

Forever Care Ltd

Fairlight Nursing Home

Inspection report

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Date of inspection visit: 23 & 24 September 2015

Date of publication: 19/02/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Fairlight Nursing Home provides accommodation for up to 60 older people. It provides a service for people with nursing needs, people living with dementia and people who are discharged from hospital following a period of rehabilitation. These people are medically fit but waiting for social care or housing arrangements to be put in place.

The service has a registered manager. 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.'

Medicines were not always managed properly. Topical creams, such as prescribed barrier or moisturising creams, were not consistently administered or recorded. However policies and procedures were in place to ensure the safe ordering, storage and disposal of medicines.

Summary of findings

Medicines were managed, stored, given to people as prescribed and disposed of safely. We observed medicines being administered and saw that the staff who administered medicines did this safely.

Premises were not always safe. There was an area of the home which was being refurbished, which could create a risk to people's safety. The entrance to the room was not appropriately secured and presented a trip hazard for people

There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staffing levels were assessed by the manager and varied with the changing needs of people living at the home.

People told us that they felt safe. One person said, "They (staff) are around so you don't come to any harm". Staff recognise signs of abuse and knew who to report this to. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately.

Risk assessments were in place to identify individual risks. Risks to people's health and safety were assessed prior to admission and were regularly reviewed.

Staff had not always undertaken training to ensure they had the skills and competencies to meet people's needs. We reviewed training records and saw that, from a team of 91 staff, 51 had completed the dementia awareness training. The registered manager told us that they had identified this as a gap in training and they were planning training to address this, although no date had been confirmed. We saw that there were 91 members of staff and 36 had completed their manual handling training. We spoke with the registered manager about manual handling training and were told that the training was face to face. We did not observe any concerns relating to manual handling practices, however the provider had not ensured that staff were suitably trained and competent.

People were happy with the food and told us they were offered choices at each mealtime. People told us the food was "excellent". People's nutritional and hydration needs were assessed and regularly reviewed.

People were supported to maintain good health and had access to healthcare services when needed. Staff had regular contact with professionals when needed. When people received end of life care, staff ensured that they had access to specialist advice from a local hospice.

People we spoke with provided positive feedback on the caring approach of staff and told us they were kind and considerate. One person told us, "nothing is too much trouble." We saw one member of staff discreetly rearranged someone's clothing to ensure that their privacy and dignity was maintained. However, we saw that one person had the support they required with moving and handling pinned to the front of the bedroom door. This did not promote people's dignity.

People's care records contained little information about choices, preferences and life history of individuals. The registered manager told us that care plans were a "work in progress" and they were in the process of reviewing care plans to ensure they included information on how people would like their care to be delivered and their individual likes and dislikes.

There was a schedule daily and weekly activities for people to enjoy and activities were arranged outside of the home. However where people spent most of their day in the room there was limited social interaction.

The atmosphere in the home was friendly and people spoke positively about the registered manager. Resident and relative meetings took place and people were asked for feedback through an annual survey.

Although the provider had a quality monitoring system in place, this had not been effective in identifying and actioning areas for improvement.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

There were sufficient numbers of suitably qualified, skilled and experienced staff on duty at all times.

On the whole, medicines were managed safely but there were unclear arrangements for the use of topical creams.

Staff had received safeguarding and whistleblowing training and knew how to recognise and report abuse.

The premises were not always maintained to ensure that they were safe.

Requires improvement



Is the service effective?

Some aspects of the service were not effective.

Staff had not received the training they needed to support people effectively as their needs changed.

People's rights were protected as the registered manager had followed the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager was in the process of reviewing people's capacity assessments to ensure that the principles of the Mental Capacity Act were followed.

People were supported to maintain good health and had access to healthcare services.

Requires improvement



Is the service caring?

Some aspects of the service were not caring.

People were not consistently treated with respect and dignity.

People's relatives were made to feel welcome and were able to visit without being unnecessarily restricted.

Requires improvement



Is the service responsive?

Some aspects of the service were not responsive.

People's needs were not always assessed and reviewed as needed.

There was a planned schedule of activities, however people who spent time in their rooms did not always have their social needs met.

People felt able to express concerns and feedback was encouraged.

Requires improvement



Is the service well-led?

