Abbeyfield Society (The)

Hill House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Hill House is a residential care home that provides accommodation with personal care for a maximum of 29 older people. At the time of the inspection there were 29 living at the service.

This inspection took place on 27 and 28 April 2017. The first day of the inspection was unannounced. The service was last inspected on 28 May and 3 June 2015 when it was rated as good overall with responsive rated as requires improvement due to inconsistencies in record keeping. We issued a requirement. The provider had developed an action plan to ensure improvements were made. We found improvements had been made to some records but not consistently.
Prior to the inspection we received concerns from a visiting professional about staffing levels and concerns that people's personal care was delayed and that they were isolated in their rooms due to staffing levels. There were concerns that some people did not appear to have access to their call bells when in their room. There were concerns about people who may be at risk of falls and some undocumented bruising found on two people. Medicines were not always stored securely in people's rooms. We looked at all aspects of these concerns during the inspection. We also received an anonymous concern about the attitude of one staff member. This was thoroughly investigated by the provider and was not substantiated.

There was a manager at the service who was registered with CQC. 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.

Staffing levels at the service were meeting people's care needs; however due to high levels of sickness and the use of agency staff people expressed frustration that often staff did not know them well or understand their needs. Some people felt this and the approach of some staff impacted on their feeling of safety.

Some aspects of medicines management needed to improve to ensure practice was safe.

Staff had the knowledge they needed and understood people's needs in order to carry out their roles; however several aspects of staff training had lapsed and some training was out of date, with staff requiring refresher training. Staff received annual appraisals however supervision of staff had lapsed.

Systems in place to monitor and improve the quality and safety of the service were not fully effective and timely action was not taken in response to known issues.

The majority of people said they felt safe. They were protected against the risk of abuse as the registered manager and staff understood their responsibilities to report any concerns. Plans were in place to keep people safe in emergency situations.

Risks to people using the service were assessed and plans put in place to reduce the chances of them

occurring. Regular checks were made of the premises and equipment to ensure they were safe for people to use. Procedures were in place to monitor and respond to accidents and incidents. Staff were recruited using robust procedures intended to protect people from unsuitable workers.

People's rights were protected because the registered manager acted in accordance with the Mental Capacity Act 2005.

People's nutritional needs were met. Mealtimes were sociable and the registered manager was working to ensure people's preferences with regards to food were also being met. People had access to a variety of health professionals for specialist advice and support when appropriate. The service had developed good working relationships with health and social professionals.

Overall people felt staff were kind and caring. Two people felt the approach of some staff was not as caring as others. Where people had raised concerns with the registered manager, these had been addressed and improvements were noted. We also saw good interactions from staff, where they worked in ways that were kind and respectful of people.

Care plans were generally detailed containing information about people's health and personal care needs, and preference, with the exception of one. Permanent staff knew people well. We received mixed feedback about the activities provided. The registered manager was aware that activities would benefit from development.

People had the opportunity to engage with the service and provide their feedback and suggestions about improvements. However, timely action to address feedback and suggestions had not always been taken.

We identified two breaches of regulations at this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels were sufficient to meet people's needs. However the service had experienced high levels of sickness and the use of agency staff had caused frustration for people living at the service.

Improvements were needed to ensure all aspects of medicines management were safe.

Risks to people had been assessed and care plans were in place which guided staff on how to minimise risk.

The recruitment processes reduced the risk of unsuitable staff being employed. Checks were in place and information had been obtained prior to potential staff's employment.

Is the service effective?

Requires Improvement

The service was not always effective.

Annual staff appraisals had been completed; however staff supervision and training were not up to date.

Staff established people's wishes and obtained their consent before care and support was provided. Where people lacked capacity, processes were in place to ensure decisions made were in the person's best interests.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet. Work was in progress to ensure people's preferences were met. People had access to relevant healthcare professionals, when required.

Is the service caring?

Good

The service was caring.

People's privacy was upheld and they were encouraged to be as independent as they were able.

Staff took account of people's needs and preferences. People were involved in making decisions about their care.

Positive interactions were observed between staff and people who lived at the service.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Most care plans were personalised, with the exception of one. People were involved in planning and reviewing their care.

People were offered limited opportunities to engage in hobbies and interests of their liking, to meet their individual needs.

The provider had a complaints procedure and people knew who to complain to if they had any concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems in place to monitor and improve the quality and safety of the service were not always effective and timely action was not always being taken in response to known issues.

