Care Quality Commission

Sunrise Operations Chorleywood Limited

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Inspection report

Highview
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Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place when we visited the service on 10 and 12 January 2017. It was completed on 17 January 2017 when we had received all requested information and feedback.

The service provides care and nursing support to people with a variety of needs including those associated with living with dementia. The home is divided into two units. The 'Assisted Living' unit located on the ground and first floor of the home can accommodate up to 69 people who are elderly and frail. The 'Reminiscence' unit is located on the second floor of the home and can accommodate up to 31 people with higher care needs and dementia. On the day of our inspection, there were 93 people being supported by the service. The home is a purpose built care home with private grounds within a gated environment. The home is decorated to an extremely high standard which gives the home the feel of a five star hotel. There is a concierge service available, Wifi and a Bistro service. People within the home were provided with small apartments rather than rooms. These consisted of a living room/ kitchenette, walking shower room and two bedrooms. People could choose to share an apartment with another person using the service or have them for sole use.

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

There was not always enough staff to support people within the home.
The provider did not promote an inclusive culture in the home and decisions were sometimes made without proper consultation with people or their relatives.

People's medicines were managed safely. Potential risks to people's health, safety and welfare had been reduced because there were risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures. The provider had effective recruitment processes in place.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided. The requirements of the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported by staff who were kind, caring, friendly and respectful. They were supported to make choices about how they lived their lives and how they wanted to be supported. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Where possible, people and their relatives had been involved in reviewing people's care plans. People had been provided with a variety of activities facilitated by the activities coordinator.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, external professionals and staff, and they acted on the comments received to continually improve the quality of the service.

The provider's quality monitoring processes had been used to drive continuous improvements but was not always effective in monitoring people's expectations of the service. The manager provided stable leadership and effective support to staff, Staff were motivated to do their best to provide good care to people who used the service and to work in collaboration with people's relatives.

We found the provider was in breach of a regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were not always sufficient staff available to support people.

People felt safe and there were effective systems in place to safeguard them.

The provider had robust recruitment procedures in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support in order to develop skills and knowledge necessary for them to support people effectively.

Staff understood people's individual needs and provided the support they needed.

People had enough to eat and drink to maintain their health and wellbeing. They had access to health professionals when required.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that protected their privacy and dignity. As much as possible, they were also supported to maintain their independent living skills.

People's choices had been taken into account when planning their care.

Is the service responsive?

Requires Improvement

The service was not responsive.

The provider worked in partnership with people and their relatives but peoples needs were not always adequately met.

People's care was task lead and not person centred.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Requires Improvement

The service was not well-led.

The provider did not promote an inclusive culture within the service and did not always consult with people effectively when changes were made.
People and their relatives were enabled to routinely share their experiences of the service.

The manager provided stable leadership and effective support to staff.

The provider's quality monitoring processes had been used to drive continuous improvements.

Care Quality Commission

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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.

The inspection took place over five days between 10 to 17 January 2017, and it was unannounced. The inspection consisted of two site visits which were carried out by an inspector and two experts by experience on 10 and 12 January 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We then received telephone calls from relatives in response to our inspection on 11 and 13 January 2017. We completed the inspection on 17 January when we received information from the provider which had been requested as part of the inspection, and had received the final feedback from relatives.

Before the inspection, we reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information of concern we had received in the last 12 months either from the local authority, members of the public or staff.

During the inspection, we spoke with 20 people who used the service, 11 relatives, 8 staff including care staff and nurses, the safeguarding manager and the general manager, regional manager and head housekeeper.

We looked at the care records for 14 people who used the service. We reviewed the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored, and we observed how care was being provided in communal areas of the home.

Requires Improvement

Is the service safe?

Our findings

We had a mixed response from people when we asked if they felt there was enough staff to support them. Some people told us that they had to wait long periods of time to be supported. One person said, "I feel very safe. Staff are always willing to help me, of course periodically they are short staffed then it can become a problem for others, but I'm quite independent." Another person spoke with us about how long it took for staff to respond when they rang the call bell. They said, "Yes, I have [rung the call bell] and I would say I have had to wait at least half an hour. They're very slow to respond, there's never enough staff." A second person said, "Staff are respectful but we always have a shortage of staff, never enough carers, at night time if I press the buzzer it can take forever to get assistance. I have phoned down to the office and the phone never gets answered, yet you see staff tearing around the place. They really do need to increase the staff here. They are spreading themselves too thinly with carers."

