

Mr T P Hanley and Mrs S E Hanley

Feltwell Lodge

Inspection report

Lodge Road
Feltwell
Norfolk
IP26 4DR

Tel: 01366728282

Website: www.feltwelllodge.com

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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

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

Feltwell Lodge is one of three care homes in Norfolk run by Hanley Care Homes. It is located in the small Norfolk village of Feltwell and accommodates up to 45 people; in one adapted Victorian building with a purpose built extension. There were 34 people accommodated at the time of our inspection.

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

At the last comprehensive inspection of 7 and 8 June 2016, we rated the service 'Good'. At this inspection we found the service was now rated Requires Improvement

Care records provided insufficient guidance for staff in providing safe care and in supporting people's wellbeing. We found improvements were needed in staff's understanding of dementia care to enable them to support people in providing care that was effective and person centred. This included staff's knowledge in managing high levels of anxiety and associated behaviour and supporting people to have access to meaningful stimulus, tailored to their level of dementia. We have made a recommendation about staff training on the subject of dementia, and to explore relevant guidance on best practice to enhance people's wellbeing through meaningful occupation.

Provider governance systems needed further development in order for them to provide an accurate overview of the service to inform an ongoing plan for improvement, enable proper monitoring and review, or enhance the quality of the service. This would complete the quality monitoring cycle and demonstrate the quality of the service was continually improving and developing to provide good outcomes for people.

Staff treated people with kindness and compassion and respected their privacy and dignity. Positive relationships had developed between people and staff. The home encouraged and supported people to maintain relationships that were important to them.

The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and (where relevant) the specific requirements of the DoLS. Staff supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Management carried out assessments of capacity for people who were unable to give their consent or contribute to the decisions made about their care and support plan. Systems were in place to seek best interest decisions through the appropriate

channels, with the appropriate healthcare professionals.

The culture of the service is positive, open and transparent, with good leadership.

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.

Risks to people's safety was not always identified and/or managed so they are supported to stay safe.

The provider carried out safe recruitment practices to ensure staff were of good character; staff had a full awareness of abuse and their safeguarding responsibilities.

There were sufficient numbers of staff to meet people's needs.

The provider had suitable arrangements in place to ensure the proper and safe use of medicines.

Is the service effective?

Good ●

The service was not consistently effective.

Staff needed further training to develop their skills in order to meet the needs of people living with dementia, more effectively.

People's nutritional needs were met effectively.

Is the service caring?

Good ●

People were treated with dignity and respect and their privacy and independence was promoted.

People had developed good relationships with staff.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive to people's needs.

People did not have regular access to meaningful activities or stimulation to promote their wellbeing.

People's care was not always responsive to their diverse needs.

Is the service well-led?

The service was well-led.

The providers governance system needed improvement to ensure it was robust and completed the quality monitoring process.

The leadership and culture promoted the delivery of high quality care to people.

Leaders and managers were approachable, visible, supportive and led by example.

Requires Improvement 

Feltwell Lodge

Detailed findings

Background to this inspection

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

This inspection site visit took place over two days on 30 January 2018 and 2 February 2018. It was unannounced and carried out by two inspectors.

Before our inspection, we reviewed information that we had received about the service such as notifications. This is information about important events, which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public. 'Share Your Experience' feedback forms sent in to us from people also informed this inspection. The feedback was positive telling us about good care provided.

We had not requested a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. This was because we planned the inspection at short notice, following information received.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people they were providing care and support for, and mealtimes.

We spoke with the registered manager, deputy manager and care staff, the cook, five visitors and two people using the service. We looked at the care records of four people who used the service, staff recruitment, training records, and other records that supported the running of the service.

Is the service safe?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection, we have judged the rating as 'Requires Improvement' because risks to people's safety were not always recognised and/or managed.

A detailed fire risk assessment was reviewed and updated, however not everybody at risk in the event of a fire was identified in the assessment. Personal emergency evacuation plans were in place only for people with mobility needs. The support needed to evacuate the building safely in an emergency had not been considered for people who may have cognitive, vision or hearing impairment, people taking sleeping medication, and people who might panic or react adversely in a emergency evacuation. Staff had received training in the use of fire extinguishers but not all staff were up to date with training in fire safety, evacuation procedures or the use of the evacuation chair.