Some aspects of the service were not well led.

Requires improvement



Summary of findings

Quality assurance systems were not always effective in measuring and evaluating the quality of the service provided.

There was an open door policy and staff felt listened to by management. The registered manager had been in post since May 2015. People and staff expressed that the registered manager had a positive impact on the home.

Fairlight Nursing Home

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 on 23 and 24 September 2015 and was unannounced. Two inspectors, a specialist advisor and an expert by experience undertook the inspection. A specialist advisor provides specialist clinical advice to the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is

information about important events which the provider is required to tell us about by law. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during the inspection.

Some people living at the service were unable to tell us about their experiences; therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, six members of staff, two visiting relatives, nine people who lived at the home and two health care professionals. We also examined a selection of records. These included eight care records, three staff records, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints, quality assurance audits and other records relating to the management of the service.

The service was last inspected on 10 July 2014 and no issues were identified.

Is the service safe?

Our findings

Some medicines were not managed properly. Topical creams, such as barrier or moisturising creams, were not consistently administered or recorded. Creams and lotions were kept in people's rooms and applied by staff. However they were not always routinely recorded on MAR charts and staff did not have topical administration charts in people's rooms with the daily notes advising how they should be applied. Staff told us that they recorded the application of topical creams in people's general daily notes. There was no policy in place for the application and recording of topical creams. The inconsistent application and recording of prescribed topical creams could mean that risks to people's skin integrity were not mitigated appropriately. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Apart from prescribed topical creams, medicines were managed, stored, given to people as prescribed and disposed of safely. We observed a medicine round and saw that the staff who administered medicines did this safely. Staff confirmed that they were confident and understood the importance of this role. Medicines Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured effectiveness of the medicines was maintained. On the first day of our inspection we saw that most MAR charts did not contain photographs. The staff member administering medicines checked dates of birth with the people as they administered their medication. On the second day we spoke with the deputy manager who told us that they had been updating people's photographs and these were now in place. On the first day of our inspection we noted that one person's medicines was still in the blister pack from the previous day and there was no explanation for this. We spoke with the manager who agreed to look into this. On the second day of our inspection we were told that this person had visited his family that day and they had additional medicines for them at home. We were shown care records which confirmed this.

Controlled drugs were stored safely and temperatures where medicines were stored were monitored and recorded. We carried out a random check of the medicines and they matched the records kept. Only trained staff administered medicines. The manager completed an observation of staff to ensure they were competent in the administration of medicines. Staff knew how people liked their medicines by speaking with people and getting to know their preferences. We observed people being offered a choice of drinks with their medicines and taking medicines from a pot or from a spoon depending on their preference.

On the first day of our inspection we saw that radiator covers were not secured to the wall. We spoke with the registered manager and saw that this was resolved that afternoon. We saw that there was a room on the first floor which was being refurbished. The entrance to the room was covered by a loose fitting sheet and presented a trip hazard for people. We checked the care record for the person in the room next to the refurbishment and saw that they were there on a short rehabilitation stay due to concerns regarding their mobility. Due to their mobility problems this person may have been at an increased risk of tripping or falling. We also saw that two chairs in the new building dining room had loose arms. We spoke with the registered manager and saw maintenance staff secure the arms of the chair. On the second day of the inspection to provider told us that areas for refurbishment would be prioritised and that a date had now been planned for the repairs to be made.

Safe recruitment practices were not always followed. On the first day of our inspection we reviewed five staff files and saw that two files did not contain Disclosure and Barring Service (DBS) certificates. The registered manager was not able to confirm that DBS checks had been carried out or that certificate numbers had been provided prior to their start date. We brought this to the attention of the registered manager on the day of our inspection. Following the inspection the registered manager was able to confirm that these checks had been carried out before they started work. Staff files contained evidence to show, when necessary, staff were registered with appropriate professional bodies such as the Nursing and Midwifery Council. The Nursing and Midwifery Council regulate nursing staff and ensure professional standards. The provider carried out other recruitment checks including obtaining two references from current and previous

Is the service safe?

employers and confirming the identity of staff. Staff records also documented details of staff induction, competency observations and training certificates to confirm their knowledge, experience and training to carry out their role safely.

