Four Seasons (Bamford) Limited

Ashbourne Care Home

Inspection report

Lightwood Road
Dudley
West Midlands
DY1 2RS
Tel: 01384 242200
Website: www.fshc.co.uk

Date of inspection visit: 8 and 9 October 2014
Date of publication: 31/03/2015

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

Overall summary

Ashbourne Care Home provides care and treatment for up to 38 older people, some which may have dementia. The home does not provide nursing care.

The service is overseen by 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.

At the last inspection on 3 December 2013 we asked the provider to take action to make improvements. The service was not meeting standards related to quality and management at this time. We received an action plan from the provider who told us that all the improvements would be made by 30 June 2014. We found the provider had taken the actions that they identified within this action plan and that systems to monitor the quality of the service had improved, although we still had concerns that some works identified in regard to the premises were still to be completed.

Summary of findings

We inspected Ashbourne Care Home on the 8 and 9 October 2014. The inspection was unannounced. There were 34 people living at the home at the time of our inspection.

Some relatives told us that there were occasions where people had to wait for assistance. We saw that there were occasions where staff were not able to respond to people in the dementia unit as they were assisting others, and this had implications for people's safety.

People told us they felt safe and staff recognised what abuse was and how they should report this. Information for people as to how to raise their concerns was available within the service, and people told us they felt able to raise any concerns they may have with staff.

People told us they received their medicines on time and we saw staff gave people their medicines in a safe way. We found the service has systems in place to ensure that people had their medicines as prescribed and in a safe way.

While steps were taken to ensure new staff were safe to work with people, these actions were not always recorded, so as to demonstrate that safe recruitment was practiced. Staff we spoke with felt well supported and able to approach their managers. Staff also said they were well supported with training that helped them support people and provide them with appropriate care.

Staff were aware of people's rights but on occasion these were not promoted in accordance with the Mental Capacity Act (MCA) which helps to support the rights of people who lack the capacity to make their own decisions. Staff sometimes took actions to promote people's health that could restrict people, without the appropriate safeguards been in place to ensure their rights were upheld.

People told us their health and well-being was promoted by the service and they told us they were able to access external healthcare professionals when required, such as district nurses and GPs.

People we spoke with said the quality of food and the choice of meals was good. We also saw that people were supported to have a choice, and sufficient quantities of food and drink.

People were complimentary about the service and its staff, describing them as kind and caring. We saw that staff worked with people in a way that demonstrated respect and kindness. They told us they were involved with the planning of their care when they wished, and choices were explained to them. We saw that care was delivered in a way which supported people's dignity, privacy and independence. We saw that people received care as set out in their care plans.

People told us they were able to share their views about the service. We found the provider gathered people's views in a number of ways, for example, through the use of surveys, quarterly meetings and comment books. We found that the registered manager and provider had a regular programme of quality checks in place that demonstrated where people's care was monitored and improved. There were exceptions where action had not been taken, for example in respect of staffing and maintenance of the exterior of the building.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider had not ensured there was always sufficient staff available to keep people safe. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

We found that there were times when there was not enough staff available to meet people's needs or assure their safety.

People said they felt safe and staff knew what abuse was and how to report it. We saw there were systems to identify individual risks to people that staff were aware of and put into practice.

There were appropriate systems in place to ensure people received their medicines in a safe way.

Requires Improvement

Is the service effective?
The service was not always effective

The service had not taken appropriate action where it was identified a person's rights may be restricted.

People were supported to have a choice of sufficient food and drink.

People received care from skilled and knowledgeable staff. People's healthcare needs were promoted with support from external healthcare services.

Requires Improvement

Is the service caring?
The service was caring

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

People were spoken with in a friendly and professional manner by staff. Staff gave people choices at the point they provided care, and positive encouragement to support their independence. People felt involved in planning their care.

Good

Is the service responsive?
The service was responsive.

People views, preferences and needs were considered through assessment and care planning. Staff were well informed about people's needs, and were able to respond to changes in people's needs in a timely way.

People told us that they had access to stimulation that they enjoyed and reflected their preferences.

People were confident in raising any issues of concerns with staff.

Good

Is the service well-led?
The service was not consistently well led.

Requires Improvement

Summary of findings

The service had various systems in place to gather people's and stakeholders views about the service that was provided. Some improvements had been made as a result of these.

There were systems in place to identify issues related to the quality of the service, but some areas identified had not been addressed.

Ashbourne Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 October 2014 and was unannounced.

