionals. A chiropodist visited every six weeks to provide treatment. An optician visited people upon request. People had been referred to healthcare professionals when necessary and the registered provider had effective links with the local mental health team. Records about people's health needs were kept and the outcome of health appointments was recorded within people's care plans so that staff knew what action to take. This ensured that staff responded effectively when people's health needs changed. People had clear and effective plans to respond to their health needs.

The premises had been designed and decorated to meet the needs of the people who used the service. The middle floor, which provided care for people in the advanced stages of their dementia, had been decorated with contrasting colours, way-finding signs and sensory items. The registered manager told us, "The coloured doors were in response to family concerns about clients walking into other people's rooms. The colour of door refers to the colour of the client's front door from their previous home. This has had a positive impact with all the clients and their families are happy with the outcome." The hallways were decorated with items that may remind them of certain times in their lives, such as old telephones, a rural village scene and vintage clothing that people could touch and pick up. Around the home seating had been arranged in clusters to promote conversation between people and to give people a choice of different areas in which to spend their time.

Each floor had access to outside garden space. The upper floor had access from the lounge to a walkway leading to a patio and seating area. The garden area on the middle floor did not have suitable seating for people to use. A relative commented, "There is nowhere nice to sit and nothing to look at……...the current provision is really uninspiring." The ground floor garden was readily accessible to people and provided safe walking areas and seating. We recommend that the registered provider review the provision of garden space for those on the middle floor to ensure it meets people's needs and preferences.

Good

Is the service caring?

Our findings

People spoke positively about the kind and caring nature of staff. One person said, "It's very hard to find fault because they're all pretty good. They do anything you want really." Another person said, "The staff here talk to you all the time and they refer to you on first name terms." A relative said, "Staff are caring, always willing to help." Staff treated people kindly and with respect. One staff member said, "I treat people like they're people. My rule of thumb is what would I like my dear old mum to have." Another staff member said, "They're all lovely characters, I see them as substitute grandparents."

Staff knew information about people's histories. We saw staff telling someone new to the service about the other people who lived there. They said that one person had been a boxer and another had been a dancer when they were younger. They then introduced the person to these people so they had things to talk to them about. Some people who were living with dementia had memory boxes outside of their rooms to help them recognise where their own room was. One person had been a nurse, and there was an oral syringe and a picture of a nurse in their box. The registered manager was sensitive to the individual needs of people and how to provide personalised support to help people live well with dementia. The registered manager said that sometimes people became upset by the memory boxes as they didn't know if they were in the pictures, and that is why not everyone had one.

Staff stopped what they were doing and listened to people when they were talking. A member of staff told us, "I always let someone know I'm listening to them. [The person] for example, she's not a cuddly person but I'll hold her arm and talk to her. It brings her down. You need to show you're listening to them." Staff were attentive to people's needs and made sure that they had everything they needed. One person said that they were cold and staff immediately got them a jumper. One person told us, "The staff here are very good. I have no fault with them. They run around after me all the time." Another person told us, "If I needed something they would always go and get it."

Staff reacted quickly when one person became distressed. They spoke with the person quietly and calmly and offered them reassurance by gently touching their arm. They bent down and gave them eye contact and the person seemed visibly calmer. This was written in the person's support plan as the best way to comfort them. Staff understood and followed the person's plan. A new person was moving into the home on the day of the inspection, staff welcomed the person and introduced themselves and reassured them that they would settle in in no time. They offered time and reassurance to the person throughout the day. Staff understood the importance of meeting people's emotional needs. The service had introduced the use of dolls and soft toys to provide people with comfort and to meet their emotional needs. We saw that people sought out the dolls and would nurture them, talk to them and hold them. Staff respected the way people viewed the dolls and took care to treat the dolls in the same way.

People's care plans contained information about how they had been involved in making decisions about their care. Staff demonstrated that they had a good understanding of people's preferences, likes and dislikes. A relative told us that, "They picked up in our conversations that mum would miss her dog. They bought a toy dog that could mock breath. They gave it to her to look after. It was so touching and

supportive." The service also had a pet dog. People were seen to enjoy stroking the dog and staff said that people's faces brightened when playing with the dog. One staff member told us that a person did not like green food on their plate, and at lunchtime we saw that they were not served these foods in line with their wishes.

People were supported to make choices throughout the day about what they wanted to eat, drink and how they wished to spend their time. One person said, "The staff are pretty good here. They ask if we want coffee or tea and talk to us. Nothing we can moan about really." Staff used visual prompts to help people choose between tea and coffee and their lunch time meal, showing people their options and giving them time to look, smell and taste them. Staff told us, "Some residents we show different meals. Some we let them have a taste and ask them if they like it. For some of the residents the speech just isn't there so for them if they taste it and spit it out we know they don't like it and would offer something else." On the second floor where people's dementia was more advanced there was a picture board to show people the activity timetable for the day. People looked at the pictures and recognised them so they knew the different things happening that day and were able to choose between them.

