Abbeville RCH Limited

Abbeville Sands

Inspection report

10-11 Sandown Road
Great Yarmouth
Norfolk
NR30 1EY
Tel: 01493 844553
Website:

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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

This inspection was unannounced and took place on 25 August and 2 September 2015.

Abbeville Sands is a service that is registered to provided accommodation and care to up to 20 older people. On the day of our inspection, there were 18 people living at the service.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

At this inspection we found that the provider was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to failures to provide safe care and treatment, to

Summary of findings

monitor the quality of the service provided effectively and to implement robust recruitment processes. You can see what action we told the provider to take at the back of the full version of the report.

Some equipment and bedding that people used and certain areas of the service were unclean. People's medicines were not always managed safely and some risks in relation to people's health and the safety of the premises were not being managed well.

The required recruitment checks to make sure that staff were of good character before they started working for the service had not always taken place and the quality of the service being provided was not being monitored effectively.

The premises were not designed to enhance the independence of people who were living with dementia and people did not always have access to activities to enhance their wellbeing. The principles of the Mental Capacity Act 2005 were not always being followed when the service made decisions on behalf of people in their best interests.

Staff understood how to protect people from the risk of abuse and spoke to people in a kind, caring and compassionate manner. They encouraged people's independence, listened to them and took action when people raised concerns. Most staff treated people with dignity and respect and there were enough of them to meet people's individual needs and preferences.

People received enough food and drink and they were quickly referred for specialist advice if there were any concerns about their health.

People knew how to complain if they were unhappy about anything and were confident to approach the staff or registered manager if they had any concerns. They did not fear any recriminations if they did this. People and their relatives felt involved and informed about the care that was being received.

The staff were happy in their role and felt supported. They had received training that gave them the knowledge and skills to provide people with the care they needed.

The registered manager was enthusiastic about providing good care to people. People and staff found her approachable and felt that the service was well run.

We have made recommendations regarding calculating staffing levels based on people's individual needs, following the principles of the Mental Capacity Act 2005 when making best interest decisions on behalf of people and improving the premises and activities for people living with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people's health had not always been reviewed or actions taken to mitigate the risk. Risks to the safety of the premises had not always been completed or reviewed.

Recruitment checks were not robust to make sure that staff working for the service were of good character.

Some areas of the service, people's bedding and equipment being used was unclean.

People's medicines were not managed safely.

Staff knew how to protect people from the risk of abuse and there were enough of them to meet people's care needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had a basic knowledge of how to support people who could not consent to their own treatment. However, the Mental Capacity Act 2005 principles had not always been followed when making decisions in people's best interests.

People received enough food and drink.

People were supported to maintain good health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

When staff engaged with people, this was done in a kind, caring and compassionate manner. However, there were occasions when staff acted in a way that was not respectful to people.

People and/or their relatives were involved in making decisions about their (or their family members) care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's individual needs and preferences had been assessed.

There were a lack of activities taking place regularly to assist people to follow their hobbies and interests and to provide them with stimulation to improve their wellbeing.

People felt able to complain if they needed to and there was a system in place to investigate and deal with complaints.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The registered manager did not display a good knowledge in some areas of care provision and the provider did not monitor the quality of the service.

Staff felt supported in their job and knew their individual roles and responsibilities.

The service learnt from incidents and accidents.

Requires Improvement

Abbeville Sands

Detailed findings

Background to this inspection

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

This inspection took place on 25 August and 2 September 2015 and was unannounced. The inspection team consisted of two inspectors, one of whom specialised in the management of medicines and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

During the inspection, we spoke with eight people living at Abbeville Sands, three visiting relatives, three care staff, the cook and the registered manager. Some people were not able to communicate their views of the service to us and therefore, we observed how care and support was provided to some of these people. To do this, 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.

