Nicholas James Care Homes Ltd

Alexander House - Dover

Inspection report

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Ratings

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

Overall summary

The inspection took place on 29 and 30 June 2015, and was an unannounced inspection. The previous inspection on 5 December 2013 found no breaches in the legal requirements.

The service is registered to provide accommodation and personal care to 46 older people who may also be living with dementia. At the time of this inspection there were 35 people receiving the service. The premises are two large detached properties that have been connected by means of two conservatories. The accommodation is provided on each of the three floors and all of the bedrooms are single occupancy. There is a small enclosed garden area at the rear of the premises and a large paved courtyard between the two main buildings which is shielded from the main road by gates.

The service has an established registered manager. 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

Summary of findings

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.

Potential risks to people were identified regarding moving and handling and behaviour but full guidance on how to safely manage the associated risks were not always available. Plans for behaviours that challenge did not support positive behaviour but made judgements about people's behaviour. This left people at risk of not receiving the support they needed to keep them as safe as possible.

People felt safe in the service. There were safeguarding procedures in place and staff had received training in these. Staff demonstrated an understanding of what constituted abuse and how to report any concerns in order to keep people safe.

Accidents and incidents were recorded and analysed to prevent further occurrences. Checks were done to ensure the premises were safe, such as fire safety checks. Equipment to support people with their mobility had been serviced to ensure that it was safe to use. Plans were in place in the event of an emergency.

Some refurbishment of the premises had been carried out and plans were in place to improve the environment by December 2015. People's rooms were personalised to their individual preferences.

There was enough staff on duty to meet people's needs. Staff were allocated their duties, on each shift, to ensure the right skill mix and experience of staff was deployed to make sure people's needs were met. Staff received regular supervision and a yearly appraisal to support them in their role. Staff were recruited safely and there was a training programme to ensure that staff had the skills and competencies to carry out their roles. New staff received an induction and shadowed experienced staff until they were confident to perform their role.

Medicines were stored and administered safely. Staff had been trained and demonstrated good practice in medicine administration by carefully ensuring that the right person received the correct medicines.

People were supported to make their own decisions and choices and these were respected by staff. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The manager understood when an application should be made and was aware of the recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. There were no DoLS applications required at the time of this inspection.

People had choices of food and specialist diets were catered for. Staff understood people's likes and dislikes, dietary requirements and promoted people to eat a healthy diet.

People were supported to maintain good health and received medical attention when they needed to. Appropriate referrals to health care professionals were made when required.

Staff treated people with kindness, encouraged their independence and responded to their needs. People told us their privacy and dignity was maintained, and the staff were polite and respectful.

People and relatives had been involved in planning their own care. Care plans had been regularly updated and relatives told us that they were invited to the care plan reviews when required.

People were being supported to engage in activities of their choice. Visitors were able to visit any time and the service welcomed lots of family and friends.

The registered manager asked people for their opinions on the quality of care they received and responded to comments and complaints in a timely and appropriate way. There were quality assurance systems in place. Audits and health and safety checks were regularly carried out.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. 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?

Requires improvement

The service was not consistently safe.

Risks associated with people's care were assessed. However further detail was required to mitigate risk when supporting people with their mobility and support people with their behaviour.

Staff were trained in safeguarding and emergency procedures. Environmental and equipment checks were regularly carried out to maintain people's safety.

There were robust staff recruitment procedures to ensure staff were suitable for their job roles. Staffing numbers were maintained to a level which ensured that people's needs and preferences were met.

Medicines were stored and administered safely by trained staff.

Is the service effective?

Good

The service was effective.

Staff understood that people should make their own decisions and followed the correct process when this was not possible.

There were ongoing training programmes for staff. Staff received regular individual supervision and a yearly appraisal to address training and development needs.

Staff were knowledgeable about people's health needs and were supported to maintain good health.

The service provided a variety of food and drinks to ensure people received a nutritious diet.

Is the service caring?

Good

The service was caring.

Staff were kind to people, and spent individual time with them. People were treated with dignity and respect and staff adopted an inclusive, kind and caring approach.

Staff communicated effectively with people, they were attentive to people's needs and responded to their requests for support.

Staff supported people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and preferences.

Summary of findings

People were involved in their local community and participated in activities they enjoyed.

