

Bramble Lodge Care Home Limited

Bramble Lodge 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?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We inspected Bramble Lodge on 22 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Bramble Lodge is a purpose built care home with nursing, which operates two separate units for different categories of care. One unit is for people with a mental disorder and the other unit is for people with dementia. The service can accommodate a maximum number of 41 people.

The home had a manager who started working at the service in October 2014. The manager was in the process

of completing their application to apply to be 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.

People told us they felt safe in the service and we saw there were systems and processes in place to protect

Summary of findings

people from the risk of harm. Checks of the building and maintenance systems were undertaken to ensure health and safety. However we found that portable appliance testing (PAT) had not been undertaken since July 2013. The manager told us that this had been overlooked and during the inspection arranged this for week commencing 26 January 2015.

We found that people were encouraged and supported to take responsible risks. People were encouraged and enabled to take control of their lives.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We found that improvements were needed to be made in regard to management of medicines. We found that people did not always receive their medicines as prescribed. Medicine records were not fully completed.

Staff told us that they felt well supported and we saw records to confirm that formal supervision had taken place. We saw that most of the mandatory training for staff was up to date. Where there were gaps in training we saw that this training had been planned to take place early in 2015.

There were positive interactions between people and staff. We saw that staff were kind and respectful. Staff were aware of how to respect people's privacy and dignity. In general we saw that staff were attentive, showed compassion and were courteous. However we did identify that some improvement could be made. We saw that a staff member was providing one to one support for a person who used the service. Another person in the room became upset; however the staff member did not attempt to talk with them when they would have been able to do so without compromising the safety and welfare of the person they were supporting.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA)

2005 and Deprivation of Liberty Safeguards (DoLS). Some staff we spoke with demonstrated a good understanding of the Act and DoLS; however some staff demonstrated limited knowledge.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People told us that they liked the food provided.

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 or relatives to hospital appointments.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. We found that some care plans contained more detail than others. Some care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. However some care plans needed more development to ensure that they were person centred. Some care plans did not contain any evidence to confirm that they had been developed or reviewed by the person who used the service.

Some risk assessments were better than others. Some risk assessments did not highlight the individual risks to the person or specific action to reduce or prevent the highlighted risk. This meant that actions to keep people safe were not documented and people could come to harm.

We saw that people were involved in activities and outings, however improvements could be made. Activities were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People and relatives told us that the manager was approachable. People we spoke with did not raise any complaints or concerns about the service. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

In general there were effective systems in place to monitor and improve the quality of the service provided; however we questioned the effectiveness of the medication audit as this did not identify any of the areas of concern that we identified during the inspection.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took 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

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to the manager.

There was sufficient staff on duty to meet people's needs. Effective recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were not always managed safely for people and records had not been completed correctly. People did not receive their medicines at the times they needed them and in a safe way. Medicines were not obtained, administered and recorded properly.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Formal supervision sessions with staff had taken place. Some staff we spoke with demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS; however some staff demonstrated limited knowledge.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that they were well cared for. In general we saw that staff were caring and supported people well. However some improvements could be made.

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs. Some care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. However some plans of care needed more development to ensure that they were person centred.

Requires Improvement



Summary of findings

We saw that people were involved in activities. However activities for people were limited. This meant that some people were provided with limited stimulus during the day.

Appropriate systems were in place for the management of complaints. People and relatives told us that the manager was approachable. People we spoke with did not raise any complaints or concerns about the service.

Is the service well-led?

The service was well led, however some improvement was needed.

The home had a manager who started working at the service in October 2014. The manager needed to complete their application to apply to be the registered manager.

There were systems in place to monitor and improve the quality of the service provided; however we questioned the effectiveness of the medicine audit as it did not highlight concerns that we picked up on during the inspection.

Staff told us that the home had an open, inclusive and positive culture.