The inspection was undertaken by two inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the home on the 9 October 2014 to talk with staff and look at people's care records and other records related to the running of the service.

As part of our inspection process we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the information included in the PIR along with information we held about the home. We looked at the notifications the provider had sent us since our previous inspection. Notifications are changes, events or incidents that the provider must inform us about. We also contacted healthcare professionals that visited the home to see if they had any views of the service.

We spoke with seven people who used the service and five visitors. We also spoke with the registered manager and six other members of staff. We spoke with two visiting healthcare professionals. We also used the Short Observational Framework for Inspection (SOFI) over lunch time in the dementia care unit. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care records to see if they were accurate. We looked at records that related to how the home was managed.

Requires Improvement

Is the service safe?

Our findings

A relative told us that, "They [the staff] come quickly but on some occasions it's a bit long before they come. Sometimes they come but tell you that they will be back soon which is fair enough, but it can take 15 to 20 minutes before they come. It depends on what shift it is because they could be short staffed". A relative commented in response to a survey from the provider in February 2014 they had concerns that people were left alone in the lounge for up to 30 minutes. They did not feel this was safe for people with dementia.

We found there were times when there was not enough staff available to meet people's needs or assure their safety. We saw in the dementia unit that two care staff were supporting people in one lounge and a dining area at meal times. Some people sat in the lounge for their meals by choice, which meant that these two staff had to monitor both rooms as well as be aware of risks to some people who were walking with purpose around the wider unit. There was also one person that required regular re-positioning as they were on bed rest. Staff told us, and the person's records confirmed they needed two staff to be re-positioned safely. This meant that the two staff on duty were unable to monitor the communal areas while re-positioning the person. We saw that the one staff member also had responsibility for administering medicines. We saw this was difficult to complete uninterrupted when some people who required two staff for assistance needed help.

We saw that the staff tried to meet requests for help from people as soon as possible. We saw there were occasions where they had difficultly responding as they were already involved in assisting other people that needed help. For example, at lunch time we saw one person push themselves away from the table and ask staff for assistance when they finished their meal. They were unable to stand without the assistance of two staff. As one of the staff was busy supporting another person with their lunch they explained they would assist the person as soon as possible. We saw the person pushing themselves back in the chair a number of times. A staff member told us that they were aware this did present a risk of them falling back in their chair. We saw that the person had to wait about 15 minutes before both staff were available to assist the person.

Staff we spoke with said it was difficult to respond to people quickly at times and confirmed that some people who walked with purpose around the unit were at risk of falls. Staff told us more staff were needed. One member of staff said, "I don't feel there are enough staff to respond". We spoke with the manager about staffing levels and they showed us the provider's staffing calculation tool. This showed that staffing was consistent with this tool although the registered manager said a review was needed. They said the staffing tool did not currently consider the impact the layout of the building had on staffing. They said they agreed with what staff had told us. They told us another staff member was needed in the dementia unit and said they would address this.

These issues demonstrated a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us that they felt safe at the home. One person told us, "I have nothing to worry about". We spoke with staff and they recognised what abuse and discrimination was and were aware of what action to take should they see it. They told us they were aware of the provider's whistleblowing policy and would raise concerns if they witnessed abuse. One member of staff said, "I would whistle blow if needed to". Staff told us they had received training in recognising and reporting abuse. We saw that information was readily available around the home about what abuse was and how people could raise concerns about their safety.

We looked at the recruitment checks carried out on some staff the provider had employed recently. We saw that checks had been carried out prior to the employment of new staff, but the provider used staff member's existing Criminal Record Bureau (CRB) checks (now known as the Disclosure and Barring Service or DBS) prior to employment, rather than obtaining up to date DBS checks. At the time of the inspection we saw that new DBS checks for all new staff had been obtained since they were employed.

We asked the registered manager how they protected people from staff that were not fully checked. They said new staff did not work alone until the provider received evidence that they were safe to work with people, for example confirmation they were not barred from working in adult social care. The registered manager did not have risk assessments that showed the steps they told us they

Requires Improvement

Is the service safe?

took to protect people from staff that did not have an up to date DBS check. The registered manager said they would document these risks so that new staff and other senior staff would be aware of safeguards that should be in place to protect people.