The service sought feedback from people and their representatives about the overall quality of the service.

Any complaints and small concerns were addressed and responded to appropriately and in a timely manner.

Is the service well-led?

Good

The service was well led.

The registered manager and provider carried out regular checks on the quality

Of the service.

Staff told us they were well supported by the management team and they had

confidence in how the home was run.

People were encouraged to give their views and feedback about the service.

Alexander House - Dover

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 29 and 30 June 2015 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service, and the expert was experienced in older people's care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this information, and we looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with 14 people who used the service, the registered manager and nine staff.

We observed staff carrying out their duties, communicating and interacting with people. We reviewed people's records and a variety of documents. These included five people's care plans and risk assessments, training and supervision records, staff rotas and quality assurance surveys.

After the inspection we contacted three social care professionals who had had recent contact with the service.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe living at Alexander House. They said: “My room is good and I feel very safe here. “I have fallen here and want to go home although I know I am safe here because they do help me”. “I feel safe here because before there was no one at home to help me, here there is always someone around". A relative told us: “I feel my relative is safe here”.

Some people required support with their behaviour and risk assessments together with charts to monitor this behaviour were in place. The records described the incidents but there was no further guidance to show staff how to manage this behaviour and what, if any, action needed to be taken.

For example, one assessment stated that ‘when the person became agitated/distressed, change the carer, ask what the problem is and see what can be done’. Behavioural charts were not completed appropriately, for example, one chart recorded the incident and then added ‘just being very naughty’ in the notes. There was no evidence that staff understood any known triggers of people’s individual behaviour and strategies were not in place to minimise their future occurrence. Guidance was needed to ensure that staff were supporting people consistently to minimise anxieties that could trigger further incidents.

Moving and handling risk assessments did not always have clear guidance of how to move people safely and consistently. For example, one plan stated ‘full assistance from two carers and to use the sit to stand hoist’ but there was no information of what assistance meant to this person. There was no detailed information of how to manage the risks safely. Another assessment stated ‘some assistance when turning in bed’ as the person needed support to change position in bed to reduce the risk of pressure sores. This person had a medical condition which further reduced their ability to move but there was no guidance for staff to show how these restrictions affected the person to make sure they were being moved safely.

The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people or supporting people with their behaviour. This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they felt safe living at Alexander House and would speak with the registered manager or a staff member if they were unhappy. People were relaxed and comfortable and did not hesitate to call for staff when they needed them. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions of abuse or allegations. They understood the whistleblowing policy, whereby staff should be able to feel supported to report concerns about other staff members in a way that did not cause them discrimination. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and was aware of the local authority safeguarding protocols and how to contact the safeguarding team to report or discusses any concerns.

Accidents and incidents were recorded, analysed and actioned to prevent further occurrences and monitored. This information was sent to the head office for further ongoing monitoring or action. There had been several accidents recorded in one month which showed one person had fallen several times. Action had been taken to refer this person to the falls clinic and the service introduced a ‘falls chart’ to minimise the risk of further occurrences.

The provider had a business continuity plan in place to deal with emergencies, such as fire or flood. An on call system, outside of office hours, was in operation covered by the registered manger and deputy manager and staff told us they felt confident to contact the person on call.

The service had a ‘grab bag’, which included a ‘personal emergency evacuation plan’ (PEEP) for each person, to give staff guidelines of how to move people out of the home in the event of an emergency.

There were records to show that equipment and the premises received regular checks and servicing, such as checks of the hoists, boilers, electrical system, nurse call system and temperature of the water. Rooms were checked weekly to ensure equipment was working.

Some areas of the service had been decorated and flooring had been replaced. However, other areas in the service were in need of refurbishment and re-decoration. Some of the carpets in the service were stained. The door frames and skirting boards in the corridors and near the lounge were in need of repainting. Also the ceiling in the main

Requires improvement

Is the service safe?

lounge needed some attention and windows in the front of the building were in need of repair. There was a plan in place to address the redecoration of the service and to replace the windows by the end of 2015. The service had a maintenance team who covered such repairs and there was also a dedicated maintenance person to maintain the service on a daily basis.

