HC-One Limited

Victoria House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Victoria House Nursing Home on 15 June 2016. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

Victoria House Nursing Home provides care and accommodation for up to 70 older people and / or older people living with a dementia. The home is purpose built and located close to the centre of Stockton–on-Tees and within easy reach of local amenities. At the time of our inspection visit there were 49 people who used the service.

The home had a registered manager in place. 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.

Staff had not always consistently received supervisions but the registered manager was working on improving this. Records showed that few supervisions had been carried out in 2015. A total of 16 supervisions had been carried out so far in 2016 (there were 73 staff employed and this included the registered manager). Records of supervisions carried out by registered manager confirmed that staff were invited to have an open discussion about their roles and responsibilities and any improvements they had for the service. Staff appraisals were up to date.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 15 people were subject to DoLS authorisations. People subject to DoLS had this clearly recorded in their care records and the registered manager kept a chart of when authorisations were due to expire. This meant further applications could be made in a timely way if necessary, which helped to protect people's rights. However, where people lacked capacity best interest decisions made on their behalf were not always recorded within the plan of care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

Systems were in place for the management of medicines so that people received their medicines safely. However, the temperature of rooms in which medicines were stored were not always recorded and the clinic room on occasions was too warm at 26 degrees Celsius. If medicines are not stored at the correct temperature they can become less effective.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed and nutritionally screened. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to

identify adults who are at risk of being malnourished. As part of this screening people should be weighed at regular intervals and depending on the risk appropriate Records looked at during the inspection identified that staff were incorrectly calculating the risk when people lost weight. This meant that staff might not take the appropriate action needed. The registered manager acknowledged that improvement was needed for the monitoring of people's weights and that staff required training. They told us after the inspection they had contacted the learning and development team to request urgent training for the MUST tool.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed, however this was not always on a monthly basis which was in accordance with the registered providers policy. Risk assessments covered areas such as nutrition, behaviour that challenged, falls and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were completed to ensure health and safety. Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well, encouraged independence and could anticipate their needs. People told us they were happy and felt very well cared for.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

Care plans were varied and some contained more information than others. The registered manager told us they were in the process of reviewing the care plans of all people who used the service which explained why some were better than others. Some care plans contained person-centred information on people's individual support preferences and the impact that their dementia had on life, whilst others contained limited information. In addition to this we did find that care plans in relation to capacity were incomplete.

People were supported to access activities by a full-time activities co-ordinator. People told us they liked the activities and outings that were provided.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

The registered provider had systems to monitor and improve the quality of the service provided. This helped to ensure the service was run in the best interest of people.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Accidents were monitored to identify and trends or patterns. Appropriate systems were in place for the recruitment of staff.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

In general safe systems were in place to make sure people received their medicines safely. Staff did not record the temperature of all rooms in which medicines were stored and on occasions the clinic on the first floor in which medicines were stored was too warm. This meant medicines could lose the effectiveness.

Is the service effective?

Requires Improvement

The service was not always effective

Staff had an understanding of the Mental Capacity Act (MCA) 2005; however MCA assessments were not decision specific.

Staff were trained to care and support people who used the service both safely and to a good standard. Staff have not always consistently received supervisions.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

People had access to advocacy services. This enabled others who knew them well to speak up on their behalf.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were assessed and care plans were in place. The content within care plans varied and some were better than others. The registered manager and staff were in the process of reviewing and updating care plans for all people who used the service.

People told us they were happy with the activities and outings arranged by the service.

People told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were asked for their views and their suggestions were acted upon.

Senior management visited the service on a regular basis. Auditing systems were in place to ensure the service was run in the best interest of people who used the service.

Victoria House 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 checked whether the registered 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.

We inspected Victoria House Nursing home on 15 June 2016. The inspection was unannounced which meant the staff and the registered provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time in the communal areas and observed how staff interacted with people. We spoke with nine people who used the service and six relatives. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with eight staff, this included the registered manager, the deputy manager, the area manager, the activity co-ordinator, the office administrator, a senior care assistant and two care staff. We also contacted commissioners of services to seek their views on the service.

We reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment, supervision and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I'm really happy. The staff are reassuring and make you feel safe." A relative we spoke with said, "I think [named person] is safe in here."

Risks to people were assessed and plans put in place to minimise them. These covered areas such as dependency needs, falls, continence, manual handling and nutrition. The service used recognised tools such as Waterlow and the Malnutrition Universal Screening Tool (MUST) to assess risks to people. Waterlow gives an estimated risk for the development of a pressure ulcer. Malnutrition Universal Screening Tool (MUST) is a screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. The service's policy was to review risk assessments on a monthly basis to ensure they reflected current risk, but we saw this was not always done. For example, one person's continence risk assessment had not been reviewed since January 2016. Another person's MUST assessment had last been reviewed in March 2016. The deputy manager said, "We know the care plans are a mess. We're just starting to review them now. Our clinical lead is helping."

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. One member of staff told us, "I have done safeguarding training. I would raise any concerns I had. If needed I would escalate it further to safeguarding [department at the local authority]. We also have a whistleblowing policy."

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that staff kept an individual record of each person who used the service and any falls they have had. The registered manager said that they analysed the falls to identify any patterns or trends. We saw records to confirm this.

Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We saw records that showed water temperatures were taken regularly.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, hoists, emergency lighting, gas boilers and fire extinguishers.

An emergency evacuation plan was in place for people who used the service. This provided information

about how to ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

The service had an emergency contingency plan. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation that may happen. This plan provided important information to staff on procedures to follow in emergency situations such as loss of heating, flood, fire evacuation and loss of utilities. This meant that the registered provider had plans to respond to a significant event.

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. One staff member said, "They got references and a DBS check before I started work."

The registered manager carried out checks on all new nurses and after that completed monthly checks to ensure nursing staff maintained their professional registrations with the Nursing and Midwifery Council and were eligible to practice. We saw from the registered manager's records that nursing staff registrations were all current and up-to-date.

People who used the service and relatives felt there were adequate numbers of staff to meet their needs. During our inspection we saw there were sufficient staff to support people in the different areas of the home. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. When we spoke with people, they told us they never had to wait long for assistance. One person said, "When I need help they [staff] are there for me straight away."

At the time of our inspection people who used the service were unable to look after or administer their own medicines. However, staff told us where people were able this would encouraged and staff would provide whatever support was needed. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We checked peoples' Medication Administration Records (MARs) and found these were fully completed, contained the required entries and were signed.

We checked records of medicines against the stocks held and found these balanced. Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that medicines were delivered to the home by the pharmacy each month and were checked in by senior care staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. Staff told us they checked these against the medicines received from the pharmacist. In addition to this, daily checks of different people's MARs and medicines were completed. This included counting medicines to make sure they were balanced. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines.

The registered manager told us staff responsible for the administration of medicines had their competency

to handle medicines checked regularly. We saw records to confirm this.

Medicines were stored within different units. We noted that staff did not record the temperature of all rooms in which medicines were stored. Staff did keep a record of the clinic on the first floor of the service and we noted on occasions this was too warm at 26 degrees Celsius. If medicines are not stored at the correct temperature they can lose their effectiveness. We pointed out our findings to the area manager who said they would take immediate action to address our findings. We also noted that one person went without one of their medications for three days. The registered manager was to speak with the safeguarding team at the local authority in respect of this and put measures in place to prevent reoccurrence.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us staff had not always consistently received supervisions but they were working on improving this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records showed that few supervisions had been carried out in 2015. The registered manager said, "The ones I looked at when I came into post were very one way. It was staff being sat down and having policies explained to them" and "It was seen as a negative thing when I started, so we've worked really hard to make them meaningful."

