Care UK Community Partnerships Ltd

Woodside Resource Centre

Inspection report

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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 inspection was carried out on 31 May, 7 June and 9 June 2016. Each day of inspection was unannounced which meant the registered provider and staff did not know we would be visiting the service. We carried out an out of hour's inspection on 7 June because we wanted to check staffing levels to make sure they were safe.

Woodside resource centre is registered to provide personal care for up to 60 people who live with dementia or require nursing care. The service was located in a residential area close to local amenities. At the time of our inspection there were 54 people using the service and 73 staff employed.

The registered manager had been in post for many years. 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 were gaps in care records, emergency evacuation records, fire safety records and staff supervision and induction records.

Care plans were reflective of people's individual needs, wishes and preferences and had been reviewed regularly.

People told us they knew how to make a complaint. Information was on display at the service.

Safeguarding alerts had been made when needed. Staff understood the procedures they needed to follow should they suspect abuse could be taking place. All staff spoken with told us they would not hesitate to whistle blow [tell someone].

Risk assessments for people's individual needs and for the day to day running of the service were in place. Both had been regularly reviewed.

Certificates required to maintain the health and safety of the building were up to date.

There was no staff presence at times on the dementia unit. Some people were at risk of falls and we saw that incidents between people occurred during this time.

We heard mixed responses about staffing levels on the nursing unit. We observed times when staff were stretched and people needed to wait for care and support because staff were busy.

People had access to prescribed medicines. Medicines rounds were regularly interrupted at night on the nursing unit. Topical cream records were not up to date; however the service had started to take action to

address this at the end of our inspection.

Staff told us they felt supported during their induction. Staff supervision, appraisals and training were up to date or had been planned in. However we noted gaps in supervision records.

People spoke positively about the food they received. Staff supported people to receive appropriate hydration and nutrition and took action when people became at risk of dehydration or malnutrition.

People had regular access to health and social care professionals. Any recommendations and contacts with people had been updated in people's care records.

People told us they enjoyed living at the service and felt cared for by staff. They told us staff knew their needs well.

People told us their privacy and dignity was maintained. They told us staff spoke with them in private about their care.

The service supported people to maintain relationships with their family and friends.

Staff provided explanations when needed and gave people the time they needed to make a decision. The service supported people to access an advocate if they needed to.

A registered manager was in place and understood the requirements expected of them. Staff spoke positively about the registered manager and felt able to approach them when needed.

All the staff we spoke with told us the service had improved since our last inspection. They said they were happy and enjoyed working at the service.

All incidents occurring at the service had been fully investigated and outcomes recorded. The Care Quality Commission (CQC) and the local authority had been notified when required to do so.

Accidents and incidents had been investigated and monitored to try to identify any patterns and trends. Audits were regularly carried out and the registered provider visited the service each month.

Meetings for people, their relatives and staff were regularly carried out. A newsletter was also provided to keep people and their relatives up to date of upcoming events at the service.

We found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to records. You can see what action we told the provider to take at the back of the full version of this 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 consistently safe.

Staff understood the procedures they needed to follow when they suspected abuse was taking place. The service submitted safeguarding alerts when needed.

We heard mixed reviews about staffing levels on the nursing unit.

Medicines were managed safely however PRN protocols and topical cream records needed improvement.

Is the service effective?

Good

The service was effective.

Staff were supported during their induction period. Staff supervision and appraisals were up to date, however there were gaps in some records looked at.

People spoke positively about the food. Staff supported people to achieve appropriate nutrition and hydration.

Staff understood the procedures they needed to follow if they suspected people may not have the capacity to consent to decision making.

Is the service caring?

Good

The service was caring.

People told us they enjoyed living at the service and felt well cared for.

From our observations and from speaking with staff, we could see they knew people well.

People were involved in their care. Advocacy support was obtained when people wished or when they lacked capacity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were gaps in the records looked at.

Care records reflected people's needs, wishes and preferences. People's privacy and dignity was maintained.

People had access to activities at the service and could go out into the local community.

Is the service well-led?

Requires Improvement

The service was well-led.

Staff told us they enjoyed working at the service and felt supported by the registered manager.

Quality assurance processes were in place and were up to date. The registered provider visited the service regularly.

CQC had been notified when required to do so. Information was given in a timely manner.

Woodside Resource Centre

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.

One adult social care inspector carried out this inspection on 31 May, 7 June and 9 June 2016. Each day of inspection was unannounced which meant the registered provider and staff did not know we would be visiting the service. We carried out an out of hour's inspection on 7 June because we wanted to check staffing levels to make sure they were safe.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service and also information received from the local authority who commissioned the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also spoke with the local authority commissioning team about the service.

