

Farehamcourt Limited

Farehaven Lodge

Inspection report

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Date of inspection visit: 4 & 5 August 2015
Date of publication: 09/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 4 and 5 August 2015 and was unannounced.

Farehaven Lodge is a service that is registered to provide accommodation for up to 40 older people, some of whom are living with dementia. Accommodation is provided over two floors and there are stair lifts to provide access to people who have mobility problems. At the time of our visit 28 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Identified risks associated with people's needs had not always been assessed and clear plans developed to ensure staff could mitigate such risks. People felt safe and staff knew their roles and responsibilities in safeguarding people. Where concerns required reporting the provider had ensured this was done. Medicines were stored and managed appropriately. The registered manager had identified some issues of concern in the signing of creams and ensuring all creams were dated when opened and was taking action to address this.

Summary of findings

Thorough recruitment checks were carried out to check staff were suitable to work with people. Relatives and staff raised concerns about staffing levels, however our observations did not support these concerns and we found there to be enough staff to meet people's needs at the time of our visit.

Staff were supported to develop their skills through training and the provider supported staff to obtain recognised qualifications. Supervisions were not consistently taking place although staff told us they felt very supported and could approach the manager at any time for advice or to discuss concerns. We have made a recommendation about the supervision and appraisal process.

Consent was sought from people who were able to provide this and we saw people making their own decisions throughout our inspection. However staff and the registered manager did not demonstrate an understanding of the Mental Capacity Act 2005. This had not been applied appropriately. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service had submitted applications for DoLS for everyone living in the home, although they had not fully assessed people's capacity and had applied for some people who they said had capacity.

People were satisfied with the food provided and said there was always enough to eat. People were given a

choice at meal times and were able to have drinks and snacks throughout the day and night. Improvements were needed where people's nutrition and hydration needs required monitoring and we have made a recommendation about this. Staff supported people to ensure their healthcare needs were met.

People told us the staff were kind and caring. No one had any concerns and said they were happy with the care and support they received. Staff respected people's privacy and dignity and used their preferred form of address when they spoke to them. Observations showed that staff had a kind and caring attitude. People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time.

The registered manager operated an open door policy. Staff felt there was a culture of learning encouraged by the manager. They felt the manager and other senior staff were approachable and they could talk to them at any time.

The provider had a number of auditing processes in place however we were not always assured of their effectiveness in identifying areas of concern and driving improvements.

We found breaches 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 this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risks associated with people's care were not always assessed and plans developed to mitigate such risks.

Staff understood safeguarding people at risk and knew what action to take if they had concerns.

Staffing levels met people's needs and safe recruitment practices were being operated.

Medicines were managed safely. The manager had identified that staff were not signing for the administration of creams and were taken action to address this.

Requires improvement



Is the service effective?

The service was not always effective.

Consent was sought from people but where people lacked capacity to make certain decisions the Mental Capacity Act was not fully understood and applied correctly.

Staff received training to help them in their role. Supervisions for staff did not always happen consistently although said they were well supported and could approach the registered manager at any time.

People's nutritional needs were met but improvements were needed when people's intake required monitoring. People had access to healthcare professionals when they required this.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff who understood their needs and were caring and compassionate.

Staff demonstrated an understanding of respect, privacy and dignity.

Good



Is the service responsive?

The service was not always responsive.

Staff understood people's needs and preferences but the provider had not ensured records were personalised and an accurate reflection of the support people required. An activities coordinator had started and we saw a number of activities taking place at the time of our visit, although some people raised concerns that they did not always know what was happening or there was not enough to do.

Requires improvement



Summary of findings

A complaints procedure was in place and people knew how to use this. We saw where concerns had been raised the registered manager had implemented the complaints procedure and people had been satisfied with the outcome.

Is the service well-led?

Systems in place to monitor quality and drive improvement were not always effective.

The management team were visible and operated an open door policy. Staff felt they could approach the manager and senior staff at any time and were confident they would listen and take action. People said they could talk to staff if they needed.

Requires improvement



Farehaven Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 August 2015 and was unannounced. Two inspectors carried out the inspection and were supported by an expert by experience who has experience in supporting older persons. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports and looked at our own records such as any

notifications of incidents which occurred (a notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people, two relatives, nine staff and the registered manager. It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We looked at care records for eight people and the medicines records for 14 people. We looked at recruitment supervision and appraisal records for four staff and training records. We also looked at a range of records relating to the management of the service such as activities, menus, accidents and complaints, as well as quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe and relatives confirmed this. People received their medicines when they needed them and were confident staff knew how to support them. Concerns were raised about the staffing levels in the home and not all relatives felt there was enough, however our observations did not match these comments.