A total of 16 supervisions had been carried out so far in 2016 (at the time of the inspection there were 73 staff employed and this included the registered manager). Records of supervisions carried out by registered manager confirmed that staff were invited to have an open discussion about their roles and responsibilities and any improvements they had for the service. In one example, we saw the registered manager had invited a member of staff for supervision because they looked upset and this led to additional support being arranged for them. Staff appraisals were up to date.

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

A member of staff who had received supervision said, "I have had one supervision. The registered manager is really good. I was here for a short period under the old manager and I think [the registered manager] is turning things around. We weren't supported by the old manager." Another said, "We get supervisions and appraisals. I had supervision about two weeks ago. I felt it was helpful as I could raise any issues I had and I know I can always ask for more help if I am struggling."

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 15 people were subject to DoLS authorisations. People subject to DoLS had this clearly recorded in their care records and the registered manager kept a chart of when authorisations were due to expire. This meant further applications could be made in a timely way if necessary, which helped to protect people's rights.

However, where people lacked capacity best interest decisions made on their behalf were not always recorded. One person had a best interest decision in place to take their photograph for their care plan. Another person had a best interest decision for the use of covert medicines, but there was no review date for

the decision. We did not see any best interest decisions recorded for people consenting to their care. We asked the deputy manager about this, who said, "[There is] not a lot of best interest documentation." Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example using hoists to assist mobility and assisting with eating and drinking. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

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

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "The staff do everything you ask and sometimes you don't even have to ask." Another person said, "They [staff] can't do enough for you." A relative we spoke with said, "Nothing is perfect but this is very good."

Staff received the training they needed to support people effectively. Mandatory training was completed in areas including emergency procedures, falls awareness, infection control, safeguarding and medicines. Mandatory training is training the registered provider thinks is necessary to support people safely. Mandatory training was refreshed annually to ensure it reflected best practice. Training was organised centrally by the registered provider but the registered manager used a chart to monitor staff completion of training. This showed that most staff had either completed mandatory training or had it arranged. New staff completed an induction programme consisting of shadowing more experienced members of staff, mandatory training and learning the service's policies and procedures.

Staff spoke positively about the training they received. One member of staff we spoke with said, "The training is quite good. My induction was shadowing [named staff member] for two weeks, e-learning and I did all the mandatory training" Another said, "The induction is really good."

The registered provider was in the process of introducing a nursing assistant role, and had developed a training programme accredited by the Royal College of Nursing. This consisted of 10 weeks additional training in areas such as medicines and nursing care, and staff completing it would support nurses at the service. Four members of staff were training to be nursing assistants at the time of the inspection. Commissioners of the service raised some anxiety in relation to this.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that there were two choices at each meal time and staff told us other alternatives were available at each meal time such as a sandwich, soup or salad. Staff were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed some of the lunch time of some people who used the service. Lunch time was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance. One person said, "The food is delicious." Another person said, "I'm a fussy eater. I have gone off meat so I only have a bit. I do like crackers and cheese and omelettes and they will always do these for me." Another person said, "I'm not fussed on the meat but the salmon quiche today was lovely." We spoke with the area manager who told us they were aware that some people were not happy with the meat provided and they were addressing this.

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people should be weighed at regular intervals and depending on the risk appropriate action should be taken to support people who had been assessed as being at risk of malnutrition. This action could be keeping a food chart, weighing people more often, increasing nutritional intake and making a referral to the dietician. Records looked at during the inspection identified that staff were incorrectly calculating the risk when people lost weight. This meant that staff might not take the appropriate action needed. The registered manager acknowledged that improvement was needed for the monitoring of people's weights and that staff required training. They told us after the inspection they had contacted the learning and development team to request urgent training for the MUST tool.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. One person said, "I regularly see the optician, it isn't that long since I had my glasses changed." Another person said, "If I tell them [staff] I'm not well they get the doctor out to see me, they don't hang about."

Good

Is the service caring?

