Regal Care Trading Ltd

Ashcroft Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced inspection took place on 30 and 31 March 2016 and was carried out by two inspectors.

Ashcroft Nursing Home is a privately owned care home supporting up to 88 people, who may be living with dementia. Current accommodation is over two floors accessed by a passenger lift. There were 45 people living at Ashcroft Nursing Home when we inspected.

There was a registered manager in post, the registered manager had recently been promoted to the area manager role. The registered manager was present on both days of the inspection.
A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A replacement manager had been appointed and they were in the process of registering with the CQC. Staff told us the managers were available and approachable.

The registered manager and deputy manager provided leadership to the staff and had oversight of all areas of the service. Staff were motivated and felt supported by the registered manager and senior staff and the personal development of staff was encouraged.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity.

Staff had completed safeguarding training and they knew what action to take if they suspected abuse, and who to report to, such as the local authority safeguarding team. Staff knew about the whistle blowing policy, and were confident they could raise any concerns with the registered manager, who would take appropriate action.

There were sufficient numbers of staff on duty. Staff were checked before they started to work at the service and regularly received training to ensure they had the skills and competencies to provide safe care. New staff received induction training and shadowed established staff before they started to work on their own. Staff met with a senior staff member to discuss their role and practice, and to discuss their training and development needs.

People were supported to make their own decisions and choices, and these were respected by staff. Where people lacked the capacity to make complex decisions about their care, management and staff were guided by the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) as a basis to make decisions that were in people's best interest.

Medicines were stored and administered safely. People had the support they needed to attend health appointments and to remain as well as possible. Staff responded to any changes in people's health needs;

people told us that staff always called their doctor if they felt unwell. People made positive comments about the food, there were daily choices and people took part in choosing the menu. If people were not eating enough their food was monitored. If required, a referral was made to a dietician or their doctor, and supplements were provided as necessary so that people maintained a healthy weight.

Potential risks to people were identified and staff took action to reduce risks to people. The care and support needs of each person were different and each person's care plan was personal to them. Some care plans needed updating and the deputy manager started to address this during the inspection. There were plans to respond to emergencies. Emergency evacuation procedures were in place and the fire system and equipment were maintained and serviced regularly

The complaints procedure was available but could have been more accessible and meaningful to people living with dementia. People felt comfortable in complaining and when they did complain their complaints were looked into and action was taken to resolve them. People had opportunities to provide feedback about the service both informally and formally.

Throughout the inspection people were treated with kindness and respect. People told us the staff were kind, and respected their privacy and dignity. People were encouraged to be as independent as possible. Staff were attentive and the atmosphere in the service was calm and people looked comfortable in their surroundings. Staff encouraged and involved people in conversations as they went about their duties.

People were given support to carry out their preferred hobbies and interests. There was a range of activities on offer. Staff were familiar with people's likes and dislikes, such as how they liked their food and drinks and what activities they enjoyed.

Accidents had been recorded and action had been taken to reduce the risks, however incidents were not always analysed to identify any patterns or similar trends to reduce the risk of them happening again. Records were available and stored securely, three care plans we sampled needed updating.

Cleaning plans had been updated and improved and the service was clean.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The management were aware that they had to inform CQC of significant events without delay, but one incident had not been reported to CQC and two other incidents had not been reported appropriately to the coroner. We have made a recommendation about this.

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

The service was safe.

Staff were aware of what abuse was and how to report any concerns.

There were plans to respond to emergencies. Emergency evacuation procedures were in place and the fire system and equipment were maintained and serviced regularly.

Risks to people were identified, assessed and managed. Medicines were prescribed, administered and stored safely.

Staffing levels were sufficient to meet people's needs. Staff were recruited safely.

Cleaning plans had been improved and the service was clean.

Is the service effective?

Good

The service was effective.

Staff were trained and competent. Staff had regular supervision with a manager for support and coaching.

Staff had a good understanding of the Mental Capacity Act (MCA) and knew when to act in people's best interests. Consent was documented in people's records.

People were supported to eat and drink enough and to maintain a balanced diet.

People were supported to maintain good health and had access to healthcare services for ongoing support when needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion. Staff were attentive to people's needs and displayed empathy and concern when interacting with people.

People's dignity and privacy was protected and respect was promoted.

People were supported to make choices and decisions about their care.

Is the service responsive?

Good

The service was responsive,

People were supported to receive personalised care that was responsive to their care needs.

People's views were considered and people were involved in writing their care plans.