The staffing levels in the service were based on the dependency of people using the service. Staff told us that there was enough staff on duty but at times of sickness this could vary. Two people using the service felt that at times there could be more staff, whilst other people said there was always staff around to meet their needs, even though they seemed very busy at times. People told us that they did not have to wait long for staff to respond to their calls.

At the time of the inspection there were sufficient staff on duty, there were six care staff on duty in the morning, five in the afternoon and four night staff. There was also a part time activities co-ordinator. The registered manager was supported by two deputy managers. In addition to the care staff there was three domestic staff, one cook and kitchen assistant. The service was fully staffed with no vacancies. To make sure that staff had the right skills mix to meet people's needs, an allocation sheet was completed so that staff knew their responsibilities and who they were looking after at each shift.

Staff recruitment procedures were thorough, and included required checks, such as ensuring the applicant had provided a full employment history; proof of their identity; satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. A record was kept of the interview process. One of the people living with dementia enjoyed taking part in the interview process with the registered manager, and this helped to assess if applicants related appropriately to people living with dementia.

People told us they received their medicines when they should. Staff supported people to take their medicine, asking each person if they needed any pain relief and patiently waiting till they were sure the medicine had been taken. Staff had been trained to give people their medicine and were observed by senior staff to ensure they had the competencies to do this safely.

Medicines were stored appropriately in locked rooms and in medicine trolleys. Eye drops were dated on opening as a reminder that these items had a limited shelf life. Room and fridge temperatures were recorded daily to check that medicines were stored within the required temperatures.

Medicines were recorded on administration records (MAR charts). Records included a photograph of the person to confirm their identity, and highlighted any allergies. MAR charts had been clearly and accurately completed. There were suitable procedures in place for destroying medicines which were no longer required, and records were correctly maintained. Records showed that the service had requested a medicine review for one person as their medical condition was effecting their ability to swallow the medicine.

Good

Is the service effective?

Our findings

People told us that that the staff knew what they were doing and supported them well. Staff told us that they received the training they needed to develop their skills.

People told us that staff asked for their consent when they were supported with their personal care and daily routines. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process. Staff offered people choices of what they would prefer to drink or wear, where they would like to sit or what they preferred to do.

Staff had received training to help enable them to understand their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held. No DoLS authorisations were in place. Staff understood the importance of supporting people to make decisions about their care and when to take action if people's capacity declined.

Staff attended training courses relevant to their role, such as health and safety, fire safety, moving and handling, first aid awareness, infection control and basic food hygiene. Specialist training such as diabetes training and diet and nutrition had also been provided. Staff understood their roles and responsibilities. New staff undertook induction training and shadowed senior staff before they were deemed competent to work on their own. There was a three month probation period to assess staff skills and performance in the role. The induction training was competency based in line with the recognised government training standards (Skills for Care). The provider was aware of the new Care Certificate, an identified set of standards that social care workers adhere to in their daily working life and was introducing these when inducting new staff.

Staff told us that there was an ongoing training programme which supported them to carry out their role to meet people's needs. Seven staff had obtained Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above and two others were working towards this qualification. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff told us they discussed their learning and development in their yearly appraisal and the regular one to one meetings with their manager.

People told us that the service acted promptly when they felt unwell. They told us that they were able to see their doctor as needed. The management team made referrals to other health professionals if a need was identified. People had been visited by opticians, dentists, occupational therapists (for specialised equipment), dieticians, psychiatrists and the mental health team. For example, one person had recently been diagnosed with diabetes and was being monitored by their doctor. The district nurse was visiting daily to administer their medicine and staff were monitoring their sugar levels. There was information for staff to encourage the person to follow the healthy eating plan to make sure they received the nutrition they needed. Another person living with diabetes had clear instructions in their care plan about the risks and symptoms to look for if their sugar levels were above or below their usual reading and when to call for medical assistance. The outcomes of visits from health care professionals were recorded, and care plans showed that treatment was given according to their directions. One health care professional told us that the service was responsive and informative and they had no concerns about the service being provided.

One person had a very specific pressure care plan in place. This had been implemented and checked by the district nurse to ensure the plan would be effective. Details included, to apply the cream daily, to check the 'air flow' mattress was at the right setting, monitor the daily fluid intake and be more vigilant with skin integrity from head to toe. A turning position chart had been introduced and was consistently completed. There was a reminder for staff to report any changes in the skin no matter how minor. Staff were going to receive additional training with regard to skin integrity and continence care.