Risks associated with people's care were contained within their care records, however these did not always contain the information staff would need to support people according to their needs. Three people had been assessed as a high risk, using a standard tool for assessing people's risk of developing pressure injuries. For two of these people, no detailed plans had been developed to mitigate these risks. The registered manager told us this was because these people moved independently.

Records were inconsistent about the type of diabetes two people were diagnosed with. Both people's condition was being managed with the use of insulin and permanent staff were aware of this. Care plans were in place which detailed some of the risks associated with this condition, however it provided no clear guidance about how the condition presented for the individual and the actions to take should some of the risks present themselves. For example, it provided no information about the signs of a hypoglycaemic episode (this is when a person's blood sugar falls below a safe range) and how to prevent this. No clear guidance about the person's usual blood sugars was in place and staff were unable to tell us what this was. Staff were able to describe the actions they would take in the event of a hypoglycaemic episode and had received training. However, the registered manager told us they needed to use agency workers to cover shifts at times. Agency workers are staff that are not employed and trained directly by the provider. They provide temporary cover to the home. The lack of clear assessment and guidance available for agency workers meant risk associated with this condition may not always be identified and appropriate action taken. .

For a third person their records identified a history of seizures. Staff told us this person had not had a seizure since being admitted to the home and it was not known when they last experienced one or how they presented.

Staff had received basic first aid training and knew what to do in the event of a seizure. However no clear assessment of the risks associated with seizures and the action staff should take to minimise such risk had been developed.

The failure to ensure that all identified risks were appropriately assessed and plans implemented to mitigate such risks was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had ensured all staff received training in safeguarding adults at risk and staff demonstrated a good understanding of their roles and responsibilities in this. They were able to describe different types of abuse and the action they would take if they had concerns. The registered manager had a good understanding of safeguarding and we saw where people had raised concerns they had made the appropriate referrals to other external professionals including the local authority safeguarding team. Where necessary they had worked with people to implement additional support measures and plans of care to reduce the risk of reoccurrence.

The registered manager and provider used a dependency tool to help them assess the needs of people. They told us they then submitted this information to head office and guidance was then provided to them about the number of staff needed per shift. The registered manager told us about the staffing levels at the home. This included four care staff plus senior staff each day. The home employed domestic staff and activity staff. Our observations showed staff responded quickly to people's needs and requests, and had time to spend with people. The manager and staff confirmed that if required additional staff would be provided to ensure people's needs were met.

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview.

Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

Medicines were stored and handled safely. Medicines trolleys were locked and held in a locked room. Temperatures of the room storing medicines and the medicines fridge were checked daily. Tablets and capsules

Is the service safe?

were mainly administered from blister packs. Liquid medicines in other containers such as bottles and eye drops were clearly marked with the person's name and the date the container had been opened. However this was not always done for bottles of creams.

Staff supported people to take their medicines and people told us they always received their medicines on time. Staff checked the medicines against the records and provided encouragement to people to take their medicines, explaining what they were for. Medicine administration records (MAR) were seen for 14 people. They contained accurate information and there were no gaps in the recording of medicines administered to people. However creams were not always signed for when they were administered. Records of medicines received into the home were maintained by documenting this on people's MAR sheets. PRN (as required) protocols were in place where these were prescribed. These described the medicine, dose, reasons for use and signs when this may be required.

In addition it described how long it could be used before the GP may need to be contacted. The pharmacist had recently carried out an audit of medicines management at the service and no significant findings had been made. The service carried out its own weekly spot checks of medicines to ensure they were managed safely. We identified that the application of creams was not always signed for. The audit had already identified this and the registered manager was taking action to address these. Only certain staff were able to administer medicines and they had received appropriate training and had undergone competency assessments. They knew how to support people to take their medicines but confirmed no care plans were in place to describe how people liked to have their medicines. The registered manager and staff told us they were training other staff to be able to undertake this role. Care plans which detailed the support people needed and their preferences would give clear guidance to all staff about this area of need.

Is the service effective?