People were particularly vocal over the shortage of carers between the times of 6.30-9.30pm, and several stated that they always had to wait 20-30 minutes for assistance. One person said, "The regular carers are very good. There are four who are really good but we are losing them all, they are respectful and do their best but some days you can be waiting and waiting for help, it's mainly the evening crew." A second person also told us, "There is mainly agency staff evenings and weekends and the management should really check the company they are using as they say they are trained but they are not. It has an impact on the care you get. I have emailed management about this regarding the use of agency so the head office is involved."

Relatives we spoke with also had mixed opinions about staffing levels. Some relatives of people in the assisted living unit told us there were not always enough staff. One relative said, "[Staff] run around like headless chickens, there is just not enough of them." Another relative said, "They use agency staff when they are short, but they are not aware [of how to support people]." In the Reminiscence unit relatives felt that staff were stretched even more than in the assisted living unit and did not always have the time to spend with people. One relative said, "When people are downstairs the care is great, but when they come up here it's not the same."

We looked at the staff rotas and spoke with the regional manager who advised that staff numbers were calculated using an online tool which calculated the staffing levels according to the assessed needs of the people being supported. This system did not however take into account the fluctuations in peoples care needs. On some days, more staff may be required to support people with higher needs. Difficulties also arose if a member of staff was off sick. For example, on the first day of our inspection, the reminiscence unit was short staffed by one member of staff due to sickness. The unit manager informed us that they would normally have eight staff to support 30 people. On that day they only had seven staff but would call on assistance from the assisted living floors if it was required. This practice meant that the assisted living unit would then be left short of staff. We were informed by the management team that when such situations occurred they would go onto the assisted living unit and provide support to people. This however was not a long term resolution for people.

We had a mixed response from staff. The majority of staff told us that they felt that there was enough staff to

support people. We did however find that staff did not have time to sit with people and were very much task led. This was not so much as an issue in the assisted living unit, as people were mobile and the environment was that of a 'hotel' which meant that people moved around the home and used the services as and when they wanted and did not rely on staff support to move around the home. For example, there was a bistro which people could use, a smoking room, lounges and games room. The home did use agency staff when they were low on numbers and the manager told us that they were actively recruiting new staff. This however was a challenge due to the limited transport links to the home.

One member of staff said, "Most times we have enough staff, except when they phone sick. We get cover from other units or from bank staff." Another staff member said, "We generally have enough staff, but days when we are short can be busier." Staff we spoke with told us that managers tried their best to ensure that there were sufficient staff at all times and would make every attempt to find additional staff to cover for sickness. This showed that the provider had systems to ensure that there was sufficient staff at the service to provide support to people. The staffing numbers however, did not meet the expectations of the people they were supporting.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The majority of people we spoke with told us that they felt safe living at the home. One person told us, "It's very good here and I feel perfectly safe. I am sure the carers would help me if I needed it, but I do all my own personal care, so I don't need much support." Another person said, "I have been here five weeks and feel very safe here. It's very good and I am happy here, no complaints from me." A third person said, "I am safe here and carers come in to me in the morning only to help me shower. I am safe here." This was supported by relatives we spoke with. One relative said, "[Relative] is perfectly safe here, we have no concerns at all, we think the home is brilliant." Another relative said, "[Relative] is safe here though I would like a buzzer on the front door and [relative] does tend to wander. I do know of a [person] that got out once and they found [them] so a buzzer on the door would be helpful. I am sure they could sort it out." However, one person, said, "In general I feel safe but there is an awful lot of noise goes on at night which I have complained about. Also banging on each other's doors, and as of yet had no response from anyone, I feel I was brushed off with 'ok we will bring it up at a meeting."

Staff told us that people were safe because the provider had policies and procedures in place for them to follow so that people were protected from harm. We saw that these included safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We also saw evidence that staff had been trained on how to safeguard people and staff we spoke with showed good understanding of the local safeguarding procedures. One person using the service said, "I have never seen any member of staff abuse a resident here but I have seen residents argue amongst themselves and staff are very quick to defuse the situation." A member of staff said, "If I had any concerns about someone I would report it to the safeguarding champion." Another member of staff said, "We have been trained on safeguarding and I know who to go to if I have concerns."

Information about how to safeguard people was available so that people who used the service, staff and visitors knew what to do if they suspected that a person might be at risk of harm. Evidence we saw showed that the manager had appropriately reported any concerns to the local authority safeguarding team and to the Care Quality Commission.