The records we looked at included four people's care records, eight people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Some risks to people's safety had been assessed. These included risks in relation to falls, assisting the person to move and the evacuation of individuals from the building in the event of an emergency. However, risks to some areas of the premises had not been assessed to make sure that they were safe. We also found that some risks to people's health had not been reviewed regularly or that actions had not been taken to reduce the risk that had been identified.

Three people had been assessed as being at high risk of developing pressure sores, two in February 2015 and one in March 2015. These risks had not been reviewed since these dates. There was no clear guidance in place for staff to tell them what actions they needed to take to reduce this risk. We did observe that all three people were using some form of pressure relieving equipment on their beds and chairs. However, the pressure relieving mattress on one person's bed was deflated and would therefore not have been effective. The registered manager told us that this person required regular re-positioning to take the weight off vulnerable areas but this was not happening.

Some risks to the premises had not been assessed or reviewed. Although we saw that testing of fire equipment, the fire alarm and fire extinguishers took place regularly and that the fire exits were clear and well sign posted, the risks in relation to a fire had not been reviewed in line with the Regulatory Reform (Fire Safety) Order 2005. We also found that the risks associated with Legionella had not been assessed as is required under Health and Safety legislation. We have referred these matters to the local fire safety officer and environmental health team.

This was a breach of Regulation 12, 1, 2 a, b and d of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During the inspection we looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines.

We conducted an audit of medicines which considered medication records against quantities of medicines available to give to people. We found numerical discrepancies and gaps in records of medicine administration including medicines prescribed for external use such as creams. Some medicines were found to still be in their containers when the records showed that they had been administered. These included medicines such as warfarin which are important for people to receive. Therefore the records did not confirm that people had received their medicines as intended by the person who had prescribed them.

We looked at what information there was available to assist staff when administering medicines to individual people. We found that each person had a photograph to help the staff identify that they were giving the medicine to the correct person and that people's allergies/medicine sensitivities had been recorded.

There were charts in place to record the application and removal of medicated skin patches to treat people's pain and body maps to indicate where these patches had been applied in line with best practice. There were also pain assessment charts in place for people prescribed painkillers to help staff determine whether people were in pain where they were unable to communicate this to them verbally. However, when people were prescribed medicines on a when required basis, there was a lack of written information available to show staff how and when to administer these medicines. Therefore people may not have had these medicines administered consistently and when appropriate. The registered manager advised that they were working on this and that guidance would be in place by 9 September 2015.

Medicines for oral administration were stored safely for the protection of people who lived at the home. However, external medicines such as creams were stored non-securely in people's rooms placing people who lacked capacity to understand what these were at risk of accidental and inappropriate use. The registered manager told us that a secure area would be put in place the following week to store external creams.

Room temperatures in the medicine storage room were monitored and recorded daily and were within the accepted temperature range which meant that they were safe to use. However, for medicines that required cold storage, records of refrigerator temperatures showed they had been stored below the required temperature range. The home was therefore not able to demonstrate that these medicines were being stored appropriately and that they would still be effective and safe when used. We noted

that some medicines that require extra checks and special storage arrangements because of their potential for misuse were being stored in a cabinet that did not comply with Misuse of Drugs Regulations.

This was a breach of Regulation 12, 1 and 2 g of the Health and Social Care Act (2008) Regulated Activities 2014.

We found that some areas of the service were unclean which increased the risk of the spread of infection. There was debris on the communal carpets and on floors in some people's rooms. Two of the communal toilets had faeces on the pan and one had faeces on the raised toilet seat. Three people's beds had been made but we saw that their bedding and mattresses were unclean, one of which had an odour of urine. Another person's room also had an odour of urine and we found that their commode had not been cleaned. Their wheelchair was also very dusty and their toilet was unclean. A chair in another person's room was unclean and there was debris under the cushion. The bath in the communal bathroom was unclean and contained lime-scale which can harbour germs. The bath seat that was used to assist people into the bath was unclean on its underside. One of the hoists that was used to assist people to move needed cleaning. We also found a large cobweb on one of the landings.

