Care Quality Commission

Preston Bethany Care

Bethany House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 17 December 2015 and 6 January 2016. The inspection was unannounced.

The last inspection of Bethany House took place on 20 August 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

Bethany House is a residential care home for older people. It is owned by Preston Bethany Care, a Christian charity. It is a purpose built, single storey home. The home is situated within its own grounds, close to local shops and other community facilities. There are 26 single rooms. Thirteen have en suite facilities. At the time of our inspection of this location there were 26 people who lived at the service.

The registered manager was available and received feedback throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We asked people who lived at the service if they felt safe. People told us that they felt safe and well cared for. We did not receive any concerning feedback from people who lived at the service or relatives.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found that the service had not always followed local authority safeguarding protocols when a person had fallen and sustained injuries.

We found that staff were confident to raise their concerns and held good understanding of safeguarding principles. However we found that people who lived at the service and visitors did not have free access to information about safeguarding. We have made a recommendation about this.

We looked at how the service identified and managed risk for people on an individual basis. We pathway tracked the care of six people who lived at the service. Pathway tracking enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We found that people's needs and preferences had been assessed prior to admission and records showed what initial risk had been identified. However we found examples where known risk had not been cross referenced into a plan of care to show how the identified need would be managed.

We asked staff about their knowledge of risk to individuals and found that staff held a good level of understanding about people's needs and associated risk.

We found that other risk assessments had been undertaken for people on an individual basis. For example risk assessments for nutrition and the risk of damage to a person's skin. However monitoring of the known risk was not undertaken for people who were at risk of malnutrition or skin damage. We made a recommendation about this.

We looked at how the service managed people's medicines. We found shortfalls in safe administration of medicines, care planning for the use of medicines and record keeping.

We found that the service had effective systems in place for assessing, monitoring and maintaining environment safety.

We found that staff had been safely recruited and deployed.

We found that the provider had a policy and procedure to guide staff around best practice for infection prevention and these included infectious outbreaks referral methods.

However we found that infection prevention systems needed review to ensure that the service was working in line with best practice. We made a recommendation about this.

We received positive feedback from people who lived at the service, relatives and visiting professionals about how effective the service was in meeting people's individual needs.

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

We found that the registered manager and care workers lacked knowledge and understanding about referral processes around Deprivation of Liberty Safeguards (DoLS).

We found that the service did not have effective systems in place to assess a person's mental capacity prior to requesting consent or acting in a person's best interest.

We found that the majority of staff had been employed at the service for many years. Staff told us that they were happy within their employment. We looked at staff personnel files and found that induction training had been provided.

We looked at the training matrix and found that gaps were evident in core training areas such as health and safety, infection control, Mental Capacity Act 2005 and dementia awareness.

Summary of findings

Staff told us that they were happy with the standard of training provided.

We looked at staff personnel files and found that supervisions were undertaken. Staff told us that they felt supported and listened to.

We found that people who lived at the service were happy with the standard of food provided.

We observed a lunch time meal service. We found that people enjoyed the meal service and were offered choice and control. One person requested an alternative to the daily menu and this was provided.

We spoke to the chef and kitchen staff. We found that they were actively involved in helping people maintain a healthy balanced diet and they had access to important information such as people's individual diet types and preferences.

Staff had a good knowledge of people's individual needs including those on specialist diets to prevent them from choking or aspirating.

We found that the service was not always effective at continually monitoring people's nutritional intake. The registered manager took action during our inspection to improve monitoring systems for people that required this level of support to enable effective nutritional screening.

We found that people were referred to external health care professionals in a timely manner.

We found that staff had positive working relationships with external health care professionals and felt confident to ask for advice.

We found that the environment was clean and fit for purpose.

People who lived at the service told us that the care they received was kind and considerate of their needs and preferences.

We received feedback from a visiting health care professional who confirmed that the service was good at supporting people at the end of their life. The professional told us that people experienced kind care.

We undertook a short observational framework for inspection (SOFI). The SOFI tool is used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves.

We observed staff interact with people in a kind and considerate manner. Staff were responsive to people's requests and attentive to people who were not able to verbally communicate their needs.

We found that staff had formed positive caring relationships with people who lived at the service and their relatives.

We observed very good standards of dignity and privacy throughout the inspection. Staff were genuinely caring towards people who lived at the service and visitors.

