

HC-One Limited

Cedar House

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 unannounced inspection took place on 4 and 5 September 2017. The last inspection of the service was on 14 and 20 April 2016 when we found breaches of the Regulations concerning standards of cleanliness in relation to equipment and communal bathrooms, staffing levels, care planning, activities and the effectiveness of audits and checks the provider carried out to monitor quality in the service. The provider sent us an action plan dated 24 August 2016 and told us they would take action to address the concerns we identified. The provider sent us updated versions of the action plan regularly and they told us they had taken action to address all of our concerns by the end of December 2016.

At the inspection in September 2017 we found the provider and registered manager had taken action and made improvements in most of the areas where we had concerns. However, further work was needed to make sure the service met all of the fundamental standards.

Cedar House is a purpose built home providing accommodation, nursing and personal care for up to 42 people with mental health and/or dementia care needs. The home is situated within a residential area of the London Borough of Hillingdon. At the time of our visit there were 42 people using the service.

The provider appointed a new manager in November 2016 and they registered with the Care Quality Commission (CQC) in February 2017. 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.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider assessed people's care and support needs and developed person-centred care plans to meet these. However, staff did not always record accurately the care and support people received and staff did not always follow care plans that had been agreed with people and that met their preferences. We also made a recommendation that the registered manager should review the deployment of staff to make sure people had the care, support and supervision they needed at all times.

The provider had systems in place to keep people safe and staff understood and followed these. There were usually enough staff to meet people's needs but the provider needed to review the way they deployed staff to make sure they were available at all times. The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

The provider carried out regular monitoring visits to the service and developed an action plan to address issues they identified. In addition, the registered manager and staff carried out regular checks on quality in the service and identified improvements they needed to make. However, the checks and audits the provider carried out did not always identify areas where they needed to make improvements.

The provider assessed people's healthcare needs and gave staff guidance on how to meet these. People received the medicines they needed safely.

The provider carried out checks on health and safety in the home and took action when they identified areas they needed to address.

Staff had the training and support they needed to care for and support people using the service. The provider, manager, nurses and care staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider did not deprive people of their liberty unlawfully.

People told us they enjoyed the food provided in the service.

People using the service and their relatives told us the staff who looked after them were kind and caring. We saw staff were kind, caring and gentle with the people they supported. We saw they allowed people time to make decisions and offered them choices. People using the service told us that staff respected their privacy.

People told us they had access to and enjoyed the activities provided in the service.

People using the service and their relatives knew how to raise concerns and they told us they were confident the provider would take these seriously.

The provider sought the views of people using the service and others on the care and support people received.

The provider had appointed a qualified and experienced manager who was registered with the Care Quality Commission. Staff told us they found the manager and senior staff in the service supportive.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were usually enough staff to meet people's needs but they were not always deployed appropriately. We have made a recommendation that the provider reviews the deployment of staff to make sure people had the support they needed at all times.

The provider had systems in place to keep people safe and staff understood and followed these.

The provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People received the medicines they needed safely.

The provider carried out checks on health and safety in the home and took action when they identified areas they needed to address.

Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to care for and support people using the service.

The provider, manager, nurses and care staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider did not deprive people of their liberty unlawfully.

People told us they enjoyed the food provided in the service.

The provider assessed people's healthcare needs and gave staff guidance on how to meet these.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us the staff who looked after them were kind and caring.

We saw staff were kind, caring and gentle with the people they supported. We saw they allowed people time to make decisions and offered them choices.

People using the service told us that staff respected their privacy.

Is the service responsive?

The service was not always responsive.

People's care records did not always show that they received the care and support they needed and that was planned for them.

People told us they had access to and enjoyed the activities provided in the service.

People using the service and their relatives knew how to raise concerns and they told us they were confident the provider would take these seriously.

The provider sought the views of people using the service and others on the care and support people received.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The provider, registered manager and staff carried out regular checks on quality in the service and identified improvements they needed to make. However, these did not always identify areas where they needed to make improvements.

The provider had appointed a qualified and experienced manager who was registered with the Care Quality Commission. Staff told us they found the manager and senior staff in the service supportive.

The provider carried out regular monitoring visits to the service and developed an action plan to address issues they identified.