We found that the service had systems in place to identify risks to people and we saw that appropriate action was taken by staff to minimise these risks. We saw that some people needed assistance from staff that involved a degree of risk at times. For example a number of people needed assistance to transfer from their chair to wheelchair. We saw staff help transfer people on a number of occasions and this was carried out safely, with staff using appropriate lifting techniques to support them. We saw these practices reflected people's individual moving assessments.

People we spoke with told us said that they took medicines and staff ensured they always received these on time. The service had appropriate systems in place to ensure that people had their medicines as prescribed and in a safe way. We looked to see how people were given their medicines. We saw staff checked people's records before offering people their medicines. Staff only signed the medicines out when it had been taken, and on occasions where the person refused they ensured it was disposed of safely and this was recorded.

We looked to see how medicines were received at the home, recorded and stored. We saw that there were systems in place that ensured this was carried out safely. There was safe storage available and when we sampled records of medicines stock control they were accurate. We saw there were protocols in place for how 'as required' medication was managed. We asked staff about these medicines and they demonstrated that they understood these protocols. This showed staff understood how people's medicines should be given and when to administer it.

We saw that the service had their medicine systems checked by a pharmacist in June 2014 and they also carried out their own audits. We saw that action had been taken, or was in progress, to address the findings from these audits. This meant that the service took steps to ensure any shortcomings in respect of the safe administration of medicines were addressed promptly.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us that staff always offered them choices. We saw people were asked about their choices by staff before they provided care or support. Where people were unable to verbally communicate their views we saw staff still provided them with choices.

We saw in a person's care plan a record of the staff providing personal care and comments that "It's in [name of person]'s best interests and must be carried out". We saw the person's assessments stated they were unable to make decisions as they lacked capacity, although the care plan stated they could understand certain information. Staff were able to tell us how the person expressed themselves when they did not consent. Staff told us on occasions the person would refuse personal care. They said when this happened they would not usually provide personal care at that time, but offer it later when the person would usually accept their help. They told us of one occasion where the person refused personal care. Due to their concerns about the person's sore skin they made the decision to continue providing personal care.

The registered manager told us that they had not made any recent applications for a Deprivation of Liberty Safeguard (DoLS). DoLS are used to protect people where their liberty to maybe restricted to promote their safety. This meant that the relevant local authority had not been approached to consider whether a DoLS application should be made to protect the person's best interests. The registered manager provided us with written confirmation after the inspection that they were making a DoLS application to the local supervisory body.

People we spoke with were positive about the quality of food and the choice of meals. One person told us, "If there is something I don't like they will do something else, [staff] ask do you want this that or the other, can eat where you want". Another person said, "Food is very good". A relative told us "It's brilliant. [The person] is a diabetic and they take account of that". We saw that there was a choice of meals available.

We saw staff supported people appropriately with their meals. People were asked about any help needed with their meal when it was served. Assistance was provided sensitively, for example when people were able to feed themselves staff encouraged their independence. We saw meals were well presented and staff had discussed meal portion sizes with people before it was served. People were asked their views about the meals and offered a choice of hot or cold drinks. We saw staff took time to support people in the dementia unit so they were able to finish their meals. However, this meant they were not always able to respond to other people after they had finished their meal as this would have disrupted the person they were assisting.

We looked at one person's care plan to see what information was recorded about how they should be supported with their diet. Information was clearly recorded about how their food should be prepared and how they should be assisted. This was in accordance with how we saw staff supported them. People's care plans were informed by risks that were identified by assessments, such as nutritional risk. We spoke with the cook and they were able to explain people's specialist dietary needs and how these were catered for in the way meals were prepared. This showed that risks to people's nutrition was monitored and responded to by the service.

People told us that they had no difficultly accessing external healthcare services. One person told us, "The GP is down the road" and they visited when needed. A visitor said, "The nurse comes in two or three times a week and if there's any problems they get the doctor – not a problem". We spoke with a visiting healthcare professional. They told us that the staff contacted them when there were concerns about people's health and, if their input was needed, they were informed.

We saw that people's healthcare needs were clearly identified in people's records. We saw people's health care needs were subject to regular review to ensure they were met. Staff were well informed about people's current healthcare needs. Any changes in people's health, when necessary, led to referral to external healthcare services. For example, when people had difficulty eating a speech therapist was sought, and any concerns with a person fragile skin were referred to a doctor or district nurse. This showed people's healthcare was promoted.

We spoke with staff that were recently employed and asked them about their induction to the service, and how this prepared them to carry out their jobs. They told us that they were supported through this process, completed training and had periods of 'shadowing' experienced

Requires Improvement

Is the service effective?

members of staff. These staff were knowledgeable about their job, and we saw they were skilled when working with people. This meant that new staff were supported to have the necessary skills to carry out their work.