Wardrobes in some people's bedrooms were not securely fixed to the wall and were unstable posing a risk of injury to people if pulled over. Where items were stored on top there was a risk of them falling off. The provider's health and safety risk assessment had not identified these risks and therefore action had not been taken to minimise them. We brought this to the registered manager's attention; they acknowledged the risk and said they would address it immediately.

These are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw corridors and doors were free from obstruction with clearly marked fire escapes and alarm points. Arrangements were in place to maintain fire safety equipment and alarms and fire doors checked regularly. There was a range of equipment in place to support people including hoists for moving and handling, Profile beds that enabled a change in position without manual movement, airwave mattresses to enhance pressure relief and appropriate bed rails to prevent falling.

The manager recorded, tracked and monitored accidents, incidents and falls summarising what had occurred, outcomes and actions. In some cases, the management identified a urinary tract infection or medication, as contributing factors. Where there were no clear clinical indications for falls in others, risk assessments were not re-assessed and there was a lack of clear monitoring guidance for identifying other possible contributing factors such as environment, position of bed, footwear, and hunger at night (causing the person to get up) or pain.

People identified at risk of acquiring a pressure ulcer had appropriate pressure-relieving equipment in place and staff assisted them to re-position regularly to help reduce the risk. At the time of our inspection no-body using the service had a pressure ulcer. Staff, each month, monitored and recorded people's weight and where there was a loss in weight staff made referrals to the dietician or GP.

Management and staff had developed positive and trusting relationships with people that helped to keep them safe.

Staff had a full awareness and understanding of abuse and their responsibilities to protect people. They were able to explain what they would do if they had concerns about anyone. They had received training in safeguarding and relevant policies and procedures were in place to guide them.

The registered manager was able to demonstrate they had worked jointly with external agencies to support and safeguard people whose lives were being impacted by anxiety. They addressed matters in an open, transparent and objective way to a satisfactory outcome, in the people's best interests. In a report the local authority concluded the placement for a person at Feltwell Lodge was 'safe and the delivery of treatment and care is of a standard that is befitting to [persons] presentation and need.' The registered manager had acted on recommendations made by the local authority to improve practice in these instances.

The provider carried out safe recruitment practices. All the necessary checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal record checks with the Disclosure and Barring Service (DBS), identification and employment history to ensure staff were of good character and suitable for the role.

People, relatives and staff told us there were sufficient numbers of staff to meet the needs of people using the service and to keep them safe. Staff were visible in communal areas or nearby and if people called out, or rang their call bells, staff responded promptly. Some people were cared for in bed and we observed staff to frequently check on their welfare. Staffing numbers were staggered throughout the day to ensure sufficient cover for key times. There were eight staff in the morning, five staff in the afternoon up until 8.00pm and then four staff between 8.00pm and 10.00pm, four night staff and additional cooks and housekeeping staff.

Suitable arrangements were in place to ensure the safe management of medicines. Only staff provided with medicines training and assessed as competent handled and administered medication. There were safe systems in place for ordering, recording, storage, stock control and security of medicines, including controlled drugs, which require a higher level of management, and security.

People received their medicines in a safe and supportive way. Staff prompted encouraged and reassured people as they took their medicines and gave them the time they needed to take them safely.

Care records included information in relation to individuals' known allergies but Medication Administration Records (MAR) did not have this relevant information on them. We recommended inclusion of this important information on the MAR, in line with NICE guidance Managing Medicines in Care Homes because it is an essential, relevant and quick reference document for healthcare professionals to use in an emergency when/if a person requires a transfer to hospital.

For people who have greater difficulty communicating and may not report their pain and discomfort staff had started to use the Abbey Pain Scale. This is a recognised tool used to help staff consistently assess and monitor the level of pain a person may be experiencing and ensure adequate pain relief. Staff could not demonstrate where it was being used effectively but were positive about its introduction to help them.

The environment was clean, safe and homely. Relatives commented on the cleanliness of Feltwell Lodge; we saw on-going cleaning during our inspection, carried out by housekeeping staff and cleaning schedules completed.