There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staffing levels were assessed by the manager and varied with the changing needs of people living at the home. We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. On the day of our inspection there were 3 registered nurses and eleven members of care staff on duty. Staff told us there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The manager told us that they had recently identified a need for additional staff as there had been a change in the number of people requiring support from two members of staff. We spoke with the manager about how they cover shifts and were told that staff will pick up additional shifts and that they “very rarely use agency staff”.

People told us that they felt safe. One person said, “They are around so you don’t come to any harm.” People were protected by staff who knew how to recognise the signs of possible abuse. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A visiting health care professional told us, “People are safe and well looked after here.” Staff said that they felt comfortable referring any concerns they had to the manager if needed. When asked, staff required some prompting to identify the possible types of abuse. Staff told us that they would report any concerns to the

nurse who would alert the registered manager. Staff were aware of the location of safeguarding policies at the nurse’s station. Staff told us that they were aware of the whistleblowing policy and who to contact if they had concerns. One member of staff said, “I would go to the manager or if not the proprietor, things have improved a lot.”

Risk assessments were in place to identify individual risks and keep people safe. Risks to people’s health and safety were assessed prior to admission and were regularly reviewed. Where someone was identified as being at risk we saw that actions were identified on how to reduce the risk and referrals were made to health professionals as required. For example, Waterlow assessments had been completed which measured and evaluated the risk of people developing pressure ulcers and

how staff should monitor and mitigate this risk. When needed, people had wound care plans in place. At the time of our inspection there were three people who had wound care support plans. The care of wounds was clearly documented and body maps were used. When people were identified as being at risk we saw that they received the appropriate equipment to reduce this risk. We saw pressure relieving mattresses were in place, for example. Daily checks were carried out and recorded in daily files. Those needing them had repositioning charts in their daily record files. We saw that, when needed, people had care plans in place which detailed the care they needed to manage their diabetes. However, we saw one care plan which stated that the doctor should be contacted when blood glucose levels were outside of the normal range. However, the file contained no guidance for staff on what the normal range for this person was. Staff recorded people’s blood glucose levels on the MAR charts and any concerns were discussed at the staff handover meeting.

Is the service effective?

Our findings

Staff had not always undertaken training to ensure they had the skills and competencies to meet people's needs. Staff told us that they did not always feel confident in supporting people who lived with dementia, particularly when they displayed behaviour which people may find challenging. We saw that, at times, staff did not allow people with dementia the time to respond to the questions which were asked. The registered manager told us that they had identified this as a gap in training and they were planning training to address this, although no date had been confirmed. We reviewed training records and saw that, from a team of 91 staff, 51 had completed the dementia awareness training. The home's statement of purpose stated 'All care staff within the home will be appropriately qualified to deliver the highest standards of care. A continuous staff-training programme is implemented to ensure that these high standards are maintained.' From the records reviewed this standard was not yet being met. The registered manager showed us training records and told us that they use a traffic light system, which highlighted when staff had completed training and when it was overdue. We saw that there were 91 members of staff and 36 had completed their manual handling training. We spoke with the registered manager about manual handling training and were told that the training was face to face. We did not observe any concerns relating to manual handling practices, however the provider had not ensured that staff were suitably trained and competent to provide this care. We spoke with staff and they lacked an understanding on the main principles of the Mental Capacity Act. We reviewed training records and saw that the MCA and DoLS training had been attended by only thirteen members of staff. Staff may not have the information and knowledge to meet people's needs and protect their rights.

Staff have not have received suitable training to ensure that they were able to carry out their duties. **This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** Despite this staff we observed staff ensure that they gained people's consent before they offered support and they were able to tell us about someone who could not use verbal communication and how they would observe their body language and facial expressions to determine if they had given consent.

Staff advised that they completed a two week induction where they shadowed a more senior member of staff and completed an induction handbook. New staff were now completing the Care Certificate and staff told us they found the induction process helpful and allowed them to feel more confident. The Care Certificate is a set of standards which staff complete to ensure that they are competent in the caring role. At the time of our inspection two members of staff were completing the Care Certificate.