Staff told us they received training in important areas of care. Staff training records showed the majority of staff had completed training in core areas of knowledge and competence, such as infection control and moving and handling. Staff told us they felt skilled and confident in their roles. One member of staff told us, "You are always learning, no gaps in my training". We observed that care was delivered skilfully by staff.

There had been some delays in formal one to one support sessions (supervision) for staff, but they told us they felt well supported. They said they had informal chats with their supervisor where they had checked if they had any concerns or required any particular support. The registered manager told us a new senior was now in post and the delay in staff supervision would be addressed. Records showed the majority of staff had received supervision recently. Staff told us performance issues were quickly raised with them by a manager. One member of staff told us the registered manager monitors, "What we do and what we don't do". Staff told us they were supported to care for people in a competent and safe way.

Good

Is the service caring?

Our findings

One person told us, “They [the staff] are lovely – most obliging”. Another person said, “Nothing is too much trouble for them”. A relative told us, “People ask, it’s done for them they [the staff] are accommodating”. A visiting healthcare professional told us that, “Staff care for people like they are their own”.

Throughout our inspection we saw staff communicated with people who lived at the home in a caring and professional way. We saw staff help people transfer from a wheelchair to a static chair on a number of occasions. We saw this task was consistently carried out in a sensitive and caring way. Staff encouraged people and clearly communicated what they were doing after asking people’s choices throughout their transfer.

We saw that some people were unable to verbally express their views, but we saw that staff consistently offered these people choices, and were observant for their responses to these whether it was facial expression or other forms of non-verbal communication. We spoke with staff and they were able to tell us how people communicated their views non-verbally, as we saw take place. One staff said “I would write it down, use pictures, facial expressions; it is also recommended in the care plan”. We saw that people’s records set out how they were to be supported. For example they set out that people should not be rushed, they should be given positive encouragement and staff should communicate in a way that reflected their individual needs. Staff we spoke with were aware of this information.

One person told us, “They [the staff] are nice here”. We heard staff consistently saying thank you to people after they supported them. We saw that people were comfortable with the staff that supported them. We saw that staff spoke kindly and respectfully and that there was a good relationship between people and staff. We saw that staff laughed with people, and we saw people smiling, happy and joking with staff on numerous occasions.

We spoke with seven people and while only one recalled seeing their care plan, no one had any concerns about this. One person told us, “I think there is one, but my niece is involved in it”. People told us that they were involved in planning their care with the support of relatives or staff, and they were satisfied with this approach. We spoke with relatives who told us that they had been involved in assessments and supporting their relative to contribute to their care plan. We saw that people’s records carried detail of regular communication with relatives which showed they were involved on behalf of the person. The care plans we looked at showed that people’s individual needs, preferences and wishes were considered in the way people’s care was planned

People told us they were happy with their bedrooms. One person told us there were, “No faults” and they had personalised their room. Some people wanted us to see their bedrooms and we saw they were comfortable and personalised with their own possessions, for example photographs, ornaments and smaller items of furniture which assisted people to feel at home. There was also appropriate signage in the dementia unit, and signs on toilet doors that allowed people to show whether they were vacant or engaged so as to enhance their privacy. We saw these were used by staff to promote people’s privacy. People expressed satisfaction with their living environment with the exception of one person who commented that a misted window obscured their view of the gardens outside. All of the bedrooms in use were for single occupancy, a number having their own en-suite facility. We saw that bedroom doors were always kept closed and staff knocked and waited for consent prior to entry. There was a quiet room where people could meet with visitors if wished.

People were dressed in a way that represented their individual preferences and we saw staff were conscious of the need to preserve people’s dignity by ensuring their clothing was well maintained and comfortable. An example of this was staff observing and supporting people to ensure their footwear was on correctly, and was the footwear they wanted to wear.

Good

Is the service responsive?

Our findings

One person told us, "Nothing's too much trouble, ask them [the staff] anything". We saw that staff responded to people's needs appropriately. Prior to providing any care staff consistently provided people with choices and checked that they were happy with support being provided. We saw occasions where people refused the offer of medication and we saw that staff respected this choice. We saw that staff were observant and looked to see if people needed help, or support. An example was where one person's glasses were not fitting properly. While not raised as an issue by the person the staff member responded and stopped to talk to the person about it and discuss solutions.