We noted that potential risks to people's health and wellbeing had been assessed and risk assessments were in place to manage the identified risks. The risk assessments provided clear guidance to staff on how to

manage and minimise risks to people including those associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. People's risk assessments had been reviewed and updated regularly or when their needs had changed. During the inspection, we observed that staff used safe procedures when using equipment to support people to move, and that the equipment had been checked and serviced regularly.

The manager ensured that the physical environment of the service was safe because staff carried out regular health and safety checks to reduce the risk of hazards that could put people at risk of injury. External contractors also checked and serviced gas and electrical appliances regularly. In addition, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, fire fighting equipment and emergency lighting. They also took prompt action to ensure that any incidents and accidents that occurred at the service were recorded and investigated. There was evidence of analysis and learning from these so that actions could be taken to reduce the risk of recurrence. For example, we saw that the home had an on going action plan which was regularly updated and reviewed to ensure that the home maintained a high standard of care.

The provider had robust staff recruitment procedures in place. Staff records showed that thorough pre-employment checks had been completed before they worked at the service. These included obtaining appropriate references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. Additionally, they made the necessary checks to assure themselves that the nurses they employed had the right qualifications and were registered with the Nursing and Midwifery Council (NMC). This included checking whether they had renewed their registration annually.

People were happy with how their medicines were being given to them. One person said, "Yes, they help me with my medication." Another person said, "Yes, nurse comes round [with medication]." A relative we spoke with said, "[Relative] doesn't think he needs to take medicines, but the staff have a way with [relative] so he will take his medication. The nurse will say, 'This will keep you young, and this one will keep you happy.' That's how they explain it to him." We saw that people's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home and were being administered by trained nurses. We looked at some of the medicine administration records (MAR) and found these had been completed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors in order to provide effective treatment.

Good

Is the service effective?

Our findings

People told us that staff had the right skills, experience and qualifications to support them effectively. One person said, "Staff are well trained." Another person said, "Staff are very observant and well trained, that's my opinion." A relative we spoke with said, "Staff are very attentive, they know their jobs." Another relative said, "People are looked after well downstairs, but upstairs can be different, they are more stretched."

Staff were complimentary about the quality of the care they provided to people who used the service. One member of staff said, "I build trust and rapport with people, it's about greeting them with a smile." Another member of staff said, "Residents are getting the best care they can get," Staff told us that they were able to provide effective care because the training they received had helped them to develop the necessary skills and knowledge. A member of staff said, "We have regular training, most of it is online." While another member of staff said, "We have refresher training and if we need extra support it's given to us." Another member of staff said, "Training is good and we are supported to gain extra qualifications."

We saw that the provider had an induction programme for new staff and regular training for all staff in a range of subjects relevant to their roles. Some members of staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) in order to further develop their skills. The provider had also recently introduced nursing care to the home and nursing staff had been supported in their roles to ensure people received good nursing care from qualified and competent registered nurses.

Staff we spoke with told us they were supported to do their jobs well and that they had received regular supervision and appraisals. Staff records we looked at confirmed that they received regular support in the form of individual and group supervisions. One member of staff said, "I get regular supervision and the unit manager always supports us." Another member of staff said, "I get regular supervision and I find it useful." A third member of staff said, "The unit manager is very supportive. If you have a problem, she would try to help."

The requirements of the Mental Capacity Act 2005 were being met. The 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.

We observed that staff asked for people's consent prior to supporting them and they respected people's choices. However, when people's needs meant that they did not have mental capacity to make decisions about some aspects of their care, we saw that mental capacity assessments had been completed and decisions to provide care and support were made on their behalf. Staff we spoke with told us that they worked within the principles of the MCA in order to protect people's rights. One member of staff said, "The residents have a choice of what it is that they want to do." Another member of staff said, "We have a good relationship with our residents, we know what they like and we always listen to what it is that they want. "

When required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. We saw that authorisations that had been submitted were still being processed by the local authorities. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The majority of people we spoke with were happy with the quality of food provided by the service. The home had a 'hotel' feel to it and we saw that the dining experience was very much geared towards a restaurant style environment. Everyone we spoke with said that they always had enough to eat and drink. One person said, "The food is good, not excellent. I can't eat fish or eggs and the chef knows this. I'm always offered an alternative but there's always a good choice." Another person said, "The food is not always that great and not always hot." Other people we spoke with were happy with the food that was provided. One person said, "Yes, we have just had our starter, it was lovely, the food is always very nice." We spoke with the resident chef who told us they were able to cater for people's meal preferences. The resident chef told us that where possible, the home could cater for people's religious requirements. For example, they provided one person with Kosher food.