The registered provider completed a registered provider information return (PIR) which we had asked them to do. 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.

During this inspection, we spoke with the regional manager, registered manager, deputy manager and 15 staff. We also spoke with seven people who used the service and two relatives.

We reviewed four care records, a range of supplementary records, staff records and records relating to the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

Prior to inspection we received information of concern about staffing levels on the nursing unit at night. During the inspection further concerns were also raised from staff. We carried out an out of hour's inspection to look at staffing levels on the nursing unit during the evening. At the time of inspection there were 19 people on this unit, of whom 15 required the support of two staff for personal care and moving and handling. At night one nurse and one carer were on duty.

We spoke to day and night staff face to face and over the telephone. Staff told us that people on the nursing unit required assistance with most aspects of care and support. We heard mixed reviews about staffing levels on the nursing unit from staff.

Some staff felt there were not sufficient staff on duty at night on the nursing unit. Staff told us, "The general [nursing] unit needs another staff member on a night. There is one nurse and one carer at night. Everyone needs assistance with personal care; we are short during this time. Dignity is compromised at times because people are waiting for us to assist them." And, "We need a twilight [staff member]." And, "We need more carers at night." And, "We can't meet the quota for assisting people with bed baths for people on a morning. We don't physically have time to do this, dispense medicines and assist with Percutaneous endoscopic gastrostomy (PEG) feeds [a method of introducing foods and fluids into the body]. It is not quality of care. We find people don't want a bed bath early on a morning. There is pressure to get people up and ready."

Other staff felt they were pressures at peak times during the night. They told us, "In theory there are enough staff but the size of the units and staff practices impact upon this. Carers need to be flexible. There is resentment from some staff about borrowing staff from other units. I feel frustrated that I can't give the level of care I would like to give. We need to alleviate pressures at peak times. There is no slack in the system." And, "There are generally enough staff but on the nursing unit they could do with a twilight [18:00-00:00] to assist with helping people get ready for bed and with suppers. Some people need assistance with food." And, "We generally have enough staff at night. There are certain times when we are stretched. Each unit do checks of personal care at the same time which means we are all busy at the same time and can't necessarily call on one another. If someone is poorly or there is an incident then this leaves us short."

Some staff we spoke with felt staffing levels were sufficient. They told us, "There are enough staff on nights if I'm honest. But we all need to help out and work where we are needed." And, "There is enough staff in the day. I have done nights before and found there is enough staff, but we need to help each other out. There is more staff here than other places I have worked, but it is more physically demanding here because of people's needs." And, "We have enough staff throughout the home."

We carried out an observation on the nursing unit to look at staffing levels between 20:00 and 23:00. The nurse carried out the medicines round between 20:00 and 22:00. The carer on duty gave out drinks and snacks to people and assisted some people to eat. We found the medicines round was frequently interrupted because people needed assistance with personal care because the carer on duty was busy or because two staff were needed.

One senior carer on the residential unit and the registered manager told us that a staff member could be taken from that unit to provide support to people on the nursing unit. There was two members of staff on the residential unit throughout the night, if a member of staff was taken then this would have left one staff member.

One person on the nursing unit required one to one support at all times. During the night we found that one member of staff on the nursing unit was required to provide cover to this staff member providing one to one care during breaks. This meant there was only one staff member available on the nursing unit. We found that staff left the nursing unit to carry out security checks of the service, to collect laundry and to collect / return the supper trolley. When staff left the unit to do this, this left the unit with one staff member. One staff member told us that staff on the nursing unit were responsible for doing laundry at night which meant that they had to leave the unit. One staff member also told us that two nurses were required to sign for controlled medicines which meant that the unit was left short during this time.

Staff on the nursing unit told us they did not all feel able to take their breaks during the night because this meant this would have left the unit short.

During our out of hours visit, we saw that people's prescribed medicines were delivered from the pharmacy for people on the nursing unit at 19:45 on 7 June 2016 to be dispensed to people from 9 June 2016. This meant night staff were responsible for checking these prescribed medicines and updating medicine administration records. Staff told us this was added pressure.

We spoke with the regional manager and registered manager about staffing levels on the nursing unit at night. They felt that there were sufficient staff on duty and used their dependency tool to guide them with this. At the time of inspection there were 54 people using the service, however staffing numbers were based on 60 people using the service. Following our feedback they told us they would look at staffing levels in more detail to look at what changes could be made to reduce the pressures on staff and make them feel more at ease about working on this unit.