We found that end of life care for a person living at the service had been organised with great empathy and consideration for the person's personal preferences and wishes.

People were supported to maintain their religious activities. Across two days of inspection we observed people visit from local churches and we saw that this brought people great comfort.

We observed staff organising activities and they encouraged people to participate throughout both days of the inspection. People were engaged and provided with stimulation. We observed those who did not wish to take part in activities given the opportunity to decline and their decision was respected.

We found that the service was proactive in providing person centred care. Staff understood people's individual needs, wishes and preferences.

We observed staff provide support for people as outlined in their care plan.

We looked at the provider's complaint procedure. We found that this was accessible to people who lived at the service and visitors. We looked at complaints management and found that complaints were reviewed in line with the policy and procedure.

People who lived at the service and their relatives told us that they felt confident in the management of the service and happy to raise their concerns.

We observed a positive culture throughout the service.

We observed staff offer people choice and control on various occasions throughout the inspection, people were encouraged to maintain their independence and included in decisions about their care and support.

Summary of findings

We looked at how the service assured quality and development. We found that audits had been undertaken as planned.

We found that audits were undertaken. However some issues identified at this inspection had not been found. The registered manager was receptive to feedback and on the second day of inspection demonstrated pro-active planning around the improvements needed.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safeguarding, medicines and need for consent. You can see what action we have told the provider to take at the back of the full version of the 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 consistently safe.

We found that people were not always effectively safeguarded against abuse. Safeguarding referrals had not been made for two people who had fallen and sustained significant injury.

We found that effective record keeping was not always maintained to ensure

that individual risk to people using the service was care planned and monitored.

We looked at people's care plans and found that information regarding

medicine regimes was limited and required development to ensure that

people received their medicines in a person centred way.

Medicines management required improvement to ensure that safe systems were embedded.

Staff were suitably recruited and deployed.

Requires improvement

Is the service effective?
The service was not consistently effective.

People received effective health care and experienced positive outcomes due to the support they received.

The rights of people who did not have capacity to consent to certain elements of their care or support were not always promoted because staff were not working in accordance with the Mental Capacity Act 2005.

Staff told us that they received good standards of training and support.

We saw that people were supported to maintain a healthy lifestyle and

provisions for nutrition and hydration at the home were to a good standard.

We saw that the environment was safe and well designed.

Requires improvement

Is the service caring?
The service was very caring.

People who lived at the service and their relatives told us that they were satisfied with the standard of care they received. We observed kind and caring interventions between staff and people who lived at the service.

People felt involved in decisions made about their care.

End of life care at the service was undertaken in a professional and empathic way.

Good

Summary of findings

Is the service responsive?
The service was responsive.

We saw that people were provided opportunities to engage in social inclusion.

We observed a very good standard of person centred care interventions and staff understood the needs of people they supported.

We looked at people's care plans and found that person centred information was available.

We saw that the service was responsive to people's needs. People were supported to maintain an independent life style when possible.

We saw that people had access to information about how to complain.

We looked at complaint management and found that the registered manager was responsive to people raising concerns and complaints.

Good

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

We found that the registered manager played an active role at the service and was receptive to feedback.

The culture at the home was open and people told us they felt confident in the running of the service.

Staff told us that the registered manager and provider were supportive.

We found that the service had quality assurance tools to assess, monitor and improve the standard of care provided for people living at Bethany House. However we found that these were not always effective.

Requires improvement

Care Quality Commission

Bethany House

Detailed findings

Background to this inspection

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

This inspection took place on 17 December 2015 and 06 January 2016. The inspection was unannounced.

The inspection team comprised of three adult social care inspectors.

Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the registered manager had sent us since our last inspection.

We asked for feedback from visiting professionals. We received feedback from 2 district nurses and a general practitioner. Comments are included within this report.

At the time of our inspection of this location there were 26 people who lived at the service. We spoke with 12 people who received care, eight relatives and one visitor. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We undertook observation of care using the short observational framework for inspections (SOFI). This enabled us to measure how staff responded to and interacted with people who used the service.

We viewed six people's care records and five people's medicines records. We spoke with four care workers, one cook, one kitchen assistant, the administrator and registered manager during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of three staff members, a variety of policies and procedures, training records, medication records and quality monitoring systems.

Requires improvement

Is the service safe?