Our findings

People and relatives told us they were very happy and that the staff were caring. One person said, "I think it's great here. Staff are really good. I think it's down to the people who run it." Another said, "[Named member of staff] is a life saver. Marvellous in here." Another person told us, "Happy here. Like it. Well fed."

Relatives spoke positively about the care people received. One relative said, "It's good. There are plenty of staff so people always get attention." Another told us, "[Named person] is very well cared for." Another said, "We're really pleased."

At the time of the inspection one person who used the service required the support of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. However, there was no evidence in the person's care records of how the service was working with their advocate to ensure the person's views were heard. We pointed this out to the registered manager who said they would take action to address this.

During the inspection we spent time observing staff and people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about everyday life. Staff took an interest in what people had to say and listened. One staff member spoke to a person about their family and what they were going to do that day. Another staff member spent time with a person who used the service and their relative to ask how they both were. The relative complimented the staff member to us telling us how kind and caring they were.

Before care was completed staff talked with people and explained what they needed to do, for example, when moving people from one place to another in their wheelchair or when using the hoist. We observed staff transferring one person from the chair into their wheelchair whilst using the hoist. Staff gave step by step instructions to the person of what they were doing and what to expect whilst at the same time providing reassurance. This helped to reduce the anxiety of the person.

Two relatives we spoke with were impressed at how quickly maintenance staff at the service had customised a person's room to the way they wanted it. One of the relatives told us, "We asked for it all the time at [the service the person was previously living at] and didn't get it, but here it was done straight away." They told us how furniture had been positioned and pictures put up as they had asked.

One person who used the service told us their spouse was cared for on another unit within the service. They told us how they liked to help with the personal care for their spouse and how staff supported and encouraged them to do this, they said, "All the staff are great. They [staff] know how important it is for me to care for [name of person]. I stay with [name of person] until they go to sleep and this gives me peace of mind."

A relative we spoke with complimented the staff. They told us they visited on a daily basis and staff always made them very welcome. They said, "The staff here are lovely and very caring and that's not just the care

staff it's all the staff including the domestics and laundry staff. I've come here every day for the last four years and been made welcome [name of person] always looks lovely and clean with lovely laundered clothes. They [staff] are just lovely."

We saw that staff were respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. Staff communicated effectively with people who were unable to speak. One person who used the service who was unable to speak was gesturing to staff that something was wrong with their clothing. Staff quickly worked out that there was a pull in their trousers. They told the person they would mention this to their spouse when they visited so they could buy some new ones. The person who used the service was satisfied with the response provided by staff. This showed that staff knew the people they cared for very well. We saw that staff followed through on their promise as when the spouse of this person visited they told them about the pull in the trousers and needing to buy a new pair.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how important it was to ask the person's permission before providing care and to tell them what they were going to do. One staff member told us the importance of ensuring care plan documentation and any other information relating to the person was locked away to ensure privacy and confidentiality. One person who used the service told us they were asked when they came into the service if they had a preference of male or female care staff. They told us they had expressed that they only wanted help with washing and going in the bath from female staff and that staff had respected their decision. They told us since they moved into the service they had only ever been supported with their personal care by female care staff.

There were occasions during the day where staff and people who used the service engaged in conversation and laughed. On one occasion staff and a person who used the service laughed and joked about the hoist, the person who used the service clearly enjoyed this. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. We saw that people were able to go to their rooms at any time during the day to spend time on their own. One person who used the service told us, "I like to come and go as I please. On a morning I sometimes sit in the lounge and when I want I can go to my room for some quiet time and time on my own."

Staff said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with told us they were very complimentary about the staff and service and told us staff were kind and considerate. One person said, "I get all the help I need at the times that suit me. I get up just after 8am and they [staff] help me get ready. I get hoisted into my wheelchair and I'm set for the day." The relatives of a newly admitted person praised staff for meeting the needs of the person they said, "You know what I like about here is that they have had [person who used the service] to the toilet twice already this morning which is great."