Our findings

People told us the staff knew how to support them and relatives confirmed this. One told us they had no complaints about the care provided and felt staff involved their relative in making decisions as much as the person was able to. People told us the food was good and said they received the support they required to see their doctor. Staff were seen to engage with people in a positive way.

All new staff members completed an induction when they first started work. This involved a period of time spent with senior staff or the registered manager; time spent shadowing experienced staff and the completion of the provider's mandatory training. The registered manager confirmed that any staff that were new to care, were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager told us they aimed for six supervision meetings with staff each year. They said these could be one to one meetings and observations of staff practice. Four staff records we looked at confirmed they had all received supervision meetings although two of these did not reflect these took place six times a year. One staff member had received one supervision session in 2011, 2012, 2014 and 2015. No records for 2013 were available. A second showed they had received one session in 2013, one in 2014 and two to date in 2015. Where they had taken place we saw feedback was given about how they could improve their practice. The registered manager confirmed that a senior manager had done some supervision sessions with staff, to help out but generally these were completed by the registered manager, deputy manager or seniors. No record of appraisals were found for two members of staff and when we asked the registered manager about these they said they tried to do these but the focus was on supervisions and providing positive feedback in these as well as looking at training needs. Staff confirmed they received supervisions sessions with senior members of staff and said they found them useful. Staff confirmed they felt

well supported by the registered manager and other senior members of staff. They said they could talk to them at any time and did not need to wait for a formal supervision meeting to take place.

We recommend the provider review their system of supervisions and appraisals of staff.

The provider supported staff to obtain recognised qualifications such as Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). In addition they also ensured staff received training in a variety of subjects including safeguarding adults, moving and handling, dementia, behaviours that challenge and diabetes. Staff spoke positively of the training they received. One said it helped them to "feel prepared". Another said "It helps because it keeps me updated when things change".

Records confirmed that people were asked for their consent in relation to their plans of care and the use of photos. Where people had made specific requests such as not wishing to be visited by certain people, or to use CCTV in their room this was clearly recorded.

The Mental Capacity Act 2005 (MCA) was not fully understood and correctly applied. This Act provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff knowledge of the MCA was limited. One told us they thought this was "about the different levels of dementia, what they can do for themselves and making sure they get the right medication". A second said "I think it's about policies and procedures in the home, keeping people safe, safeguarding". Whereas a third was able to describe what the act meant and how they put this into day to day practice by ensuring people were encouraged to make their own decisions, giving all the information they needed to do so. Senior staff told us on admission to the home they assessed everyone's mental capacity to consent to their care plans. They said if the assessment showed people had capacity then they would ask for their consent to their care plans, if the assessment showed the person lacked capacity they would consult with families. The MCA states that everyone must be assumed as having capacity unless they are deemed not. Assessing everyone's capacity to consent to their care plans before requesting their consent did not demonstrate a full

Is the service effective?

understanding of the Act. Where people had been assessed as lacking capacity to make this decision, staff had involved their relatives and there was evidence they had contributed to the care plans.

The registered manager confirmed that they had submitted Deprivation of Liberty Safeguards (DoLS) applications for everyone living in the home to the supervisory body responsible for making these decisions. Use of the DoLS ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests. We saw the DoLS applications related to living in the home, being able to go out without support and consenting to care plans. Assessments of people's capacity to consent to their care plans had been undertaken; however the registered manager confirmed that assessments of people's capacity to consent to living at the home had not been undertaken. Two people whose records we looked at confirmed they had capacity; however DoLS applications had been made for these people. DoLS only applies if a person lacks capacity and this demonstrated a lack of understanding of the Mental Capacity Act 2005.

The failure to undertake decision and time specific capacity assessments, at times when it was thought a person may lack capacity was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, there were times when staff did show they understood the principles of the Act. One person had recently provided consent to a care plan. A previous assessment stated they lacked capacity to consent to the care plans. The registered manager told us staff member supporting the person at the time felt this person was able to make the decision and this was respected. Observation showed people being encouraged and supported to make decisions. One person chose to go out independently, shopping. Another chose to remain in the lounge to sleep. Staff encouraged people to make decisions about what they wanted to do, eat and drink.

People mostly said they enjoyed the food and always had enough to eat and drink, although one person told us they did not like the way the food was cooked. Relatives spoke highly of the food and one said "There's a good choice of food and they are encouraged to be sociable at the table". Staff described a pre-planned menu that people were able

to discuss during resident meetings. People and staff said there was always something to eat and drink available and if they wanted more or something different this was supported.