There was a breach of Regulation 18 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives confirmed people were safe living at the service. People told us, "I feel safe and I can raise anything with the staff." And, "Staff are always there if I need them. They come in a reasonable amount of time." And, Oh aye, the staff always look after me. I feel safe."

All staff spoken to understood the procedures they needed to follow if they suspected someone was at risk of abuse. Staff were able to provide good examples of the types of abuse which people could be at risk from which included the signs and symptoms people might display. Staff told us they would not hesitate to whistle blow [tell someone]. Safeguarding alerts were made when needed to the local authority, incidents were investigated by the service and information provided to the local authority and the Commission when asked to do so.

During our inspection we spent in the lounge on the dementia unit at different times. Throughout our three visits, we found people were unoccupied and staff were generally not present. We observed one person lent over in the chair asleep, when a staff member came into the lounge this person woke up. The staff member greeted them and the person rushed to get up. We could see that they were very unsteady on their feet. We looked at this person's care records and could see they were at risk of falls. We were concerned at the lack of staff presence on this unit given this risk of falls and the types of incidents occurring between people. One

staff member told us, "We need a carer in this [dementia unit] lounge all of the time." We spoke with the registered manager about incidents which occurred at the service between people who used the service. The registered manager told us that incidents between people usually occurred in the corridors when people passed by one another. Throughout inspection, there were five staff on duty on the dementia unit; we did observe periods of time where staff were not visible however we could see that staff were busy during this time. The registered manager told us they did monitor incidents and would look at the deployment of staff. One relative told us, "There was an incident the other day between two people and there was no staff around." From speaking with the registered manager we could see monitoring was in place for all incidents occurring at the service and action taken to minimise the risk of repeated incidents. However they did tell us they would look at staff presence on this unit.

Risk assessments required for the day to day running of the service were in place and had been regularly updated. This included areas such as slips, trips and falls, food safety and infection prevention and control. Risk assessments specific to people's individual needs were in place and had been regularly reviewed. These included areas such as manual handling, nutrition, continence, falls and pressure area care. One person had a risk assessment in place for choking; however we noted there was no history of choking in the person's care records and the person was not receiving any input from a speech and language therapist. We questioned the appropriateness of this assessment; the registered manager told us they would review this straight away.

Personal emergency evacuation plans (PEEPs) were in place for people. These are documents which detail the assistance people would need in an emergency such as a fire. However some information contained was limited, for example, records stated, "Assistance by two staff." The record didn't say why or what assistance should be provided. We also found gaps in these records relating to cognitive impairment, any equipment required such as a hoist or wheelchair. None of the records we looked at had been signed or dated by the staff member responsible for completing them. We spoke with the registered manager about this and they told us the service was in the process of updating these records. Emergency evacuation records and contact details for managers were stored in the main entrance of the service and were accessible to emergency care professionals, however we found some of this information to be inaccurate. Records stated three people were not at the service, when we checked two people were at the service. Registered manager contact details were missing and the regional manager contact details were incorrect. This meant emergency services did not have all of the information needed during an emergency. We asked the registered manager to take action to update this immediately.

Certificates required for the health and safety of the building were in place and up to date. These included portable appliance testing (PAT), servicing of gas and electrical appliances, hoists and assisted baths.

Fire safety checks had been completed each day. Water temperatures were checked each month and showed they were within safe limits. Staff carried out visual checks of wheelchairs, hoist slings and bed rails each month. Checklists were in place to inform staff about the checks which they needed to undertake.

A fire safety visit had been completed in February 2016. Monthly fire checks had been completed each month, although no checks for May 2016 had been carried out. The registered manager took action to address this straight away. All staff participated in two planned fire drills per year. Records were in place to show when planned fire drills had taken place and which staff members had participated.

Robust recruitment procedures were in place at the service. We looked at six staff recruitment records and found each staff member had completed an application form, had evidence of interview and had two checked references and a Disclosure and Barring Services (DBS) check carried out prior to the offer of

employment. This is a check of a person's criminal history to make sure they are safe to work with vulnerable people such as the elderly.

There had been a high turnover of staff at the service during the last 12 to 18 months where 53 staff had left. When we spoke with the regional manager and registered manager about this they told us this was a positive move for the service. This included staff who had gone through the recruitment process but had not started working at the service. One staff member told us, "We've had lots of staff who have left. This is a positive turnover. We had some negative staff who wanted to bring the service down. There is a nice feel to the home now." Another staff member told us, "Lots of staff have left. Some of them were not invested in the home. Most of them have gone now and the home has really improved."

