Constantia Healthcare (Middlesbrough) Limited

Roseleigh Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Roseleigh Care Home on 10 and 18 February 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the date of our second visit.

Roseleigh Care Home is purpose built and can accommodate up to 50 people. The service provides care for people with mental health conditions and people living with a dementia. There are two separate units. The ground floor of the service accommodates people who have mental health conditions. The first floor of the service accommodates people living with a dementia. Within this unit there are seven 'time to think beds'. These beds can be occupied by older people living with a dementia who are medically fit for discharge from hospital. Assessment, care and support is provided at the service for a maximum of 6 weeks. At the end of this time the person's ongoing needs are reassessed and they either return home with or without a package of care or remain at the service permanently (if a bed is available) or alternatively find another care home.

The home had a registered manager in place. 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.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Senior management visited the service on a regular basis; however, records of these visits were not available to confirm this. This meant we could not determine what checks had been completed during the visit. The registered manager said the findings from the visit and any actions needed were discussed. Surveys for people who used the service and / or relatives were not completed in 2015 by the registered provider

Effective supervision with staff was not happening as often as it should be. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

Risk assessments for people who used the service were insufficiently detailed. They did not clearly identify what the risks were. This meant that staff did not always have the written guidance to keep people safe. Accidents and incidents were monitored to identify any patterns or trends.

People and relatives told us there were enough staff day and night to meet the needs of people who used the service.

Medicines were managed safely for people and staff responsible for the administration of medicines had their competency to handle medicines checked.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However, we did note on the first day of the inspection that the water temperature of a sink in an area accessible to people who used the service was too high. By the second day of the inspection the registered manager had taken action to address this.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. We saw that staff had received an annual appraisal.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. However, further work was required on some care plans to ensure that decision specific capacity assessments were completed.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive and patient with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People had been weighed on a regular basis and staff had completed nutritional screening.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people had been assessed and care plans were in place.

The service employed two activity co-ordinators to plan activities and outings for people who used the service. People told us they were happy with the range of activities and outings that took place. Staff encouraged and supported people to access the local community.

The registered provider had a system in place for responding to people's concerns and complaints. People who used the service were asked for their views during meetings.

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 always safe.

Risk assessments for people who used the service were insufficiently detailed. They did not clearly identify what the risks were. Accidents and incidents were monitored to identify any patterns or trends.

People and relatives told us there were enough staff during the day and night to meet the needs of people who used the service. Robust recruitment procedures were in place to help ensure suitable staff were recruited and people were safe.

Medicines were managed safely for people and staff responsible for the administration of medicines had their competency to handle medicines checked.

Is the service effective?

Requires Improvement

The service was not always effective

Staff did not receive regular effective supervision.

Staff were trained to care and support people who used the service both safely and to a good standard. Staff received an annual appraisal.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times. People were supported to make choices in relation to their food and drink. People were nutritionally assessed.

Is the service caring?

Good

The service was caring

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service.

People did not raise any concerns. The registered provider had a system in place in which complaints could be made.

Is the service well-led?

Requires Improvement

The service was not always well led.

Senior management visited the service on a regular basis; however, records of these visits were not available for inspection.

Surveys for people who used the service and / or relatives were not completed in 2015 by the registered provider.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

Roseleigh Care Home

Detailed findings

Background to this inspection

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

We inspected Roseleigh Care Home on 10 and 18 February 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the date of our second visit. The inspection team consisted of two adult social care inspectors and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered provider to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 46 people who used the service. We spent time with people on all units. We spent time in the communal areas and observed how staff interacted with people. We spoke with 16 people who used the service and seven relatives. We looked at all communal areas of the home and some bedrooms.

During the visit we spoke with eight staff, this included the registered manager, the deputy manager, the cook, a senior care assistant and care staff. We also contacted commissioners to gain their views on the service provided by Roseleigh Care Home, they did not report any concerns.

During the inspection we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that they reviewed all accidents and incidents on a monthly basis. We saw records to confirm this, however it was noted that staff did not always record the time of the accident. During discussion with the registered manager they told us where people had fallen on a number of occasions they had made referrals to the falls team who then visited and assessed the person and put safety measures in place to reduce the risk of falls.

We looked at the arrangements in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were care plans in place which the registered manager could demonstrate were working for people. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments were evident on care records looked at during the inspection, however some were insufficiently detailed. For example one risk assessment identified that a person was at risk when smoking outside, but the risk assessments did not detail what the actual risk was to the person. However, we did see that to ensure safety they were to be monitored by a staff member. Another risk assessment detailed the person was at risk when they went outside late at night. The registered manager told us the identified risk was that the person could get cold and would need to put a coat on but the risk assessment did not detail this. The registered manager told us they would review risk assessments for people who used the service.