Regular resident and relative meetings were held to hear people's views. Complaints were acknowledged and responded to and where required, changes to the service were made.

Is the service well-led?

Requires Improvement

The service was not as well led as it could be.

Notifiable incidents had not all been reported properly and without delay.

Accidents and incidents were recorded. Accidents were summarised to look for patterns to reduce the risk of reoccurrence, but incidents were not being analysed in the same way

There was a culture of openness and transparency.

There were quality assurance systems in place to monitor the quality of the service and identify areas for improvement. Processes were in place for people, their representatives and staff to provide feedback on the service.

Records were available and held securely, but some care plans needed updating.

Ashcroft Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 was unannounced and took place on the 30 and 31 March 2016. The inspection was carried out by two inspectors. Before the inspection we reviewed the information we held about the service. The registered manager had previously completed a Provider Information Return (PIR). This document asks the provider to submit key information about the service. We reviewed notifications received from the service. A notification is information about important events, which the provider is required to tell us about by law. We considered information which had been shared with us by the local authority.

During the inspection we spoke with the operations director, the registered manager, the deputy manager, five care staff, ten people, three people's relatives, the activities co-coordinator, the house keeper, the maintenance person and the administrator. Some people were not able to talk with us and explain their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who are unable to talk with us.

We looked around the service including communal lounges, reminiscence rooms, cinema room, hairdressers, kitchen, laundry room, sluice rooms, communal bathrooms and medicines rooms. We looked at some people's bedrooms with their agreement. We observed at lunchtime and during an activity session and made general observations over the two days.

We looked at a range of documents and records including cleaning schedules, medicine administration records, risk assessments, maintenance records, staff training records, personnel files, resident surveys, complaints and staff and resident meeting minutes. We reviewed six people's care and support plans.

The last inspection of Ashcroft Nursing Home took place on the 9 and 13 October 2014. Since then there was a new owner of the provider organisation. The shortfalls from the last inspection, under the previous owner, regarding cleanliness and prescribed creams had been addressed.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I feel safe, I am alright. The staff are kind and very friendly." Another person said, "I feel quite safe, no question of that". Relatives told us they felt their loved ones were safe. One relative said, "I have no complaints; (my loved one) is safe here."

Staff knew about the different types and signs of abuse and knew how to report any concerns. They were confident that any concerns they raised would be listened to by the registered manager and action would be taken. The registered manager was knowledgeable about safeguarding procedures and had thoroughly investigated and acted on any concerns that were raised.

People's money was safeguarded with systems in place to record and account for any money spent. The support people needed with money was recorded in their care plan.

Accidents, including falls were recorded and monitored to look for any patterns or common trends. Action was taken to reduce further accidents for example, a person had been provided with bed safety rails and an alarmed mat, following a fall from bed. They had been involved in the decision to use the bed rails and mat in order to prevent further falls from bed and to alert staff when they had got out of bed. Some people were living with dementia and at times became anxious or angry. This had led to some incidents. Incidents were not currently being tracked to look for common patterns. For example, what time of day and where they happened so that remedial action could be taken at those key times. The registered manager agreed to introduce more closer monitoring and analysis of incidents as this was an area for improvement.

There were plans for what to do in an emergency. This included a fire evacuation plan and each person had an individual evacuation plan. The fire systems were checked regularly and practice drills were held so that people knew how to respond to the fire alarm and how to evacuate in an emergency.

Two maintenance staff carried out weekly and monthly maintenance checks of the premises to ensure they were safe. These included bedrooms, fire doors, water temperatures, window restrictors, bed rails and water taps. Checks were carried out to make sure electrical equipment was safe. Staff knew when the next checks were due. The registered manager knew the electrical safety check was due and had arranged this.

Risks to people had been identified and assessed and guidelines were in place for staff to follow to reduce risks. There were clear individual guidelines in place to tell staff exactly what action they had to take to minimise the risks to people. Not all risk assessments had information about what to do if the risk occurred. For example, two people were at risk of choking. They had very different needs and levels of mobility so the action staff would take in response to choking would be different. Their risk assessments had detail about how to prevent them from choking but not about what to do if they did choke. When we asked staff what they would do, they were clear about the action they would take and the deputy manager started to update risk assessments between the days of our inspections so the guidance was clear as this was an area for improvement.

People told us that there was enough staff to meet their needs. Staffing was planned around people's needs, appointments and activities. If more staff were needed to support people's changing or increasing needs, or if new people moved in there were more staff on duty. There was a chef, kitchen assistants, activities staff, administration staff, maintenance staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. Everyone we spoke with said that staff were around when they needed them. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The manager and deputy manager were on call out of hours to give advice and support. One relative said, "There seems to be enough staff, they always have time to answer my questions. I am very happy with the home." Another relative told us, "There is always a staff member about."