This was a breach of Regulation 12, 1 and 2 h of the Health and Social Care Act 2008 (regulated activities) 2014.

All of the recruitment files we checked showed that the staff had received a Disclosure and Barring Services check to make sure that they had not been barred to work with older adults. However, no references had been received in relation to one staff member who had started to work for the service recently. This staff member was working with people who lived at the service on the day of our inspection. The registered manager told us that they had applied for a reference from the staff member's last employer but had not received a response. No other references had been sought. As the staff member had previously worked for the service they had allowed them to commence work without receiving assurance regarding their conduct in their previous employment. We also found that gaps in staff members' employment histories had not always been explored to find out the reasons for this. Therefore, the provider had not made sure that the required checks were made on staff before they started working for the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The people we spoke with told us that there were enough care staff to provide them with assistance when they needed it. One person said, "There's probably enough staff but they could always do with more. They answer the buzzers at night pretty quickly." Another person told us, "I think there are enough carers, I'm always satisfied." A further person told us, "If I use my buzzer they come." A relative told us, "The staff are friendly, helpful and approachable, and I think there are enough of them." The staff we spoke with also told us that there were enough of them to meet people's needs and preferences. We observed that when people requested assistance that this was given quickly.

The registered manager told us that staff who worked at the other provider's homes were used to cover any staff shortages. However, they had not been able to obtain cover for the domestic member of staff who had been away from the service unwell for two days. The registered manager advised that the care staff would have to do the cleaning but we saw that the cleaning had not been done. This was because the staff did not have time to perform the cleaning duties as well as providing care to people. The contingency plans in place to cover staff shortages were therefore not effective which meant that some people had to sleep in unclean beds and use equipment that was not clean which compromised their safety.

The registered manager told us that the number of staff working each shift was based on historical levels and was not based on people's individual needs. Therefore, there was a risk that there may not be enough staff at certain times to meet people's needs.

All of the people we spoke with told us that they felt safe. One person said, "The staff are great, I feel very safe here." Another person told is, "I feel safe because, though I try to do a lot for myself, I know they're there. The night staff always check in on me." A relative said, "Yes [family member] is safe here." They went on to tell us how the staff had contacted the emergency services straight away after their family member had had a fall.

All of the staff we spoke with knew how to protect people from the risk of abuse and told us that they received regular training on the subject. They understood the different types of abuse that could occur and how to report any concerns.

Requires Improvement

Is the service safe?

We saw that any safeguarding issues at the service had been reported to the relevant authorities and had been thoroughly investigated by the provider where appropriate. We were therefore satisfied that the provider had taken steps to protect people against the risk of abuse.

We observed that staff checked people who were in their rooms regularly to make sure that they were comfortable and that they had their call bell near them should they wish to ring for assistance.

Lifting equipment that people used such as hoists and standaids had been serviced within the required timeframes to make sure they were safe to use.

We recommend that the service considers guidance on calculating staffing levels based on people's individual needs.

Requires Improvement

Is the service effective?

Our findings

Staff had received training about the Mental Capacity Act 2005 (MCA). They had a basic understanding of their responsibilities with regards to supporting people who were unable to make day to day decisions about their care themselves. Information was available in people's care records to guide staff on whether the person had capacity to make certain decisions and how staff could assist them. This included showing people clothes they may want to wear and the food they may want to eat. Discussions with the registered manager also showed that they had a basic understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). However, they were not clear on when a person's capacity needed to be formally assessed and were not aware that they were able to do this themselves. We therefore found that for more complex decisions regarding people's care, the principles of the MCA had not been followed to make sure that the care that was being provided was in the person's best interests.

For example, one person was receiving their medicines covertly (hidden in food or drink). No assessment had taken place to ascertain whether the person had the capacity to consent to this. There was no evidence to demonstrate how the service had tried to support this person to make this decision. Although the GP had agreed that the person could receive their medicines in this way, other individuals such as the person's close relatives, friends or a pharmacist had not been consulted to make sure that this was in the person's best interests.