Staff confirmed that they had regular supervision and found this supportive. Staff told us that they received three monthly supervision. Staff were given supervision minutes which highlighted concerns or additional training which was required.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We reviewed records and saw that seventeen DoLS applications had been applied for. We reviewed people's mental capacity assessments and saw that not all people had decisions specific assessments. We spoke with the manager and they were aware of this issue and told us that they were in the process of reviewing people's capacity assessments. They were able to show us an example of a decision specific mental capacity assessment which considered where the person had the capacity to make the decision to use bedrails due to falls risk. The registered manager had an understanding of the Mental Capacity Act and how this applied to the care people received.

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis to monitor any changes in people's weight. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. People had an electronic care record for their

Is the service effective?

nutritional needs which contained a graph to track any changes. We reviewed care records and identified one person who was at risk of malnutrition, the desired outcome was to prevent further weight loss and promote weight gain. We saw that a record was kept of what they ate and how much they ate. Their weight was recorded each month and it appeared that they were gaining a small amount of weight. The chef had information about people's dietary needs, including those who required special diets such as soft, pureed or diabetic. We spoke with the chef and were told that the registered manager passed on information relating to dietary requirements when people moved to the home and this was updated with any changes.

People's hydration needs were met. Fluid charts were used to ensure that people received enough to drink. For those who were at risk of dehydration, a target daily intake volume was set. Staff had totalled the drinks they consumed during the day to check that people had enough fluid to meet their needs. We observed people's water jugs in bedrooms being filled up, a choice of water and squash drinks were available in the lounge and people were offered tea and coffee was offered to people throughout the day. One relative commented that they were unsure how often the water was changed throughout the day, and felt that it could be refilled with fresh water more often. This family member chose to bring bottled water in for their relative. People were offered tea and coffee throughout the day and we saw that staff knew that one person's preference was for hot chocolate. We saw, on both days of our inspection, that this person was offered hot chocolate. Staff were aware of people's food needs and preferences and offered choices of a menu. If a person did not want one of the choices they were offered an alternative such as a sandwich or omelette.

People were happy with the food and told us they were offered choices at each mealtime. We saw that one person enjoyed a glass of wine with his lunch and people told us, "I enjoy the food, they have an excellent chef who gives us a good choice." We observed a lunchtime meal and saw that people had a choice of where they ate their meal. Some chose to eat in the dining room and others in the lounge or in their bedroom. One person told us, "I have my meals in my room; that's what I prefer." When people needed assistance with their meal this was done at an appropriate pace. Staff sat beside them and spoke with them about the experience and asked when they would like more food. We saw that staff offered support when needed and, when people needed encouragement to eat, a little more this was given. When needed, people used plate guards, this ensured that people were able to remain as independent as possible when eating. We observed the lunchtime experience in the dining room. Soft music was playing and people appeared to be enjoying the experience, and spoke with other people at their table. People's meals looked hot and appetising.

People were supported to maintain good health and had access to health care professionals when needed. People told us they were able to see healthcare professionals, such as a doctor or dentist, when they needed. We were told, "The dentist came to me with new dentures; they're wonderful." A visiting health care professional told us, "The nurses communicate very well; if I raise a concern they deal with it." Staff had regular contact with professionals when needed. When people received end of life care, staff ensured that they had access to specialist advice from a local hospice. Chiropody was also a regular service that was provided.

Is the service caring?

Our findings

People told us, “They (the staff) are always discreet and treat us with dignity and respect.” People’s care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff told us how they put this into practice when supporting people and that they would knock on people’s doors and make sure that curtains were closed before supporting with personal care. We observed staff maintained people’s privacy. We saw and heard staff knock before entering people’s bedrooms. At times, we saw staff knelt down when talking to people so that they were at the same eye level. We saw one member of staff discreetly rearranged someone’s clothing to ensure that their privacy and dignity was maintained. However, we saw that one person had the support they required with moving and handling pinned to the front of the bedroom door. People and visitors to the home were able to see this when they walked passed their room. This did not promote this person’s privacy and dignity. Outside of meal times, we saw people with protective aprons on. We reviewed their care plans and could not identify a reason for this. We did not see evidence that consideration was given to whether people needed to wear an apron to protect their clothing when they were not eating.

The above demonstrates that there were inconsistencies in the staff approach and recommend that the provider give further consideration to ensuring that people are consistently treated in a respectful and dignified way.