The quality monitoring arrangements had not identified the concerns and breaches of regulations identified at the inspection.

The service was led by a registered manager who had an open and approachable style. People, professionals and staff spoke highly of the registered manager.

Hill House

Detailed findings

Background to this inspection

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

The inspection took place on the 27 and 28 April 2017 and was undertaken by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We met most of the people who lived at the service and received feedback from 10 people who told us about their experiences. During the inspection we used different methods to help us understand people's experiences. These methods included informal observation throughout the inspection. We also spoke with six visitors to ask their views about the service.

We spoke with nine staff, including the registered manager; care staff and ancillary staff. We received feedback from three community nurses, a community psychiatric nurse and a GP who visited the service regularly. We also spoke with Devon County Council's quality assurance and improvement team and the Deprivation of Liberty Safeguards team.

We reviewed the care records of four people fully and two partially to see how care was planned. We looked at a range of other documents, including medicine records, three staff recruitment files and staff training records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe at the service. Comments included, "Very good really, they're (staff) very good"; "The carers are very nice"; and "They look after us very well, I take my hat off to the carers, they have an awful job. It's very nice, you couldn't wish for anything better". However two people had mixed feelings about staff attitude, which impacted on their feelings of safety. One said, "Mixed, some (staff) are very efficient some aren't, not pleasant either'. Where a person had raised their concerns about staff's attitude this had been addressed by the registered manager. The person said there had been an improvement in the staff member's approach.

Relatives felt their family members were safe. One explained, "Mum seems very happy and content…" another said, "The staff are incredibly helpful. It is a lovely place and certainly feels safe…" People had access to call bells and all had pendant alarms to alert staff to their needs.

We received mixed feedback about staffing levels at the service. Comments included, "If I was poorly I would press this (pointing to their pendant alarm), someone would come"; "They come quite quickly, I was playing with it yesterday I pressed the wrong knob, somebody came to see what was the matter" and "I think the staff are top notch. They are always around when I need them. Never waited for more than a few minutes…"

However some people described a different experience. One person said, "Depends if they're busy". Another said they could wait for assistance, anything from two minutes to half an hour or more. They added, "I've had it once or twice when it's been more than half an hour." They said this left them feeling "cheesed off". The registered manager monitored call bell response times but the system was not working at the time of the inspection so they were unable to download the records for us. The registered manager said she would continue to monitor the call bells. A visiting professional told us, "Some days they seem rushed but they are addressing this. They will use agency where gaps on the rota – so not intentionally understaffing."

The provider's preferred staffing levels were sufficient to meet people's care needs. However, the service had experienced some difficulties with staff recruitment and unplanned sickness. Staff recruitment was on-going and a new member of the care staff team was due to start the week after the inspection. Where short notice sickness occurred, existing members of the team or agency staff were used. The April 2017 rotas showed days lost to sickness ran between five and nine days per week that month. However, the rota confirmed the provider's preferred staffing levels were usually met, and that existing staff or agency staff were used to cover leave or unplanned sickness whenever possible. The registered manager explained it was not always possible to cover short notice sickness. On these occasions the registered manager would work on the floor, or stay later to help at busy times, for example through supper time. The registered manager said sickness absence was being monitored and managed using the sickness absence policy. She said the situation was improving.

The registered manager explained staffing levels were determined by a ratio of six people to one staff member for the morning shift (7.30pm until 2pm) and a ratio of seven people to one staff member on the late shift (2pm until 9pm). The provider's preferred staffing levels were four care staff and one senior for the

morning shift and three care staff and one senior for the late shift. In addition, an extra member of staff worked most days from 9.00am until 2pm and 5pm until 9pm to help at busy times, for example to assist with personal care, helping at mealtimes and settling people into bed. There were three waking staff on duty at night. Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff to undertake cleaning, laundry and the preparation of meals.

Some people felt staff did not have the time to sit and chat or reassure them. One person said, "They haven't got the time that's the trouble. When you ring the bell, they ask you what you want, it's very difficult, you expect someone to help". Another said one thing which would make the service better for them was if staff had more time to "…stay and chat with you a bit longer if you're not feeling very perky, just a chat would help". We observed staff did not have time to engage people with any social activities during the inspection, instead interactions tended to relate to the delivery of care and support.