We also found that relatives had often given consent to people's care where it was felt that the person may not be able to consent themselves. From discussions with the registered manager, it was unclear whether they had assessed the person's capacity to be able to do this for themselves or how they supported the person to consent to their own care. They were also not aware that relatives could not consent on behalf of the person who lacked capacity to do this themselves, unless they legally had been given authority to do so, such as through a Power of Attorney. Therefore, there was a risk that people who could not consent to their own care did not have their rights protected.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager was aware that they may be depriving some people of their liberty in their best interests. They had therefore recently made some applications to the local authority for authorisation to deprive these people of their liberty. They were awaiting the outcome of these. Therefore the registered manager was aware of the DoLS legislation and what action had to be taken for the service to be acting lawfully.

There was an outside space that people were able to gain access too if they wanted some fresh air. We saw some people using this area. However, parts of the outside space and the front of the building were not well maintained and there were a number of weeds within some of these areas that made them inaccessible and look untidy. Inside, the service was decorated throughout in neutral colours and all the internal doors were the same colour. At least a third of the people living at the service were living with dementia. The decoration of the environment and the outside space did not support the independence of people living with dementia or help them orientate themselves around the service easily. There was also a lack of sensory items around the service to provide stimulation for people living with dementia.

All of the people and relatives we spoke with told us that they felt the staff were well trained.

The staff told us that they had received enough training to provide the care and support to people that they needed. This included training in a number of different subjects including moving and handling, infection control, food hygiene and dementia care. Some staff had completed training in other subjects such as stoma care and diabetes to enable them to assist some people with specific aspects of their care. The registered manager told us that they assessed the staff members' competence on a regular basis to deliver care correctly. We saw evidence of recent observations the registered manager had made of staff when they were providing people with care. Where any areas for development had been found, this had been discussed with the staff member in supervision meetings so that they could improve their care practice.

New staff were completing the Care Certificate that is a recognised qualification for staff working within the care industry. The registered manager advised that all new staff spent time shadowing experienced staff and only provided care to people when they were competent to do so. All of

Requires Improvement

Is the service effective?

the staff we spoke with told us that they received regular supervisions with the registered manager where they could discuss their training and development and any issues that they had.

The people we spoke with told us that the food was satisfactory. One person said, "yes the food's okay, they sort me out". Another person said, "It's okay, but I can't eat cheese so I couldn't have the lasagne today. They got me a burger, it was okay I suppose." A further person told us, "They bring me enough to eat and drink and a jug of squash."

People told us that they received plenty to eat and drink. One person said, "They bring me plenty of cups of tea." We saw that people received meals and drink during the day. Snacks such as biscuits were also given to people if they wanted them. Staff were regularly observed to provide people with cups of drink of their choice and to prompt people to drink their drinks to help keep them hydrated.

People were offered only one main meal at lunchtime but told us that an alternative would be made if they wanted something different. We saw the cook asking people what they wanted to eat for their lunch and saw that one person asked for salad instead of potato with their meal which they received. People who required assistance to eat and drink also received this from the staff.

People who required a specialist diet received this and where there were concerns about a person not eating, they were monitored and advice sought from the GP if required. The cook told us that the communication about people's dietary requirements from the staff was good so they could make sure that people got the correct foods to meet their needs. They were knowledgeable about people's likes and dislikes and accommodated these where possible.

People told us that they were quickly seen by healthcare professionals when they needed to see them. One person said, "I tumbled over getting out of bed and couldn't reach my buzzer. I hurt my leg where I had to drag myself across the room. They got me up and organised for the nurse to come and dress my leg. It's almost healed now." Another person told us, "I was feeling poorly last week and the next thing I know there are three carers and a doctor in my room." Staff made referrals to healthcare professionals when needed to support people to maintain good health. This included the local GP's surgery who visited the service each week. Other healthcare professionals such as physiotherapists, occupational therapists, dentists and podiatrists also visited the service regularly to provide people assistance with their healthcare needs.