People we spoke with provided positive feedback on the caring approach of staff and told us they were kind and considerate. One person told us, “Nothing is too much trouble.” Another said, “I would recommend this home to my friends.” A relative told us, “You can’t fault anyone here, they are wonderful.” We saw a discussion between five people and two staff members about the events in the newspaper. People appeared comfortable with staff and were laughing and sharing jokes with them. Staff knew people well. We saw one person’s care records stated that they had a specific area in the lounge which they liked to sit at and have some of their possessions with them. On both days of our inspection we saw this person sitting in the area they liked and had their items with them. Throughout our inspection we observed that people looked well looked

after, people’s hair was brushed, that they were wearing glasses and hearing aids were in place. We spent time observing care practices in the communal area of the home. Staff took time to speak to people as they supported them. We saw that one person became upset and staff offered reassurance and spoke with her about where she would like to go. Staff guided this person to her room and spent time reassuring her.

Staff knew which people needed equipment to support their independence and ensured this was in easy reach or provided when they needed it. At times we saw staff took time to make sure people understood what had been said and made eye contact when speaking with people however we saw that at times staff did not give people with dementia the time to respond to questions asked. We saw that staff were friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. We spoke with a relative about the care their family member received and were told that her wellbeing had improved since moving. We were told “since she came here she has lost the anxiety in her face”.

We saw that people were offered a choice of where they would like to spend their time. Some people chose to take part in activities with the lounge while others preferred to spend time alone in their room. We spoke with one person who told us they did not enjoy spending time and preferred to be in their room. This person told us that they would prefer to have some 1-1 time with staff to talk. We have identified a breach in relation to this in the responsive domain.

The registered manager told us that they were proud of the work that they did in supporting people receiving end of life care. We saw that one person had anticipatory medicines to ensure that their symptoms could be well managed. Staff told us they felt confident in identifying and supporting people who were at the end of their life. They used six steps for success tool which was designed by a local hospice to support care homes to manage people at the end of life. There was a designated end of life staff member who attended regular training at the local hospice, this member of staff then facilitated training for staff. When people were at the end of life we saw that there was regular contact with doctors and palliative care teams for advice and support to ensure the person’s needs were met.

Is the service caring?

Friends and family were able to visit without unnecessary restriction and told us that staff were welcoming. People told us that they felt that staff made them feel welcome and made time to speak with them about any changes to their relative's health or the care they received.

We identified that people were not always involved in making decisions about their care and have explored this in more detail in the Responsive domain

Is the service responsive?

Our findings

People did not always receive personalised care that was responsive to their needs. Care plans detailed health and task based activities such as pressure area care, moving and handling, assistance with person care and nutrition. Prior to admission an assessment of people's needs was completed which covered details of the person's physical and social needs. People had an electronic care plan and also a paper copy which was stored in the office for staff to access. We reviewed people's notes and saw that the information within these systems was not always the same. More detail was provided in the electronic notes than the paper notes. We reviewed one person's care plan and saw that there was additional information in their electronic record on a review of their medicines and the impact this had on their behaviour and mood. Another electronic care plan told us about one person's food likes and dislikes, however we could not find this information in their paper care records. Care staff told us that they normally read through the paper records as they are easier to access than the electronic records. As care staff tended to read through the paper records they may not always have the most up to date information on how best to support people. This could lead to people receiving inconsistent care.

When we checked records we saw limited evidence that people had been consulted on how they would like to receive their care or that life history informed the care people received. The registered manager told us that they were reviewing people's care plans to ensure they were more personalised and told us that this was, "a work in progress". The registered manager told us they spoke with people and their relatives about the care they receive but, at times, this was not documented to evidence this involvement. People we spoke with told us that they did not know they had care plan and had not been involved in writing it. Relatives were not aware that their family member had a care plan and told us they had not been involved in this. One relative told us "they have a daily log which I read but I have not had an input into any plan".

Care records were not always reviewed as needed and so it was not clear if they reflected people's current level of need. The registered manager told us that care plans should be reviewed monthly or sooner if needed. We reviewed one person's behaviour care plan and saw that this had not been updated since June 2015. This person

had a diagnosis of dementia and we saw from their progress notes that at times they wandered at night and their medicines were being reviewed by the GP. This updated information had not been reflected in their care plan. This meant that people's needs may not have been reflected in the care and support which they received. However we also saw a care plan which showed that an eating and drinking assessment had been reviewed monthly and it was identified that the person was at risk of malnutrition. The additional support which the person required was detailed, their weight was recorded monthly and a MUST review was in place. A MUST is a malnutrition universal screening tool which is used to identify people who may be at risk of malnutrition.