One relative told us, "They always notify of things". People and relatives we spoke with told us that care was provided in accordance with people's needs and wishes. We spoke with a person who had recently moved into the home and they told us that they had chosen to move in after a short stay. Their relative told us how the assessment was completed. They told us it had been, "A process with a social worker, care worker, was guided through it". People told us they were involved in planning for their care by talking to relatives or staff and they were satisfied with how they were involved. We did see that a number of care records had been agreed with people or their relatives through signature. We found people's involvement in planning their care, sharing of individual information and decision making with them was recorded in their records.

People we spoke with did not recall meetings to discuss how the service was run although visiting relatives we spoke with were aware of them, and confirmed people were invited. One relative told us that, "At the last meeting only three people came. But if you want anything you only have to go to the office – they're smashing". We saw that the registered manager organised meetings for people and their relatives every three months and these were advertised in the newsletter, in addition to a letter being sent to people's representatives.

We looked at some people's records and this showed that their needs were assessed and reviews captured changes to their health and needs. Staff were aware of people who were at risk, for example people who needed support because they had fragile skin or were at risk of falls. The staff were able to describe how they responded so as to reduce risks to people, which was in accordance with assessments we saw in people's records. We saw that records for one person who had a broken area of skin showed that there was regular re-positioning to relieve pressure on their skin and equipment was available to promote their health. We saw that the person's care plan and other records reflected the person's changing needs. The records also showed the arrangements that were in place to review their care. We spoke with a healthcare professional who was visiting the home and they told us that if there was anything the staff needed support with, they would ask and responded to advice given. They said the service, "Looked after patients that are very poorly" but was, "One of the better homes, very happy with service". This showed there were arrangements for people's needs to be assessed.

We spoke with a visiting social worker who told us a person's care plan they had looked at, "Is quite good". They said daily records showed that staff were recording significant information, this so that their care records were up to date and reflected what was important for the person. They told us that, "Family were very happy with care" their relative received. We saw that, where people needed assistance, their preferences were recorded in their individual care plans. We confirmed some people's expressed preferences with them which confirmed their records were accurate. For example, where people were assessed as having an increased risk of falls their care plan was updated. Equipment such as fall mats was provided in their rooms to reduce the risk of any injury. We saw there was recording to show that people were involved in decisions about the use of this equipment. Staff we spoke with told us that they were updated daily as to any significant changes in people's health, needs or preferences through handovers and by reading care plans. They told us this kept them up to date with changes in people's needs and preferences.

We saw that people enjoyed group stimulation that was available and one person we spoke with told us they enjoyed the bingo and music sessions. Other people told us about recreational activities they enjoyed that were available to them. One person said, "I do painting" and they also told us they were, "Taken out to Merry Hill shopping centre". Staff who worked on the dementia unit told us that the activities co-ordinator spent time with people on this unit. We saw one person was unwell in bed and we saw staff had put music on they were known to like to provide

Good

Is the service responsive?

stimulation. There was a weekly group activity programme displayed in the service's reception. This advertised one activity per day with a separate notice advertising exercise and motivation sessions. We saw that there were newsletters available in large print that advertised forthcoming weekly and seasonal events. We saw an activities co-ordinator organised a bingo session, and later a musical instrument playing session.

One person told us, "I speak to staff in a polite way and I've never had to complain". Another person said, "I go to staff and they listen, or my [relative] would speak to them". Relatives we spoke with said they were able to raise concerns. One relative told us they were, "Aware if anything is wrong, first thing approach manager, their door's always open". There had been one recent formal complaint made to the home and records showed that this had been investigated and responded to. We saw that the home had a complaints procedure that was available in various formats, including larger print which people were able to read. The registered manager's photograph was displayed around the home where people could easily see it, for example in the lift where it would be seen when people entered. This showed that the service's complaints procedure was accessible.

Requires Improvement

Is the service well-led?

Our findings

We spoke with people and they were satisfied with the service they received. We spoke with a relative who told us that there was a "Close community here, there is a feeling of community and belonging, all have a good laugh". We asked a professional visitor if they felt the service was well led and they told us, "Absolutely".