Requires Improvement ●

Cedar House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 4 and 5 September 2017. On 4 September, two inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on 5 September to complete the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and the action plan the provider sent us, statutory notifications the provider sent us about significant incidents and events that affected people using the service and a Provider Information Return (PIR) the provider sent us in June 2017. 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 the inspection we spoke with 15 people using the service and five relatives. Most of the people using the service were living with the experience of dementia and not all of the people we spoke with were able to share their views or experiences. We therefore relied on our observations of the care and support people received and their interactions with staff caring for them. At lunchtime on the first day of the inspection we used the Short Observational Framework for Inspection (SOFI) in one dining room. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also checked the care records for six people, including their care plans, risk assessments and daily care notes staff completed. We reviewed the medicines administration records for 20 people and other records including audits and checks the provider carried out to monitor quality in the service and make improvements.

Following the inspection we spoke with four relatives of people using the service and asked the local authority's safeguarding and commissioning teams for their views of the service.

Is the service safe?

Our findings

At our last inspection in April 2016 we found that the service was generally clean but there was a breach of the regulations as there were issues with the cleanliness of some equipment and the maintenance of some bath and shower rooms. During this inspection we found that equipment staff used to support people with their mobility was clean and well maintained. Bathrooms and toilets were also well maintained and we saw the provider had completed some work to make the environment in the bathrooms more welcoming for people to use. For example, they had created murals to make the environment more interesting and stimulating for people. All other parts of the service were clean and tidy and the registered manager showed us work had started to construct an additional storage room on each floor and an additional air-conditioned medicines storage room on the ground floor.

We also noted during the inspection in April 2016 that staffing levels were not sufficient to meet people's holistic needs. During this inspection, the registered manager told us the provider had increased staffing levels since our inspection in April 2016. There was a nurse and four care assistants on each floor from 8am - 8pm and one nurse and one care assistant on each floor from 8pm - 8am, plus an additional, 'floating' care assistant who was available to provide additional support to staff on both floors. Staff rotas and our observations confirmed this level of staffing was provided during this inspection.

During the inspection we saw that people usually did not have to wait for staff support and staff worked well together to respond to people's requests for support. However, after lunch on the first day of our inspection we saw that seven people on the ground floor were left unsupervised and unsupported in communal lounges for up to 20 minutes. Staff were not visible on the ground floor and people were left asking for support from members of the inspection team. We discussed this with the registered manager who told us that some people returned to their rooms to rest after lunch, others needed staff support with personal care in their rooms and staff also had to take breaks as they were working 12-hour shifts.

When we asked staff if there were enough staff to support people, they said, "It is very busy and an extra staff would make it easier but we work well together and get things done" and "It's hard if someone's off and they're not replaced but usually there are just about enough of us, we all know what we're doing." Other staff commented that staffing levels were not really sufficient for the level of need of people using the service and most wanted another staff member in the morning. We saw that, although staff were managing, they had little time to interact with people. Staff also told us the service used agency staff on a regular basis although they confirmed that the agency staff used were familiar with people using the service as they worked in the service regularly.

We discussed staffing levels with the registered manager and they told us the provider assessed the dependency levels of people using the service as part of the admission process. They reviewed these assessments monthly and based staffing levels on these assessments.

We recommend that the provider review the deployment of staff throughout the day in line with national guidance on safe staffing levels to ensure people using the service have the support and supervision they

need at all times.

People using the service and their relatives told us people were cared for safely in the service. Their comments included, "Yes I feel very safe in here, and the atmosphere can be good at times", "Yes. I do feel safe and they look after me and my things. They are very kind", "I never worry when I leave here. I know my [family member] is perfectly safe and well cared for", "My [family member] seems safe, we come in here and feel safe too" and "We have never worried about [family member's] safety. They are well cared for."

The provider had systems in place to keep people safe. They had reviewed and updated their safeguarding adults policy and procedures in November 2016 and staff working in the service also had access to the pan-London guidance on safeguarding people. Training records showed that staff completed safeguarding training as part of the provider's mandatory training programme. Staff told us they had completed the training and the provider told them when they needed to complete refresher training. When we asked staff what they would do if they had concerns about a person using the service, they told us, "I would report to the manager straight away. We are told never to ignore possible abuse" and "I would tell the manager. If they didn't do anything I would tell the area manager or CQC. We would never accept someone shouting at people or hurting them."

