

Avery Homes (Cannock) Limited

Alma Court Care Home

Inspection report

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Date of inspection visit:
14 November 2017
17 November 2017

Date of publication:
11 January 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We commenced the inspection of this service on 14 November 2017 and the inspection was unannounced. We completed the inspection on the 17 November 2017. Alma Court is a care home that provides accommodation and personal care. Alma Court is registered to accommodate 73 people in one adapted building. At the time of our inspection 71 people were using the service. Alma Court accommodates people in one building and support is provided on three floors across six separate units, each of which have separate adapted facilities. A garden and enclosed patio area were available that people could access. All of the units specialise in providing care to people living with dementia who demonstrate behaviours that put themselves and others at risk of harm.

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

Our last comprehensive inspection was undertaken on the 14 October 2015 and the service was meeting the regulations that we checked and received an overall rating of Good. We undertook a focused inspection on the 21 July 2016 following concerns received regarding the numbers of staff available to support people. We found there were enough staff available but some agency staff did not have sufficient knowledge about the people they were supporting; to ensure they could provide safe care. We rated the safe domain as requires improvement and asked the provider to take action to address this. The overall rating remained Good. At this inspection we found improvements had been made in this area but further improvements were required.

This is the first time the service has received an overall rating of Requires Improvement.

Systems were in place to monitor the quality and safety of the service but they were not always effective in identifying areas for improvement. For example, staff had received training to support people; this included moving and handling training to enable them to move people safely and in accordance with current guidelines. However we observed two occasions when unsafe practices were undertaken. This had also been raised by Staffordshire quality monitoring team in July 2017 and fed back to the registered manager at that time. This meant that the provider's actions to address this had not been effective. People were supported to take their medicines but records to demonstrate that people's prescribed creams had been applied were not always completed. This meant we could not be assured that people received these creams to protect their skin. Confidential records were not always stored securely to ensure they were only accessible to authorised people. The majority of staff interacted well with the people they were supporting; however some agency staff did not provide sufficient interaction with people to ensure their social needs were met and their well-being maintained.

Staff understood their responsibilities to report any concerns and enough staff were available to support

people. Before staff started work checks were made to confirm they were suitable to work with people. Assistive technology was in place to support people to keep safe. Systems were in place to prevent and control the risk of infection.

We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When decisions were made in their best interests their rights were protected. People were supported with their dietary needs and to access healthcare services to maintain good health. The design of the building enabled easy access for people to walk around independently and improvements to outdoor spaces were being addressed by the provider.

People's rights to privacy and dignity were respected and they were supported to maintain relationships with people that were important to them. People's representatives were involved the assessment and development of their care plans.

People and their representatives were consulted regarding their preferences and interests and these were incorporated into their support plan to promote individualised care. The staff employed by the provider knew people well to enable them to meet people's needs.

People were supported to take part in social activities and be part of the local community. The registered manager sought and included people and their representatives in the planning of care. There were processes in place for people to raise any complaints and express their views and opinions about the service provided.

People who used the service and their relatives were involved in developing the service; which promoted an open and inclusive culture. The provider and registered manager understood their legal responsibilities and kept up to date with relevant changes.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe

Risks to people's health and welfare had been identified and actions put in place to minimise these risks. However people were not always supported to keep safe as one practice seen put people at risk of injury. People were supported to take their medicines but records did not always demonstrate that creams to protect the skin were applied as instructed. Staff understood their responsibilities to report any concerns. Sufficient numbers of staff were employed through recruitment procedures that checked their suitability to work with people. The systems to manage infection control and hygiene standards were effective and when improvements had been identified the provider had taken action to address these.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs were assessed and they received support from trained staff that protected their rights when decisions were made in people's best interests. People were supported to maintain a diet that met their requirements and preferences and their health was monitored to ensure any changing needs were met. The design of the building enabled easy access for people to walk around independently; however improvements were needed to outdoor spaces which the provider was addressing.

Good ●

Is the service caring?

The service was not consistently caring

Confidential records were not always stored securely and improvements were needed to ensure all staff interacted with the people they were supporting. People's rights to make choices were promoted and their rights to privacy and dignity were valued and respected. People were supported to be as independent as possible and maintain relationships with people

Requires Improvement ●

that were important to them

Is the service responsive?