People had care plans associated with eating and drinking. These contained some basic information about people's needs and the support they required. The "action plan" section was worded exactly the same for each person and not individualised. Further information was held by kitchen staff about people's preferences, likes and dislikes. Staff knew those people who required additional monitoring and support with their nutritional intake. They knew what people liked and we observed them offering a number of alternatives to encourage people to eat. For example, we observed staff members sitting with people encouraging them to eat their meals, they offered a variety of options. One person we were told was at risk of weight loss as their intake was low and they spent a lot of time walking. Staff spent time with this person trying alternatives to engage them in the meal time and encourage them to have something to eat. The staff member's attempts were successful and the person did engage positively. Where the staff were concerned about people's weight they ensured they checked this regularly and also implemented monitoring charts. Weight records we reviewed showed the support people were receiving was successful. We noted monitoring charts and care plans did not contain any guidance about how much a person should be eating or drinking over the course of 24 hours. A lack of guidance about a person's ideal intake meant staff would find it difficult to monitor if their nutrition and hydration needs were being met, and identify if further action was required.

We recommend that the service explores relevant guidance on how to ensure required nutrition and hydration is monitored effectively.

People had access to a range of healthcare professionals including opticians, dentists, GP and specialist nurses. Referrals to other health professionals were made promptly. Care records were completed to reflect the outcome of the appointments and staff acted on advice and guidance. People were confident that medical attention would be sought and that a GP or emergency services would be called if needed. One person said "My GP will come quickly if I'm not well."

Is the service caring?

Our findings

People were satisfied with the care and support they received. One said “They [the staff] all treat me very well. They all seem to be all right, kind. They listen to me if I need to talk to them about something”. A relative said all the staff were “kind and caring and treated [their relative] well. A second said “The staff here are brilliant, there's not one who hasn't got a smile”.

People were treated with kindness by staff who understood their needs. Staff explained what they were doing and why. They used people's preferred form of address and got down to the same level as people and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them. Staff spent time talking with people and encouraged them to join in activities and talk about things that were important to them. Staff showed they had a caring attitude towards people and recognised when they needed support and provided reassurance. One person who was supported to mobilise using a hoist was given clear explanation and lots of reassurance throughout. Staff repeatedly checked they were ok and when the moving had finished they made sure the person was comfortable and happy. At lunch time some people were finding it difficult to know what to do, staff recognised this and offered support to each person. When people refused this support they gave time and tried again a short time later until people understood what they needed to do. People confirmed staff offered an explanation before doing anything.

People told us and relatives confirmed they could talk to any member of staff about their care, and we saw staff

offering them choices about where they wanted to sit, what they wanted to eat and drink and other aspects of their day to day support. Staff said they encouraged people to make their own decisions and respected the choices they made. We saw some plans were very personalised and supported people's decisions. For example, one person chose to sleep in a chair in the lounge rather than go to their room. This was reflected in their care plans and staff respected this whilst supporting the person's privacy. Two people chose to go out into the community without support. Staff told us how these decisions were respected. Relatives confirmed they could visit the home at any time and they were made to feel welcome. They told us staff kept them informed and asked for their input about people's care. People did not always remember if they had a care plan but told us staff always asked them before delivering any care.

Meetings with people took place to provide them with information about the home and seek their feedback. The meeting held in May 2015 asked for people's views on the meals, gave them updates about staff and asked for any other feedback. We saw people had commented about the garden and how they would like to see it look and be used. At the time of our visit, maintenance people were reviewing the plans for refurbishing the garden.

People's privacy and dignity was respected. Records for people were stored confidentially and only staff who needed these had access. Staff knocked on people's doors and waited for a response before entering. People confirmed their privacy and dignity was maintained and staff understood the importance of this.

Is the service responsive?

Our findings

People said they were happy in the home and described the staff in a positive way. They told us staff knew and understood their needs and provided the care and support they required.

Before people moved into the home a pre-assessment was undertaken to ensure the home could meet their needs. This included gathering information about the history, likes, dislikes and current needs of people. Following this assessment staff then developed care plans based on the information gathered. Staff told us these gave them a good level of information to be able to understand the support people needed, including any risks that may be associated with their care. Staff told us people were included as much as possible in their care plans. They did this through talking to people and their families to establish what their needs and wishes were. Not everyone we spoke with could recall this but we saw evidence in people's records that they had been involved. Relatives confirmed they were involved and kept informed.