Some people expressed frustration with the use of agency staff, although some appreciated the need for agency staff. One person said, "I had agency this morning, you have to tell them everything, sometimes it's more trouble than its worth". Another said, "The trouble is agency staff are not well acquainted with what we need so we have to think for them. They are perfectly alright, not rude or rough, just they don't know me…" A relative explained, "Mum finds it a bit difficult with staff from the bank (agency), you have to tell the bank staff (what to do), they only have bank staff when people are off sick. Quite often bank staff here." The registered manager explained they tried to book regular staff who were familiar with people however this was not always possible and agency were needed at times to ensure staffing levels remained safe. On the first day of the inspection an agency member was called in due to sickness. This person did not get a comprehensive hand over of information from the senior staff on duty, and as a result they struggled at times to provide personal care. During a short period of time they visited the registered manager's office three times enquiring about where to find supplies and equipment, and checking on people's care needs. We discussed the importance of induction for agency staff with the registered manager to ensure they worked safely and effectively.

Staff confirmed there was sufficient staff to meet people's needs when there was no sickness. They said the registered manager or senior care staff tried to cover any shortfalls with agency or bank staff.

All medicines were stored securely but not always at the temperature recommended by the manufacturer. Records showed on several days in April the temperature of the room which stored medicines was over 25 degrees centigrade. The registered manager had been aware of this and concerns had been raised with the provider. The registered manager explained that an air conditioning unit was to be fitted to the room to reduce the temperature, although no date for this had been confirmed.

The medicines administration records (MARs) showed people had received their medicines as prescribed; where medicines were not given a code was used to explain the reason. However nine handwritten entries had been made to MARs by staff; these had not been dated or signed by two staff to confirm accuracy and accountability. Monthly audits of medicines administration records had been completed but had not identified the handwritten entries. This meant an opportunity was missed to identify areas for improvement.

We checked the stock of medicines requiring additional security and found records and quantities tallied exactly; demonstrating good controls were in place. However, some medicines no longer in use had not been returned to the pharmacy in a timely way. For example, 'just in case' medicines, used for people receiving palliative care. The registered manager said these would be returned to the pharmacy immediately.

The last medicines audit completed by the supplying pharmacist in September 2016 had identified some of the issues above. Therefore the registered manager and provider were aware of the areas for improvement.

Staff responsible for the management and administration of medicines had been trained and their practice monitored. During the inspection we saw staff's approach was calm and unrushed, ensuring people received the support and explanations they required.

We recommend the service follows the NICE National Institute for Health and Care Excellence Guideline, Managing Medicines in Care Homes Published 14 March 2014

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example risks relating to falls, moving and handling, nutrition, skin integrity and personal safety. Health professionals confirmed the service acted on any advice and recommendations to reduce potential risks. One professional said, "Staff are alert and always call us appropriately if they have concerns…" Some people had been identified as being at risk choking due to swallowing difficulties. Advice had been sought from a speech and language therapist (SALT) and following their assessment, recommendations had been incorporated into individual care plans. During mealtimes people were served appropriate foods, as recommended by the SALT. Staff monitored people regularly during mealtimes, and records showed people choosing to eat in their bedrooms were checked every five minutes. This meant the service had risk management systems in place and people were supported to eat independently with staff at hand should they experienced difficulties.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to reduce reoccurrences. For example referrals had been made to the falls nurse and occupational therapist to review equipment to help support people.

People were protected against the risks of potential abuse. Safeguarding policies and procedures were available for staff to refer to and contact details for the local authority safeguarding team was displayed in the staff office. Records showed the majority of staff had received training in safeguarding. Staff we spoke with were aware of their responsibilities in reporting any safeguarding concerns they had to the registered manager or senior member of staff at the home. The registered manager was aware of their responsibility to escalate any safeguarding concerns to the appropriate local authority safeguarding team.

There were effective systems in place to ensure equipment at the service was safe and in good working order. For example, fire safety equipment was checked and serviced regularly. Hoists were serviced regularly, as was the passenger lift. Gas, electrical and water treatment checks were carried out at the required intervals. People had a personal emergency evacuation plan (PEEP) in place. PEEPs are a record of how each person should be supported if the building needs to be evacuated. This meant the registered provider had plans in place in the event of an emergency situation.

The service was clean to high standard with no unpleasant odours. A relative said, "My first impression of the home was its lovely, so clean, maintained to a high standard" A cleaner said 'It's not just me, we are a team here."