People were treated with dignity and respect. Staff knocked on people's doors and waited before entering. Staff told us, "During personal care or when someone's in the toilet I always respect their privacy. I shut the door, and would cover people up with towels." At lunch time one person dropped their meal on their lap and they were discreetly offered assistance to clear it up before being offered another meal.

People had varying healthcare needs, but were encouraged to be as independent as possible. One person's care plan said that they were "able at times to carry out small tasks such as washing their face and arms, this will vary day to day." At lunchtime we saw staff gave people time to eat their food at their own pace. Some people left the table and staff gently encouraged them to come and sit back down to finish eating. Staff told us that they always tried to let people do things for themselves, but if they needed assistance then they would step in. One staff member said, "I let them do it in their own time." Staff encouraged and enabled people to be independent, providing the right levels of support.

Relatives told us they could visit the service at any time. It was someone's birthday on the day of our inspection and they had lots of visitors to come and celebrate with them. The chef had baked a cake and there was a happy and cheerful atmosphere whilst people enjoyed it.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear. Staff told us that it was important to build up trust with people and respecting their privacy was a part of that.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us the staff responded to their needs quickly and effectively. One person told us, "They are always there when you need them. If I needed something they would always go and get it." A person's relative told us, "They have really made an effort to understand our mother and us."

People or their relatives were involved in developing their care, support and treatment plans. Each person's needs had been assessed before they moved into the service. This identified their needs in relation to their personal care, safety, sleep, mobility, skin integrity, communication, nutrition, health and personal preferences. Care plans had been developed, but these did not always meet the identified needs to ensure that staff knew exactly what care people required. For example, people did not have plans in place that detailed what their care needs were at night and how to meet them. Some people did not have a plan in place for meeting their personal care needs, for example whether they preferred a bath or shower, how often and what support they needed with this. One person's assessment stated they could be confused, anxious and in a low mood at times, but there was no plan in place to inform staff how to respond in these situations. We did see another example however where this had been completed for a person and there was clear guidance about the best way to respond to a person's distress. We asked staff how they knew what care people needed when there was not a plan in place for the particular need and we were told, "I just know from my induction really" and, "We ask the person if we can, but we get to know people and what help they need."

People had been asked about their hobbies and interests as part of the assessment process, but care plans to support them to continue with these individual hobbies had not been developed. A person's relative commented, "My dad's hobby has not been encouraged." A staff member told us, "X was in the navy like my dad and we play crib. I asked his daughter what board games he likes, and she told me, so I bought in the crib board and he beat me." However, this information was not part of the person's care plan to ensure that all staff knew to provide this opportunity and when to do so. We saw that some people's assessments stated they enjoyed gardening, cooking, walks and music. There were no plans in place the instruct staff how to ensure people's individual social needs were met and to ensure they were supported to develop and maintain hobbies and interests.

There was an activities coordinator deployed in the service that planned a range of group activities each week including choir, card games, music for health, films and a reminiscence session. People were able to access the daily group activities programme if they wished. Whilst we saw that the service had a programme of activities we found that this did not meet the needs of everyone using the service. One person's relative told us, "There should be more things available for staff, not just the activities coordinator, to do with residents throughout the whole day." During the inspection the activities coordinator was not on duty. We saw a member of care staff carrying out a group quiz on the ground floor, but did not see any group activities on the other two floors. Some people were watching TV or walking around the home and some were looking at photo albums. Many people spent a lot of time sitting watching what was going on around the home.

People told us that key events were celebrated in the home. One person said, "It was the Queen's birthday the other day so we had a tea party." Staff told us that they spent time with people on an individual basis. One staff said, "Sitting with people and talking to them is an activity.

The inconsistent approach to planning to meet people's social and personal care needs placed people at risk of inconsistent care or care that did not meet their personal preferences. his was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst there was not a consistent approach to planning to meet people's individual needs we saw some examples of personalised care. For example, staff addressed people in the way they preferred and knew what their preferences were in relation to their daily routine, meals and drinks. People's bedrooms were personalised and welcoming with photos of their family and personal effects. The registered manager had ensured that the environment was stimulating and interesting for people who were living with dementia. Sensory twiddle muffs, a non working Iron and board and basket of clothing were available so that people could fold clothes and carry out tasks that helped them to feel busy and valued.

Care plans included information that enabled the staff to monitor the well-being of the person. Where a person's health had changed it was evident staff worked with other professionals
The service responded in a timely way to changes in people's needs. Prompt referrals were made to relevant health services when people's needs changed. For example, the local mental health team had been contacted for assessments when people's needs changed. People's care plans were reviewed monthly by a senior care staff and a six monthly care review meeting was held where people could involve their relative if they wished.