Requires Improvement



Bramble Lodge 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 Bramble lodge on 22 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of two adult social care inspectors, a pharmacist inspector and a specialist advisor in mental health.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 14 people who used the service and one visitor. We also spoke with the manager, the regional director, the deputy manager, two nurses, the office administrator, the activity co-ordinator, the handyman, the support manager to the regional director and with three health care workers. After the inspection we contacted the local authority to find out their views of the service. They sent us a copy of their reviews / audits of the service which were undertaken in June and November 2014.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not verbally communicate with us. We observed how people were supported at lunch time and during activities. We looked at seven people's care records, six recruitment files, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, communal areas and the garden.

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, “Definitely.” Another person said, “The doors are always locked and they (staff) are always around.”

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. The manager said abuse was discussed with staff on a regular basis. Staff we spoke with confirmed this to be the case. The service had a safeguarding policy that had been reviewed in August 2013.

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the service or by another agency. Incidents had been investigated and appropriate action taken.

The handyman told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits. We looked at records of water temperatures which confirmed that temperatures had been taken and recorded regularly. We saw that the temperature of one shower was too hot at 45 degrees Celsius (should be 41 degrees Celsius). The handyman told us that this shower had been reported for action to be taken to reduce the temperature and that the shower would be out of use until this time. Some bath temperatures were too cool at 40 degrees Celsius (should be 43 degrees Celsius). The handyman said that they would take action to make sure that water temperatures were safe.

We looked at records to see if checks had been carried out on the fire alarm to ensure that it was in safe working order. We saw that fire alarms had been tested on a regular basis. We saw that staff had taken part in fire drills. Staff told us that this provided them with the knowledge and practical skills of what would be needed in the event of a fire.

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 gas boiler, fire extinguishers, hoists and emergency lighting. However we found that portable appliance testing (PAT) had not been undertaken since July 2013. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. The manager told us that this had been overlooked and during the inspection arranged this for week commencing 26 January 2015.

The seven care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, the environment, skin integrity, falls, finance, going out, nutrition and hydration. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly. Some risk assessments were better than others. We saw that one risk assessment clearly detailed how to protect a person from harm when they went on social leave. However, some risk assessments contained limited information for example risk assessments for those people who were at risk of falling. Risk assessments for each person were very similar and not individual to the person. They informed staff to keep areas free from hazards and observe people. They did not highlight the individual risks to the person or specific action to reduce or prevent the highlighted risk. The manager said that they would review risk assessments.

We looked at the risk assessment of one person who had behaviour that challenged. This risk assessment contained some very good information on how to support the person and what to do in the event that the person became agitated. During the inspection we spoke with a nurse and a care staff member about this risk assessment, however they were not aware of the content of the risk assessment. This was pointed out to the regional director and deputy.

People who used the service told us that staff helped them to be safe. One person told us how staff helped and supported them with their money protecting them from financial abuse.

Is the service safe?

The six staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, references, one of which was from the last employer and a Disclosure and Barring Service check (DBS) which had been carried out before staff started work at the service.

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 to minimise the risk of unsuitable people working with children and vulnerable adults. References had been obtained and, where possible, one of which was from the last employer.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. At the time of the inspection there were 32 people who used the service. There were 15 people accommodated on the dementia unit. We saw duty rotas which confirmed that during the day and evening there was one nurse and three care staff on duty. And one nurse and two care staff provided care and support to the seventeen people who had mental health conditions. On night duty there was one nurse and three care staff (two staff on each unit). We did note that on the mental health unit although there was a nurse on duty this was not a mental health nurse. The nurse told us that although they were not mental health trained they had the knowledge and skills and previous work experience to care for people with mental health conditions. We were told and saw that staff did have access to a mental health nurse who was working on the dementia unit on the day of the inspection. People who used the service told us that staff were available when needed. They said, "The staff are excellent and always there if you have a problem."

We asked staff how they calculated how many staff should be on duty. The support manager to the regional director told us that the service had a dependency tool which calculated how many staff should be on duty but that this was not accurate. We were told that they were looking to implement a dependency tool which calculated how many staff should be on duty based on a person centred approach in the near future.