The provider carried out checks on new staff to ensure they were suitable to work with people using the service. The staff files we reviewed each included an application form, interview record, a minimum of two references, proof of identity and leave to remain and work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check.

People received the medicines they needed safely and as prescribed. Nurses gave people their medicines safely. They took time to administer medicines to people in a caring manner and without rushing. The provider stored people's medicines securely and kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. All of the medicines records we reviewed included a photograph of the person so that nurses could make sure they gave medicines to the correct person. There were protocols in place for PRN ('as required') medicines and the covert administration of medicines that the provider had agreed with people's GPs and relatives. These records provided evidence that people were consistently receiving their medicines as prescribed.

However, we did note that the medicine administration record (MAR) sheets for the ground floor were not as organised as those for the first floor. The MAR sheet folder was overfull and some of the sheets were damaged and loose, including some of the laminated front sheets. This meant that there was potential for sheets to fall out or become misplaced which could lead to errors when staff administered people's medicines. There was also no evidence in one case that a GP or pharmacist had been involved in a best interest decision meeting to agree the use of covert administration of medicines for one person. We discussed this with the registered manager and the deputy manager who agreed and said they would discuss this in supervision with the nurses responsible for the ground floor. The registered manager also told us they had identified the need for an additional medicines storage room on the ground floor so nurses did not have to fetch people's medicines from the first floor and we saw work to construct this had almost been completed. The service's dispensing pharmacist had also visited in April 2017 to review the management of people's medicines. They recommended that people's records should include information about allergies and we saw the registered manager had ensured this was recorded on all the records we checked.

People's care records included assessments of possible risks to people using the service and guidance for staff on how to mitigate identified risks. We saw assessments of the risk of falls, pressure sores, self-harm and incontinence. The assessments included clear guidance for care staff on actions they needed to take to

manage risks to people. For example, one assessment advised staff to encourage the person to spend time at the nurses' station so staff could provide regular reassurance. A second assessment included reminders for staff to check a person's wheelchair before supporting them to move around the service. Staff were reminded to check the foot plates and the lap strap to make sure the person could be moved safely.

The provider recorded accidents and incidents that affected people using the service and took action to respond and make sure people were cared for safely. The provider reviewed and updated their policy and procedures on responding to significant incidents and accidents in July 2016. The registered manager, nurses and care staff records accidents and incidents and took appropriate actions in response to prevent recurrence. For example, they arranged for staff to refresh training, reviewed and updated people's risk assessments.

The provider carried out audits and checks to monitor safety in the service. We saw records of room checks by the service's maintenance officer that showed they checked window restrictors, aid call points, radiators and lighting in each bedroom once each month. We also saw maintenance and service records for kitchen equipment and the local environmental health department awarded the service a five-star rating for food hygiene following an inspection in January 2016.

The kitchen was spacious, clean and well ordered. We saw the kitchen safety records which were up to date to the day of visit and signed off. These included fridge and freezer temperatures, cooked food temperatures at the start and during service and the cleaning schedule and daily check list. The chef told us all kitchen staff received a broad range of training on induction including safeguarding, food hygiene and health and safety.

The provider had a business continuity plan to ensure the service could continue to operate in the event of an emergency, for example flooding or fire. The provider completed a fire safety risk assessment in April 2016 and they reviewed this in May 2017. We saw they had taken action, including the appointment of named fire wardens on each night shift.

Is the service effective?

Our findings

Staff had the training they needed to care for and treat people safely and effectively. Records showed that most staff had completed training the provider considered mandatory. This included safer people handling; health and safety; fire safety; food safety; infection control; safeguarding and equality and diversity. Where staff needed to refresh training they had completed, they told us the provider arranged this. Staff said they found the training helpful. Their comments included, "The training is very good, I learn something new every time", "I have found all the training helpful, it's important we stay up to date and it helps us do that", "The training is excellent, especially the moving and handling training" and "The induction was good, I learnt a lot".