People told us the food was very good. They said: "The food is plentiful which I enjoy". "I am very happy with the food". "The food is good enough and plenty of it". "The food is excellent, especially the dinners". One person was due to

Good

Is the service effective?

go out but said: "I am going to have my lunch first as its very good". There was a main kitchen downstairs in the service together with two small kitchens where breakfast was served. We observed the lunch being served. There was a choice of meat pie or fish fingers and chips, with a semolina dessert or fruit. No one needed assistance, although there were members of staff around if that had been necessary. People chose where they wanted to have their lunch, either in the dining room, the lounge or their bedroom. We saw information that the service had implemented from the food standards agency with regard to allergies and guidelines to improve the quality of life for people living with advanced dementia".

People's weights were recorded monthly. Any significant weight gains or losses were reported to the management team to ensure appropriate action had been taken.

Records showed that an appointment had been made with their doctor if they had lost weight. Each person had a nutritional assessment to identify if they needed any specific dietary needs and when required they had been referred to dieticians. Fortified drinks were supplied to boost people diets and some people had supplements, such as cream added to potatoes, custard or cheese flans. The cook was familiar with people's different diets and ensured that people had a varied menu to choose from. Staff told us it was standard practice to introduce fluid charts when the weather was hot to ensure that people received the drinks and hydration they needed. Various drinks were available to people throughout the inspection and staff made sure that people had the fluids they needed.

Good

Is the service caring?

Our findings

People told us that the staff were caring, polite and very respectful. They said: “This member of staff are wonderful, anything you ask for they just do it”. “The staff will do anything you ask”. “Excellent care staff, they really do look after us well”. “I am treated with kindness and understanding”.

A relative talked about the passion that staff had to ensure that people received the care they needed. They said: “The staff and management are absolutely brilliant”.

Staff greeted people whilst carrying out their duties; they stopped and chatted to see if people needed anything, such as a drink. They listened to what people wanted and responded promptly to their requests. Communication assessments were part of the care plan and there was guidance for staff to follow to make sure they could interact with people and understand their needs. For example, one plan stated to be patient and take time to speak with this person so they had an opportunity to retain the information. Staff went down to the appropriate height to speak with people quietly and reassured people when they became anxious, such as when a person wanted to go out for a cigarette.

One staff member observed a person needed support with their hearing aid. The staff member treated the person with care and consideration; they explained that the hearing aid would be removed, adjusted, cleaned and replaced. This was done sensitively and the person was very pleased when the aid had been replaced and they could hear properly.

Staff supported people with their mobility with care and consideration by reassurance and conversation, to make people feel at ease. Staff attentively watched when people walked with their zimmers and only helped if they were asked to or felt the person needed assistance.

People told us that they had lots of choice and their preferences were taken into account. One person told us that they liked to walk into town and was able to complete their personal care and take themselves off to bed when they wanted to. This information was reflected in their care plan to ensure that staff had clear guidance of how to support this person to remain as independent as possible.

People sitting in the garden were asked by staff if they needed to have sun screen applied and staff responded appropriately. Staff were attentive when people went into the garden and were very patient when assisting them, no matter how many times people wanted to go in and out of the home. The staff discreetly kept their distance and let people be as independent as possible before they stepped in to support them with their mobility.

People were supported to make decisions about their care. One person was being supported by an independent advocate and the service had also referred another person to access this service.

The service was part of the dignity champion national scheme. Dignity champions ensure that everyone is treated with dignity as a basic human right, not an optional extra. The ten point challenge, which describes the values and actions, to provide quality services was on display to ensure people were treated with dignity and respect.

People told us they were treated with privacy and dignity. One care plan had details of how staff should support a person to have a bath. The plan clearly stated that staff should remain outside the bathroom until the person wanted support. This person was also at risk of falling so the details were clear for staff to remain discreetly outside but within hearing distance and to ask at regular intervals if the person needed assistance. Each bedroom door had an outside knocker and staff knocked and waited to be invited into people’s rooms before entering. People told us that the staff made sure they received their personal care in private, by closing doors and curtains.