Care plans began with a personal profile, setting out what the person enjoyed doing and a summary of their care and support needs. We noted that some of these contained limited information on the person's background, likes and dislikes. The deputy manager acknowledged our findings and said, "We've got two carers reviewing them and they have started to improve. There will be one in the care plan and one on people's wardrobes. We're just waiting for photos of people."

This was then followed by care plans relevant to the person's support needs, including areas such as routine on waking, continence, eating and drinking, mobility, psychological health and behaviours that challenge. During the inspection we looked at the care plans of six people who used the service. Care plans were varied and some contained more information than others. The registered manager told us they were in the process of reviewing the care plans of all people who used the service which explained why some were better than others.

Some care plans contained person-centred information on people's individual support preferences. For example, one person's psychological health plan described the form of dementia they had and how it could manifest itself. For another person, their personal care plan said they liked to be offered a face cloth with their own choice of face wash. However, some care plans contained limited information. For example the care plan of one person described how they needed two staff to support the person with their personal hygiene; however the care plan did not detail what this support was. In other care plans for this person there was no information on likes or dislikes or personal preferences. In addition to this we did find that care plans in relation to capacity were incomplete. For example, one person's capacity care plan said staff should record any decisions made in the person's best interests but this had not been done. The registered manager told us they were working hard to update all care plans.

Care plans were reviewed on a monthly basis to ensure they reflected people's current support needs and preferences. A 'daily statement of wellbeing' was used to record people's daily support needs and activities. This logged their mood, a summary of their activities for the day and their diet and helped to ensure staff changing shifts had the most up-to-date information on people.

Relatives we spoke with said they were involved in planning people's care. One relative said, "We were involved in the care plan and know what is in it. It covers everything needed. They're really good at letting us know any changes." Another relative said, "We always get involved in decisions about their care."

People were supported to access activities by a full-time activities co-ordinator. The activities co-ordinator told us they were supported by the registered manager to arrange and fund activities, both within the service and in the wider community. Activities that had recently taken place included sing-alongs, painting, crafts and cooking. Staff told us about a tea party they were arranging for the Queen's birthday. They told us how pleased they were that the Mayor of Stockton had agreed to attend to celebrate the event with people who used the service, staff and relatives.

The activities co-ordinator told us how they adapted activities for people living with a dementia. They said, "If we do baking, [people living with a dementia] might help by tasting ingredients and by kneading dough if they can for the sensory experience. One of the key focuses for people living with a dementia is music."

On the afternoon of the inspection some people who used the service took part in chair based exercises. People were seen to enjoy doing simple exercises and stretching to music. Some people who used the service went out independently. One person told us, "I go to Matalan and all over. I've just been out for coffee and met my friend." Another person said, "I go to a coffee club once a week which I really look forward to."

There was a complaints policy in place, which was publically displayed throughout the service. This set out timeframes for investigating complaints and described how they would be investigated. Records confirmed that where issues had been raised they had been investigated in line with the service's policy and outcomes communicated to the people involved. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person said, "[Name of registered manager] is very good and quick to sort things out." A relative we spoke with told us that they could talk to the registered manager at any time. Discussion with the registered manager confirmed that any concerns or complaints were taken seriously.

Good

Is the service well-led?

Our findings

People who used the service spoke highly of the registered manager. They told us that they thought the home was well led. One person said, "[Name of registered manager] is really nice and approachable." Relatives spoke positively about the registered manager, who they described as a visible presence at the service. One relative said, "I have met [name of registered manager]. Have just had a meeting. She's lovely, she really is." Another relative said, "I have seen the new registered manager. She always says hello."

Staff told us they felt valued and supported by the registered manager. One staff member said, "The manager is fantastic, level headed and doesn't panic. [Name of registered manager] is very much for staff, doesn't look to blame but looks to encourage." The same staff member said, "She is innovative and with her ideas we will make improvement. She is a very good role model." Another staff member said, "I think [name of registered manager] is brilliant. I was really worried and I came to speak to her and it was resolved immediately."