The registered manager confirmed that the provider's induction training covered the requirements of the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the minimum standard that should be covered as part of the induction training of new care workers. They told us the induction training was set up to cover all the required elements using e-learning and practical training where required, for example, for safer people handling and fire drills. The system also required staff to complete off line learning that included worksheets and shadowing sessions with more experienced staff. Once staff had completed all the required subjects and these were signed off by their mentor, they submitted their induction workbook and off line activities to the Learning and Development Facilitator to check and sign off. Once completed, they received their Care Certificate. The registered manager also confirmed they could request additional, specialist training where they needed this. For example, they asked for end of life care to be added to the training requirements for all relevant staff and this was also added to the induction training for all new staff.

Staff told us they felt well supported. They said they had completed induction training and received regular supervision with a senior member of staff. Their comments included, "The induction was good, I was confident when I started to work on my own", "I had induction when I started and shadowed another member of staff who had more experience" and "I have regular supervision. We talk about people's care and any training I need to complete."

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of their responsibilities under the Act and the Safeguards. We saw they had completed consent forms to ensure people agreed with the care they received, although these were only used for the use of photographs and flu vaccinations. Care records also included

assessments of people's capacity to make decisions about their care and treatment.

Where people did not have capacity, the provider worked with the person, their family and professionals involved in their care to agree decisions in the person's best interests. For example, people's care records included minutes of best interests meetings to discuss the use of bed rails and wheelchair straps to keep people safe.

Although there were restrictions in place, these were in order to keep people safe and we did not see any person who was deprived of their liberty unlawfully. Where the local authority had authorised a deprivation of liberty, for example where people needed constant supervision or could only leave the service with staff support, we saw the provider kept this decision under review and applied to renew the authorisation when necessary.

During the inspection we saw all communal areas of the service and some people's bedrooms. Most areas were clean, tidy and free from obstructions. There was one shower room and one assisted bathroom on each floor. The bathrooms on both floors were out of service as staff used them for storage. The registered manager told us this was because all people using the service preferred showers. However, care records showed that some people did not always have a shower as often as they had requested in their care plan.

Although staff told us people would not be left alone in bathrooms, shower rooms or toilets, we saw that emergency aid system pull cords were out of reach in all toilets and shower rooms. We discussed this with the registered manager who agreed and told us they would arrange to extend the pull cords for people to use.

The service had a dining room on each floor where staff served main meals to people, with an attached kitchenette for preparation of drinks and serving food. There were printed menus outside each dining room showing choices for lunch and dinner. The menu was varied and well balanced with a choice of a meat dish, fish and a vegetarian option. Cooked breakfast was available every day with cereals and toast. The service had a rotating weekly menu over each month.

The service's new bank chef told us kitchen staff served food on each floor and offered menu choices at each meal as well as getting feedback from staff and people using the service about the food served. A printed list of people's dietary needs was kept in the kitchen which was updated weekly. This listed each person and any special dietary requirements, for example, pureed, fortified or diabetic food. In addition, the kitchen staff maintained a list of people's preferences for breakfast, and a communications book which they used to note any special requests from people, for example a request for a salad or sandwiches.

People's care plans had a separate section for eating and drinking which detailed any dietary needs and risks, likes and dislikes, any assistance or support that was required as well as a monthly weight record and a review of the person's nutrition risk assessment. People told us they enjoyed the food provided in the service. They said, "The food I eat is not too bad and yes I am given a choice. But in some cases both choices are not good for me", "My [family member] visits more regularly than me and they have never mentioned anything bad about the food" and "They have made great efforts to make sure she eats and she has put on weight".

The provider recorded people's healthcare needs in their care records and took action to ensure they met them in the service. We saw that people using the service had regular contact with health care professionals including GPs, district nurses, tissue viability and speech and language therapy services. Where health care staff made recommendations about people's care and treatment, care records showed staff followed these.

For example, they amended and monitored the medicines people received and worked with specialist services for older people and people living with the experience of dementia.

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind and caring. Their comments included, "They are lovely. They hold my hand and we have a chat when I feel a bit sad, they do not rush away. The ladies are much nicer and listen more", "They have always been so nice. They are very kind to people, chat and sit with them, but also help with anything you ask", "They always knock and there is a key to my door. They are very respectful and offer to wait whilst I'm using the loo", "Yes, staff seem to give my [family member] respect and privacy, [other family members] would have picked it up. Staff are good, although I don't expect that from every carer or staff. I'm sure they call and knock before entering the rooms", "Staff are very caring", "I'm more than happy with the care, they are very good", "The staff are excellent, very caring and they treat people like their own family" and "I can't fault them, they look after my [family member] very well".