Our findings

We asked people who lived at the service if they felt safe. People told us, "Yes I am well looked after". "I always feel safe". And "Staff always come when I need them, they respond to the call bell quickly".

A person's representative told us "The staff are amazing, there is always a strong staff presence. I feel that [name] is safe".

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse.

We looked at two people's care records and found that the service had not made safeguarding referrals in line with the local safeguarding authority's stipulations in relation to falls that result in injury.

On the second day of inspection the registered manager showed us evidence of contacting the local safeguarding authority to raise alerts about historical falls at the service. The registered manager told us that they had been reassured that historical incidents did not need to be reported, however moving forward the service should ensure that they report in line with the local authority's safeguarding procedure.

The identified shortfall in safeguarding referral processes for people who had fallen and sustained injury constituted a breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service had a policy and procedure for safeguarding people from abuse. Staff also had access to the local authority's safeguarding procedure. However we found that people who lived at the service and visitors did not have free access to information about safeguarding.

We found that staff had received training in safeguarding adults and demonstrated a good understanding about what abuse meant.

We looked at how the service managed people's medicines. We found that the service had systems in place for auditing medicines management, however the provider's audit did not identify the short falls found during the inspection.

We looked at medicine administration records for five people who lived at the service. We found that hand written medicine records had not been completed in full. Received and carried forward stock had not been recorded to enable effective stock management. Hand written medicine entries had not been signed for by two members of staff to ensure the safe administration of medicines.

We found that medicines prescribed for people on an 'as and when required' basis or as a short term measure had not been effectively care planned. Plans were not in place to direct staff administering medicines to ensure that people received their medicines in a person centred way. These included the use of end of life care medicines that were prescribed as an anticipatory measure for people who were near to the end of their life.

We found that variable medicine doses were not always recorded. This meant that record keeping was not robust.

We also found that people's topical medicines, such as creams and ointments had not been effectively care planned. The service did not have records in place to direct staff about the correct method for application and charts were not available to enable care workers to record when they had applied a person's treatment during personal care regimes. The registered manager showed us how the service would improve recording of topical treatments during day two of the inspection.

We observed medicine administration at lunch time during day one of the inspection. We saw staff engaged with people in a discreet manner; however medicines were administered during the lunch time meal. This meant that people were interrupted during their meal to be given medication. We asked staff if there was a known need for people to have their medicines during meal times and they told us that there was no known reason and that it was routine.

We observed staff leave people's potted medicines on the table and not stay to ensure the medicines had been taken. We also observed staff sign administration records prior to ensuring that the person had taken their medicines. This demonstrated that staff did not always follow safe and robust procedures when administering medicines.

We looked at training records and found that all staff who administered medicines had received training in the safe administration of medicines in 2015. However the service had not ensured that competency assessments were undertaken to ensure that staff understood the training they had received.

Requires improvement

Is the service safe?

The above shortfalls in safe management of people's medicines amounted to a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service identified and managed risk for people on an individual basis. We pathway tracked the care of six people who lived at the service.

We found that people's needs and preferences had been assessed prior to admission and records showed what initial risk had been identified. However we found examples where known risk had not been cross referenced into a plan of care to show how the identified need would be managed.

For example one person's pre-admission assessment showed that they were at risk of falls prior to admission. This information had not been care planned.

Information we received prior to visiting the service indicated that there had been a number of falls. We found that some falls had resulted in significant injury and hospital admission.

We looked at care planning for people who were at high risk of falls and found risk assessments were in place and referral to the external falls management team had been made. However we found for some people's risk assessments were not robust enough to explain what measures the service had implemented to reduce the risk and minimise falls.

We asked staff about their knowledge of risk to individuals and found that staff held a good level of understanding about people's needs and associated risk.

We found that other risk assessments had been undertaken for people on an individual basis. For example risk assessments for nutrition and the risk of damage to a person's skin. We found that basic care planning had been undertaken for most people for any associated risks. However monitoring of the known risk was not undertaken for people who were at risk of malnutrition or skin damage.

We discussed this with the registered manager during day one of the inspection. On day two of inspection we found that monitoring records had been implemented for people on an individual basis. However rationale for why these were needed and expected monitoring targets had not been care planned or specified on the monitoring records.

For example this meant that the monitoring charts for a person who had a poor fluid intake did not identify what the calculated intake the person required to maintain a healthy fluid balance.