We reviewed the electronic and paper care records of one person who lived with dementia and saw that the information on how to manage behaviour which may be challenging was limited. The guidance did not identify ways to communicate with this person or strategies to reduce their distress. We spoke with staff and were told that they did not feel confident in supporting this person when they became distressed. Despite this, staff expressed an understanding of managing this and offering a calm approach to the person. We observed staff with this person and saw that they were kind and encouraging. However, they did not always allow the person the time they need to respond to questions. The lack of details in the person's care plan for managing their needs and lack of staff understanding and confidence in doing so meant the person was at risk of not having these needs met consistently.

People told us that staff responded quickly when they needed assistance. We saw that people's call bells were within easy reach. Staff told us that one person had difficulty using her call bell and they now regularly checked her room to ensure that this was within reach. However we reviewed this person's care records and saw that this was not recorded and therefore it was difficult to determine whether this was being done consistently.

People told us they were encouraged to take part in activities in the lounge but, if they did not want to take part, there was limited social support offered for people who stayed in their room. We saw that staff were present in communal areas and checked on people in their rooms. However we saw little social interaction between staff and people. Staff offered support when needed, but there were

Is the service responsive?

limited meaningful activities for people who stayed in their room to take part in. We spoke with one person who spent most of their day in their room and were told, “It does feel like they are understaffed and often have to rush.” We were also told, “Staff don’t have time to talk to me. In the afternoon I try to make myself go to sleep as there’s not anything to do.” We reviewed one person’s activity records and saw no entries for September 2015. We reviewed the record of another person who preferred to stay in their room and saw that they had taken part in one activity in September 2015. Their care plan told us they should be encouraged to take part in activities as they often felt lonely and were withdrawn. A lack of stimulating and meaningful activities for people who were unable to leave their room, or chose not to leave their room, placed them at risk of isolation, withdrawal and low mood. This is a particular risk for people living with dementia.

People’s care plans included a section that assessed social and recreational needs. These were limited and for four people contained very little detail about what was needed and planned for them. The registered manager and the activities co-ordinator acknowledged that this was an area which required improvement and the activity co-ordinator was in the process of introducing a tool to record people’s life history and told us that this information would be used to plan and personalise activities within the home. One person’s care plan stated they should participate in activities in the home to reduce the risk of social isolation. We did not see any evidence of this person’s likes and dislikes recorded in their care records. We reviewed this person’s September 2015 activity participation record and saw that there were two entries for this month. They had taken part in a group activity and had one one to one session in their bedroom, despite the activities co-ordinator telling us that this person received weekly one to one sessions in their room. Therefore it was not clear whether this person’s needs were being met to reduce their risk of social isolation.

The above evidence demonstrated that people’s care and treatment did not reflect their preferences or needs. In addition people and their representatives had not been involved in the planning of their care and treatment. This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

Daily care records contained information on people’s health and, at the shift handover, up to date information was shared regarding people’s needs and follow up action was also discussed. A health care professional told us that, recently, daily care notes had become more comprehensive since the registered manager had been in post. The content of daily notes was inconsistent and contained no information on people’s mood or wellbeing. We observed a staff handover and saw that staff discussed individual residents, their specific needs and any changes to their health or medicines. Staff passed on information about people’s nutritional needs and if they needed to be encouraged to eat or drink more. People’s care records contained a section detailing communication with healthcare professionals such as the GP. People’s care plans included reports from external healthcare professionals such as the GP and social workers when appropriate. We saw that the preadmission assessments had also been used to inform people’s care plans.

People had pressure relieving mattresses in place to reduce this risk and maintain their skin integrity. People’s care plans contained information on the correct setting for the pressure relieving mattress. The registered manager told us that this was set based on people’s weight and height and was reviewed when needed. Daily checks are carried out to ensure that the mattress is at the correct setting, this was recorded in people’s daily notes.