Personal protective equipment (PPE) such as gloves and aprons, paper towels and liquid soap were available to staff throughout the home to help prevent and control infection. Staff promoted continence and

regularly reminded, prompted and supported people to go to the toilet.

We noted on the bottom of the two bath chair hoists areas of plastic coating that had come away exposing rust and was therefore difficult to keep clean and prevent cross infection. We brought this to the registered manager's attention because this was not identified by the infection control audit.

At the last inspection, the Food Standards Agency (FSA) awarded Feltwell Lodge a food hygiene rating of five. The Food Standards Agency is an independent Government department, which rates services reflecting the standards of food hygiene, five being the highest.

Is the service effective?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection, we have rated this key question as 'Good' with a recommendation to drive further improvement.

People using the service were at various stages of their dementia. Although the registered manager and manager had undertaken a degree course in dementia care there was no plan about how the service kept up to date with developments in this area to ensure the care provided was appropriate, in keeping with best practice and achieved effective outcomes.

The provider's statement of purpose stated, 'The home is fully committed to staff learning and development.'

Most staff had the same basic dementia awareness training. However, not all staff demonstrated a good knowledge of the various difficulties people experienced in day to day living with dementia, and were unable to tell us how they could support people to reduce their anxieties.

New staff had a thorough induction, which gave them the basic skills and confidence to carry out their role and responsibilities. A new member of staff confirmed that they attended a four-day training workshop prior to starting work, which included a basic introduction to mandatory key subjects. All new staff had commenced the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that health and social care workers should consistently adhere to and includes assessments of competence. External agencies were used to demonstrate and check how staff were putting their learning into practice and applying it in their roles.

Staff told us that they undertook training in core subjects such as health and safety, safeguarding, Mental Capacity Act, basic first aid, diet and nutrition and death, dying and bereavement provided by an on-line, E-learning facility. Each module had an associated knowledge assessment paper to assess understanding.

One staff member told us how the registered manager encouraged and supported staff to undertake work based accredited training in care within the Qualifications and Credit Framework (QCF). Records showed staff had achieved or were working towards level 2 or 3 in QCF or its predecessor a National Vocational Qualification (NVQ). The staff member told us they were undertaking training in Nutrition and the use of the Malnutrition Universal Screening Tool (MUST) with a view to becoming the nutrition champion for the service. A champion is regarded as somebody with a special interest for the subject and would be best placed to develop in this area and encourage best practice amongst other members of staff team, and achieve good outcomes for people.

We recommend that the service find out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia and how to demonstrate that this learning translates into positive outcomes for people's every day life. The registered manager told us they were actively seeking training for staff in this area that was more substantial.

People gave positive feedback about the quality of meals provided. Relatives told us that the food was of a high quality, one commented, "It's nice to see freshly cooked food". The registered manager told us they bought fresh meat from the local butcher. The food looked appealing and smelt appetising.

The mealtime experience for people was positive, calm and relaxed. Staff prompted, encouraged and supported people to eat and drink in a dignified and unhurried manner. To help stimulate their appetite people took, if they chose, a small glass of sherry before their meal.

There was appropriate use of nutritional screening and monitoring to ensure people maintained a balanced diet and protected them from the risk of malnutrition and dehydration. The kitchen staff knew about people's specific dietary needs and preferences. The kitchen promoted high calorie and fortified foods to provide additional nourishment for everyone by making milkshakes, mashed potato, custard and puddings with full fat cream and milk.

Throughout the day staff offered hot drinks with biscuits and cake. The night staff provided sandwiches at 10.00pm to people who were awake. Although fresh fruit and snacks were available, people were unable to access food independently because they were not readily available for people to eat if they were hungry. Staff told us people only had to ask but a person's ability to ask, or to think to ask, had not been considered. Cold drinks were available in the lounge throughout the day but again in some cases, people were dependent on staff offering and pouring them.

People experienced positive outcomes regarding their health. Staff acted promptly to support people to access healthcare professionals when they identified any health care concerns, and receive on-going healthcare support. Records showed various healthcare professionals such as community nurses, GPs, occupational therapists, speech and language therapists, dieticians and Consultants reviewed, supported and treated people using the service. Relatives told us the registered manager kept them fully informed and updated of any concerns with their family member's health and if any changes occurred. One relative told us, "My [family member] is better now than when they came in."