We found that the service had effective systems in place for assessing, monitoring and maintaining environment safety. We looked at maintenance records and found safety checks had been made in line with the provider's health and safety policy and procedure. We also found that equipment had been serviced and was in good working order.

We found that six bedroom doors did not fully close into the door frames. We identified this as an area of risk during the inspection. The registered manager confirmed that immediate action had been taken and maintenance work had been scheduled.

We looked at how the service ensured that there were sufficient numbers of suitable staff to keep people safe and meet their needs. We found that staff had been safely recruited and deployed.

Staff told us that they felt suitably covered and had enough time to meet the needs of people who lived at the service. We observed staff sit and talk to people and their relatives. We found that people were responded to within good time frames and staff quickly responded to call bells.

We looked at how the service protected people against the spread of infectious disease. We found that the provider had a policy and procedure to guide staff around best practice for infection prevention and these included infectious outbreaks referral methods.

We found that infection prevention systems needed review to ensure that the service was working in line with best practice.

We observed staff access personal protective clothing. However we found that this type of equipment was not readily available at all points of care, such as bathrooms. This would enable staff to have quick access for times when the need for assistance could not be predicted. We found that hand wash signs were not available throughout the building and clinical waste bins were not pedal operated.

Requires improvement

Is the service safe?

We asked staff about their knowledge of infection prevention and staff told us that they had received training; however staff were unable to recall when this was. Staff were able to identify principles of safe practice to prevent the spread of disease.

We looked at training records and found that only four out of 32 staff had undertaken training in infection control in the last three years. On the second day of the inspection the manager confirmed that training had been scheduled.

We received feedback from a visiting health care professional who stated that the service was good at managing infection. The service had not experienced any recent infectious outbreaks and staff were able to identify what procedure was to be undertaken when infection is suspected.

We recommend that the service looks at best practice information about infection control and prevention. This can be found at the National Institute of Clinical Excellence (NICE).

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the service if they were happy with the care and support they received. People told us; "I love living here, everyone is so friendly". "It is a nice place to live, second best to home". "I cannot fault the care". "I am very well looked after". And "The care staff do their upmost to help me".

We received very positive feedback from people's relatives. Relatives told us; "We are always welcomed; the home is very effective at meeting [name's] needs". And "The home has been very good for [name], they are quick to refer to the doctor and I feel [name] receives exceptional care".

We asked visiting health care professionals for feedback. A visiting general practitioner (GP) told us "Bethany House is a lovely home; I and another GP would not hesitate to let our family reside here". A visiting district nurse told us "The staff are on the ball, they are quick to contact us if someone is unwell".

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the registered manager and care workers lacked knowledge and understanding about referral processes around Deprivation of Liberty Safeguards (DoLS).

We asked the registered manager if anyone who lived at the service had been subject to Deprivation of Liberty Safeguards (DoLS). The registered manager told us that the service had not made any DoLS applications. However a member of staff told us that on one occasion, a person who lived with dementia and was unaware of their surroundings, walked out of the service and staff had to follow them outside to encourage them to return. Staff told us they were not aware this constituted a DoLS and that the service needed authorisation to deprive the person of their liberty.

As a safety measure exit doors at the service were locked and people had to ask staff to allow them to leave.

On the second day of inspection we found that the registered manager had started to take appropriate steps to apply for authorised restrictions. However further training for the registered manager and staff employed at the service was required to ensure that this was achieved in accordance with the Mental Capacity Act 2005.

These short falls in safeguarding vulnerable adults amounted to a breach of Regulation 13 (5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service did not have effective systems in place to assess a person's mental capacity prior to requesting consent or acting in a person's best interest. People had been asked to sign consent and agreement records however their mental capacity had not been considered prior to such requests.

On the second day of the inspection the manager showed us new documentation that she intended to roll out to ensure that mental capacity assessments could be undertaken.

The registered manager explained that training had been organised following day one of the inspection to enable staff understanding of the Mental Capacity Act 2005.

Shortfalls in consent to care and treatment in line with the MCA 2005 amounted to a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service provided effective care that was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Requires improvement

Is the service effective?

We found that the majority of staff had been employed at the service for many years. Staff told us that they were happy within their employment. We looked at staff personnel files and found that induction training had been provided.