We looked at people's prescribed medicines. The deputy manager told us that nurses were responsible for the ordering of medicines and that prescribed medicines were checked once they were delivered from the local pharmacy and medicine administration records (MAR) updated. Any unused medicines were returned to the pharmacy to be destroyed. We looked at some people's prescribed medicines and found they matched stock recorded on the MAR.

MAR contained a photograph of the person they related to, their personal details and information about any allergies. The deputy manager told us consent for photographs was obtained when people moved into the service and then again every year when photographs were renewed.

During our out of hours visit, we saw that prescribed medicines were delivered from the pharmacy. However prescribed medicines had not been delivered for all of the people who needed them. We spoke with the registered manager about this and they told us that action was being taken to address this by the registered provided with the pharmacy responsible for the delivery of prescribed medicines.

Some people at the service were prescribed controlled medicines; we found these had been stored securely. This meant prescribed medicines such as morphine are controlled under the Misuse of Drugs Legislation. Records for controlled medicines had been completed appropriately and matched actual stock.

Some people were prescribed 'As and when' required (PRN) medicines. We found PRN protocols were in place however contained limited information. There was little information recorded about the reason for the medicine or how staff would know they were needed. For example, a PRN protocol for Paracetamol was in place to "Alleviate pain" but did not indicate where pain maybe experienced or how the person may present if they were in place. We could see that some people could tell staff if they needed PRN medicines however some people did not have capacity and could not necessarily do this. A PRN protocol for Paracetamol for another person was in place to "Aide pain relief" and they did not have capacity to inform staff when they were in pain. The record lacked information, however the nurse we spoke with told us where the person could experience pain and the signs and symptoms they would display. This person also had a PRN protocol for Lorazepam which lacked the detail needed, however the same nurse told us this was in place for agitation and hallucinations. The nurse told us this person could refuse nutrition and hydration and could display behaviours which challenge. We could see the nurse knew this person well, they went on to tell us that these signs, symptoms and behaviours could also be displayed if the person needed to open their bowels. Prior to dispensing PRN Lorazepam they would check the person's bowel charts.

The deputy manager told us that when people moved into the service some of them had daily prescriptions in place which they felt were not needed, such as Paracetamol and Senna. They told us they worked with people's GPs to discuss changing these medicines to PRN use. Similarly, they also contacted people's GPs if people were requesting PRN medicines more frequently. The deputy manager told us they had good

relationships with the local GP surgeries and worked with them to make sure people's medicine reviews were kept up to date.

We looked at the prescribed topical creams of four people at the service. There were gaps in topical medicine administration records (TMAR). For four people we could see they had been prescribed a topical cream which stated to be used 'as directed.' There were no body maps to show how, when or where these creams should be applied. There were no TMARs to show whether these topical cream had been applied. Some topical cream containers were stained and some did not have a record of when the topical creams had been opened. We spoke with the registered manager about this and on the last day of inspection we could see that the service had started to take action with topical creams.

All staff responsible for dispensing prescribed medicines were undertaking a medicines and controlled medicines competency check which included observation, records check and a knowledge check. Weekly medicines audits were carried out by the nursing team and a monthly medicines audit carried out by the registered manager. Room and fridge temperatures were recorded each day and showed medicines were stored within safe temperature limits.

There was a lack of PPE available in some people's rooms and bathroom during our out of hours visit on the nursing unit. We found that some housing units used to cover pipe work in bathrooms and toilets required painting because the paint had worn away leaving bare wood. In one bathroom, an earth wire was on display and although connected, copper wire was on display. We fed this back to the registered manager and they told us immediate action would be taken to address this. Equipment had been stored in some bathrooms, for example we found a walking frame and the foot plates from a wheelchair in these rooms. People's toiletries were on display and did not have people's names on them. We found that some bathrooms and toilets required cleaning. We could see that these areas had been used throughout the day and prior to our visit. Some bins did not contain disposable bags. The registered manager told us this was not usual practice told us action would be taken straight away to address this.

Good

Is the service effective?