We recommend that the service considers current guidance in relation to assessing people's consent in line with the principles of the MCA 2005 to make sure that people's rights are protected and on enhancing the environment for people living with dementia.

Requires Improvement

Is the service caring?

Our findings

When staff spoke with people, we saw that this was done in a kind, polite and respectful manner. People and relatives told us that they were treated with respect. One person said, "They always treat me well." Staff were observed knocking on peoples doors and waiting to be asked in before they entered the person's room. However, we observed one incident when a member of maintenance staff used the private toilet in a person's room when the person was not in there. This was disrespectful to the person. We also found that some people's beds had been made with unclean linen. Three people's rooms had an unpleasant odour of urine. This did not demonstrate that the service was caring. The registered manager advised that the unpleasant odour was due to the flooring in these rooms which was contaminated. They added that this flooring was due to be replaced shortly.

Most people told us that they had choice how to spend their day. A number of people liked to stay in their rooms and this was respected. Other people wanted to be within the lounge areas of the home. We saw staff offering people choices of drinks and meals but we did not see staff asking people if they wanted to remain in the lounge area to have their meal. Knives and forks were just placed on a table near to where they were sitting. There was a dining room available but staff told us that people did not want to eat within this area. They felt that this was because it was also being used as an activities room, was near the kitchen which was loud and had the medicines trolley and lifting equipment stored in there which did not make it a pleasant environment to eat meals in. However, when we asked one person about this, they told us that they always had their lunch in this area and that they didn't get a choice of where to eat it.

We saw that people ate their meals in isolation and that there was little interaction between people. The televisions in the lounge remained on as they did for the duration of the inspection. The meal was not a social occasion. We asked the registered manager about this. They told us that they would speak to the people who lived at the service about this to see if they would like an alternative area to eat their meals in.

People told us that the staff were kind and caring. One person said, "The carers are very nice, they really look after me." Another person said, "The staff are lovely – good as gold – they look after you. This is the best home I've been in. They're a lovely lot, you can't fault them." A further person told us, "The staff generally stop for a chat if they're not too busy. Yeah, straight up, they really care. They do things how you want them done, your wishes are respected." A relative told us "The staff are very good, they are very kind."

Most people told us that they thought the staff knew them well. One person said, "Yes, they know me very well. Some of them are serious but most have a joke." Conversations with staff demonstrated that they knew the people they were caring for.

The people and relatives we spoke with told us that they or their family member were listened to and their opinions were respected. One person told us how they had recently been unwell but had decided that they did not want to go to hospital. The decision had been respected by the staff. Another person told us how they had asked for a double bed to be put into their room and this had been arranged.

People told us that they were helped to be as independent as possible. One person said, "I try to be as independent as I can be. I get my clothes out myself and sit on the bed to get dressed. They know my routine and are very respectful." Another person said, "They leave it to me, it depends how I feel, sometimes they help me and sometimes I don't need them to." A further person told us, "They [the staff] know I like to do things for myself as much as I can. I like to get my clothes out and sit on the bed and dress myself. Sometimes they have to help me with my socks."

People and their relatives told us that they felt fully involved in their care. A relative told us that they were always contacted if there were concerns about their family member's health. They also said that they were asked to attended monthly reviews of their family members care where they could discuss the care that was being provided. Another relative also told us that they and their family member were regularly asked for their opinion on the care which they felt was a good thing.

Requires Improvement

Is the service responsive?