The registered manager talked to people, relatives and staff about the staffing levels and kept them under review. Each shift was planned in advance with staff allocated to different people and to different areas of the service. Each staff member knew what they would be doing that day and staff told us that they worked really well as a team. There was staff around, in all areas of the service so they were available when people needed them. Nobody had to wait and staff had time to sit and chat with people and were not rushed.

Staff were recruited safely to make sure they were suitable to work with people at the service. Staff files were well organised and contained all the information required. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. The reason for leaving previous jobs was not always recorded on application forms for the manager to make a judgement on this. People were not currently involved in recruiting staff to have a say about who might support them. This was an area for improvement.

Written references from previous employers had been obtained and checked for new staff. Checks were carried out with the Disclosure and Barring Service, who carry out criminal background checks, for any new staff to check that they were of good character. Staff declared any health issues that may need to be supported and any gaps in their employment history were checked. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them."

People received their medicines safely and on time. People's medicines were managed by staff that had been trained in medicines management. People said they were happy with this arrangement and this was the way they preferred to have their medicines. All medicines were stored securely. The medicines 'round' was relaxed and people were not rushed. The staff member administering the medicines spent time with each person and had a chat and checked that they were alright. Staff answered people's questions about the medicines they were taking and explained what they were for. Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were clear guidelines for staff to follow about when to give these medicines.

Medicines were stored in a locked room and were administered from a medicines trolley. The medicines trolleys were clean and tidy, and were not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Creams were now stored separately and safely so people used their own creams only; this was an improvement

since the last inspection.

Regular checks were carried out on medicines and the records to make sure medicines were given correctly and records were accurate. If any shortfalls were identified the manager took immediate action to address them. When people were taking prescribed dietary supplements to improve their health these had been signed for to confirm that people had taken them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Staff sought advice from people's doctors if and when they refused to take their prescribed medicine.

The service was generally clean and smelled fresh. The provider had taken action, since the last inspection to make sure the service was clean. There was now a full time head housekeeper and cleaning staff on duty every day. The general environment was clean despite requiring some refurbishment which the owners had plans to address. All clinical waste bins had the appropriate bin liners and were stored securely. Cleaning materials were locked away safely and staff had plenty of gloves and aprons to use. Audits were carried out regularly to make sure all areas of the service were clean.

Good

Is the service effective?

Our findings

People told us the service was effective and met their needs. One person said, "The staff here are ok and know what they are doing." Staff understood the care and support needs of people. Staff we spoke with gave examples of how they noticed and acted on health, dietary and medical issues. One member of staff told us, "If I noticed a person's needs had changed, I would inform a manager and discuss if we should make a health referral".

New staff had completed an induction when they started working at the service. Staff had completed training including safeguarding, medication administration, fire safety, moving and handling and first aid. The training staff completed was monitored and refresher training planned to make sure staff's skills and knowledge were up to date. Staff told us the training helped them to perform their duties. Following moving and handling training one staff member said, "I am now able to operate a hoist safely and assist colleagues when moving people". Staff had an understanding of supporting people living with dementia, staff gave people the time they needed and supported people in a kind, caring way.

Staff had regular supervision meetings with a line manager. Records from each session were kept in each staff member's files. The areas discussed included their job role and nay training and support needs. Staff said they found the supervision sessions helpful. One staff member told us, "Supervision is good, the managers are approachable and I feel confident to approach management at any time and not have to wait for my supervision session".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Both managers and the staff we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the Act. One member of staff gave an example of a person who needed extra support with their personal care at times. The staff member explained how they had made a decision in the person's best interests. They had involved the family members, professionals and managers at the service to discuss how to best support the person.

People's written consent to the care and support provided to them was recorded. One member of staff told us, "We always come from the view that people have capacity and the ability to make decisions" which is in line with the MCA. Staff had the skills to communicate effectively with people. Staff asked people their preferences and gave people choices before giving any support.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was meeting the requirements and staff understood about DoLS. Mental capacity

assessments were completed before DoLS applications were made. Some people were restricted from leaving the building or were being constantly supervised for their own safety. These restrictions had been authorised under DoLS by the local authority. Staff were aware of the authorisations and were following any recommendations that were part of the DoLS.