Good ●

The service was responsive

People and their representatives contributed to the assessment and development of their care plans. People were supported to maintain their interests and were provided with activities to support social integration. People and their representatives were supported to share any concerns and these were addressed in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems were in place to monitor the quality and safety of the service but they were not always effective in identifying areas for improvement. People and their representatives were consulted and involved in the running of the service. The provider understood their responsibilities and regulatory requirements and had resources available to them; including partnership working with other agencies that ensured people's needs were met.

Alma Court 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.

Our last comprehensive inspection was undertaken on the 14 October 2015 and the service was meeting the Regulations that we checked. We undertook a focused inspection on the 21 July 2016 following concerns received regarding the numbers of staff available to support people. At the focused inspection, we found there were enough staff available to support people but some agency staff did not have sufficient knowledge about the people they were supporting, to ensure they could provide safe care. We rated the safe domain as requires improvement and asked the provider to take action to address this. At this inspection we found improvements had been made in this area, but further improvements were required.

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

Alma Court accommodates 73 people across six separate units, each of which have separate adapted facilities. There were 71 people using the service at the time of our inspection. All of the units specialise in providing care to people living with dementia who demonstrate behaviours that may place themselves and others at risk of harm.

This comprehensive inspection took place on 14 and 17 September 2017 and the first day of our inspection visit was unannounced. The inspection was carried out by two inspectors and an expert by experience on the 14 September, and completed by one inspector on the 17 September 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service

does well and improvements they plan to make. We reviewed the quality monitoring report that the local authority had sent to us and information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We used all of this information to formulate our inspection plan.

We spent time observing care and support in the communal areas and observed how staff interacted with people who used the service. We spoke with eight people who used the service, seven relatives and a visiting professional. We spoke with several staff members that were employed by the provider; this included the regional manager, the registered manager, the deputy manager, the clinical lead nurse and two other nurses, one of which was an agency nurse. We spoke with two advanced senior carers, the home's trainer, two senior care staff and five care staff and an agency carer.

We looked at eight people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our focused inspection in July 2016 we saw there was enough staff available to meet people's needs. However we identified that some agency staff had not been provided with sufficient information to understand people's needs and identified risk and we asked the provider to address this. The provider had taken action and provided an induction for agency staff that included fire safety and identified risks to people. When agency staff worked on a one to one basis with people, they were also provided with a folder specifically about the person they were supporting. This folder provided staff with information on what was important to the person and how to support them. It also included a log sheet for agency staff to record each hour of support the person was receiving. We looked at one person's folder and saw that hourly records were completed showing how the person had spent their day. At this inspection the majority of agency staff we spoke with were able to tell us about the person they were supporting. For those agency staff that were unable to do this; we fed this back to the registered manager at the end of the first day of the inspection. We saw that action had been taken on day two of the inspection to address this. This had been done through discussions with agency staff to assess their understanding of the people they were supporting and where needed direct them to further information regarding the person they were supporting.

Risk assessments and equipment were in place to support people to keep safe and help them to move in a safe way. However we observed two occasions when staff used an underarm technique to support people to sit back in their arm chairs. This is an unsafe practice and should not be used. Although the registered manager told us they would take action to address this, we could not be confident this would be done; as this practice had also been observed on one occasion by Staffordshire quality monitoring team during their visit in July 2017. They had fed this back to the registered manager at the time but our observations showed this practice continued.

This constitutes a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014

Some people were prescribed cream or lotions to protect their skin. These were administered by care staff when providing personal care. Separate administration records were held for care staff to sign when these creams had been applied. However we found gaps on some people's records where staff had not signed to demonstrate these creams had been applied; therefore we could not be confident that people received their prescribed creams or lotions as required. The registered manager confirmed that this would be addressed and discussed in the senior staff team meeting.

The majority of the people that used the service lacked the mental capacity to understand why they needed to take their prescribed medicine. Several people refused to take their medicines that were required to maintain their health and therefore these were given covertly. This means the medicine was hidden in food or drink, so that the person was not aware they were taking it. Protocols were in place regarding the use of covert medicines; however on the first day of the inspection we saw that these protocols were not all signed

or dated and there was no evidence to demonstrate that these were reviewed. These protocols had not been signed by the person's GP or family member to show that this decision had not been made in isolation by staff at the home. We discussed the improvements that were needed with the registered manager and on the second day of our inspection we saw that actions had been taken to address the improvements required.