The provider had a clear complaints policy and procedure that informed people how to complain and who else they could contact to discuss any concerns. People knew how to make a complaint if they needed to. One person said, "I would talk to the manager" and another said, "There are people I could go to if I needed to complain. I don't have to worry anymore." People's relatives told us that they knew how to make a complaint if they needed to. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since our last inspection. People's views were sought through an annual quality questionnaire and monthly relatives and residents meetings. People told us they felt they could approach the registered manager at any time to discuss any concerns.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy with how the service was managed and were able to discuss any concerns with the registered manager or the registered provider. People told us, "The owner comes round and chats to us all." "There is no high and mighty here" and, "I am very happy here; they run this place very well." A person's relative commented, "I finally spoke to someone, [the registered manager] who could help smooth the transition from the hospital to the care home. I felt at last there was someone on my side."

The provider did not have effective systems in place to monitor the quality of care and support that people received. A care plan audit had been carried out in 2016, although the exact date was not documented. The audit covered whether people had power of attorney, mental capacity assessment, future wishes and advance care plans, however it did not assess the quality or effectiveness of people's care plans. The audit had not identified that people did not have care plans in place to meet their social, personal care or night time needs. The previous care plan audit was dated in May 2015 but it was not clear whether action had been taken to address shortfalls identified. A staffing audit had been carried out in January 2016. This had identified an action to "Find a better agency". The registered manager said this had been done and they were now satisfied with the quality of the temporary staffing agency that they were using. The staffing audit did not assess the staffing levels in the service to ensure they met people's needs, based on an assessment of people's dependency. A cleanliness audit carried out on 13 April 2016 had stated "cleanliness continues to be the area of the home that we receive the most compliments on. The team are doing well but are struggling with the level of incontinence on the ground floor". There was no remedial action identified as part of the audit, for example assessing people's needs and the staffing levels required to meet people's continence needs to identify whether the staffing was sufficient.

The audits viewed lacked a structure and it was not clear what criteria had been audited in order to assess quality. The registered manager said that audits were prioritised by what she felt was important at that time. As audits were not on a regular frequency for example monthly or quarterly, it was difficult to ascertain whether they were effective and whether repeat audits covered the same criteria.

The registered provider did not have effective systems in place to monitor the quality of care and support that people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider did not always keep up to date with current legislation and national guidance. The safeguarding policy included out of date information in respect of relevant legislation and guidance. The registered manager had a yearly audit planner in place which was based on out of date CQC outcomes relating to old regulations which have been replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider and registered manager did not have a clear understanding of the regulations and did not have a copy of these in the service. The registered provider advised they had been unable to download this from the CQC website, but they had not taken any further action to obtain the information.

The registered provider did not have appropriate knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was a breach of Regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider had not ensured that accurate and complete records were always kept about the care provided to ensure people's needs were met. The records were not sufficiently detailed to allow the manager to monitor that people received the care they needed. People did not have personal care records that showed they were supported to have a bath or shower. One person's records indicated they had not had a bath or shower at all during April 2016. We asked staff if this was accurate and they told us that it was likely the person had had a bath, but that the records had not been completed properly. One person's daily notes referred to staff using a walking belt to help the person move around recently, but the person's care plan and risk assessment not been updated to reflect this information so that staff could provide this support consistently. One person's care plan had not been updated to reflect that they were using a drinks thickener as advised by their GP on a trial basis. Another person's assessment said they required a hearing aid in their right ear. The care plan had been completed incorrectly and instructed staff to place this in their left ear. However, when we saw the person they had the hearing aid in the correct ear.

Records about people's care were not consistently maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service promoted a positive culture. Staff were supervised in their roles to ensure they promoted the values of the service in their work and treated people with respect. The registered manager was open and transparent in her feedback to staff and in her communication with people's relatives. A staff member told us, "The manager is always happy for us to make suggestions and listens to what we say." Another staff member told us, "I'll raise things in supervision. They do listen, on the ground floor there is a lady who was always looking for more staff attention, I noticed she likes puzzles and this can calm her, so I mentioned it to a senior and now they use them all the time."

Staff felt supported in their roles and were clear about their responsibilities. The registered manager worked alongside staff to supervise their practice including working one night duty a month to undertake training and supervision with the night staff. People benefited from staff who understood and were confident about using the whistleblowing procedure.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured a consistent approach to planning to meet people's needs and preferences and to provide consistent care. Regulation 9(1)(b)(c) 3(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems in place to monitor the quality of care and support that people received. 17(1)(2)(a)(f) There was not a clear fire evacuation procedure in place or individual evacuation plans. Regulation 17(2)(b) The registered provider had not ensured that accurate and complete records were always kept about the care provided to ensure people's needs were met. 17(2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured that effective recruitment procedures were in operation to ensure persons employed were of good character and qualified, skilled and competent to work with people in the service. Regulation 19(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership The registered provider did not have appropriate knowledge of the Health and Social Care Act 2008 (regulated Activities) regulations 2014. Regulation 4(5)