Staff at the home kept a record of all accidents and incidents. Accidents and incidents were monitored to try and determine if there were any trends.

At this visit we asked if medicines were handled safely. We looked at the medicine administration records for 17 people, talked to staff and people who used the service.

We looked at how medicines were handled and found that the arrangements were not always safe. When we checked a sample of 'boxed' medicines for six people alongside the records we found most did not match up so we could not be sure if people were having their medicines administered correctly.

Two medicines for two people and two creams for another person were not available. This meant that appropriate arrangements for ordering and obtaining people's prescribed medicines was failing, which increases the risk of harm.

We saw that some medicine records were not fully completed. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. We saw for some medicines no record had been made of any quantities carried forward from the previous month. This is necessary so accurate records of medicines are available so that staff can monitor when further medicines would need to be ordered.

The records which confirmed the application of creams and other topical preparations were incomplete. Incomplete record keeping means we were not able to confirm that these medicines were being used as prescribed.

We looked at the guidance information kept about medicines to be administered 'when required'. Although there were arrangements for recording this information we found this was not kept up to date and information was missing for some medicines. This meant there was a risk that staff did not have enough information about what medicines were prescribed for and how to safely administer them. For example the when 'required' guidance had not been updated when the prescribed medicine was changed. For another person the prescribed dose had changed but the 'when required' guidance had not been updated to reflect this.

Is the service safe?

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Two medicines with a short life once opened did not have the date of opening noted this meant it was not possible to be sure they remained safe and effective to use.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

All of the people who used this service had their medicines given to them by the staff. We watched a nurse giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support needed to take their medicines.

We looked at how medicines were monitored and checked by managers to make sure they were being handled properly and that systems were safe. We found that whilst the home had completed a medicine audit recently the discrepancies that we found had not been identified.

We found that the service's arrangements for the management of medicines did not protect people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge to support people with their specific needs. One person told us, "The staff spend time with me as I used to isolate myself which is not good." Another person said, "They are very supportive."

The manager told us that they had eight nurses who were employed to work at the service. This was a mixture of mental health nurses, registered general nurses and a learning disability nurse. The manager told us that the registered general nurses and learning disability nurse have previous work experience of providing care and support to people with mental health conditions.

During the inspection we spoke with staff and asked them about the training they had received. Staff told us that they had received training in fire safety, moving and handling, infection control, safeguarding, food and nutrition, health and safety and dementia. One staff member said, "I have done lots of training. I am also doing an NVQ in care." We looked at the training records of five staff and saw that some certificates to confirm the training had taken place were not available on files. We spoke with the office administrator who told us that not all of the certificates for training completed had been printed off and filed. Staff told us that they had undertaken induction and shadowed other staff and had the support of other senior staff when they started work. During the inspection we found this to be the case. We saw that a newly recruited nurse was shadowing a more experienced member of staff as part of their induction.

All staff we spoke with told us that they had a good knowledge to deliver effective care. They told us that when they identified a training need or need to improve then this training was always provided. We were given the example that staff had identified that they needed training in male catheterisation and that this training had taken place.

The manager showed us a training chart which detailed training that staff had undertaken during the course of the year. We saw that most of the mandatory training for staff was up to date. We saw where there were gaps training had been planned to take place early in 2015.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an

organisation provides guidance and support to staff. One staff member said, "I had supervision last week and got some good feedback." Another staff member said, "She (the manager) is very supportive and approachable." During the course of 2014 staff had not received as much supervision as they should have. However, since the new manager was appointed in October all staff have now received at least one supervision. The manager has developed a schedule to ensure that all staff receive supervision on a regular basis.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Some staff we spoke with demonstrated a good understanding of the Act; however some staff demonstrated limited knowledge. We pointed this out to the deputy manager who told us that they would speak with staff and ensure that they have a good understanding of mental capacity. The manager had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, there was some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found that some staff had a greater understanding of DoLS than others. The deputy manager said that they would speak with all staff to ensure they had a better understanding of DoLS. The manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they had and would follow if a person had been identified as lacking capacity or was deprived of their liberty.