Discussions with staff indicated that medicines were not given covertly unless this was required. One told, "I always offer [Name] her medicine first and she will usually take them so we don't have to use covert." We observed staff administering medicine at the lunch time meal and saw they spent time with the person explaining what the medicine was for and stayed with them until they had taken their medicine before signing their medication record.

We saw there was guidance known as PRN protocols available for staff to ensure people had 'as required' medicines when needed. Records were in place to demonstrate that people received their medicines as prescribed or if not the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines. Where people required medicine to manage their behaviour we saw this was only administered as needed and was monitored to ensure people were referred, as required to external professionals. There were effective systems in place to store medicines to ensure people were safe from the risks associated to them. Staff who administered medicines told us they received training and had checks to ensure they managed medicines safely and records seen confirmed this. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result. The provider had up to date guidance which was accessible for staff who dealt with medicines.

We saw equipment was in place to support people to keep safe and maximise their freedom as much as possible. For example we saw that low beds that reduced the need for bed rails were in place, and sensor mats to alert staff if people required support. We saw plans were in place to respond to emergencies. These provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs and staff we spoke with were knew how to support people if an emergency happened. We saw that accidents and incidents were reviewed and actions taken as needed to ensure people received the appropriate support; such as referrals to the falls clinic for assessment. Accidents and incidents were analysed to identify any patterns or trends so that actions could be taken as required to improve outcomes for people. Equipment was maintained and serviced as required to ensure it was safe for use.

People told us they felt safe with the staff that supported them. One person said, "I have someone follow me around so I don't fall which makes me feel safe." Another person said, "I suppose I do feel safer here than at home. I apparently wander about at night which I don't remember doing." The majority of people that used the service were unable to give us their views so we observed the support provided to them. Several people required one to one support to keep safe and we saw this was provided to them. Staff told us that they had received training in safeguarding and training records seen confirmed this. One member of staff said, "Everything is covered in the training like the types of abuse and reporting concerns. If I had any concerns I would report them to the senior in charge." Another member of staff told us. "We get safeguarding training and we have the safeguarding policy. I know we can report externally but I would first go to the person in charge of the unit and to the manager if I needed to." Policies and procedures were in place regarding local safeguarding procedures and information was on display to visitors within the reception areas of the home. Information sent to us from the provider demonstrated that they understood their regulatory responsibilities to refer people to the local authority safeguarding team if they were concerned they might be at risk of harm.

Plans were in place to support people to keep safe when they demonstrated behaviours that put themselves or others at risk of harm. Management of Actual or Potential Aggression (MAPA) training was provided to staff. MAPA is training in physical intervention techniques that staff can use to support people to keep safe. One member of staff told us, "We only use up to level 2 techniques here which is a sitting technique; where we sit with the person until they feel calm." Records were kept regarding incidents where people demonstrated behaviours that put themselves at risk and included the interventions provided by staff. We saw these techniques were only used when other techniques such as distraction and diversion had not been successful. The majority of people demonstrated these behaviours when they required support with personal care to maintain their hygiene needs. We saw when people became anxious and demonstrated behaviour that put them at risk, the staff managed this well and documented the incident so that a clear record was in place.

People and their visitors confirmed there was enough staff available to support them. One person told us, "If I need anything the staff get it for me." A relative told us, "There is plenty of staff around and there is always someone available to talk to." There was a good skill mix of sufficient staff available to support people. This included nurses, advanced senior carers and team leaders, senior carers and care staff. We saw that advanced senior carers and team leaders were supernumerary on each shift; to enable them to manage the units they worked on. Several people were supported on a one to one basis due to their needs. We saw that other staff were within the vicinity when staff were supporting people on a one to one basis; to ensure that help was available if needed. For staff that supported people on a one to one, a continuous rotation was undertaken throughout the day. This ensured that where people were demonstrating behaviours that put them at risk of harm, the staff member had a sufficient break from providing this support. The registered manager confirmed that the staffing levels were continuously assessed against people's needs and told us, "We are currently recruiting which will reduce the numbers of agency staff required; but due to people's changing needs it is likely that we will still need some agency staff to ensure we have sufficient staff available. We do try and use the same agency staff when we can, for continuity of care."

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place. We saw that the provider followed their disciplinary procedures when unsafe practice was identified and had informed the relevant bodies. This demonstrated that the systems in place minimised the risk of harm to people who used the service.