We reviewed a care plan and saw that when there had been deterioration in someone’s mobility a referral had been made to their GP for a review of their medicines. A referral had also been made to physiotherapy for further guidance and advice on how best to support them. Their care plan had been updated to reflect the changes in their mobility and that additional support was needed when walking from one room to another.

People who were able and chose to spend time in the communal areas were happy with the activities which were on offer. People told us, “We can choose what we want to do., I don’t do activities but, I am quite happy with my own company.” There was an activities coordinator who worked five days a week. They told us, “I like to visit residents in their rooms to establish their likes and dislikes. Sometimes they can be encouraged to join in. However, I appreciate that some residents prefer not to.” There was a weekly activities plan which included outings to places such as the local garden centre. Within one person’s care plan we saw

Is the service responsive?

that consideration had been given to how they liked to spend their time. They had a visual impairment and the care plan told us they enjoyed sitting in the garden listening to the birds. There were photographs displayed in the reception area of the home which showed events and activities which people and staff had taken part in. An event had taken place in the summer and staff, family and friends had been invited. Staff and people spoke positively of the event and appeared to have enjoyed this. A vintage tea party was also planned for the weekend following the inspection, which family and friends had been invited to attend. People and staff within the home were looking forward to this. There were daily activities planned including bingo, arts and crafts and singalongs. External entertainers such as a guitarist and singers visited weekly. The activities co-ordinator told us they arranged armchair exercises for people and games such as skittles. Twice a year a theatre company visited and the activities co-ordinator told us that people enjoy and look forward to this. During our visits we saw that people were involved in a range of activities in the lounge area. We saw people taking part in a music class. An external musician visited the home weekly and people and staff sang songs and played musical instruments people were encouraged to reminisce throughout this session. The people we saw were smiling and appeared to be enjoying this activity. Staff supported people and encouraged their participation, the songs were designed to encourage people to reminisce.

People were encouraged to share their views. There were regular resident meetings, arranged separately, which included discussions of activities and people's preferences for outings. People told us resident meetings took place. We spoke with the registered manager about people's views on the home and their involvement in changes in the service. The provider asked people and relatives for feedback on their satisfaction with the service. Resident and relative meetings also took place every three months. Residents had been asked for feedback in June 2015 through a survey and this checked on comfort of room,

quality of care, choice and quality of meals. Feedback was mainly positive although an issue was identified with temperature of people's meals when they chose to eat in their bedroom. The action plan, following the survey, showed that there was a plan in place to address the issues around the temperature of the food. The catering team meeting minutes showed that the order that people received their meals was being changed to ensure that people who chose to eat in their room received a hot meal. However we saw no evidence that the registered manager had checked to ensure that people were now receiving a hot meal so it was not clear whether this issue had been fully resolved. The most recent visitor feedback survey was completed in July 2015. One family member commented on the feedback form, 'I consider my sister is fortunate to have your excellent care home.' Relatives and residents received a newsletter every three months which updated them on goings on in the home.

People and their relatives told us knew what to do if they were not satisfied with the service they received or if they wished to make a complaint. The registered manager said the complaints procedure was contained in the home's information pack, which was given to each person or their relative when they moved in. The registered manager had maintained a record of any complaints made. This included details of the complaint including who was involved, the provider's investigation of the concerns raised, whether the complaint was upheld and what further action would be taken. We reviewed the complaint records and saw that a complaint had been made that staff did not bring someone a cup of tea when they requested it. The registered manager discussed the complaint with the person who raised this and the nursing and care staff on duty that day. Staff offered assurances that the tea was provided and that the person was asleep when their tea arrived. The registered manager recorded the complaint as part of their complaint audit and staff were reminded to provide people with food or drink promptly. Complaints were managed in line with the provider's complaints policy.

Is the service well-led?

Our findings

A range of quality assurance audits were completed by the registered manager to help ensure quality standards were maintained and legislation complied with. These included audits of falls, medication, care records, accidents and complaints. While these audits were completed and they had at times identified trends and concerns, the necessary improvements to the service had not always been made. We reviewed the monthly audit carried out on care plans and risk assessments and saw that while gaps had been identified in these records there was no information on when this would be addressed and by whom. It was not clear if timescales had been set or what action was being taken to ensure improvements were made. The records we reviewed showed that this process had been started, but had not yet been completed. We also identified an issue with documents within staff files as two did not contain the required DBS certificates or numbers. This was identified in the staff file audit which was completed August 2015 however no action plan or timescales had been set to agree when this issue would be resolved.