Staff were knowledgeable of people's needs and the support they required. For example, one person was living with dementia and became distressed at times. Staff knew the reasons behind this and what could trigger this distress to escalate. They knew how to provide support and reassurance to the person to reduce their anxieties and developed a clear care plan which provided consistent guidance to staff. For another person they had chosen not to sleep in their room as they preferred to sleep in the main lounge. Staff had responded to this request and supported this person to sleep in the main lounge at night, however no clear plan was in place to guide staff about how to ensure the person was comfortable, and to minimise any potential risks associated with this.

Some care plans had been personalised and reflected the needs and wishes of the person. For example, care plans which related to people's personal care had been personalised and were based on people's individual needs. However, the action plan for each person recorded the same thing. Not all aspects of care plans were personalised and did not always provide guidance about the support staff needed to provide. For example, for two of three people's communication care plans there was no information to guide staff about how they should communicate with people to ensure this was appropriate

to their needs. Staff were seen to be communicating with these people in a manner they appeared to understand and respond to. Records for one person showed they had recently consented to a particular care plan, however an assessment of their capacity to provide this consent dated 2013 stated they did not have capacity. This had not triggered a review of the records and was out of date.

The failure to ensure care plans were fully personalised and an accurate reflection of people's needs was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When staff came on duty they received a verbal handover from staff going off duty. This included any issues that had occurred and any appointments or specific information for individual people. Staff told us these handovers helped to ensure staff were able to respond to people's needs effectively and helped ensure people were supported in a meaningful way. Where concerns about people's changing needs were identified staff took action to address these. For example, for one person who had fallen on a number of occasions, staff had reviewed their falls assessment and plan of care. They were engaging with other professionals to establish if any health related issues may be affecting their mobility and had also implemented a falls alarm mat to alert them when the person was moving independently in the room. For another person whose needs had significantly changed the registered manager was engaging with other professionals to look at how this person needs could best be met.

The provider had recently employed an activities coordinator who worked in the home for four hours a day, five days a week. People told us they did not feel there was always enough to do. One told us the activities coordinator started recently and has been arranging trips for people and showing films. Another told us "if I don't know what activities are on, how can I join in". They told us they were not always told what was happening and the board which displayed activities was not up to date. We looked at the activities board and found this did not reflect the activities provided. Throughout our visit we saw a variety of activities taking place for people. We observed people singing along to music, staff checked they liked the music and sang along with them. Other people were watching TV in the lounge, although we noted that the layout of chairs did not always make it easy to see the TV. We saw the activities coordinator supporting people to have their nails done.

Is the service responsive?

Throughout this time they engaged in conversation with people about their life, family and interests. Ball games took place in the afternoon and people were asked if they wanted to participate. The activities coordinator told us they worked day to day with people to plan and deliver meaningful activities both to individuals and in small groups. They also said they were in the process of reviewing the activities timetable with people. Where people chose to remain in their rooms they told us staff encouraged them to join in activities but if they chose not to this was respected. Staff spent time with people and responded quickly if people needed any support. Throughout the day staff spoke to people and asked them if they wanted any assistance.

There was a complaints procedure in place and on display by the front door. We saw resident meetings encouraged people to provide feedback and reinforced they could raise concerns with staff at any time. People and their relatives knew how to raise a complaint but said they had not needed to. We reviewed the complaints records and saw that where complaints had been raised these had been dealt with in line with the provider policy and the satisfaction of the complainant with the outcome was recorded. Where required plans of care had been developed with people following their complaint to reduce the risk of reoccurrence.

Is the service well-led?

Our findings

People told us they thought the home was well led and staff felt there was a culture which encouraged them to speak up about any issues or concerns. People and relatives felt they could talk to staff and the registered manager at any time and were confident they were listened to.

Some systems were in place to monitor the quality of service provision and drive improvement. However, the registered manager told us no audit of care plans was undertaken by them or the other senior staff in the home. We identified issues with the care records for people. These were not always accurate and a full reflection of people's needs. For example, eating and drinking care plans did not always reflect the support people needed. No plans had been developed for some identified needs including sleep for one person and seizures for a second. An audit of care plans would have identified the concerns we had so that action could be taken to address these.