The registered manager told us about the culture and values at the service. They said, "Staff are very caring. They always have resident's welfare at heart. I think kindness is at the heart of our culture here. Staff are very supportive of me as a new manager. I think they know I'm committed. This is our service, not mine. We're all taking ownership." The area manager said, "I think the team is dedicated to residents and committed to providing high quality care. They're very open to change and learning and development."

The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. This was confirmed by the people we spoke with.

The registered manager and registered provider carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The registered manager carried out audits of areas including care plans, medicines, falls and infection control. Where issues were identified an action plan was generated to plan and monitor remedial action. For example, an audit of one care plan from February 2016 identified that MUST assessments were not being completed and led to an update of the care plan to require this. A medicines audit in January 2016 identified those weekly checks of medicine administration records were not being made, which led to these being introduced. However, we noted that audits had not identified where care plans had overdue risk assessment reviews or lacked best interest decisions.

The registered manager carried out two 'daily walk arounds' where they checked areas such as care delivery, infection control and environmental safety. The registered manager said, "It's quite reactive and you sort things out straight away." The registered manager or deputy manager also had a weekly meal with people at the service to monitor the overall dining experience. Where issues were identified records confirmed they were addressed. For example, on the 13 June 2016 the registered manager saw some tables were missing

water jugs and prompted staff to address this.

The registered provider carried out quality assurance checks. Quarterly audits were carried out of infection control, falls and medicines. Monthly visits were also carried out by a senior manager from the registered provider. Any remedial action identified on these visits was listed on an action plan for the registered manager to complete. For example, an action plan from a visit in January 2016 identified that guidance should be sought in relation to one person's moving and handling care. This led to a referral being for expert advice.

Staff meetings were held on a monthly basis. Minutes from meetings showed they were well attended and used to discuss best practice, the policy of the month and any issues staff wanted to raise. For example, in May 2016 staff had discussed safeguarding, infection control and absence management.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.

We asked the registered manager how they sought feedback from people and their relatives. They said, "We have a monthly resident and relative meeting, but they are not that well attended. We have a 'Have your say' board in reception and also get feedback from a [national care home website]. We haven't had anything in this month, but did have a comment about the building looking tired. We have been allocated £30,000 to improve the dementia unit as we don't think it is very dementia friendly at the moment." The area manager said they were hoping the fund would be released this year. We asked the registered manager about the 'Have your say' board. They told us this was an interactive tablet (like an iPad) at the entrance of the building where the residents and relatives signed in and out. Relatives used the interactive tablet to make comments on a number of categories such as the care provided, kindness of staff and food provided. The individual categories could be rated by relatives from one to five (one being poor and five being excellent). The registered manager told us on average they received five to six comments a month and the majority of which of late had been very positive. Recent comments have included: Food was good today' and 'Friendly staff' and Professional and friendly carers' and 'Home looks a bit tired – needs a lick of paint'. Work had started on painting rooms within the service.

The registered provider had signed up for an external survey conducted by a market research organisation. The registered manager told us surveys for people who used the service and relatives were sent out on an annual basis to seek their views on the care and service provided. The results of the most recent survey were in the process of being collated so we looked at the results of the surveys that were sent out to people in May 2015. The survey asked people about staff at the service and care they received. This included a range of indicators including privacy, showing respect and dignity, home comforts, quality and choice of food and laundry, including cleanliness, choice and quality of life. The results demonstrated some improvements and some deterioration to the previous year. Improvements were seen in people's quality of life, privacy and the laundry, however deterioration in the quality and variety of food and staff having time to talk were reported. The registered manager told us how the results of the survey were shared with people and staff and used to drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance MCA assessments were not always decision specific. Best interest decisions were not recorded within care plans.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision on a regular basis.