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "Yes I feel safe living here, there is nothing to feel unsafe about." Another person said, "I am safer in here than I would be outside. No I am ok and quite happy in here." A relative we spoke with said, "I do think dad is safe in here."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and the action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "[The Registered Manager] encourages us to talk. She is a good listener and easy to talk to. She would not tolerate any form of abuse."

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm this.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly. On the first day of the inspection we saw records which confirmed that water temperatures in a downstairs kitchen which was accessible to people who used the service were too hot. We pointed this out to the registered manager. On the second day of the inspection they told us they had ordered a thermostatic mixing valve which would arrive in the next few days. They said this would be immediately fitted and would control the temperature. The registered manager told us the people who used this kitchen had capacity and they had been told about the hot water temperatures and the need to be extra vigilant until the thermostatic mixing valve was fitted.

We found that one of the baths on the first floor of the service had been out of action for at least 12 months. We asked the registered manager why this had not been repaired. The registered manager told us occupancy had been low and this was not a priority and there was another bathroom which people could use. We asked the registered manager if this now impacted on people as occupancy had increased. They told us on occasions people who used the service would come down to use the ground floor bathing facilities. They told us they were to speak with the registered provider and to arrange to have the bath repaired. After the inspection we were informed that there was to be a complete refurbishment of the bathroom.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, fire extinguishers and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that staff had taken part in fire drills; however this did not include simulation or an evacuation practice. We asked the registered manager to contact the fire authority and obtain some guidance on this. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order. We did note that there was some zones were tested more often than others. We pointed this out to the registered manager who told us they would speak with the handyman and ensure a more methodical approach to the testing of the zones.

We looked at the staff files of four staff who had been recruited in the last 12 months. We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also reduces the risk of unsuitable people
working with children and vulnerable adults.

We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota for both units. The ground floor of the service was fully occupied with 24 people. During the day and evening there was a senior care assistant and two care assistants. Overnight there was a senior care assistant and a care assistant. On the first floor of the service which accommodated people living with a dementia there were 22 people who used the service. During the day and evening there was a senior care assistant and three care assistants. Overnight there was a senior care assistant and a care assistant. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the day and night.

One person said, "I think there is plenty of staff to help us. They do come quickly if you are in your room and you press your buzzer." Another person said, "The girls are really very kind and helpful; you don't have to wait long before they do what you ask them to do." A relative we spoke with said, "From my observation I think they have a good number of staff to help everyone. The bell does not ring for long when it has been pressed for attention, I have noticed that."

At the time of our inspection people who used the service were unable to look after or administer their own medicines. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the details of the medicines they were prescribed. We checked peoples' Medication Administration Records (MARs). We found these were fully completed, contained the required entries and were signed.

Staff we spoke with were able to describe the arrangements in place for the ordering and disposal of medicines. The deputy manager told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. After checking, senior care staff made sure all medicines were organised and stored securely in locked cabinets and trolleys.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines. However, some guidelines needed further information. For example one person was prescribed a salbutamol inhaler but the guidelines did not state the maximum does in 24 hours. This was pointed out to the deputy manager who told us they would make sure all guidelines were completed to include the required information.

The registered manager told us staff responsible for the administration of medicines had their competency to handle medicines checked. We saw records to confirm this.

We saw that staff kept a record of the temperature of the room in which medicines were stored to ensure that medicines were stored at the correct temperature.

Requires Improvement

Is the service effective?

Our findings

We asked the registered manager if staff received supervision and the frequency of this. The registered manager told us their policy was to provide supervision to staff three times a year. Records looked at during the inspection confirmed that staff were not receiving supervision as often as this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. There were two parts to the supervision form, the first being about safeguarding, dignity, how staff were performing and their role, however this was not filled in for supervisions we looked at during the inspection. Supervisions were being used as a way of communicating information to staff. We pointed this out to the registered manager who acknowledged that supervisions were not as they should be and as frequent as they should be.

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

We asked the registered manager if staff received an annual appraisal. An annual appraisal is a review of performance and progress within a 12 month period. This process also identifies any strengths or weaknesses or areas for growth. The registered manager told us they had completed appraisals with staff, we saw records to confirm this.

People who used the service who told us that staff provided a good quality of care. One person said, "I have been happy from the first day I came here. Every girl who works here is kind." A relative we spoke with said, "I'm very happy with the service."

We asked staff to tell us about their induction, training and development opportunities they had completed at the service. Staff told us that there induction had provided them with the necessary knowledge and skills to care for people. They told us there was a plentiful supply of training. They told us they had received training in moving and handling, fire safety, dignity, catheter care, diabetes, infection control, Deprivation of Liberty Safeguards and health and safety amongst others. Staff told us the quality of their training was good. One staff member said, "We get really good training and lots of it. We always seem to be doing something."