The people who used the service that we spoke with during the inspection were aware of their rights and any restrictions placed upon them such as a Community Treatment Order (CTO). A CTO is a legal order made by the Mental Health Review Tribunal or by a magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, rehabilitation and other services whilst living in the community. People were aware of the restriction of needing to reside at the service, accepting treatment and the need for review.

Is the service effective?

We looked at the service's menu plan. The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as a sandwich, soup or salad. Staff that we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people who used the service on both units. On the unit that cared for people living with a dementia there were two dining areas. We observed the lunchtime in both dining areas. Meal time was relaxed and people enjoyed the food that was provided, although in one of the dining areas we saw little interaction between staff and people who used the service. We saw that people had a variety of meals. When one person didn't eat their meal staff asked if they would like something else. They asked for a sandwich and crisps and this was brought to them. Another person who didn't want the cooked meal was offered cheese and biscuits. We saw that those people who needed help to eat were provided with help. We saw that staff were patient and provided encouragement and prompts for people to eat their food.

Those people residing on the mental health unit were unable to prepare their own food as there wasn't a domestic kitchen available. We were told that discussions were taking place about the service and the fitting of a kitchen for people who used the service. We saw that people were provided with choice and that specific dietary needs were catered for. We saw that one person was under the care of a dietician for losing weight and staff were supporting this person to gain weight.

People told us that they liked the food and that portion size was good. One person said, "I really enjoyed my meal today." Another person described the food as "Hot and Tasty."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. One person asked for lemonade and staff brought this to them. This meant people were supported to maintain their hydration.

The registered manager informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. A staff member told us that people were offered an annual health check and the flu vaccination. We looked at records which indicated that some people who used the service had refused annual health checks which included monitoring their cholesterol and glucose along with regular monitoring of smoking and substance misuse. We spoke with staff about the importance of people with mental health conditions having annual health checks in line with national guidance to help improve life expectancy. Records looked at during the visit confirmed that staff monitored people's blood pressure, pulse and body mass index.

The care staff could demonstrate that they had good links with other mental health professionals and sought advice when needed.

Is the service caring?

Our findings

People we spoke with said they were happy with the care and support provided. One person said, "All of the staff are very approachable and make you feel part of the family, it's not just a home but a home from home." When staff came into the bedroom of one person who used the service that we were talking with, the person said, "She (staff member) is lovely. She is one of the best. She always puts her arm around me and makes my bed." A visitor approached us to say, "This place is mint and the staff are great."

During the inspection we spent time on all units so that we could see both staff and people who used the service. We saw that staff treated people with dignity and respect. In general we saw that staff were attentive, showed compassion and were courteous. However we did identify that some improvement could be made. We saw that one staff member was providing one to one support for a person who used the service. The person who used the service was asleep and as such did not require support. In the same room there was another person who used the service who had some difficulty with communication but who was able to respond to questions and recognised when someone was talking with them. This person became upset; however the staff member did not attempt to talk with them when they would have been able to do so without compromising the safety and welfare of the person they were supporting. This was pointed out to the regional director and deputy manager.

One person we spoke with during the inspection showed us their bedroom. A care staff member explained that some of the bedrooms were being redecorated in discussion with people who used the service as 'memory rooms' This was described as gathering information about a person's life and incorporating it into the décor of the room. The person who used the service used to write poetry and staff had talked to them about their writing and had poems printed off and put them up on the wall. The person who used the service read one of the poems to us. This made them happy and they smiled. This showed that staff were caring. Staff had taken the time to get to know individual people, their hobbies and personal history of the person.

We saw that one person who used the service had difficulties with communication and expressing their needs. When this person became distressed whilst expressing their needs staff were patient and spent time with the person until they had worked out what the problem was. This showed that staff were caring.