Our findings

All new staff participated in an induction programme during the first six months of employment at the service. This included completion of the care certificate. This is a set of standards which staff are expected to follow at work. One staff member told us, "During induction all the staff were really nice to me. It was easy to ask questions and the staff showed me what I needed to do." The registered manager told us staff spent the first two weeks shadowing more experienced staff and completed all mandatory training in the first 12 weeks. A meeting was held after the first three months of employment to look at staff capabilities and to determine whether any further training was needed. We identified some gaps in one of the records which we looked at. One staff member told us that new staff should be allocated the same shifts as their buddy [more experienced member of staff being shadowed] to enable the buddy to keep track of what the new staff member has learned. They felt this would increase the consistency of training. Another staff member told us, "New staff need to be better trained in specific areas such as helping people to eat and taking people to the toilet." We fed this back to the regional manager and registered manager who told us they would look at this.

All staff participated in supervision and appraisals. These are formal meetings between a staff member and their supervisor to look at the progress the staff member is making and to identify any means of support which they may need. Supervision and appraisal was up to date for staff, however there were gaps in some records looked at. Planned dates for supervision were in place which meant staff were aware of when to expect these sessions and be able to prepare for them.

All staff participated in, and were up to date with mandatory training which included dementia, fire safety, nutrition, safeguarding, moving and handling, diabetes and deprivation of liberties safeguards. Training was not up to date for first aid, pressure area care and wound care however staff had been booked onto these training courses over the next couple of months. We identified that staff had not received training in epilepsy, stroke and Parkinson's disease although there were people using the service with these health conditions. We asked the registered manager to take action to address this. Following inspection, the registered manager contacted us to tell us that training in epilepsy, stroke and Parkinson's disease had been booked for staff. This meant staff would have the most up to date knowledge to care for people with these health conditions. Nurses completed further training which included catheter care, PEG and syringe driver.

The chef told us, "People get refused nothing. If I haven't got it in, I go and buy it. It could be the first meal people have eaten in days or the last meal they will eat. We had one person who wanted Chinese with Crab. We went out and bought it. Food is something people look forward to. It's interactive." One person told us, "The food is superb. It is first class." Kitchen staff had spent time working with people to make sure the meals provided met their needs, wishes and preferences. When they moved into the service, kitchen staff captured this information from people and again if their needs changed following recommendations from dieticians and speech and language therapists. The chef told us they, "Used to provide a full breakfast but there was huge waste. We now do two items each day, but people can have anything. What we have now is based on choice rather than what we provide."

Menus were on display in each of the dining rooms. The service was awaiting their delivery of pictorial menus at the time of inspection. The registered manager told us that people were offered two choices. People were provided with special cakes on their birthdays.

All kitchen staff had participated in 'Focus on under nutrition' training. They had records in place to show which people were at medium and high risk of malnutrition and dehydration. The chef told us this information was updated each week because people's needs often changed. They told us that full fat milk and milk powders were added to hot drinks and full fat yogurts were added to foods. We saw people were provided with cakes and fruits each day. There were three nutrition champions in place at the service which included the registered manager, chef and a nurse.

The service had been working to improve the mealtime experience for people. We could see that there were two different times for each mealtime. This meant staff were able to spend time with people who needed assistance without them being rushed. Staff were also encouraged to chat with people during mealtimes.

One staff member told us, "The food is nice and it is hot. It comes from the kitchen in a hot lock [hot service trolley]. People have choice about what they want to eat." One person told us, "The food is very nice, there's lots of choice."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoL'S). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection, there were 44 people who had a DoL'S restriction in place; we could see that people had these in place to maintain their safety or to provide support with personal care, eating and drinking and medicines management. The service had a record in place which showed when each person's DoL'S restriction had been granted and when it was due to expire. This prompted the service to make sure that a review of these deprivations took place prior to the expiry of the restriction.

One person told us they wanted to go home. The registered manager told us an urgent review of this person's care had been organised which included the person's relatives and health and social care professionals involved in their care.

Some people had a 'Do not attempt resuscitation' (DNAR) certificate in place. The certificate showed the people involved in the decision making process, the reason for the decision and a date by which the certificate needed to be reviewed.

People had regular involvement with the health and social care professionals involved in their care. Reviews and recommendations had been recorded in people's care records. People told us they could see their GP whenever they wanted to. Consent forms were in place and had been agreed with people when they had received their influenza vaccination.

Good

Is the service caring?

Our findings

Staff told us, "I love caring for people and being able to make a difference. I feel able to do this now. I am making a difference to them." And, "The residents are the best thing about my job. I ask relatives about people, then I can have different conversations with them." And, "I like taking care of people when they need it most and being their voice." And, "I make sure I can make a difference and people are comfortable and happy." And, "I love my job. I enjoy coming to work. It's nice to be helpful, giving people what they want. I like to talk to people and distract them when they get upset."