We noted that there was a varied menu which offered people a choice of nutritious food. People were also given a variety of drinks and snacks throughout the day. The home had a Bistro situated in the reception area of the home, and we observed people using it throughout the day to prepare drinks and have snacks. People were encouraged to provide feedback on the meals through a comments book placed in the main dining room. We noted that the comments in the book varied. The resident chef told us, "I encourage people to send their plates back if they are unhappy with anything. I want them to be happy with the meal. Sometimes it can be hard because I want to provide them with a meal that looks good, but they have to have the meal softened, so it does not look the same."

People with specific dietary requirements had also been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes. We also saw that staff regularly monitored people's weight to ensure that they were eating enough to maintain their health and wellbeing. Where required, people had also been referred to health professionals to ensure that their dietary needs had been met. One relative said, "They are looking after [relative]. [They] have put on weight."

People told us that their health needs were met because they had access to other health services, such as GPs, district nurses, dentists, opticians and chiropodists. People also told us that staff supported them to attend hospital appointments. One person told us, "I'm lucky I don't have that many health problems, but in the past If I have needed to see my GP they are very quick to respond." We saw on the day of our inspection that there were visiting professionals attending the home which included hearing aid support.

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. We observed in both the dining area, and lounges that staff were caring towards people. We observed staff bending down to make eye contact with people and interacting with them in a genuine and caring manner. One person said, "Yes, the carers are very good and they are respectful. I am sure they would help me in any way they could." Another person said, "The majority of the girls are very caring and take their time but I only need help in the mornings really." A third person we spoke with said, "Carers are very good and I have no complaints and I am very content."

Relatives also felt the same about the care that their relative was receiving in the home. One relative said, "We think the carers are great here, they are always very supportive of [relative] and we were very impressed with everyone here. You can visit when you want and I have been involved in all the assessments and care plans." Another relative said, "My wife and I love this home for [relative] and we think the staff are absolutely outstanding here. They attend to all of [relative's] needs and we think it's fantastic here." A person we spoke with who had experienced some anxieties about moving into the home said, "At times I have felt quite down and staff sense this especially [name] they are very tactful in their approach."

We observed that staff interacted with people in a friendly and respectful manner. There was a lot of activity within the main area of the home which was referred to as 'Assisted living'. We saw that many people were moving around the home freely and sitting in the main lounge areas. There was a grand piano, which was being played and people also watched television, sat in the bistro or were able to walk around the grounds of the home. We observed visitors coming to the home throughout the day. People told us they were given a choice of, whether they were supported by male or female staff. One person talking about staff interactions said, "There are all ages and nationalities here. If they are caring and professional towards me I don't mind and I think they know this and speak nice and slow to me."

People were able to make decisions and choices about how they wanted to be supported. They told us they chose when they went to bed and woke up in the morning. People told us the staff were good to them and supported them with dignity and respect and gave them choice on how they wanted to be supported. One person said, "I have a shower every day and that's my choice. I can shower myself but there is always someone present just in case I get into difficulty. I am encouraged to wash and dress myself". One member of staff said, "We help people make choices on what they want to do and what they would like to wear." We observed that all people were appropriately dressed and supported.

People said that their dignity and privacy were protected and that they were treated with respect. One person told us, "I have never needed to suggest or ask for anything to be done differently. I'm quite content. I did have a male carer come to help me shower one morning, which is quite unusual, but he was very polite and asked if I minded. I said no, and he stood and waited till I had finished and asked me again if I needed help with dressing. He was very respectful and waited till I had finished, He asked if I needed anything further and left".

We observed people being hoisted from lounge chairs to the dining room chairs. We saw that there were

always two members of staff present with correct slings and hoists being used. Staff conducted each lift in a skilled and professional manner and a screen was brought round the person to protect their privacy and maintain their dignity whilst being hoisted. One person said, "Staff always show me respect and dignity." Another person said, "Yes, [staff] are respectful towards me." Staff we spoke with demonstrated that they valued people's individuality and rights, and they understood the importance of maintaining confidentiality. They told us that they would not discuss about people's care outside of work and they also made sure that they shared information about a person's care with colleagues in private so that they could not be overhead by other people or visitors.

On the day of our inspection a person who lived at the home passed away. We saw that staff were at hand to support the family members and friends of the person who also lived in the home. We observed that when it was time for the person to be taken away, staff including management, domestics staff, activities, nurses, chef and care staff, all lined up in the main reception of the home to pay their final respects and say goodbye to the person. We were told by relatives of other people that this was a regular practice carried out by staff in the home. The regional manager told us, "This is very important to us. When a person enters this home they come through the front door, and when they leave it is the same."