We saw staff treated people with dignity and respect. We asked staff how they ensured that people's dignity was maintained. One staff member told us "I treat people as I would treat my own family." They also said, "This is a good environment to work in. The reward for me is when you see the smile on people's faces? and then I can go home happy."

There were many 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.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. Some people had personalised their rooms and brought items of furniture, ornaments and pictures from home. All bedrooms had a lockable bedroom door and some people who used the service had their own key.

In the office on the mental health unit there was a board which named individual people who used the service and other confidential information. During the day people who used the service came into this office and as such would be able to see such information. We pointed this out to the manager who told us they would make sure the board was not on view to people who used the service.

We were told by people who used the service that they were encouraged and supported to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. During the course of the day we saw that staff always gave people choice.

Is the service responsive?

Our findings

The manager told us that people were involved in a variety of activities and outings. They said that people who were accommodated on the mental health unit went out shopping; bowling, for pub lunches and that one person had a work placement. One person told us they liked to watch television and another listen to their radio. During the inspection we saw that limited activities took place. People did not have any plans other than to watch television or listen to music. A war film was planned for the afternoon's activity, however the activity co-ordinator told us that only three people who used the service would join in and that they would not stay until the end. One person told us they liked baking; however there wasn't a kitchen for people who used the service to use.

A care staff member told us that people who were accommodated on the dementia unit did arts and crafts, baking, card games and read daily newspapers. On the day of the inspection we found that limited activities took place. One staff member painted the nails of two people who used the service. One person we spoke with said that they enjoyed watching television. They said, "I like the soaps, Emmerdale and Coronation Street."

The environment on the dementia unit was not stimulating. There wasn't any suitable reading material such as magazines. There wasn't any manipulative stimulus such as activity cushions, squeeze balls or fabrics of different textures. In the corridors there were some pictures of old adverts, film stars and pictures of the local area. We spoke to one person who used the service and asked what they liked about the picture. Their face lit up and were able to tell us that it was Marilyn Monroe. During the inspection we saw limited engagement of staff with people who used the service in relation to activities.

We saw that one to one support was provided for people who used the service. We looked at the care records of a person who used the service who was receiving one to one support from staff. This detailed their interests and how staff should support them. We saw that staff kept a daily record of activities that the person had taken part in. Records looked at during the visit suggested very little activities had taken place with the person. We saw that the staff member sat with the person whilst they ate their tea. The staff member made little effort to interact with the person. We asked the staff member how they engaged the

person in activities. They said, "I don't do activities." This was pointed out to the deputy manager and regional director during the inspection who said that they would take action to ensure that the person was engaged in meaningful activities.

The service employed an activity co-ordinator to plan and arrange activities and outings for people who used the service. We were told that Christmas had been a busy time. People had watched a pantomime, enjoyed a Christmas party and enjoyed the music of a choir who had visited the service.

In the entrance to the home there was a pool table. We saw that people who used the service played on the pool table during the inspection.

At the time of the inspection there were 32 people who used the service. During our visit we reviewed the care records of seven people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. We found that care records reflected personal preferences and likes. This helped to ensure that care and support was delivered in the way the person wanted it to be. We looked at care plans of people who were accommodated on both the dementia and mental health unit. We found that some care plans contained more detail than others. For example we found a good level of detail in a plan of care for a person with behaviour that challenged. This detailed possible triggers to the behaviour and action that staff should take if the person was to become agitated. We found lots of detail in another care plan for a person who needed help with eating and drinking. Examination of care plans showed that more work was needed for some care plans to become person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support. For example a review of a person highlighted that they wanted an opportunity to express themselves musically but there was no evidence of working towards this goal in their care plans. Another plan of care for personal hygiene detailed that the person needed support but didn't state what this support was. The care and support plans examined during the inspection of those people accommodated on the mental health unit did not contain any evidence to confirm that they had been developed or reviewed by the person who used the service. Some care plans for those people accommodated on the mental health unit made reference to staff providing one to

Is the service responsive?

one engagement with people who used the service. People who used the service confirmed that these one to one sessions took place but this could not be evidenced in care records looked at during the inspection. We found that care plans were evaluated monthly however contained limited detail. Some monthly evaluations of those people who were accommodated on the mental health unit were recorded as 'risk remains'. This meant that care plans lacked any evidence of how care, support and intervention was reducing and enabling people to live to their full potential.