We asked people if they were cared for at the service by staff. They told us, "Of course I'm being looked after. If they [staff] didn't, I'd tell them." And, "I am well cared for." And, "Staff are always there if I need them." And, "Everyone [staff] looks after me well."

People confirmed they were happy living at the service. One person told us, "Yes, I'm happy here. The girls [staff] look after me." Another person told us, "I do like it here. I don't want to move. The staff are nice. They are all nice in here. I can go to bed when I want and I have my own key to my room."

One relative told us, "I am happy with the care provided to my relative. I am kept involved in their care. The staff are smashing. There is a relaxed atmosphere in here and I feel [person using the service] is safe. I would definitely recommend this home." One person told us, "They [staff] are very kind. They help me with anything I ask. I don't ask much, just to be happy. All good so far."

We could see that the service supported people to maintain relationships with family and friends. Relatives told us they felt welcomed when they visited the service. One relative told us, "I am very happy with care, I visit regularly and they [person using the service] are always clean and tidy. The staff are very good. I can visit when I want to and the staff always greet me when I arrive. I would recommend this home." One staff member told us, "We have good relationships with people. We get on with families and do the do the best we can."

During our observations, we could see staff knew people well. They engaged people in meaningful conversations about their life histories and general day to day topics. We saw staff singing and dancing with people. We observed one staff member speaking to one person in a caring tone. The interaction between the staff member and the person was very positive and warm. Both were polite to each other and spoke in a way which showed they knew each other well.

Throughout inspection, we observed staff giving people choices. People were asked what they wanted to do, if they wanted the television on or the window open. One staff member asked a person if they would like to go outside and if they wanted to go to the shop. This person was asked if they wanted to wear a cardigan or a coat.

People told us they were involved in planning their own care and staff always asked their consent before any assistance was given. Staff assisted people to maintain their independence and provided encouragement

when needed. Where people did not have the capacity to give their consent to decisions being made we could see that their relatives or professionals responsible for the person's care had been involved in the care planning process and had signed documentation to give their consent to the planned care and support. Information about advocacy was on display at the service. Advocacy is a means of accessing independent support to assist with decision making. All staff spoken to were aware of the services available to people and knew how to contact them.

Some people chose to sleep with their bedroom doors open; we saw this information had been recorded in people's care plans. This showed the service was respecting people's wishes. We observed staff knocking on people's doors before entering, delivering personal care with doors and curtains closed and gave people the time they needed when eating. We saw that people's privacy and dignity was maintained throughout the inspection.

Some people were receiving end of life care. Care plans were in place which reflected their needs, wishes and preferences. The service worked alongside recommendations from specialist nurses and GPs. Specialist equipment such as syringe drivers were put in place and medicines were dispensed accordingly. The deputy manager told us that records for Fentanyl patches [specialist end of life medicine] were not always fully recorded, however the service had recognised this and actions put in place to make sure improvements were made.

Requires Improvement

Is the service responsive?

Our findings

There were gaps in records looked at during inspection. Records of planned fire drills were in place and identified when they had occurred. The records had sections to show what staff did well and what they could do better, however they had not been completed in the records which we looked at. This meant that we could not see if there were areas where staff needed to make improvement and the actions which were put in place to ensure this happened.

Personal hygiene records were incomplete. These were records of the care and support people were given each day. This meant records did not always show if people had received assistance with mouth care, nail care or bathing for example. We looked at one person's records between 1 and 31 May 2016, which showed they had received four baths during this month, had not received mouth care for three days. The records showed the person had not received any nail care during this month and had gaps of ten days where their bed linen was not changed. Records also showed the person had opened their bowels for 13 out of 31 days; from the records and care plans we could not see if this was normal for this person. We found similar patterns in the records for this person during April 2016. One person's care plan stated they needed, "frequent mouth care." There was no information about the frequency needed. We looked at records between 1and 9 June and found no mouth care had been recorded. In May 2016 there were six days were no mouth care was recorded. In May 2016 there where seven days were a hearing aid for this person was not recorded as being cleaned despite guidance in the person's care plan for cleaning.

There were gaps in food and fluid balance records. Some records looked at did not identify a recommended amount of daily fluids and fluids were not added up to see whether people had achieved a recommended daily amount. We checked one person's fluid balance record at 20:40 of 7 June 2016 and could see a total of 700 millilitres of fluids had been recorded between 08:00 and 12:00. We checked this record again at 21:30 and found that it had been completed further to show tonic water [no amount recorded] was given at 14:00; 300 millilitres of tea and 200 millilitres of orange juice was given at 16:30 and 50 millilitres of orange juice was given at 19:00. We questioned the accuracy of these records. We spoke with the registered manager about gaps in food and fluid balance records. For one person we were told they received a normal diet. We questioned why there was a food and fluid balance record in place and were told there was no reason for this. The registered manager told us they would look at this straight away.