People were supported to eat and drink enough to maintain a balanced diet. Mealtimes were relaxed with soft music playing in the background. Staff were available to give people the support they needed in a discreet way. Staff encouraged people and sat at tables chatting to people and joining in with the singing between courses. People appeared to enjoy the meals and the social occasion.

Staff had carried out meal surveys with people and had discussed the menus at resident's meetings. People had been asked what they would like on the menu and their suggestions had been included. The cooks asked people and their family members if the meals were what they liked and wanted and made changes based on the feedback. People and their relatives were asked about their likes and dislikes and staff made sure people were offered food they enjoyed. There were menus with coloured photographs to help people understand the meal choices.

Meals were served at regular times and mealtimes were flexible to meet people's needs. One person told staff they were hungry, the staff member reminded them lunch would be served shortly. They offered the person a light snack which the person said they enjoyed.

Staff used a coding system to make sure people had the meal that had been prepared for them, such as soft foods for people who were at risk of choking. People who required specialist meals or nutritional support were referred to specialists, such as dieticians. Some people needed to eat extra calories to maintain their weight. The need for these meals was recorded in care plans and meals were provided that had extra calories for example, cream, butter and cheese may have been added.

Staff worked with health professionals to help maintain peoples' health. One member of staff told us, "We have a good relationship with the GPs and there is a practice paramedic attached to the GPs who does training with us, like taking blood pressures". Staff felt this had improved the care they offered people.

People's health needs were recorded in their care plans. There was guidance for staff to follow about meeting people's specific health needs, including diabetes. The staff were not currently providing any nursing care so this was being provided by the local community nurses. People were supported to attend regular health checks with opticians, dentists and chiropodists and to attend hospital and other appointments. People told us the staff always called a doctor if they felt unwell. Health professionals told us that staff followed their advice about meeting people's health needs.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by the staff. People told us that staff were caring and that they were looked after. One person said, "The staff are nice people, they look after us well". Staff we spoke with were positive about the service. One staff member told us "I like working here, I like caring for the people". We observed many examples of caring and compassionate interactions between staff and people. For example, one person appeared to be upset and anxious. Staff showed concern and affection towards the person and discreetly reassured them. Staff said the person was relatively new to the service and the staff were reassuring them to make them feel more comfortable in their new home. Another person appeared upset so staff asked the person what was wrong and listened, and reassured them until they became settled.

Staff spoke to people with patience and kindness. When one person became anxious staff walked with them and said "Come on; let's make you a nice cup of tea." The person took the staff member's hand, smiled and walked with them and looked less anxious. Staff were attentive to people and stopped to chat as they walked around, staff held people's hands and reassured them if they looked worried. A relative told us "They are kind and friendly staff; they always have time to answer my questions."

Staff had an understanding of people's needs. Staff had completed training about dementia. One member of staff told us "Having the dementia training has given me insight into people's needs". Staff told us about the reminiscence rooms, one member of staff said "People use the rooms to relax". Staff used these rooms as a point of reference for people and encouraged them to spend time in the room to ease their anxieties and to relax.

The activity coordinator hosted an annual 'Dignity week' where the aim was to create awareness of dignity and respect for all people. During the Dignity week this year they had hosted a tea party with musical entertainment for everyone to enjoy.

The activity coordinator also ran a 'Dignity star of the month' scheme. People and visitors were asked to vote and comment about any staff member who they felt supported dignity and respect. The scheme aimed to promote staff awareness of the importance of people's dignity. Dignity meetings were held, the meetings were chaired by the activity coordinator who said they felt people were more willing to have a say as care staff and managers did not attend. Suggestions and ideas had been raised at the meetings that had been taken forward.

People were supported to maintain their independence. One person said "I can get in the bath by myself; staff just wait nearby to make sure I am safe." One member of staff told us "I always encourage people to do things they can, it helps to maintain their independence". Another told us "I always make sure their privacy is maintained when giving personal care such as covering them up and closing doors". One person was walking through the hallway and needed support with their clothing. A staff member politely asked the person if they would like to return to their room where they could assist them. The person agreed and returned to the lounge appropriately dressed and in good spirits.

Staff knew the people who they were caring for. All people were assigned a key worker so that there was continuity of care for people. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Staff used an adapted version of the Alzheimer's society document "This is me", called "This is my life". The document outlined where a person lived, their family and friends, current and past interests (including their job), sports, holidays, pets, favourite movies, their routine, what upsets them and what makes them happy. The documents were important in assisting people to remember and talk about their personal histories and to inform staff about people's backgrounds.