Our findings

We received mixed views from people and their relatives regarding the activities that were in place to assist people to maintain their hobbies and interests. Some people were happy with this whilst others were not. One person said, "I have to keep my brain active you see, I enjoy word puzzles and like to sit here looking out of the window or watching Pointless or Countdown or Tipping Point, that's another favourite. They leave me to do what I want." Another person told us how much they had enjoyed it when an outside entertainer had visited the service and had played them music and sang to them. She added that she wished this could happen again. However, one person told us, "I get so fed up. I want to go outside more." A relative said, "I think they should all have a vitamin supplement as they don't get outside enough. I have seen residents go outside for a cigarette but [family member] doesn't get much sunlight as she doesn't get to do much, just sits here in her chair – no stimulation, no exercise." They went on to say that they felt the lack of exercise and stimulation for their relative was resulting in a decline in their physical and mental health.

On the day of the inspection, we did not see any activities being facilitated by staff to assist people with their hobbies and interests. Some people spent time within their rooms and most people in the lounge areas spent their day sitting in the same seats either watching the television, asleep or passively looking around the room. We did seen one person who had engaged themselves in craftwork. They told us, "I have to do something or I'll go mad sitting here."

We observed one person who was living with dementia over a two hour period during the course of the inspection. During the time we observed the care this person received, staff only interacted with them when they were performing a task such as providing them with a drink. The person spent the duration of the inspection sitting in the same seat within the lounge area looking around the room passively or asleep.

The registered manager told us that they employed a member of staff to assist people with activities to complement their hobbies and interests. This had included supporting people to plant vegetables and flowers in the outside area, involve them in baking, exercises, quizzes and board games. Some people had recently gone out on a trip to a local museum and staff were able to take one person occasionally to the sea-front to meet with some old friends. However, the staff member who was responsible for activity provision was only employed to do this on two days each week.

Records were kept of people's participation in activities. We saw that one person was only noted as having taken part in four different activities in six weeks and another person three activities. The services was recording that visits by family, friends and the dentist constituted activities but these are not situations that assist people to pursue their hobbies or interests. We have therefore concluded that some people lacked stimulation and support to maintain their wellbeing.

An assessment of people's individual needs had taken place prior to them living at the service.

We saw that people's care needs were then fully assessed. The information took into account the care that people wanted to receive and some of their individual preferences. These included what foods they liked to eat and how they liked to spend their day. However, not all preferences had been assessed such as what time people liked to get up in the morning and go to bed at night, or whether they wanted a bath or shower, although staff were knowledgeable about people's preferences and we found that these were respected. One person told us,"I like to get up early but I'm not forced to do so. If I'm still sleepy when they come, they leave me and I buzz them when I'm ready to get up."

People told us that their needs were being met. One person said, "I like to be left alone in my room, they know this, if I need the toilet I buzz and they generally come very quickly." Another person said, "If there's anything you want they sort you out." A relative told us, "Yes, if [family member] needs any personal care they are quick to respond to that." We saw that people's care need were met by the staff. For example, people who were diabetic were receiving the care that they needed. This included regular visits from the district nurse who administered their medication, having their eyes tested and their feet regularly checked. We saw that people's needs were reviewed each month to make sure that staff could provide them with the care that they needed.

All of the people and relatives we spoke with said they felt able to raise any concerns they had with the staff or the manager and felt confident that these would be acted on.

Requires Improvement

Is the service responsive?

One person told us, “I’d see the manager first. If I wasn’t happy I would complain.” Another person told us, “If I was not happy, I would complain.” The service had not received any formal complaints. The registered manager told us that she regularly spoke to people who used the service and their relatives for feedback on the care that they received.

The registered manager confirmed that if any complaints were received, that they would fully investigate these. We were therefore satisfied that any complaints received would be dealt with appropriately.

We recommend that the service seeks current guidance in relation to providing meaningful activities for people living with dementia.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was enthusiastic about providing good care to the people who lived at the service and had recently registered with us. However, it was apparent through conversations with her that she needed to develop her knowledge within some areas. These included assessing people's risks of developing pressure ulcers, how to apply the Mental Capacity Act 2005 in practice, checks that needed to be in place before new staff started working at the home and at what temperature medicines needed to be stored at to make sure they were safe to give to people. She was also unaware of the need for the service to have a legionella risk assessment in place and that this and the fire risk assessment needed to be regularly reviewed.