Further improvement was needed to maximise the suitability of the premises and provide an enabling environment for the benefit of people using it, and living with dementia.

Feltwell Lodge comprises of the original house, an older style building and a purpose built extension. The registered manager recognised that the environment of the older style building was not completely conducive to a stimulating environment for people with dementia. Walls, doorframes and doors were all of similar colour with little contrast for identification. Toilet seats and handrails in the new build were identifiable by a prime colour but this did not extend to the rest of the service. Although there was some use of signage, they were not clear, at a suitable height and did not provide visual clues to identify important rooms or areas. People's bedrooms doors were not personalised to make them recognisable and communal areas and corridors lacked sensory stimuli. The registered manager told us they would consider colouring, signage and stimulation during the refurbishment programme to assist people with recognition, orientation and attract people's interest. During our inspection, as part of the refurbishment programme, plain carpet tiles were laid in the lounge to replace the patterned carpet and to reduce confusion for some people.

People were asking what was for lunch. The use of an orientation board would help to provide relevant information for people in an easy to understand format. Reminiscence items such as an old sewing machine and dolls were on show around the home but did not appear to serve any purpose. Better use could be made of these items if placed in relevant settings and areas of interest introduced and promoted. The

registered manager told us that they used to be more proactive; they showed us remnants of a memory box and dressing up box, which used to be in circulation to interest people.

We recommend that the service uses a reputable source and latest guidance to support them in identifying and providing an environment, supportive to people living with dementia.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Our observations showed that the service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles.

Staff used the principles of the MCA when assessing an individual's ability to make a decision on everyday matters such as receiving personal care, nutritional and medication assistance. They encouraged individuals, based on their ability, to make decisions independently. They sought people's consent before they delivered any care and support. For example, before an individual was given their nebuliser staff sought their consent first and explained, "It is to help you with your cough".

Is the service caring?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection, we found caring remained 'Good'.

There was a calm and relaxed atmosphere throughout the home and staff treated people with kindness, respect and compassion. A relative told us, "This is home from home, without a shadow of a doubt, the emphasis is on care and the staffs really care."

The registered manager spoke about how he looks for intuitive, caring staff and gave examples where young staff have applied for domestic posts and showed the values he was looking for, resulting in a care role offered in stead, which has worked out very well.

Staff had developed positive and caring relationships with people. We saw that staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness.

A relative said, "My [family member] will outlive me with all the love and care they get here." Another relative said, "There is so much love and care it is amazing".

Relatives praised the communication and support they had from the registered manager and staff. They felt informed and involved in their family members' care. The service encouraged continued contact with friends and family, which helped to reduce anxiety for all involved. One relative told us, "When we visit we are always warmly welcomed and have got to know so many members of staff. They have helped us when we have been sad seeing our [family member] decline. The staffs interact very well with the care home residents and it is lovely to see our [family member] smile when a member of staff says 'hello'. I can't fault the home at all." Another relative said, "They care for us too, we all feel like family, a big one."

We observed staff communicating their care and support with a gentle tone in their voice, providing full attention and using appropriate touch, gently rubbing a person's arm or touch of their hand, which helped them to feel at ease. When a staff member sat next to a person, the person smiled and offered out their hand, the staff member gently took their hand, as they sat chatting.

The manager when called away requested a staff member to relieve them to ensure continued support to an individual receiving medication via a nebuliser. The staff member provided reassurance throughout the treatment ensuring the person was relaxed and complied with the treatment.

Staff always made time for people; they noted and carried out the little things that helped them to feel better. For example, a staff member noted a person looked uncomfortable in their chair and said, "You haven't got the cushion you like". They went and fetched it for them and the person confirmed it made them feel comfortable.

Staff treated people with respect and listened to them. Whenever we heard a person ask for something, or a staff member say they would do something, staff always acted on it. They always gave a friendly word or

stopped for a chat when they passed people in communal areas or sitting in their bedrooms. When a person read out the subtitles on the television saying it mentioned the United States, a staff member immediately took the cue and engaged the person in a meaningful conversation about their memories of their visits there, making them feel valued.