Hourly welfare checks were in place for people, however from the records looked at these were not completed throughout the day. One staff member we spoke with about this told us, "We check on people in the day, but's it's not recorded."

There were gaps in the preadmission assessment for one person which included the people involved in the assessment, communication needs, personal and life history, preferences and support needed with personal care, conclusions about suitability for placement at the service and risks. Signatures and dates of the staff involved in the assessment had not been completed. This meant we could not be sure if a full assessment about this person's needs had taken place and whether the service was suitable for this person. A hospital passport for one person stated they had a diagnosis of macular degeneration and a hearing

impairment which they refused to wear hearing aids for. However the preadmission assessment stated the person was partially sighted and made no mention of the diagnosis of macular degeneration or any hearing impairment.

One person had two life portraits in place. Both had gaps within them. This meant we did not know which was most accurate. Another person had a life portrait in place which had been written in pencil and did not have a date. There were gaps through each of the records which related to significant dates and life events; hobbies and interests; personal likes and dislikes; religious and cultural needs; people important to them; agitation and end of life care. This meant we could not be sure if staff had the information they needed to engage people in meaningful conversation about their life histories or if the service was able to meet people's individual care needs.

Some information contained in one person's care plans was not person centred, for example, a care plan for moving and handling stated, "It is very difficult with [person using the service], they tend to wait until staff are busy."

Some daily records contained limited or misleading information. For example, in one person's records dated 6 June 2016, the record stated, "Has had a good diet and fluid intake." However the person's fluid balance record stated they had consumed 700 millilitres of fluid on that day. A fluid record dated 7 June 2016 for another person showed they had consumed 525 millilitres of fluid throughout the day. However, daily records for the same day stated, "Good fluid and diet intake." Where fluid records had been completed, a total amount of fluids consumed throughout the day was not completed and signatures from staff were not always recorded.

We looked at emergency evacuation information stored in the main entrance of the service on 7 June 2016. This information, which can be accessed by professionals such as the police or fire brigade in an emergency. We looked at a "Resident list" dated 6 June 2017. This record showed that three people were not at the service; when we checked on two of these people we found one of them in bed asleep and another person in the lounge. We also looked at emergency contact numbers and found the regional directors information was incorrect and they was no information about the registered manager or contact details. This meant the information needed during an emergency was not available.

We looked at the supervision records for 19 staff, for 17 staff we found the same pre-populated supervision records in place for hoist slings and personal care. We could see that these were areas of care which the service felt they needed to address, however they were not individual to each staff member. This meant we could not see what the individual areas of improvement were for each staff member. There was no evidence of discussion in any of these records.

There were gaps in a probation period assessment review for one staff member. There was no information about whether the staff member needed support to improve performance, whether the staff member's probation period was complete or whether it needed to be extended. We also noted gaps in supervision and appraisal records relating to progress, actions and supervisor and supervisee comments.

There was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person had a care plan summary in place which gave an overview of people's needs and the support needed. We found this summary information was very thorough and covered all aspects of people's health and well-being needs. People had the care plans in place which reflected their individual needs, wishes and

requirements. These included personal care, mobility, communication and nutrition. All care plans gave information about why the care plan was needed and the support staff were required to provide. The care plans explained the expected outcome if the care plan was put in place. Care plans contained detailed information about people's daily routines, this meant staff had the information they needed to support people in the way they wanted. End of life care plans were in place where needed and were reviewed regularly. They detailed people's individual conditions and needs as well as the actions staff needed to take including dispensing prescribed medicines. Records of care were completed each day by staff. We found some entries were very detailed and reflected people's care plans.

Two activities co-ordinators were employed at the service to provide activities. The service participated in national events and also carried out their own fundraising events. At the time of inspection, the coordinators were planning to hold a pie and pea supper at the local church.

The activities co-ordinators took a sweet trolley around each of the units a couple of times each week. The trolley contained drinks, crisps, chocolate and sweets for people. We observed this taking place and saw people's faces light up when the trolley arrived. We saw people thoroughly enjoyed the sweet trolley and was the topic of conversation for a time with people.

We could see kitchen and activities staff worked together to provide activities. The chef told us people had made their own pizzas which staff cooked for them and then people were able to enjoy them for their tea. They also told us, they had a bread machine at the service which people used to make their own bread. People were also encouraged to participate in daily living activities such as dusting and laundry.