In their Provider Information Return (PIR) the registered manager told us, "Resident of the Day helps us to ensure that we effectively plan and deliver each resident's care. Each resident is allocated a specific day of the month where they are 'Resident of the Day' to encourage and record the involvement of the resident / relative / advocate in the review of care. We ensure that all the staff team are aware of who is 'Resident of the Day' at our 11am daily meeting. We have used the Resident of the Day schedule to help enhance other aspects in the home. For example; the resident's keyworker is allocated on this day to spend extra time with the resident and engage with them to go through their clothes to see that they are tidy and organised and appropriate for the season. We place a sign on the bedroom door when the resident is the named Resident of the Day which alerts all staff of this and encourages them to engage with the resident in their role e.g. chef, housekeeper and maintenance".

During the inspection, staff told us about the Resident of the Day system and what this meant for people. Their comments included, "People get a bit more special attention and everybody seems to enjoy it. We just make a fuss of them" and "It helps to make sure that we are really thinking about one person every day and all of their needs."

We saw that staff respected people's privacy and dignity. We saw they knocked on people's bedroom doors and waited until the person responded before entering. Staff also addressed people by their preferred name, as recorded in their care plan. During lunch time we saw that staff offered people choices about where to sit and what they had to eat and drink. Staff were patient and allowed people time to make choices. When a person said they did not want the food staff offered them, staff respected this and offered a number of possible alternatives until the person made their choice.

The provider consulted people using the service and their relatives about the care and support people received. We saw they had carried out a survey of the views of people and their relatives and had published the results in June 2017. 13 people using the service responded to the survey. 92% of people described their overall impression of the service as 'good' or 'excellent'. 84% of people described the food provided as 'good' or 'excellent'. 100% of people said they felt their views and opinions were respected and upheld. Following the survey the provider developed an action plan that covered staff recruitment, holding staff

meeting and providing supervision for staff, asking people for feedback about the care and support they received and using the 'Resident of the Day' system to record people's wishes and include them in their care plans.

Results of the relatives' survey showed 15 people had responded and the provider's action plan covered staff recruitment, working with the Community Mental Health Team to support some people using the service, responding promptly to ensure the service remained odour free and reviewing the provision of activities.

Is the service responsive?

Our findings

The care and support people received in the service was not according to the care records staff maintained and that was agreed with them or their relatives as part of the plans to meet their needs. Staff recorded personal care support on daily charts kept in people's rooms along with other daily monitoring information. However, it was not always apparent that staff had met people's preferences. For example, three of the care plans we reviewed indicated that they wished to have a shower two or three times a week. The daily care notes showed that people usually had a wash every day but they had only had a shower once, twice or in one case, six times during August. Care records for one person who said they wanted a daily shower showed this did happen and we saw there was a reminder note to this effect in their bedroom.

Staff did not always record the monitoring people needed that was documented in their care plans to confirm they had delivered the care planned for people. For example, one person's care plan said they required repositioning every three hours but staff had not completed the record on several days. Other care plans included food and fluid charts for staff to record what people had to eat and drink each day. Each of the fluid charts had a target amount for the person to drink each day. Staff often did not total the amount of fluids a person drank each day and when we added up the totals these frequently did not meet the target amount for the person. There was no record of action the staff took in response and we could not be sure people were always adequately hydrated.

As a result of the above the provider could not demonstrate people always received person-centred care. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care records included a pre-admission assessment of their care needs. Staff told us they used the assessments to develop a care plan when people moved to the service. This included their personal care needs and preferences, including preferred routines and preferred gender of carer. People's care plans covered their health and personal care needs, communication, medicines, mobility, nutrition, activities, safety and night care. The plans included clear guidance for care staff on how to support people and promote independence. For example, most of the care plan areas reminded care staff to give the person time to make their own decisions and choices.