A visiting professional told us the home was always clean when they visited and we saw the cleanliness of the home was maintained to a good standard. There were systems in place to ensure the prevention and control of infection was managed within the home. Housekeeping staff were cleaning throughout the home during the inspection. The registered manager confirmed that the head housekeeper undertook daily walks around the home to check that the cleaning schedule was completed. We saw that monthly infection control audits were undertaken to identify any areas for improvement. An external audit by Staffordshire infection control team had been undertaken in May 2017 and the service had scored 90%. The registered manager showed us the action plan that had been completed and we saw that all actions except one had been addressed. This was regarding the replacement of open bins in people's bedrooms with lidded bins. The registered manager advised these had been ordered but on delivery were the incorrect size; so arrangements were being made to purchase these locally. Infection control guidance was in place for staff regarding prevention and control and we saw this was followed. For example we observed staff using personal protective equipment such as aprons and gloves. The provider had been rated a five star by the food standards agency in September 2017. The food standards agency is responsible for protecting public

health in relation to food. We saw that kitchen staff and all staff that handled food had completed training in the safe handling of food.

Is the service effective?

Our findings

People's support needs were assessed prior to using the service. We saw that information gathered prior to admission was used to develop the person's care plan and identify their needs, preferences and interests. This information included the person's support needs and their health and emotional well-being. Life histories were in place and this was done in consultation with people's families to gather a picture of the person's life and what was important to them. Information in people's care plans reflected the support we observed on the day of the inspection. For example one person's records confirmed they required a soft diet and thickened fluids and we saw this was provided to them. We saw that another person enjoyed listening to their preferred music and we saw they were supported to do this. Some people received visits from their preferred faith ministers. One member of staff told us, "The vicar comes in to see some people and the church choir comes at Christmas."

We saw that information such as photographs were being gathered from families to develop memory pictures frames for each person. Some people had these on their bedroom walls. These were being put together for everyone that used the service. The registered manager confirmed this was an ongoing project to support people's memories of important events and people in their life.

We saw the provider ensured people were protected under the Equality Act. This was because the barriers that people faced because of their disability had been removed to ensure they were not discriminated against. This varied from sensor mats that alerted staff when people required support, to adapted utensils to enable people to eat independently and accessible facilities within the home to enable people to move around independently.

People told us they were happy with the support they received from the staff team. One person said, "The staff are good to me, I get the help I need." Another person told us, "The staff must get the training they need; they seem to know what they're doing." One relative told us, "I think the staff are marvellous, they have cared for my relative really well." Staff received training and they confirmed that this supported them to meet people's needs. One member of staff told us, "We get regular training, there is a mix of online and classroom training it depends what the topic is and we have our own trainer here." The in house trainer told us, "Staff tell me if there are any changes with a person's mobility. So if they have been assessed as needing a hoist I can provide training for the staff." The registered manager told us that new staff completed the care certificate. This is an induction that sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. We saw that agency staff received an induction when they began working at the home. This included a tour of home and information regarding the fire procedure and call bell system and emergency bell and reporting of accidents, incidents and faulty equipment. This demonstrated that new and agency staff received the induction required to support them to meet people's needs.

Staff confirmed they received supervision to discuss their learning and development needs. One member of staff said, "We get regular supervision from team leaders; it can be on a one to one or as group supervision."

Another member of staff told us, "I think we are supported well; we also have an annual appraisal to look at our progress and any other training we need." The registered manager confirmed there was a night manager who completed supervisions for night staff with the support of two team leaders. This ensured staff working night shifts received ongoing supervision and support.

We saw that where people were at risk of dehydration or malnutrition, food and fluids charts were in place and completed following each meal and drink including the amount consumed. We saw that no target amount was recorded on people's fluid intake charts to guide staff and is a good practice measure. We discussed this with the registered manager and they confirmed they would review their practice in line with the British Nutrition Foundation; which provides a list of strategies to avoid dehydration by determining an individualised daily fluid intake.

We saw on one unit people were provided with individual snack boxes for in-between meals, to support their nutritional requirements. One staff member said, "People have their snacks throughout the day; it helps them to keep their weight on. They do really well, most days the boxes are empty." We heard one person requesting more cheese and biscuits for the snack box and this was provided. We observed some people who due to their dementia would not sit to eat. Staff provided them with finger food such as toast which they ate while walking around. This ensured people were supported to eat enough to keep healthy. We observed the lunch time meal and saw that where needed people were supported and encouraged by staff to eat. Nutritional plans were in place and followed. Where risks were identified people were referred to the appropriate health care professional and their recommendations followed. Where people required special diets these were provided; for example some people required soft diets to reduce the risk of choking.