The registered manager carried out a monthly medicines audit which checked areas such as the administration and storage of medicines. However, we saw that these audits had not identified the issues around topical medicines, which we saw at the time of our inspection. We also identified an issue regarding the safety of the premises due to ongoing refurbishment. While the provider and the registered manager were aware of this, there was a lack of clarity around the timescales for the completion of this work, and consideration did not appear to have been given to how it may affect people at the home. On the second day of our inspection the provider told us that they had now made plans for this refurbishment work to be addressed the following week.

The above information demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager told us they were aware that improvements needed to be made to the quality assurance systems and they planned to ensure that a robust system was introduced.

They had started regular unannounced checks at night to ensure the quality of the care being offered to people. We

reviewed the records and saw they checked on the security of the building, room documentation and cleanliness of the home. Following the most recent night check in September 2015 the registered manager identified an issue of gaps within the recording of people's nightly checks. The registered manager discussed this with staff and written reminders of their responsibility to ensure that checks are carried out and documented was distributed to staff. Checks were carried out on people's rooms to ensure that any documentation which staff needed to complete was in place and appropriately completed.

People told us they thought there was a friendly atmosphere in the home and said, "It starts at the top. If you have good managers, it filters through to everyone" One person told us, "The manager is very approachable; she often drops in for a chat." Another person told us, "She has a hands on approach." We spoke with a person's relative who said they had met the manager, and they felt that they were approachable and they could speak with them if they had a concern. Staff confirmed that they felt the manager was easy to speak to and had an 'open door policy.' A health care professional also told us, "Overall things have improved." They also told us they would feel comfortable approaching the registered manager to discuss any concerns they had. Feedback was requested from family and visitors annually. The most recent questionnaire had been sent out July 2015. Most of the responses were positive although family raised concerns about agency staff. We spoke with the registered manager and they told us they now used agency staff very rarely as they wanted to ensure the care delivered was consistent. One person told us they had an issue with the manner of a member of agency staff and spoke with the registered manager about their concerns. They told us this member of staff had not returned to the home.

Staff felt supported by the registered manager and other staff members. One member of staff told us, "I enjoy working here, everyone is friendly. I have a supervisor and we meet every morning to talk about the work." Staff told us that they found supervision helpful. Staff told us that they felt able to raise concerns or issues with the registered manager. Regular team meetings took place. There were specific staff meetings for nursing staff and also staff meetings for all staff. This helped to share information and to address any concerns. Staff knew that they could contact the registered manager or the deputy manager outside of

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their working hours. The registered manager told us that they have regular contact with the provider and they felt able to discuss any concerns they had with the running of the service.

The registered manager had been in post since May 2015 and was aware of challenges within the home. They were able to discuss the shortfalls they had identified and their plans to improve the care offered. They discussed their focus on ensuring that the staff team shared their vision

and values. We spoke with the registered manager about the visions and values of the home and they said that they were to create a homely atmosphere where people felt safe and comfortable. The registered manager was committed to improving the service and said there was a good working relationship with the provider to achieve this. They told us, "Things are moving in the right direction; I know what good looks like and we're pushing towards it"

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered person had not ensured the proper and safe management of medicines. Regulation 12 (2)(g) The registered person had not ensured the premises were safe. Regulation 12 (2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing
Diagnostic and screening procedures	Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Treatment of disease, disorder or injury	Staffing The registered provider had not ensured that staff had received the appropriate training to enable them to carry out their duties. Regulation 18 (2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Diagnostic and screening procedures	Regulation 9 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 Person centred care
Treatment of disease, disorder or injury	The registered person had not ensured that the care and treatment of service users had met their needs and reflected their preferences to care and treatment. Regulation 9(1)(b)(c)

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity

Accommodation for persons who require treatment for substance misuse

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

The registered person had not ensured that systems and processes enabled the registered person to assess, monitor and improve the quality and safety of the services provided in the carrying on of regulated activity. Accurate, complete and contemporaneous records had not been kept in respect of each service user.

Regulation 17 (2)(a) (c)