People told us they enjoyed the activities provided in the service. Their comments included, "I like singing and I like the garden. I've just got here so I'm trying things. There is something every day. They made sure I have my TV and everything I need in my room", "I do join others to watch cinema at the activity room", "There's always something going on. You don't have to join in but I usually do", "They take people out regularly in the minibus and they have a great time" and "They have staff who are responsible for activities and they do a good job, there's always something happening."

The registered manager told us the service had two members of staff to organise daily activities for people using the service and a minibus that enabled staff to take people on outings twice each week. We saw photographs of outings and activities in the service displayed in communal areas. We also saw people

enjoyed small group activities staff organised. Staff gave people the opportunity to take part in the activity and respected the decision of those who chose not to participate.

The provider had placed 'memory boxes' outside people's bedrooms and staff had used these to display photos or personal items of significance to the person. This helped people to orientate themselves and identify their bedroom. We also saw there were identifying signs on communal toilets and bathrooms.

The provider responded to complaints in line with their procedure. We saw they recorded all complaints, with details of any investigation and the outcome. People told us they knew about the provider's complaints procedure and how to raise concerns. They told us, "Yes, I would tell any of them and if I needed to I would tell the managers and my [family member]", "We have never made a complaint, but if we did, I'm sure they will listen to our concern. The manager would deal with it", "I'd speak with the manager if I had any complaints", "I'd go straight to the manager if I had any complaints and I'm sure they would deal with it" and "If I wasn't happy I'd speak with the manager and if they didn't do anything I would contact [the Care Quality Commission]".

Is the service well-led?

Our findings

The provider carried out checks and audits to monitor quality in the service and make improvements. They included these in a quality assurance policy they had reviewed in August 2015. However, the checks and audits did not always identify issues the provider needed to address. For example, at this inspection we identified issues with the deployment of staff and the delivery of person centred care to people using the service but the provider had not identified these in the course of their quality audits.

The provider had appointed a qualified and experienced manager to run the service. They told us they had been appointed in November 2016 and completed their Care Quality Commission (CQC) registration in February 2017. The registered manager was a qualified nurse with an additional level 2 qualification in the care of people living with the experience of dementia and the registered manager's award. They had worked in hospitals and community services and as a care home manager since 2004. They told us they kept up to date with developments in social care by attending the local authority's provider forum and the provider's monthly managers' meetings. They also said they had online access to resources from the Nursing Times, the National Institute for Health and Care Excellence (NICE) and CQC.

Staff told us that the current manager had made a significant improvement to the running of the home and had improved staff morale. All reported that the home manager was visible, approachable and accessible. A relative also commented, "The care here is brilliant. The staff are very welcoming and sympathetic. The manager has made a lot of improvements and now it really feels homely".

People using the service and their relatives told us they felt it was well run. Their comments included, "Yes, they ask all the time how I am or sit and have a natter", "I have seen [the registered manager] when I visit, so have my family, she seems nice and polite", "[The registered manager] is very nice. I chat with her sometimes", "[The registered manager] listens to any of our concerns. They do things you ask and help out all the time" and "The care is good, the carers are very good and compassionate and do a good job. Food can be fine and excellent at times". Another relative we spoke with was extremely positive about the care provided in the home and said the staff always made them feel welcome. They told us the registered manager had made a lot of improvements and this had resulted in better staff morale. They said staff and relatives all liked the registered manager, who they described as "approachable and inclusive".

The registered manager held a daily meeting with senior staff, including nursing, care, catering, maintenance and housekeeping staff and also carried out a 'walk-around' check of the premises, staffing and people's wellbeing twice each day. We saw they recorded these meetings and checks and took action when they identified issues. For example, specific cleaning tasks the registered manager found during a morning walk around had been dealt with by the time they completed their afternoon checks.

The provider's Area Director carried out monthly monitoring visits to the service. They gave the registered manager a written report after each visit and we saw they took action to address any issues the reports identified. For example, work was completed to refurbish bathrooms on each floor and regular outings to local garden centres, parks and pubs for lunch had been introduced.

The registered manager completed a health and safety audit in May 2017 and they had taken action to ensure records of fire drills were up to date as they had identified these were not always completed.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The care and treatment of service users did not always meet their needs or reflect their preferences.</p> <p>Regulation 9 (1) (b) and (c).</p>