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).

The registered manager told us staff attended training on the MCA every year. We were shown a chart which

detailed that 75% of staff had completed this training. Further MCA training had been arranged. Staff we spoke with understood their obligations with respect to people's choices and consent. Staff told us that people and their families were involved in discussions about their care.

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. On the first day of the inspection we found that only four people who used the service were subject to Deprivation of Liberty Safeguards (DoLS) with no conditions attached to the authorisations. However, we saw that many people who used the service were under supervision from staff and unable to leave the service. We spoke with the registered manager about DoLS who acknowledged there were a number of referrals they still needed to make. When we returned to the service on the second day of the inspection we were shown records which confirmed that a further 19 applications had been made.

During the inspection we looked at the care records of people who used the service. One person had decision specific mental capacity assessments for areas such as health, finances and administration of medicines; however another person did not and was subject to a DoLS authorisation. The registered manager told us this had been missed and would complete such assessments as a matter of importance.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. We saw completed charts to record people's fluid intake. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

We looked at the menu plan. The menus provided a varied selection of meals. People told us there were two choices available at each meal time. The cook told us that other alternatives were available at each meal time such as a sandwich, soup, jacket potato or salad. The cook was able to tell us about particular individuals and how they catered for them. They told us how they varied portion size depending on the person as a large plate of food could be off putting. At the time of the inspection people who used the service did not require a specialist diet other than diabetic, however, the cook told us how this could be accommodated should the need arise.

The cook told us that staff made them aware if they were worried about any person who may have lost weight. They would then monitor the person with staff and if needed add extra calories to food, for example adding cream to potatoes. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people living with a dementia. Lunch time was relaxed and people told us they enjoyed the food that was provided. We saw that portion size varied according to choice. Those people who needed help were provided with assistance. We asked people about the dinner provided. One person said, "It's lovely." Another person said, "The food is very good." One relative told us how they had been invited for Christmas lunch which they thoroughly enjoyed.

We asked people from the other unit about the food provided. One person said, "We get a menu card to choose from for our meals. There are always two different meals. If you don't want either then you can have sandwiches of a filling you want." Another person said, "It's always nice to meet up with your friends at meal time. We have a good chat. The food is good, plenty of it and is always well cooked."

We saw that people were offered a plentiful supply of hot and cold drinks. People told us they were

provided with snacks. One person said, "Yes we get plenty of drinks and snacks besides our usual meals. No one can say they are hungry in here. There is plenty to eat." Another person said, "They come round regularly with tea, coffee, fruit, drinks and you can have as much as you like. They bring biscuits around too."

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician, community psychiatric nurse and their doctor. The registered manager said that they had good links with the doctors and district nursing service. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. People told us staff contacted the doctor if they were unwell. One person said, "I can see my GP if I need to nobody will deny you that right. I had the jab [flu vaccination] and have not had any problems with it. I get weighed every week." Another person said, "You can't say you are not well looked after. They bring in my GP if I don't feel so good. I have a really good GP who listens to me."

Good

Is the service caring?

Our findings

People and relatives told us that they were very happy and that the staff were extremely caring. One person said, "The staff in here are lovely. Nothing is too much for them to do. We have a chat when they have a few minutes to spare, usually about the family." Another person said, "I don't think you will find more caring girls than these and that is at night too. They listen to you and help you. I know they say it is their job, well they do it well." A relative we spoke with said, "They [staff] have been more than kind. They have been very patient."

During both inspection days we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw that one person who used the service was in need of reassurance. Staff responded and comforted them. Staff held their hand and gave them a kiss on their cheek. This showed that staff were caring.

We saw staff were polite, friendly and caring in their approach to people and their relatives. They carried out their tasks in an unhurried manner. Before care was completed they talked with people and explained what they needed to do, for example, when moving people from one place to another in their wheelchair.

We saw that staff were respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw that staff were affectionate with people and provided them with the support they needed. We saw that staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how they respected people as individuals and decisions that they made. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

People who used the service confirmed that staff respected their privacy and promoted their dignity. One person said, "When I get a bath I need the hoist. The girls keep me covered as much as they can. They show respect and I like that about them." Another person said, "The girls always knock on my door before they come in. Sometimes I have to shout a bit because they have not heard me. They always ask me what I want to wear when they help me get dressed. They don't decide for me."

There were occasions during the day where staff and people who used the service engaged in conversation, general banter and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

At the time of the inspection one person who used the service had an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager told us the advocate visited the person who used the service on a regular basis to provide this support.

Good

Is the service responsive?