We looked at the training matrix and found that gaps were evident in core training areas such as health and safety, infection control, Mental Capacity Act 2005 and dementia awareness. On the second day of the inspection the registered manager confirmed that training had been scheduled and this would be undertaken across the next few months.

We asked staff if they had received training that helped them provide safe and effective care. Staff told us; "I had a great induction and I feel the training is frequent enough". "I have been here that many years I am confident in understanding people's needs". And "If I want any alternative training, I can always ask the manager".

We looked at staff personnel files and found that supervisions were undertaken. Staff told us that they felt supported and listened to. We observed positive working relationships between care workers, ancillary workers and senior staff at the service.

We looked at how the service supported people to eat and drink enough to maintain a balanced diet.

We found that people who lived at the service were happy with the standard of food provided. People told us; "I like the food". "The food is good here". And "I don't have the best of appetites but they give me lots of choice". A general comment from people who lived at the service was that snacks at supper time were limited. We discussed this with the registered manager who responded immediately and on the second day of the inspection people told us that supper time snacks had improved.

Relatives told us; "The food always smells great". "The food is good". And "There is a variety on the menu board every day. We came for Christmas lunch and it was fabulous".

We observed a lunch time meal service. We found that people enjoyed the meal service and were offered choice and control. One person requested an alternative to the daily menu and this was provided.

We spoke to the chef and kitchen staff. We found that they were actively involved in helping people maintain a healthy balanced diet and they had access to important information such as people's individual diet types and preferences.

We spoke to care staff that supported people who needed assistance at meal times. Staff had a good knowledge of people's individual needs including those on specialist diets to prevent them from choking or aspirating. We checked that staff were following guidelines as stipulated by specialist professionals and found that staff provided safe and individual care and support.

We looked at four people's care records and found that risk assessments were undertaken for malnutrition. People were weighed on an individual basis and risk assessments were updated if people's weight had changed.

People had care plans that showed their basic nutritional needs and preferences. However we found that key documents such as speech and language guidelines had been filed separately to the electronic care planning system and this meant that records were not filed in relation to the person's current care plan to ensure that staff had access to this important information.

We found that the service was not always effective at monitoring people's continual nutritional intake. The registered manager took action during our inspection to improve monitoring systems for people that required this level of support to enable effective nutritional screening.

We looked at how the service supported people to maintain good health. We found that people were referred to external health care professionals in a timely manner. People's care records showed that they were supported to attend appointments outside of the service. One person told us "The staff take me to the GP surgery, staff are very helpful".

During our inspection we observed external health professionals visit people who lived at the service. We found that staff had positive working relationships with external health care professionals and felt confident to ask for advice

We looked at how the environment was maintained and adapted to meet individual needs. We found that the

Requires improvement

Is the service effective?

environment was clean and fit for purpose. The registered manager told us that the provider invested in the environment and we could see that ongoing maintenance work was undertaken.

Good

Is the service caring?

Our findings

We asked people who lived at the service and their representatives if the care they received was kind and considerate of their needs and preferences. People told us; "I feel in full control of my care". "Staff are very kind". "If you can't be at home this is where you want to be". "The staff are nice and caring". And "Staff are very friendly".

People's relatives told us; "Since [name] has been unwell staff have not left [name] side. Staff here are passionate about making a difference". "I came one day and saw a carer embrace one of the ladies in the lounge in a caring and warm manner, it's a lovely thing to see". And "Carers chat with people and the conversations are natural".

We received feedback from a visiting health care professional who confirmed that the service was good at supporting people at the end of their life. The professional told us that people experience kind care.

We observed staff interact with people in a kind and considerate manner. Staff were responsive to people's requests and attentive to people who were not able to verbally communicate their needs.

We found that staff had formed positive caring relationships with people who lived at the service and their relatives. For example we saw staff sit with people and engage in conversation that was free and natural. Staff held people's hands and showed empathy when needed.

We observed very good standards of dignity and privacy throughout the inspection. Staff were genuinely caring towards people who lived at the service and visitors.

We looked at people's care records and found that care planning incorporated people's wishes and preferences.

One person told us that resident meetings were arranged for those who wished to attend. People told us that they felt in control of their care and fully involved in decision making. Residents' meetings were held every three months and discussed topics such as activities and trips.

We found that end of life care for a person living at the service had been organised with great empathy and consideration for the person's personal preferences and wishes. The service had fully considered best ways to support the person and this created positive outcomes for them.