Records showed that people were encouraged to remain as independent as they could, for example, care plans stated ‘pass the flannel’ to encourage the person to wash their face, or ‘pass the clothes’ so that they can see them properly so they can choose what they want. Another person was encouraged to put the cutlery on the tables each day for lunch. One person said: “I like to be independent so I keep myself clean and tidy, I don't want anyone to help me". Staff respected this decision but observed and monitored the person to make sure they were able to remain safe, whilst maintaining their independence.

People told us that they could see their visitors in private if they wished. Visitors were made welcome in the service and people told us they were able to access the

Good

Is the service caring?

community. Staff told us that the majority of people living in the service did not have many visitors. One person told us: I go out and also visit my relative's home and have a meal there, which I do so enjoy". Another person told us that their visitor came several times a week to Alexander House and that they went out frequently. They said they had a good rapport with other people and staff.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received. Some people had been involved in their care plans, whist others had been supported by their relatives. People told us that the staff responded to their calls quickly.

Each person had a pre-admission care needs assessment to ensure that the service would be able to meet their individual needs. People and their relatives were invited to look round the service before making their decision to live there. One relative told us how they had visited the service and discussed their relatives care needs. These included all aspects of their care, and this formed the basis of their care plan.

Care plans included people's personal care, moving and handling, history of falls, nutritional needs, skin care, communication, oral hygiene, and medical history. They contained details of people's individual choices and preferences, such as going to bed, their social activities and what they liked to wear. There was information about people's life histories to enable staff to care for them in a personalised way. Staff ensured that people were called by their preferred names, and checked if they preferred male or female care staff for assisting them with personal care. As part of the quality assurance survey people were asked if they were satisfied with the bathing arrangements in the service. Twenty nine surveys were received and 21 people indicated that they felt they received a bath when they wanted to.

People's care plans were discussed with them and their family members if this was their wish. Care reviews were carried out each month, and people/relatives and representatives were invited to support their relatives if required.

Staff were responsive to people's needs. One member of staff had noticed that a person had sore eyes and arranged for the doctor to call later that day. The person was quite anxious but the staff member explained the situation, which reduced their anxiety.

Although two people felt that at times there were not a lot of activities in the service and they did not have a lot to do, the newsletters and posters on display showed there were events arranged in the service, such as outside entertainers, bingo, sing songs and coffee mornings, as well as 'keep fit' reminiscence and pampering sessions.

The service was also in the process of developing a new creative activity programme called 'Ladder to the Moon' to help develop personalised care activities to each person. Ladder to the Moon supports organisations to place activity, creativity and wellbeing at the heart of care services, with a focus on developing staff attitudes and skills. This programme was in the early stages and six people had an 'activity box' which was individual to their preferred activities. The activity co-ordinator worked 20 hours per week and confirmed there had been some trips out as well as a summer party in the garden, which had been well attended.

A residents committee had been set up to be inclusive but so far no relatives had attended any of the meetings. People spent their time in their rooms, the lounge and other communal areas of the service; therefore it was difficult for one co-ordinator to make sure everyone was given the opportunity to participate in the activities provided. They told us that when possible they did spend 'one to one' time with people in their rooms to make sure people had the opportunity to enjoy their preferred activity. The registered manager told us that the service was going to recruit an additional activity co-ordinator to make sure everyone had opportunities to participle in the activities of their choice.

There was a spacious conservatory, which was bright, clean and well decorated with photographs and pictures on the walls. Tables had been set out with games e.g. dominoes, quotations, monopoly and several other items and there was a piano in one corner. However, the conservatory could not be used on the day of the inspection as it was too hot to sit in. The Registered Manager told us that blinds had been ordered so that residents would be able to use this facility. Staff were seen later playing games such as dominos with people in the dining in room.

The conservatory opened out on to the patio area which had two gazebos to protect people from the sun. This was a paved area with some tubs of plants and tables for people to sit and enjoy the fresh air. During the inspection a few people came out into the garden and enjoyed a chat and a cold drink in the summer sun.

Good

Is the service responsive?

There was an activity notice in the conservatory advertising themes of future and past events. The month of June included Ascot and garden parties, whilst July had themes on Holidays and honeymoons, sports and local traditions. During July a BBQ was planned towards the end of the month, as well as a "sing song" and a visit by from a mobile shop.