Our findings

The service employed two activity co-ordinators to plan activities and outings for people who used the service. One of the activity co-ordinators worked 16.5 hours a week, the other who was also a senior care assistant worked 11 hours a week. The registered manager told us the activity co-ordinators shared their time between the two units in the service but would also arrange activities for all people who used the service.

Staff and people told us that they were involved in activities and had outings. One person said, "We sometimes have a pamper day, that is really good and I enjoy it." Another person said, "The staff made it a lovely Christmas for us and the food was lovely. Everyone who works in here helps us all. I'm not interested in games." Another person said, "I'm not too interested in any activities unless it is something like the Christmas time when we went out to the local school and then had people come in here to do a pantomime. It was good."

One person told us that they liked to meet up with other people who used the service who they had become friends with. They told us they liked to talk about their families and what was happening according to the newspapers. Another person told us how they liked to go out with the support of staff to the local market or to the shops in Middlesbrough town centre.

The hairdresser was present on our first inspection day. We saw that many people who used the service visited the hairdresser and enjoyed this.

The registered manager told us they carried out an assessment of the person either in hospital or at their home prior to admission to make sure staff at the service could meet their needs.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and plans of care drawn up. The care records included people's personal preferences, likes and dislikes. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. One person said, "I have had a few meetings and my family are invited to come and talk about the help I need and get in here. I have been here a few years now and I won't go anywhere else." Two people told us they had come to the home from hospital and that their plan of care had been agreed with them. One person said, "I came here from hospital. The manager came to see me and she understood about the help I needed."

The care plans detailed how people wanted to be supported and were reviewed and evaluated on a regular basis. The care plan for one person detailed that when they woke during the night they liked a cup of tea. Another care plan detailed how they preferred a shower to a bath and another how they liked a large glass of water when taking their medicines. This help to ensure that care was delivered in a way that was acceptable to the person.

Care plans clearly detailed the impact that some mental health conditions had on life and daily living. For

example one person had anxiety and depression and the care plan detailed how they lacked motivation and could self neglect particularly in relation to their personal hygiene. Staff told us how they encouraged and supported this person with their personal hygiene.

We looked at the care plan for one person who had behaviour that challenged. Staff were able to tell us action they would take to support the person when this occurred, however this was not documented within the plan of care. The registered manager said they would take immediate action to ensure the plan of care contained the required information.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service also had an easy read complaints procedure which contained pictures. The registered manager said that they spoke to people on a daily basis to make sure they were happy.
Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.
People and relatives we spoke with during the inspection did not raise any concerns. One person said, "I have had nothing to complain about at all. I have been well cared for by the girls." Another person said, "I have been here for four years now and never had any concerns about living here. We are all treated kindly. If I had anything to complain about I would go and see the manager."

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The Registered manager told us senior management made visits to the service on a monthly basis to monitor the quality of the service provided; however, records of these visits were not available for inspection. This meant we could not determine what checks had been completed during the visit. The registered manager said the findings from the visit and any actions needed were discussed.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback; however, they had chosen not to send any out in 2015 as the local authority had sent surveys to people. This meant that the registered provider did not actively seek the views of people and relatives.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was able to show us checks which were carried out on a regular basis to monitor and improve the service. The handyman did monthly checks on maintenance and the grounds. Monthly checks were made on care records and infection control. The registered manager did a six monthly health and safety audit. There were other three monthly checks completed on finance, the kitchen and staff files. This helped to ensure that the service was run in the best interest of people.

People who used the service spoke positively of the registered manager. One person said, "[The registered manager] is great. She is very easy to talk to and always available if needed." A relative we spoke with said, "[The registered manager] is very approachable and very caring."

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "We are a really good team. [The registered manager] is always around if you need her. She is easy to talk to and I know would take immediate action if we reported any concerns."

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, "I have worked here for 14 years so it must be good. I think the leadership is really good." Staff told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that regular meetings took place with staff at all levels including senior staff, kitchen staff and ancillary staff. Topics of discussion included safeguarding, infection control, menus, confidentiality and feedback after an inspection by the local authority.

Before the inspection we contacted commissioners of the service and asked for their views. They told us they did not have any concerns. They told us the registered manager always attended the care home forums and other events and was always quick to respond to requests for information.

Staff described the registered manager as a visible presence who communicated with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service (as a whole group) met with staff on a regular basis to share their views. We saw records of a meeting that had taken place in January 2016. Topics discussed included decorating and refurbishment, activities and food.

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 17 HSCA RA Regulations 2014 Good governance Senior management visited the service on a regular basis, however did not keep a record of any checks completed during the visit. The registered provider did not complete a survey with people who used the service and / or relatives in 2015.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Supervision with staff was not happening as often as stated in the registered providers policy. The content of staff supervision did not ensure competence was maintained.