People had been given information about the service to enable them to make informed choices and decisions. This included the level of support they should expect and who to speak with if they had concerns about their care. Where required, some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them.

Requires Improvement

Is the service responsive?

Our findings

People using the service and their relatives commented that the care they received was more task led than person centred. For example one person told us that they required some assistance from staff with a minor task that would fall within the regulated activity of 'personal care' but because this was not part of their agreed package, staff would not assist them. Another person said, "On the whole most of the staff are very caring if you go to the right people, especially the senior's, but whatever you ask for here [has to be within the agreed package.]" This person also told us that if they needed extra support outside of their agreed support package then, "I don't get help with it." Another person we spoke with did not feel confident to ask staff for extra support outside of their normal care package. They said, "I do need help sometimes with getting ready, but I daren't ask for help."

Relatives and people living in the home provided us with varied responses as to whether the home was able to respond to their needs. One person said, "There are never enough carers and its brought up at every resident meeting you can press the buzzer and it can take 20-30 minutes before someone gets to you, one time I needed the toilet I waited 30 minutes then soiled myself so I pressed the blue buzzer to which I got an immediate response, I shouldn't have to do that and it was most distressing for me to have gone through that." A second person said, "The evening shift to night shift is poor they don't respond to buzzers, every day I go down for lunch and then wait in my wheelchair to go back upstairs and sometimes can be waiting an hour for assistance, it's not good enough really." A relative commented, "We generally are happy but we have had to raise concerns over [relatives] laundry when [relative] was wearing other people's clothes and clearly the trousers were too short for her. We came in to visit and complained about it. They need to keep [relative] looking respectable. They used to be on the ground floor, whereas here [relative] is secured in and we don't like that. For what we pay we do expect better." Another relative commented and said, "They have been very responsive with [relative]. When [relative] was poorly they took them to hospital and brought them back. They kept us fully informed of everything. We are very happy with everything."

We did find that although staff were caring and kind they were task led, Each member of staff had a specific role which they followed and this sometimes meant that they focused more on the tasks rather than the people. For example, we had a discussion with the manager due to some concerning information we had received in relation to call bell response times. The manager told us the investigation had identified that the member of staff had not answered a person's call bell immediately because that person was not on their list of people to check on at night. This meant that the person had to wait for seven minutes before the member of staff responded to their call bell. The manager told us that they had now spoken with staff and reminded them to answer call bells of people whether or not they were on their list of residents.

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans Care plans contained information in relation to communication and how people could be supported to communicate their needs effectively and be involved in their care and support. For example if people were unable to speak, how staff could communicate with them. Care plans had been written in detail so that staff providing the care would know exactly how a person liked their support to be delivered in order to provide consistency. For example plans identified the way a person liked to be moved

and the equipment, including the size and make of the equipment needed to move them safely. Care staff told us and we observed throughout the day that they completed the daily notes as soon as possible after providing care and they reviewed people's care regularly. Staff were allocated a number of residents, and family members were also informed of the main carer to contact with any queries. The manager told us, "There is a designated carer who is assigned to families; we send a letter to the families so they know who to go to for a point of contact."

People were encouraged and supported to pursue hobbies and interests. We spoke with the activities staff member who had worked for the service for two years. We observed her hosting a baking session with people. She was very attentive towards people and supported them with the activity. For those people who chose not to take part in the baking, there was a large TV screen in one part of the lounge playing 'The King and I', and in another part of the home there was music playing and we observed people singing along to songs they could relate to.

We were told that coach trips were arranged regularly to places like Burnham Beach and Dunstable downs in the summer weather. During the cold season people were still taken out if only to sight see. One person using the service commented on the activities. They said, "They're very good with activities. There is always something to do and we have lots of trips and things like that. A reader comes from the church pops in to see people who are interested in the Christian religion and we are encouraged to be involved with activities". A relative said, "I will sometimes go in and me and [relative] will sit in the room and watch a game together. Sometimes other people will join in too." Another relative said, "Have you seen the walking track? It's lovely, it means [relative] and I can go for a walk and the grounds are beautiful."