The service had received a recent written comment from a relative that said, "My mother is well cared for and for that I am grateful and extend my thanks to all the staff". We saw the service had methods for gaining people's views. These included quarterly meetings with people and their relatives, formal surveys and a visitors 'comments book' which contained mostly positive comments about the home. We saw that these comments had been noted by staff and we saw suggestions had been addressed. For example, there were more chairs for visitors available. The 'Customer Satisfaction Survey Results' from 2013 were available in the reception area and there were survey cards ('Your thoughts count') available at the entrance that people could complete. This showed that the management had systems in place to seek the views of stakeholders.

There was a registered manager in place who oversaw the day to day running of the home. We saw that they were supported by a management team of a deputy manager and senior carers. From speaking to the registered manager and other members of the management team we found they were knowledgeable about individual people's needs and the service. We saw all the management team played an active part in the day to day running of the service. We saw that the registered manager and senior carers were quick to prioritise the needs of people living at the home above other tasks that were not so urgent; for example making themselves available when professional visitors came to the home, or when relatives had queries on behalf of people living there.

We found the registered manager to be honest and open as to any shortfalls or challenges to service improvement. For example they identified that the limitations of the building, due to its condition, sometimes created issues. The registered manager had identified and escalated these issues to the provider. The registered manager told us that the building was their, "Greatest challenge". They told us that numerous windows were in poor condition and the guttering needed replacement. We saw this was correct and many outside window frames with little or no paint on them. As it was raining we saw the guttering leaked. One person commented to us about not been able to look outside due to misted double glazing. We saw other windows around the home were misted preventing a view outside. The registered manager told quotes had been obtained by the provider but no dates had been identified for works to be completed. This meant that there was no assurance that there were resources available to ensure the building was maintained, even though there was a minimal impact on people at this time.

Our previous inspection on 3 December 2013 identified that there was no maintenance and refurbishment programme. We saw during this inspection that this had been addressed. We saw a number of bathrooms, with adapted facilities, were being refurbished and were nearing completion. Some toilets still needed cords for the call system fitted to ensure people using these independently could summon help. Staff told us that they would check on people if they used toilets independently to ensure they were not at risk, although we saw at least one person used the toilets independently, and choose not to tell staff. We saw that the dementia unit had ripped wallpaper and the manager told us this had been identified as in need of redecoration, although the refurbishment programme we saw stated this was to have been done in July 2014. This meant that despite the manager identifying issues that needed to be addressed timescales identified for their completion were not identified or had passed.

We spoke with staff about how they were involved in the running of the home. They told us the manager was approachable and they were able to, and were comfortable, sharing their views. They told us they could share their views through staff meetings, handovers or through general discussion with the registered manager or senior carers. One member of staff told us," I am involved to a certain degree; I would raise concerns if I had them. If you find something that can be improved or is wrong why not raise it? I feel comfortable. The manager is receptive". Another member of staff told us the manager was approachable and said, "As long as people are looked after that's all that matters". We heard that some staff had not received one to one supervision recently, although the manager was able to show that this was due to a senior staff vacancy and there was a clear timetable in place to

Requires Improvement

Is the service well-led?

ensure all staff received supervision. Staff told us, and duty rotas seen confirmed, there was always a senior carer on each shift. Staff said there was always a more senior person they were able to approach for advice and support.

In contrast to the systems in place to assure the maintenance of the premises, there were effective quality assurance systems in place to identify and plan where on-going improvements were needed in respect of people's care. The home had a culture that promoted continuous improvement in the quality of care provided. There were audits and checks in place to monitor safety and quality of the care people received. Where there were shortfalls in the service, these were usually identified and action had been taken to improve care practice, although issues in respect of staffing levels on the dementia unit had not. We looked at care plan audits that had taken place and saw that shortfalls that we found were identified and action was being taken to address these.

We saw that the quality assurance systems were supported by regular audits by members of senior management. We sampled an annual timetable for when the service was visited for audits by other registered managers, or senior managers. We saw that there were timed action plans produced following these audits, and later checks ensured they were completed with the exception of some of the works identified as needed to the building. All accidents and incidents which occurred in the home were recorded and analysed. Where these identified risks to people we saw that action was taken to minimise these risks.

We asked the registered manager how they kept up to date with national developments in care and good practice and they told us they had regular meetings with other registered and senior managers where information was shared with them. They also said they used the internet to keep abreast of changes and received support from their regional manager who updated them on changes within the company and to the care sector. They told us that the regional manager was, "Always on the end of a phone" and supportive.

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 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified , skilled and experienced person's employed for the purposes of carrying on the regulated activity. The provider had not always taken steps to ensure there was sufficient staff available to safeguard the health, safety and welfare of service users.