Staff told us about the importance of encouraging choice for people. One of the managers said "I always remind and encourage staff to offer choices to people". Some people needed support to make choices, so staff offered people choices in a way they could understand. People were listened to and staff talked to people appropriately. Some people were living with dementia, staff altered the way they spoke with people so that they could understand and staff gave people the time they needed to respond.

Staff told us how a person's cultural needs were supported, and they acknowledged various religious and cultural events. One staff member told us "We support all faiths and church services are held every week which all residents can attend". The staff organised theme days such as for VE day where singers attended and people dressed up to remember that time of their lives.

People were supported to stay in touch with their family and friends. Visitors were welcome at reasonable times. One member of staff told us that they had sent pictures of people to their family members who lived abroad.

Information was presented in ways that was meaningful to people. The menu and activities for the week were displayed in large print with photographs and pictures. Photographs of staff were displayed which showed what role the different coloured uniforms related to, to help people find the right staff member. The deputy manager said she planned to make more information, including the complaints procedure, more accessible.

Good

Is the service responsive?

Our findings

People told us that they received the care and support they needed. They said that this had been discussed with them before they came to live at the service and during the time they had been living there. One person said "They (the staff) often ask if I am alright and if everything is OK."
Visiting relatives told us that staff responded to their loved ones needs, for example, by contacting doctors promptly, and said they were kept informed about their loved ones.

The manager and senior staff met with people before they came to stay at the service. They carried out an assessment of the person's needs and wishes to check that they could provide the service the person wanted. Assessments included information about the person's previous lifestyle, background, career and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. A document was used called 'This is my Life' which contained photographs and pictures. This information helped staff to understand about people and the lives that they had before they came to live at Ashcroft Nursing home. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. People and their representatives had been involved in developing their care plans. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

Each person had a care plan that had been developed from their assessment. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. A system of written paper based care plans was being phased out and being replaced with an electronic system. Staff said the electronic system was working well and saved them time having to hand write records. Care plans were held on password protected computers to which all staff had access. Staff carried electronic devices in their pockets which they used to update the care records as and when they supported people. If needed, care plans could be printed from the computer and shared with people and their representatives. Care plans included symbols, colour photographs and pictures to make them more meaningful, especially if a person was living with dementia.

The computer system highlighted when a care plan needed reviewing, usually monthly and any more frequent updates were added by staff. Three of the care plans we sampled needed an update because people's needs had changed. People were receiving the care they needed to meet their changing needs but the records had not been updated. The deputy manager had updated the care plans by the second day of our inspection.

The support people needed with specific health needs was recorded. Staff followed this guidance and, when we spoke with staff, they were knowledgeable about people's needs. Staff responded if people were unwell and worked closely with local GP's and community nurse teams. One person told us "They asked me if I wanted to see my doctor as I was feeling under the weather." During the inspection staff contacted a doctor for advice as they were worried about a person. Health and social care professionals told us that the manager kept them updated and informed and acted on any advice they gave.

A staff handover was completed at the beginning of each shift. There was a communication book which was used in conjunction with the handover. Staff said that they made notes in the book during each shift and that this made sure staff were aware of any changes in people's health or support needs.

Everyone we spoke with said there was enough going on to suit them. People said they enjoyed reading their newspapers and books or watching television. One person said they were looking forward to the afternoon bingo game. They said "I enjoy bingo once a week and the dogs (PAT dogs) come in to see us as well. You get a chance to do art and craft and we have singers who come in. We have a nice time." Another person told us they enjoyed visits from the 'PAT dog' association when owners brought their dogs into the service for people to stroke and make a fuss of. There were photographs displayed around the service of people enjoying a wide variety of activities and outings.

A range of activities was provided by activity coordinators and included games, art and craft, quizzes, gardening and outside entertainers. The activities for the month were displayed on notice boards with pictures and times. During the inspection several people took part in a painting session facilitated by a local water colour artist. People really seemed to enjoy this session. The activity coordinator was on hand to encourage and support people if and when they needed it. As well as organised activities there were puzzles, playing cards, board games and wool that people could help themselves to.

There was a reminiscence room on each floor of the building. These rooms were decorated and furnished in a 1940's style. Some people enjoyed spending time there as it was quieter; people looked relaxed in these rooms. There was also a cinema room where people could watch films. Different rooms were labelled with large easy to read signs and pictures to help people find their way around.