We observed people were relaxed with lots of smiling and laughter. On one occasion when the manager was directing two staff members an individual looked across to the manager and told them, "No chitty chatty – back to work", resulting in laughter from all involved as they went about their work.

Staff involved people in their care and supported them to make choices and decisions about everyday tasks and activities. When a person mentioned to a staff member they did not like the jacket they were wearing and would prefer to wear their blue cardigan, the staff member asked if they would like to change and the person replied they would. The staff member returned with not only the blue cardigan but also a matching top, which pleased the person. The staff member then asked the person if they would like to go back to their bedroom to put them on, which they did. Another person directed a staff member to where they would like their chair positioned before they assisted them to sit in it; the staff member followed their instructions.

Staff knocked on people's doors before entering the room and provided personal care discreetly. We saw one staff member hold down a person's skirt as the hem started to rise when being hoisted; another ensured an individual's modesty by covering them with a blanket. Another person was taken away from the view of others to have their blood sugar levels checked before lunch. At meal times, staff asked individuals if they would like to put on a clothes protector and waited for acknowledgement before assisting them with it. Following their meal staff asked their permission again before discreetly wiping traces of food from their mouths.

People's bedrooms reflected the person; they were individual, personalised and contained their own belongings. In all our observations of people around the home, they appeared clean and well groomed. We saw throughout the day a number of people having their hair done by the hairdresser. One person said, "It does make me feel better to have my hair washed and set."

Is the service responsive?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection, we have judged the rating to 'requires improvement'.

The registered manager carried out an initial needs assessment for each person before they began using the service to ensure their needs could be met and to see if they were compatible with people already using the service. The registered manager sought information about the type and level of support they needed from the person, their relatives, and other professionals, and how they would like their care delivered. Relatives confirmed they had been involved in the initial planning and continuity of their family members care.

All staff had a very good knowledge of people's needs and were able to explain how they should be met. However, people's care and support plans did not always demonstrated how the service responded to individual's differing needs in terms of interests, social activity and stimulation, types of dementia and the varying stage of dementia they were at. Information that is relevant and specific in detail is important to ensure care delivered is personalised and responsive to people's needs. There was a lack of clear guidance and key information for staff to enable them to deliver appropriate and consistent support to people with their emotional and mental health related needs.

Some plans of care were vague in relation to the triggers, understanding and personalised support needed by people who at times presented distressed behaviour or behaviour that was challenging to others. In one instance, we found that significant and relevant information received from a person's social worker and mental health team was not utilised to inform their care plans and to guide staff on how to support the person in the most effective way.

We recommend the service seek advice, guidance and training from a reputable source, about effective person centred care planning.

Various external entertainers provided organised entertainment with relatives and people telling us 'Elvis' was quite a hit. However, activity provision was not at a level, which met the individual and specific needs of some people using the service. People were not provided with regular access to meaningful activities and stimulation, appropriate to their needs, to protect them from social isolation, and promote their wellbeing. People spent long periods disengaged. Care and support plans needed improvement to reflect how staff should support people, to lead fulfilled and meaningful lives, through activity, therapy and social inclusion. The registered manager told us they had recruited an experienced activity co-ordinator in response to recent relative surveys highlighting the need for more activities.

We recommend that the service consults with and uses a reputable source to support them in identifying activities which people are interested / able to participate in. For example Alzheimer's Society, the Social Care Institute for Excellence and the National Institute for Health and Clinical Excellence.

People were able to maintain relationships that mattered to them, such as family members and others and

they were able to visit when they wanted. One relative told us, "The family visit at least every other day, we are always welcomed and we always find the same consistency in care."

People or their representatives were actively encouraged and empowered to raise any concerns they may have, and there were no recriminations if they did so. Relatives spoken with did not have any concerns or complaints about the service and felt confident if they had the management and staff would respond appropriately. The provider had a complaints policy and procedure; the registered manager told us they viewed concerns positively and were pro-active in addressing concerns to prevent them from re-occurring as part of driving continuous improvement within the service. The service had not received any complaints or concerns in the last 12 months.

Relatives were very happy with the level of care their family member received and support provided to the family. One relative told us, "I feel so lucky to have found this home, they are very attentive and supportive and as hard as it was we have discussed and planned [family member] end of life care."