People told us that they did not have any complaints about the service. People said that the staff would listen and do their best to make sure they were happy. They said they would speak with the manager or staff if they had any concerns. A relative said that communication was good and the service kept them informed of their relative's care at all times. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they had raised minor issues in the past and would not hesitate to speak with the registered manager if they had any complaints.

Staff told us that if they had any concerns or issues they spoke with the registered manager who listened and then took any necessary action.

Documentation showed that all concerns and complaints were recorded, investigated, and were responded to in a timely manner. The registered manager told us that they were looking at the format of the complaints procedure to make sure that people would have a better opportunity of understanding the procedures.

Good

Is the service well-led?

Our findings

People thought the registered manager was very good and the staff did everything they wanted them to do. Staff told us that the service was well led and they felt supported by the management team. A relative told us that they would not hesitate to recommend the service.

People were encouraged to be involved in the service, for example being part of the interview panel for new staff and being informed by newsletters of the events in the service. Staff were encouraged to voice their opinions through staff meetings, one to one meetings with their line managers and staff surveys.

The staff survey carried out in May 2015 indicated that staff morale was high and the majority of staff felt valued by the service. They felt the staff worked well as a team and provided a good service. Staff meetings were carried out separately for each unit, as well as general staff meetings. This ensured that staff kept up to date with changes, and provided the opportunity to listen to staff and their opinions.

Senior managers visited the service regularly to check on the quality of care provided. People and staff told us that these visitors were approachable and always made time to speak with them and listen to what they had to say. The registered manager completed a weekly compliance form which included information on accidents/incidents, care plans, medicine, hospital admissions, and documentation which was forwarded to the head office as part of the monitoring of the quality of the service. Any action identified was then checked by head office to confirm improvements had been made. For example, we saw that the head office requested further information to confirm that when people had fallen, appropriate referrals were made to health care professionals, such as the falls clinic.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. This included regular checks on the medicines records, health and safety checks and an area of the ten point dignity challenge to identify improvements that would benefit people.

The registered manager and deputy managers covered on call arrangements at weekends to support the service. Staff were aware of these checks and the importance of providing quality service. Staff understood the visions and values of the service as they were made aware of them through their induction, training and staff meetings. One staff member said: “People should feel valued, be an individual, free to follow their beliefs, and be treated with dignity and respect”.

Staff told us that the management team were approachable and they felt supported by them.

Staff and managers told us that the organisation was supportive and on occasions the directors would visit the service. The provider had another five locations and the regional manager told us that the registered managers of the individual services were able to meet to discuss all aspects of the services and exchange good practice to work towards continuous improvement of the care being provided. Managers were also being given the opportunity to develop their skills by attending seminars such as Are you Well Led” and workforce development courses.

The service had links with the community as they provide ‘meals on wheels’ to approximately 20 people who live in the community.

There was a business development plan in place which had identified the areas in the service highlighted in the report that needed attention. For example, there were plans to redecorate the service, including the empty rooms and communal areas. Some furniture in the communal areas was due to be replaced and the windows at the front of the property were also to be replaced by the end of 2015. In addition, the back garden was to be improved to make it more ‘user friendly’ to people using the service.

People were encouraged to voice their opinions through surveys and meetings. The last quality assurance meeting was held on 17 June 2015, positive comments were received, such as: “They [staff] do everything to help every day”. Two said they were extremely satisfied with the service and others were very satisfied. There were some issues with regards to the laundry service and this was raised at the staff meeting to ensure that people received their correct clothing after it had been laundered. Staff were asked to spend time resolving the issues by looking for misplaced clothing.

The registered manager and deputy manager were visible throughout the service on the first day of the inspection.

Good

Is the service well-led?

They knew the people well and supported staff when they needed to. Staff told us that there was an 'open door' policy and that that there was always a manager to speak with if they needed to discuss the service.

Records were stored securely to ensure people's confidentiality. Staff personal details were kept in locked offices with restricted access, and only senior staff had access to staff files. People's care plans and daily notes were kept in a dedicated office, which was key coded.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have sufficient guidance for staff to follow to show how risks were mitigated when moving people or supporting people with their behaviour. Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014