The provider had a complaints policy and procedure in place, and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. In the past year, the provider had received 13 written and nine verbal complaints. People we spoke with knew who they needed to talk to if they had any issues or concerns. We found that people who lived in the home were vocal about anything they were not happy about, and would voice their opinions to the manager and staff. One person said, "Overall I think everybody tries their best here. I have nothing to raise concerns wise." A second person said, "I have no complaints, staff do the best they can. Staff may not always be as quick as you like but they are busy. To my mind they do a good job they do listen." A third person said, "I have no major complaints. I have remarked about the food being cold most days by the time it is served, and was surprised to see menus had been put on the tables today, usually they come around with a piece of paper tell you what there is and you choose."

We saw that the manager kept a record of all complaints that were made and how they had been resolved. The manager told us, "On any given day someone will have an issue, but it's about how I deal with it, I don't' want people thinking that the manager is not listening." We saw that the complaints received by the provider in the past year had been investigated and acted on in accordance with the provider's complaints policy. One relative said, "Yes, they do listen to us if we have a complaint and will resolve it eventually."

Requires Improvement

Is the service well-led?

Our findings

There was evidence that the provider worked in partnership with people and their relatives with an aim to provide a service that met people's needs and expectations. However in practice this was not always the case. We found that throughout our inspection, we had a mixed response from people and their relatives on how well the home was supporting them and we found that people did not always feel that they were getting 'value for money'.

The home had a feel of being a five star hotel and very much worked towards this image. This environment worked well for people who required minimal support and were still able to move around the home with minimal staff involvement. However, we found that, as people's needs changed, this style of support was not always fulfilling people's more complex needs. For example, people with limited mobility or a higher level of dementia.

The provider did not promote a person centred culture. Many people within the home expressed to us how unhappy they were about the recent refurbishment of the home. One person said, "They have refurbished the whole building using our money and they didn't consult us either about it. This is our home and we should have a say where the money is spent. There was nothing wrong with the old décor, give us more carers please." The manager showed us a slide show which had been shown to the people using the service during a meeting. They said, "We showed people what our plans were for the home." This slide show did not give people an opportunity to discuss the refurbishment, and did not provide them with choices on how they wished to have their home decorated. Another person said, "They didn't even ask us what wallpaper we wanted, or colours." Although the décor of the home was immaculate the provider did not consult effectively with people and gain their approval and input on how they wanted their home to be decorated.

On the first day of our inspection, we fed back to the provider that the time allocated for domestic's daily tasks was insufficient because staff were rushed. On the second day of our inspection we found that the provider had acted on our feedback and had de-cluttered the main communal areas and removed furniture and items such as a sweets dispenser to reduce the workload for the existing cleaning staff. Although the provider acted quickly in response to our feedback in order to reduce the time spent dusting around the home, they had failed again to recognise that this was the people's home and they needed to have consulted with them before removing items.

The home had many managers and senior staff supporting the running of the home. There was a general manager who was also the registered manager, and they were supported by a team of managers and senior staff. We saw that a number of quality audits had been completed on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained necessary, up to date information. There were daily management meetings to discuss issues within the home and share information. The Safeguarding lead also attended regular meetings with the local authority and relatives when concerns were raised. We saw that the home was transparent when reporting on any issues within the home and referrals were sent through to the local authority and Care Quality Commission (CQC) in a timely manner. The management team was also quick to act and learn from

any mistakes that were made, and had an on going quality control document in which they recorded issues and improvements that needed to be actioned in the home.

Staff spoke highly of the manager and the management team and we found them to be visible around the home. One member of staff said, "We can talk about anything [to the manager]." Staff told us that it was a good company to work for. One member of staff said, "There is always an open door, the manager is always positive and upbeat" Another member of staff said, "We get a lot of support. Even external managers give us support and have a chat." The manager told us, "We are transparent, we are honest about our fees and terms and conditions. We carry out meetings to discuss issues and will put our hands up if we make a mistake and we will aim to correct it."
Staff said they were aware of whistleblowing and were supported by senior staff to be transparent in their roles. One member of staff said. "We are a great team and help each other, we feel appreciated."

Staff knew their roles and responsibilities well, felt involved in the development of the service and were given opportunities to suggest changes in the way things were done. Staff told us that the provider was supportive and kept them up to date with everything that was happening. The manager had daily 'huddle' meetings with staff in which they discussed what the plans were for the day, and if staff needed to be aware of anything.

There were regular resident meetings held and the manager told us that they had been looking at ways to further involve people by means of 'ambassador meetings.' However, the manager then told us that these had been trialled, but did not continue. One person said, "I attend residents meetings ."

The management team understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not deploy enough staff to enable them to meet people's needs adequately.