This was a breach of Regulations 20 (Records), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the home's complaint procedure, which informed people how, and who to make a complaint to and timescales for action. The procedure was a little misleading as it informed that the complainant could contact the Care Quality Commission with their complaint. We spoke with the regional director about this and explained that we

could not investigate individual concerns / complaints. However, we were interested in people's views about the service. The regional director told us that the procedure would be amended.

The manager told us people who used the service and relatives were given a copy of the complaints procedure when they moved into the home. During the inspection we spoke with people who used the service who told us that if they were unhappy they wouldn't hesitate in speaking with the manager or staff. People said that they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the service's record of complaints there had been five complaints made in the last 12 months. Three of the complaints were in relation to the time staff took to answer the phone or the phone line being engaged. The manager said that they were looking at the possibility of putting in an extra phone line. We saw that complaints were investigated and responded to promptly and appropriately.

Is the service well-led?

Our findings

The manager had started working at the service in October 2014. They were in the process of completing their application to apply to be registered manager. It is a condition of the provider's registration to have a registered manager therefore they are in breach of that condition.

People who used the service were complimentary about the manager and staff at the home. People told us that they thought that the service was well led. One person we spoke with said, "The care home is well run and I like it here." Another person said, "The manager and staff are all great and the care and support is fantastic" A person who used the service told us that the manager was very accessible and all the staff were very approachable making them feel like "Part of the family." A staff member told us that they have had three home managers in a short space of time which was unsettling, but that the new manager was a good manager. The manager recognised that improvements were required in the environment, care and service received but had ambitions that the service would be outstanding

The manager told us the importance of working as a team and of leading by example. They told us that they operated an open door policy in which staff, people who used the service and relatives could come and talk to them at any time. The manager told us how she encouraged everyone to stop by whenever they felt the need to meet, ask questions, discuss suggestions and to address any concerns.

Observations of interactions between the manager, staff and people who used the service showed they were open, transparent, respectful and positive. One of the staff we spoke with said, "She (the manager) is very good. She has a very difficult job but I think she is excellent at it. She is very open to suggestions and very approachable. I feel that I can be honest and that I am listened to." Another staff member said, "Our manager is just new. She is a very good listener and is very approachable."

We asked the manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that a satisfaction survey was used to gather feedback. We saw that a satisfaction survey had been undertaken in April 2014; however the results of the survey had not been collated. We looked at the six survey responses received from relatives and found that relatives were happy with the care and service received. The manager recognised this was a poor response and that they are aware of the need to develop a process that improves the response rate. They told us that they were going to do another survey in the very near future to seek people's views on the service.

Meetings for people who used the service took place on a regular basis. One person who used the service said, "We have resident meetings where you can say what you like such as the decorating of our bedrooms." The manager told us about the importance of meeting with people on a regular basis to ensure that the service is run in their best interest.

We saw records to confirm that staff meetings had taken in October and November 2014. We saw that open discussion had taken place about health and safety, medicines, record keeping, infection control and training.

The manager told us of various audits and checks that were carried out on the environment, infection control, nutrition and health and safety. We saw records of audits undertaken. Records were audited as were events. This helped to ensure that the home was run in the best interest of people who used the service. We saw records to confirm that audits were carried out in respect of medication systems, however we questioned the effectiveness of the audits as they had failed to pick up on the medicine concerns that we picked up on during the inspection.

The manager told us that regional director and other senior staff employed by the provider carried out visits to the service on a monthly basis to monitor the quality of the service provided and to make sure the service were up to date with best practice. Records were available to confirm that this was the case.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with the unsafe use and management of medicines because medicines were not obtained, administered and recorded properly.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home.