When people moved between services this was done in a caring and considerate way. For example the registered manager discussed how a person had been admitted in an emergency situation to support their main carer. They discussed how they had supported the person to ensure they received the correct support and appropriate placement. We saw an email from a health care professional complimenting the registered manager and staff team on their support and caring approach to ensure the best outcomes were achieved for this person.

Visitors confirmed their relatives were supported to see health care professionals as needed. One visitor told us, "If [Name] is unwell they will call the doctor out." We spoke with a visiting professional who told us, "The staff have lots of knowledge about people. They are very good at following my instructions. They do what they should do." People confirmed they were supported to access health care services as needed. One person told us, "I did need to see a chiropodist by the time I got here from hospital and the staff did sort that out for me." We saw that people were referred to healthcare professionals promptly when needed. For example one person was having difficulty swallowing and a referral had been made for a swallowing assessment. The outcome was that the person required puréed meals and syrup thick fluids and we saw the person received these. Another person had been referred to a dietician due to weight loss and was awaiting their assessment; we saw that staff encouraged this person to eat. One person due to their health condition required daily monitoring of their feet and foot maps were in place for staff to record any concerns. One member of staff told us, "If there are any concerns we would record them on the foot map and report them to the senior or nurse so that they can make a referral." People also had access to chiropodists, opticians and dentists to meet their health care needs.

The design of the building enabled access for people that used wheelchairs and we saw that people were able to walk around with or without staff support as needed. There were outdoor spaces available for people to use; however some of these areas were limited. Some people and their relatives confirmed they did not find the outdoor space sufficient. For example one person told us "The staff do take me outside here

when the weather is okay but there isn't much garden so it's not like I would have at home" One visitor said "The garden area is very small and not somewhere [Name] can walk around because of the uneven ground." The registered manager told us this had been identified in the audit of the 2017 questionnaires and an action plan put together which included levelling off an area to create a larger patio space for people to access.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision, such as administering medicines covertly and the support the person needed to ensure their personal care needs were met.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. Some people had a DoLS which had been authorised and any conditions relating to the authorisation were recorded. We saw that for one person records were not in place to demonstrate these conditions had been met. On the second day of the inspection we saw these records had been completed. Discussions with staff demonstrated they had an understanding of the Act and DoLS and we saw they had received training.

Is the service caring?

Our findings

We observed that people's records were not always held securely. The office on Poppy unit was unlocked and left unattended. People's medicine administration records had also been left unattended and on display on top of the medicines trolley. This meant we could not be confident that staff understood the importance of ensuring people's records were held securely and not accessible to unauthorised personnel.

The majority of staff were attentive to people's needs. However improvements were needed regarding the interaction between some agency staff and the people they were supporting. Although we saw some very good interactions, others were limited with no conversation between the agency staff member and the person they were supporting. We observed some staff standing next to people when they were supporting them to eat; rather than sitting next to them. Some people chose to eat their meals in the lounge area and used side tables to eat from. These tables were not always close enough to the person to enable them to reach their food easily; which meant they had to reach forward to eat their meal. This demonstrated that some staff did not fully consider people's comfort when supporting them.

We observed people were supported to be as independent as they could be. Some people walked around with their staff support. One member of staff said, "I love it when people want to walk around; it's much better for them than just sitting." We saw people were able to walk around the units they lived on. As people were living with dementia, unit doors were locked to ensure people's safety; however we saw where people had one to one support they were able with staff support to visit other units and walk around the home.

We saw one person knitting and showing the staff member that was supporting them how to do this. The staff member asked the person if they could try knitting and we saw a warm and friendly rapport between the member of staff and this person. Another member of staff was observed spending time with a person looking through a book about different breeds of cats. The person said, "I love cats" and spent time looking through the book with the staff member and discussing the different cats. Another person told us, "Most of the staff are lovely. They know I like to talk about cars and that keeps me entertained for a while." This demonstrated that staff had the time to offer support with people that was not only task led.