The registered manager conducted a number of audits on a monthly basis including medication, the environment and health and safety. However, we found that some of these audits were not effective. For example, we found concerns with how people's medicines were being managed but these had not been identified by the registered manager. We also found that the contingency plans in place to cover staff shortages were ineffective and therefore, the service and equipment that people used had not been cleaned for two days.

When asked, the registered manager told us that the provider often visited the home but did not conduct any audits regarding the quality and safety of the service. Therefore the provider was not taking any action to make sure that the home was meeting the required standards and regulations. Neither had the provider ensured the manager had received the necessary training or support to ensure that they were able to fulfil the managerial expectations of them. This, combined with the provider not monitoring the service meant that there was a risk that people could receive poor or unsafe care.

Some people's records were not kept confidential. The Medicine Administration Records which detailed people's individual medicines were left unattended in the dining room. These records were easily accessible by visitors to the service and therefore did not protect people's privacy.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities)

People and their relatives told us that they felt the service was well run. They said that they knew who the registered manager was and found her approachable and respectful. One person told us, "Yes I think things are well run. There are enough carers and I'm always satisfied." Another person said, "I know the manager, the place is well run." A further person told us, "I know [manager's name) the manager, lovely girl."

We saw that the registered manager was visible on the floor and spoke to both the staff and the people who lived at the service in a professional manner. One person told us, "Now the new manager is in more maintenance and decorating is getting done!"

Staff told us that they fell well supported in their work and they were listened to and could raise any issues without fear of recriminations. People also told us that the staff and registered manager were approachable. This demonstrated that the service had an 'open' culture where people and staff could voice their opinions freely.

Staff said that the morale was good, that they worked as a team to provide care to people and that they enjoyed their work. Staff were also supported to gain further qualifications within the social care sector and regular meetings of staff were held where they could discuss the care that people received and raise any issues they had regarding this. They were clear about their roles and responsibilities.

The registered manager gained people's feedback on their care regularly through monthly reviews and occasionally by holding residents meetings, the last one of which took place in April 2015. We saw that this was well attended and that people's suggestions for improvements had been listened to and acted on. This included the installation of a smoking shelter and a trip out to a local museum. A raffle had been set up by the registered manager to raise funds for this. A survey had recently been completed by some people who lived at the service and we saw that they were all happy with the care that was provided.

The registered manager had formed links with the local library which visited regularly and provided people with memory boxes to stimulate reminiscence and conversation. The last one had been in relation to cooking and items of equipment that had been used in the past. These had been available for people to see and touch. The registered manager advised that this had been a success and that people had enjoyed this and was therefore going to continue.

Requires Improvement

Is the service well-led?

The registered manager analysed any incidents or accidents that had occurred at the service each month. We saw that there were low levels of falls at the service. Where someone had been identified as falling regularly, actions had been taken such as them sleeping in a low level bed and crash mats put beside their bed to protect them from injury. Referrals had also been made to relevant healthcare professionals where appropriate such as the falls team to help prevent the falls from happening again. This demonstrated that the service learnt from incidents and accidents.

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 Risks to people's health and the premises had not always been assessed or actions taken to reduce the risk of people experiencing harm. (Regulation 12, 1, 2 a b and 12 2 d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not managed safely. (Regulation 12, 1, 2 g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Some areas of the service, people's bedding and equipment they used was unclean. (Regulation 12, 1, 2 h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not in place to monitor the quality of the service effectively to prevent the risk of people experiencing poor care or treatment. (Regulation 17, 1, 2 a, b and c).

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The required recruitment checks were not in place to make sure that staff were of good character before they started working for the service. (Regulation 19, 1 and 2).