Staff told us that they had received training in end of life care and we saw that this had been provided for ten staff members.

A visiting Reverend from a local parish told us "We (the church) are very taken by the home and we are always made to feel welcome".

People were supported to maintain their religious activities. Across two days of inspection we observed people visit from local churches and saw that this brought people being visited great comfort.

We observed staff organising activities and they encouraged people to participate throughout both days of the inspection. People were engaged and provided with stimulation. We observed those who did not wish to take part in activities given a chance to decline and their decision was respected.

Good

Is the service responsive?

Our findings

People who lived at the service told us; “I am able to raise my concerns”. “I cannot fault the care”. “Staff are responsive day and night”. “I am always laughing, I am very happy here”. And “You can say if you are not happy”.

People’s relatives told us; “The communication is very good”. “Staff listen”. “We can always raise our concerns”. And “There is a family culture here, everyone is involved”.

We found that the service was proactive in providing person centred care. Staff understood people’s individual needs, wishes and preferences.

We looked at six people’s care records and found a good standard of information about what people preferred. People were asked to contribute to the care planning process. A person who lived at the service told us, “I talk to the staff on a regular basis about my care plans”. Another person told us, “Staff know me well”.

Needs assessments had been conducted before people moved into the service. This helped to ensure the staff team were confident they could provide the care and support required by each person. Plans of care were developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual. Records showed regular review of people’s needs had taken place and any changes in circumstances were recorded.

We observed staff provide support for people as outlined in their care plan. One person was cared for in bed on a 24 hour period. We saw that the person had been fully risk assessed and care planning covered areas of their care and support. We visited the person in their bedroom and observed a care worker whilst they helped the person with breakfast. We saw caring interventions with full consideration given to the person’s dignity and privacy. Stimulating music was played and the person confirmed that this was to their taste and preference.

We looked at the provider’s complaint procedure. We found that this was accessible to people who lived at the service and visitors. We looked at complaints management and found that complaints were reviewed in line with the policy and procedure. We found one instance where an agreed action had not been formally recorded on completion. However the registered manager confirmed that the issue was appropriately addressed.

We looked at resident questionnaires issued in June 2015. Responses were positive regarding the premises, cleanliness, food and availability of the registered manager. Survey results were collated, analysed and fed back to people who accessed the service. People told us that they felt confident to raise their concerns or opinions.

Requires improvement

Is the service well-led?

Our findings

We asked people who lived at the service and their relatives if they thought the service was well led. People told us; “The manager and senior staff are always around”. “The home is well run”. And “I can go home feeling reassured that (name) is in good hands”.

We looked at how the service demonstrated good management and leadership. Staff told us; “I feel very supported, this home is run with a family ethos to care for each other”. And “The manager is approachable”.

We observed a positive culture throughout the service. Staff showed team working ethos and appeared to have established positive relationships with colleagues and people who lived at the service.

We observed staff offer people choice and control on various occasions throughout the inspection, people were encouraged to maintain their independence and included in decisions about their care and support.

We looked at minutes from team meetings held in February, May and November 2015. Minutes showed positive communication and feedback from staff. Staff told us; “Communication is good; we are all competent at sharing information”. And “We can raise our concerns or needs at any time, we also have meetings to discuss the home overall”.

We looked at the staff communication book. We found examples of positive information sharing between the team and observed staff access the records during the inspection on a frequent basis.

We found that staff were confident in informing the registered manager when maintenance work was needed. Staff completed quality reports that identified areas in the service that needed attention.

We looked at how the service assured quality and development. We found that audits had been undertaken as planned, these included external audits undertaken annually. The registered manager completed regular reviews of the services practice and these records included any actions identified from the annual external audit.

We looked at records completed when trustees of the service undertook inspection of the service four times per year. These inspections included steak holder and professional’s feedback. Records showed action taken when areas of improvement had been identified.

We found that audits were undertaken. However some issues identified at this inspection had not been found. The registered manager was receptive to feedback and on the second day of inspection demonstrated pro-active planning around improvements needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent **The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.** **Regulation 11 (1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not have suitable arrangements in place for medicines management.** **Regulation 12 (2) (g)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not have suitable arrangements in place to ensure that people were effectively safe guarded. Consideration for deprivation of liberty safeguards had not been embedded at the service.** **Regulation 13 (1) (2) (5)**