Where people were on an end of life care pathway, they had end of life medicines ready for the District Nursing team to ensure should their health deteriorate there is no delay in providing any required anxiety and/or pain relief.

At the time of our inspection, no one was nearing the end of his or her life.

The service kept important information, which included advanced care plans and preferred priorities for care documents. We saw that a number of people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.

Is the service well-led?

Our findings

At the last inspection this key question was rated 'Good'. At this inspection, we have judged the rating 'Requires Improvement'.

Provider governance systems needed further development in order to provide an accurate overview of the service to inform an on-going plan for improvement, enable proper monitoring and review, or enhance the quality of the service. This would complete the quality monitoring cycle and demonstrate the quality of the service was continually improving and developing to provide good outcomes for people.

The manager carried out audits and checks but did not always follow up with robust analysis and action to address identified shortfalls. For example, the medication audit highlighted missing signatures and codes on the medication administration records (MARs). Signatures by staff demonstrate that they have witnessed a person taking their medication; if they have not taken the medication, staff must record a code that represents a reason for not taking it, for monitoring purposes. There was no analysis to identify a root cause for the missing signatures; for example did the gaps occur sporadically or was there a trend or theme. The action recorded was 'to remind staff to sign or code', which was not sufficient to ensure no further reoccurrence.

The provider carried out an annual quality audit which states, 'The Quality Audit ensures that we are able to identify areas that cause concern for both the clients and their relatives, and allows the Home's owners to meet their legal responsibilities.' We found the annual quality audit report 2017 was not fully accurate. For example, it stated that individual care plans were 'regularly reviewed and updated as per the Homes robust procedures.' We found that whilst management and seniors reviewed/evaluated care plans monthly; they were not updated and revised accordingly when changes to people's needs were identified, to ensure their care and support plans were accurate and current.

The audit does not accurately identify the current staff training status for example, infection control. We also noted that the provider based the quality audit on the HSCA 2008 Regulations 2010 and outcomes; it was therefore not a helpful tool to guide compliance with the amended Regulations 2014 and Fundamental Standards.

The provider confirmed that they had not engaged in local and national forums or development groups which would assist in gathering best practice knowledge to support improvements in the service, for example dementia care.

Improvements were needed to develop and utilise the leadership's knowledge of the specialist services they were providing. This is to ensure they are keeping updated in latest research and best practice, particularly in relation to people living with dementia as part of driving continuous improvement.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager.

The registered manager, also one of the partners in the provider partnership, was consistently visible and available in the service. They worked in the service five to six days a week, from 7.30am each day, set a high standard and led by example. The service was well organised, had effective leadership and clear lines of accountability. A manager and two deputy managers supported the registered manager.

The service had a positive culture with a clear set of values, which staff understood and reflected throughout the staff team. Staff delivered care and support with dignity and respect, promoting equality and independence, at all times. Staff told us there was good team working and approach to delivering care and support that was centred on the people using the service.

The Registered Manager recognised, acknowledged and valued the wellbeing of staff. They told us "My philosophy is for people to be happy, and then I am happy. I respect and look after my staff, in turn they are happy in their work and provide good care for people and they will be happy".

The provider offered a 24-hour independent and confidential support service for staff, which provided personal support including telephone counselling, if the need arose.

Staff morale was very positive and staff felt appreciated. Staff told us they felt much supported by the management team, seniors and colleagues. They told us they received direct support from management on a daily basis. They felt able to raise any concerns with the registered manager, which enabled them to be confident in their role and work effectively to meet people's needs.

The registered manager worked alongside staff on a daily basis, observing their practice and monitoring their attitudes and behaviours. The registered manager operated a formal supervision and appraisal system which they used to develop and motivate staff, review practice and address any concerns.

The service worked in partnership with people using the service and/or their relative/representative. Relatives told us that they were fully involved in the care and support of their family member and regularly consulted on any issues or concerns that may arise, to do with their family member or the service provided. The results of relative surveys informed service improvement and development strategies such as the laundry service, Wi-Fi access and more activity and stimulation. The registered manager told us that they were going to extend the surveys to health professionals and Commissioners to get a wider view.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not done all that is reasonably practicable to identify risks to service users health and safety and mitigate those risks.</p>