Activities included personalised pictures, manicures, photo frame making, and costume design. People were taken out for walks in the local community and visited a local carvery. External entertainers such as singers had provided activities at the service and people had been visited by the local children's nursery. The activities co-ordinator told us that a choir visited the service at Christmas. Some people were not well enough to attend the activity so the choir attended each unit and sang. This meant people could still listen to and enjoy the singing. They also told us they worked alongside another care home in the local area and were planning 'Come dine with me' events. Some people attended a day centre ran by Age UK which had a sensory garden. The activities co-ordinator told us people particularly enjoyed the different textures and smells in the garden.

One staff member told us, "We need more activities. We need to take people outside and there are no activities on an evening." Another staff member told us, "We need more activities for people who are in bed." One relative told us, "The activities are good here, as is the activities co-ordinator. The activities are not necessarily great for my relative. They need more one to one activities really."

Information about how to make a complaint was on display at the service. From the records looked at, we could see a small number of complaints had been made which had been dealt with appropriately. Records were in place to show the nature of the complaint and the action taken to resolve the complaint including an outcome.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they enjoyed working at the service. They told us, "I love my job. Everything about it. I feel I've been here years. I was welcomed straight away. I seriously love my job." And, "We have good staff here. I get on with everyone." And, "I love working with people who are good at their job. There is a nice environment. The staff are good with residents and the residents are happy."

The registered manager had been in post for many years and had made some positive changes at the service. One staff member told us, "[Registered manager] is smashing. Can talk to her about anything." Staff told us they told us they received "Lots of support from [regional manager]." We spoke to staff about the leadership at the service. They told us, "We've had some difficult times here but we have a good manager and deputy manager. They take what we say on board. There is good team work here. We have an open door policy and can go the manager at any time no matter how small." And "[Registered manager] does everything by the book. We are all treated the same." And, "The [registered] manager is very approachable. She listens to us."

We saw staff working together as a team. We heard staff laughing and joking with each other; they gave each other the time needed and offered assistance when required. Staff told us, "Everyone is a really hard worker." And, "The staff team is better now. We have team work now. It didn't used to be." And, "It's nice to see the same people everyday. It's nice working here."

All staff spoken to told us the service had improved since our last inspection. We observed this to be the case. Staff told us that change was good and the service needed to continue to make improvements rather than to become complacent. One staff member told us, "We can always improve. Every day is a learning curve. We have increased our communication but we could still do better with this." Another staff member told us, "We need more understanding of each others jobs and to improve the team and the atmosphere."

There were champions in place for nutrition, continence, dementia, infection prevention and control, activities and moving and handling. These are people committed to making a difference and take the lead in a specific area to make sure all staff are kept up to date with legislation, good practice and act as role models.

The registered provided regularly visited the service to monitor the quality of the service. They told us they were expected to carry out a minimum of three monthly visits but attended more regularly than this. We could see audits had been carried out each month; during their visits and any actions identified were recorded on the service improvement plan.

Each month the registered manager was responsible for carrying out checks of occupancy, staff rotas and bed management.

Accidents and incidents were monitored each month to try to identify patterns and trends which would allow the service to take action to minimise them. Regular analysis of safeguarding was also carried out

make sure the service was carrying out the duties expected of them and to make sure action was taken to minimise the risk of harm to people.

Regular audits of medicines, infection prevention and control, kitchen, care plans and health and safety were carried out. The registered manager used this information to keep the registered provider informed about the quality of the service. Where needed action plans were developed and showed when actions had been addressed. We noted there were no audits of records which could have helped to identify the gaps in records such as supervision and food and fluid balance records.

Meetings for people and their relatives were held each month; we could see that fundraising, activities and PET therapy had been discussed. A newsletter was produced each month which informed people of activities and upcoming events. Meetings for all staff were held each month and future dates had been planned in. Clinical meetings for nurses were held every three months.

The service notified CQC when required to do so and any additional information requested was done in a timely manner. All staff spoken to knew what was expected of them in their individual roles. We found they were open and transparent during our inspection. The service acted quickly to make safeguarding alerts, provided information to the local authority and attended safeguarding meetings. We spoke with the local authority contracts and commissioning team prior to inspection who did not have any concerns to share with us. We could see that they had recently carried out a review of the service; where areas for improvement had been made the service had put an action plan in place.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were gaps in the care records looked at. There were also gaps in supervision, induction, emergency evacuation and fire records.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff on duty at night on the nursing unit.