People were complimentary about the staff. One person told us, "The staff are kind and helpful and they help me move from my bedroom to the lounge." Another person told us, "The staff are really quite nice and caring and they do the best they can." One relative told us, "The staff are so caring, it's a wonderful place."

Staff understood people's communication methods and we saw communication plans were in place to guide staff on how to communicate with people at a level and pace they understood. For example one person's plan directed staff on how to reassure them by stroking them arm and speak calmly to them and we saw that this was done by the staff supporting them.

We saw that staff supported people to be involved in decisions about their care as much as they were able. One member of staff told us, "We always explain to be people before we support them and ask them if that's

okay with them. Most people are able to tell us; often they might tell us no, so we wait and try again later. Obviously we wouldn't leave somebody if they needed personal care but we always try to get their agreement and discuss things with them." We saw that staff respected people's wishes to get up and go to bed when they wanted to. We saw that several people chose to get up later in the morning. One person told us, "I don't go to bed early; I like staying up late."

Visitors confirmed they were involved in their relative's review of care. One visitor said, "They're doing a good job because [Name] can be quite challenging. Any problems they let us know. The communication is brilliant." However some people's visitors felt they could be consulted more regarding the day to day care of their relative. We fed this back to the registered manager who confirmed she would address this.

The registered manager confirmed that people were supported to make decisions using independent advocates when needed. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives. Two people that used the service had been referred to independent advocates when they had important decisions to make or their voices needed to be heard. We saw that information regarding independent advocacy services was on display in the reception area.

Protective meal times had been implemented so people could enjoy their meal without interruptions. However the registered manager confirmed that some people's meal times were enhanced with the support of their relatives to encourage them to eat and this was accommodated. One visitor confirmed they supported their relative at the lunch time meal each day.

We saw that staff supported people to maintain their dignity by ensuring any personal care support was provided privately. We saw that when possible people were supported to maintain their appearance. However we did observe that some gentleman had not received a shave, we looked at their daily logs and saw that this had been attempted by staff but these gentlemen had resisted this support and become anxious or demonstrated aggressive behaviour. One member of staff told us, "A lot of people become resistive to personal care, so by the time they are washed and dressed supporting them to have a shave can be difficult; so we have to wait and try again later in the day."

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One visitor told us, "I visit regularly there are no restrictions and the staff are very welcoming and offer me a drink and have a chat." Another visitor told us, "Staff are very friendly and helpful. They make time to sit and talk to us about [Name]. The staff always offer us a drink and check we're ok." We saw that where people had partners that also lived at the home, they were supported to eat lunch together.

Is the service responsive?

Our findings

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met and their representatives confirmed they were involved in these. Staff understood about respecting people's rights and supported them to follow their faith. Staff confirmed that people received visits from different faith denominations to meet their religious needs. The registered manager confirmed that white boards and pictorial information was available to support people to communicate. They told us, "Currently we don't have anyone that uses these, but wipe boards were used for two people in the recent past to support them to communicate. They are available if needed."

Two activities coordinators were employed and activities were provided each day including weekends and a hairdressing service was available to people on a Friday.

We observed people watching films within different units. One person told us they were watching a western movie and said, "I like these sort of films." In the afternoon an external entertainer came into the home to sing. We saw this was enjoyed by everyone that participated and people were supported from other units to attend this entertainment. Two people were dancing with staff and several people had maracas and were laughing as they shook their maracas to the music.

The activities coordinators role was to organise and undertake activities; such as external entertainers, trips out and one to one activities with people. This included chair exercises on all units, arts and crafts, and nail painting. Sensory activities that were provided on Daffodil unit were available for people across all units that benefited from this activity. Staff told us that people were supported to go with them to the local supermarket, duck pond and go out for pub lunches and we saw evidence to demonstrate this. The registered manager told us that some people were supported by staff to visit the Black Country museum in the summer. People were supported to follow their interests for example, two people were supported to go their local football club and another person had visited the local war memorial with staff support. Another person prior to receiving care had been a volunteer supporting people at their local club. They told us that they missed providing this support as they liked to have a purpose and feel useful. The registered manager confirmed that funding had been arranged to provide this person with one to one support for six hours a week and for this person to continue volunteering at this club, on a weekly basis with staff support. This demonstrated that people received support that was individual to them

Regular meetings were undertaken with relatives and representatives of people that used the service. We saw that minutes of these meetings were recorded verbatim; rather than recording the discussions held, any actions required and the outcome. This meant the information in the minutes didn't clearly demonstrate that people's views and suggestions in these meetings were acted upon. The registered manager confirmed that she had already identified this and was amending the way minutes of these meetings were recorded.