Other audits were in place and undertaken by one of the provider's senior management team. The audits included areas such as medicines, privacy and dignity, safeguarding and complaints. The audits recognised improvements that had been made and areas that were working well. They also identified areas which required improvements and set actions with timescales for completion. However, we were not always assured of the effectiveness of these audits in identifying areas which required improvement. For example, an audit undertaken in March 2015 regarding consent to care, recorded "MCA [Mental Capacity Assessment] carried out with all residents. If resident has capacity they consent to care plan. If not relative consent". This comment did not support an understanding of the Mental Capacity Act 2005 which clearly outlines you would only assess a person's capacity if there was reason to believe they may lack capacity to make a specific decision at a specific time. The audit had not identified that DoLS had been applied for when people did have capacity to make this decision. It had also not identified that MCA had not been undertaken with people regarding their ability to consent to living in the home.

Whilst audits set action with clear timescales we were not always assured the action plan drove the improvements needed. For example, an audit carried out in April 2015 had recommended that where relevant care plans included

guidance for staff on how to communicate with people with dementia and the approach to take. The action plan gave a three month timescale to complete this however two people's records reviewed in July 2015, recorded they were living with dementia however their care plans had no information to guide staff about how they should communicate with people to ensure this was appropriate to their needs. An audit carried out in June 2015 had identified that meeting minutes and surveys did not have a clear action plan and instructed the "management team" to complete this by the end of July 2015. The registered manager told us they had not yet done this.

To gain feedback from people regular meetings took place although the registered manager said they did not always read these. We found a comment included in the May 2015 minutes which indicated concerns about staffing levels. A staff survey carried out in March 2015 also identified concerns about the staffing levels. No action had been taken to explore these concerns with people or staff. The registered manager was not aware of the comment in the resident meeting minutes and the last staffing analysis was carried out in December 2014. The registered manager told us of staffing shortages over the past months. This was due to staff leaving. We saw this had been fed up to head office in the form of Monthly Service Reports, which also recorded the home were using agency staff. Whilst we did not identify that at the time of our inspection the provider was not ensuring sufficient staff, the concerns raised through the quality systems had not triggered a further staffing analysis and feedback had not been provided to people. We were therefore not assured of the effectiveness of the systems in place to monitor and assess the quality of the service and drive improvements.

The failure to ensure effective monitoring of the quality of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found incidents of falls were recorded in accidents records and falls logs. This information was collated on a monthly basis and used to inform further action by staff. For example, for one person who had fallen regularly we saw the staff had looked at the possible reasons and in addition to some action taken they had made a referral to the external falls coordinator for support. Staff knew the

Is the service well-led?

people they were supporting and told us how they regularly discussed any accidents or incidents to look at whether something needed to change to ensure people's needs were met.

Staff consistently described the values and ethos of the home as being person centred and to provide a safe and caring environment for people. Observation of staff practice reflected this and staff spoken with held the same values. The management team consisted of the registered manager, deputy manager, assistant manager and senior carer. Staff told us they were visible and worked alongside staff when needed. The registered manager told us they operated an open door policy and hoped that staff would feel they could talk to them at any time. Staff confirmed they were able to speak with the registered manager and senior staff at any time. They told us they were always available and never made staff feel 'stupid' if they asked questions. They said they were encouraged to make suggestions and these would be explored and if

appropriate implemented. One told us how they had suggested a baking activity for people which had been tried and thoroughly enjoyed by those who participated. People and relatives felt able to talk to the manager and felt they would listen and take action to address any concerns they had.

Meetings with staff took place and staff told us they found these useful and an opportunity to discuss any issues they may have. The provider undertook surveys with relatives, other professionals and staff every six months. They used these surveys to gain feedback about the quality of the service. Feedback was generally positive and we saw comments from other professionals included "The help during my visits is always great". When asked about the delivery of care, one professional commented "very good, lovely, caring staff". A third said "Treat people as individuals". Relatives had commented "Very satisfied with the care that [my relative] receives" and "The management staff are very good".

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person had not ensured the appropriate application of the Mental Capacity Act 2005. Regulation 11(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not ensured identified risks associated with peoples care had been appropriately assessed and plan developed to mitigate such risks. Regulation 12(1)(2)(a)(b).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured effective systems had been established and were operated to assess, monitor and improve the quality of the service provided.

Service user records were not accurate and complete.

Regulation 17(1)(2)(a)(c)