A complaints procedure was displayed in the entrance hall so people and visitors could see the process to follow. The procedure was not displayed in a more meaningful format, for example, in an easy read style that may be more accessible to people living with dementia. This was an area for improvement. Complaints were recorded, investigated and responded to. There were clear records showing this process. Senior managers tracked complaints and made recommendations or changes in response to improve the service. A visiting relative told us "I have no complaints; I am really pleased with the place. (My relative) is safe here."

Requires Improvement

Is the service well-led?

Our findings

People said they thought the service was well led. People told us, "The managers are very nice" and "They always make themselves available". People said they would feel comfortable talking to the managers. People told us, "Yes, she is kind and listens" and "We can talk to her anytime."

There was a registered manager at the service who had recently been promoted to an area manager's role. The previous deputy manager had been promoted to the now vacant manager's post and was applying to the Commission to become the registered manager. Both the registered manager, the new manager and deputy manager were experienced in managing this type of service. Staff said they felt supported by the management team and they were aware of the purpose of the service, to promote people's independence and to give good, effective care.

Services registered with the Care Quality Commission, (CQC) have a statutory duty to report serious and other incidents to the CQC 'without delay'. This is so we can check that the right action has been taken. One person had sustained an injury from a fall that was notifiable to CQC. The fall had happened 18 days ago and the CQC had not been notified. The deputy manager said that they were in the process of completing the notification but had not yet sent it to the CQC.

We recommend that the provider updates their procedures to ensure that all notifiable incidents are reported to CQC without delay.

Some people were restricted for their own safety, the restrictions had been authorised by the local authority as being in the person's best interests. This authorisation is known as a DoLS (Deprivation of Liberty Safeguards) authorisation. When a person, living in a care home is subject to a DoLS, dies the staff must report the death to the Coroner. The managers were unclear about this procedure and although they had sought advice, the advice had been contradictory. There had been two incidents in the last month when the correct procedure had not been followed.
We discussed this with the registered manager who said they would take action to report these incidents retrospectively.

We recommend that the provider seeks advice that is reputable and qualified about reporting procedures when people are subject to DoLS.

Staff told us they thought the service was well led, that managers were supportive; and that there was transparency and an open culture. Four staff members we spoke with told us managers were supportive and they felt confident to raise concerns at any time. One staff member told us, "Managers are very approachable and I would be confident enough to raise issues if I had any". Another member of staff said, "We can raise issues in supervision, but I don't need to wait. I feel supported". One manager we spoke with said, "We have an open door policy and encourage staff to discuss any concerns they may have".

The registered manager and the provider's representative visited regularly and spoke with people and staff.

During our inspection we spoke with the deputy and registered manager as well as the provider's representative and the provider. All said they were committed to improving the service and told us about future plans to improve the service further.

The service maintained good links with the local GP's, community nurses and paramedics. One paramedic delivered training on basic first aid and staff found this useful. One staff member said, "It's great to get an experienced paramedic to show you the correct process and we have used what we learned to help people.

There was a quality assurance process in place. People, relatives and staff were all encouraged to express their views via surveys. The annual satisfaction survey completed in September 2015 showed that people felt they were treated well by staff and people said they were treated well by the management team. Residents and dignity meetings, hosted by a member of staff, were held. People were encouraged to express their views about activities, menus, care and support and any other concerns they had.

The provider held regular regional meetings where topics such as safeguarding and service updates were discussed and cascaded to the staff teams at the various locations owned by the provider. Team meetings were held every two to three months. Staff we spoke with told us the team meetings were useful. One staff said "We discuss general issues, and concerns and I find them very useful sessions". Regular 'heads of department' meetings were held and additional meetings were arranged if and when required. The registered manager attended local care home forum meetings to network with other managers and to hear relevant speakers.

Technology was used to try to create more effective care records. Staff used iPod devices, (mobile devices) to record daily records. Staff said this saved time spent on writing handwritten records so they could spend more time with people.

The deputy manager explained that staff were reminded by a computer alert when care plans needed a review. The policy, she said, was to review care plans each month. Three care plans we sampled had not been reviewed for over a month and two were not up to date as the people's needs had changed. For example, one care plans said the person's skin was 'intact' when they actually had a sore broken area of skin that staff described as a 'grade 3 pressure area'. Another care plan stated the person needed the support of one care staff for personal care when they now needed two staff. By the second day of the inspection these care plans had been updated and reviews were underway for all care plans. This was an area for improvement.

Some of wording used by staff in the records was not respectful. For example, staff had recorded on two occasions that one person had 'kicked off' rather than that they had become upset or anxious. The registered manager agreed to address this issue with staff at the next team meeting.