Relatives confirmed they would feel comfortable telling the registered manager or staff if they had any concerns. One relative told us, "Any issues and they sort them here." The staff confirmed that if anyone raised any concerns with them they would inform the person in charge. One member of staff told us, "I would tell the team leader who would report to the office." A complaints procedure was in place and

guidance was available in the entrance to the home on how to express a concern or raise a complaint; this included making a verbal complaint. A system was in place to record the complaints received and seven had been received in 2017 and addressed in a timely way; we saw that the actions taken and outcome were recorded. A system was in place to audit the complaints received each year to identify any patterns or trends and take action as needed. We saw that where trends were identified these had been addressed; for example menus had been amended following three complaints regarding the meals.

At this time the provider was not supporting people with end of life care, therefore we have not reported on this at this inspection

Is the service well-led?

Our findings

Quality monitoring was in place. This included audits of the environment and infection control, food hygiene monitoring, medicines and care plans, and staff training and support. We saw that in general, areas for improvements were identified and actions taken. However the records we looked at were not always completed; for example one person's records stated that mattress checks should be undertaken twice a day. These checks had not been completed since March 2017. The last recorded check on the person's sensor mat was in August 2017; this did not demonstrate that regular checks were undertaken to ensure this mat was in good working order. Some care records didn't reflect the care people were receiving. For example one person's records stated that they no longer required a dressing to a pressure area when staff confirmed a dressing was in place. This meant we could not be confident that audits in place were effective in identifying areas that required improvement.

There was a registered manager in post who was clear on their responsibilities. They understood their responsibility around registration with us and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home and on the provider's website in line with our requirements.

There was an infrastructure of support for the registered manager which included a regional manager, deputy manager, clinical lead nurse and nurses, advanced senior carers, an in house trainer, senior care staff and care staff. Housekeeping and catering staff were also on site along with maintenance and administration staff to support the manager in the running of the home. Resources were available to enable the registered manager to drive improvement such as recruiting new staff and agency staff and general maintenance and environmental improvements of the home.

Staff understood the whistleblowing procedure and confirmed a whistle blowing help line was available within the organisation. Staff confirmed they were happy to raise any concerns with the registered manager and management team. One staff member said, "If I had any concerns I would go to the office." Information sent to us from the provider demonstrated that staff were listened to when they reported concerns and actions were taken as needed; this included disciplinary action when required. Staff told us they had the opportunity to attend regular staff meetings and minutes of these meetings confirmed this. .

People and their representatives had the opportunity to complete surveys relating to the service. We looked at the results of the surveys from March 2017 and saw that where improvements had been identified an action plan was in place to address them. For example people had commented on the limited outdoor space and missing items of clothing and the key worker system in place. Discussions were ongoing regarding the outdoor space and the improvements that could be made; a laundry labelling machine had been purchased to minimise clothing being lost; and a new key worker system was in place with keyworkers being involved in the reviews of care for the people they supported. The staff confirmed that keyworkers responsibilities included ensuring people's bedrooms were maintained to a good standard and ensuring

toiletries were available for them along with being a key contact for the person's representatives.

People were supported to maintain links with the local community. For example weekly trips were organised for people to access the community such as meals out. One member of staff told us, "We go out every Thursday for a carvery meal with between six to ten people. We ask different people every week so that everyone is given the opportunity to come along." Social events were provided for people's representatives such as coffee afternoons and support group meetings. This was to enable people to share their experiences of caring for relatives that were living with dementia.

The registered manager wrote in their PIR that they had formed good relationships with members of the local multi-disciplinary team. They also stated that they had regular updates and alerts from the provider's head office and were kept up to date with changes. We saw that the registered manager ensured that people received the relevant support from other agencies as required and promoted partnership working with other professionals such as local doctors' surgeries and community teams; to ensure people received the support they required. We viewed compliments that had been received from visiting professionals. One stated that the staff's knowledge has improved in terms of people with swallowing difficulties and were receptive to findings and supported them well during assessments.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	When people required support to move this was not always done in a safe way. Staff were observed using an unsafe moving and handling practice that put people at risk of injury.
Treatment of disease, disorder or injury	