The recruitment processes reduced the risk of unsuitable staff being employed. Checks were in place and information had been obtained prior to potential staff's employment. For example, checks with the Disclosure and Barring Service (DBS) to establish if staff had any criminal record which would exclude them from working at the service. Satisfactory references had been obtained from previous employers to

demonstrate potential staff's suitability for the post applied for. Employment histories had been recorded in two of the three recruitment files we reviewed. One newly appointed staff member did not have a full employment history; however they were not due to start working at service until the week following the inspection. The registered manager confirmed they would ensure this information was obtained.

Requires Improvement

Is the service effective?

Our findings

Staff said they received good support from the registered manager and good training opportunities. Comments included, "I like working here, the manager is very approachable and the training is good"; another said, "This is a nice place to work. My training is up to date…there is always something going on…" However the staff training matrix showed some staff had not completed induction training, including the Care Certificate (a nationally recognised tool for staff induction). Records showed eight staff had not completed either the provider's induction programme or the Care Certificate within the 12 week goal yet staff had been working at the service for several months. The registered manager explained that she had spoken with staff about the outstanding modules from the Care Certificate but staff were finding it difficult to find the time to complete the training.

We found other aspects of staff training were not up to date. For example, the training matrix showed 20 staff needed training or refresher training relating to health and safety awareness; 18 staff needed first aid at work refreshers, some were due in 2015 and had not been up-dated. Infection control training or refresher training was needed for 37 staff; moving and handling and safeguarding training and fresher training was needed by 12 staff and 24 staff had not received training related to the Mental Capacity Act. This meant the provider had not ensured staff were up to date with training requirements.

The dependency and nature of the conditions of people admitted to the service had changed over time. A community nurse explained people tended to be more dependant with a higher number of people living with various forms of dementia. They felt some staff had found the transition difficult. A community psychiatric nurse said staff were not confident when supporting people with advancing dementia and expected health professionals to intervene and solve problems. They felt some staff had a limited understanding of mental health and dementia and were not proactive. Training records showed the majority of staff had received dementia awareness training although 14 were due refresher training. 10 staff employed since the last inspection had not received this training. This meant staff did not always have the training they needed to meet people's needs and ensure their safety. The registered manager was aware that staff training was overdue and explained that staffing problems had impacted on the delivery of training as the priority was to ensure all shifts were adequately covered.

Staff supervision had lapsed; the registered manager explained this was due to time constraints. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. The registered manager explained that where staff performance had been a concern, priority was given to ensure these staff had supervision, and records confirmed this. However, the majority of staff had not received regular supervision during 2016. The registered manager said they worked with staff to monitor and supervise their practice, as did the senior care staff. However, no records were kept of the monitoring and supervision sessions to demonstrate staff competency and approach. The registered manager had set up a programme of supervision for 2017 to ensure staff received regular support and feedback about their performance.

The above evidences a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

The registered manager shared the future staff training programme with us. This showed first aid training had been booked for August 2017. Fire drills and evacuation training was booked over three days in May 2017; and moving and handling had been booked for April 2017.

Staff had received an annual appraisal. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Overall people said staff sought their consent prior to delivering care. Comments included, "They (staff) always say 'can I help you'". One person said, "Some of them do, some of them don't. On the whole they are very good, you always get one'.

Although some staff had not received training in relation to the MCA and DoLS, most demonstrated an understanding of how these applied to their practice. One said, "We need to involve people in decisions about their care and what they do…" Another said, "Some people may be confused but we always ask if we can help with personal care, things like that…"

Mental capacity assessments had been completed in order to identify whether people lacked the capacity to make decisions in a particular area. Where a person lacked capacity, best interest meetings were held with the person's relatives (where appropriate) and/or relevant professionals including GP's and social workers. For example, where equipment was used to monitor a person's movements in their room, a best interest decisions had been made with the family and a professional that the equipment was necessary for the person's safety.

Where required, Deprivation of Liberty Safeguards (DoLS) application had been submitted to the local authority for authorisation. The registered manager explained that 10 applications had been submitted and acknowledged but they were still waiting for authorisation. We contacted the Devon County Council DoLS team, who confirmed applications had been received. They had no current concerns about the service.

People were supported to receive adequate nutrition and hydration; their dietary needs and preferences were documented and known by the chef and staff. We received mixed feedback about the quality of food. Most people enjoyed the food and confirmed there was always a choice of meals. Comments included, "Very good, as most things there's things you don't like, there's always a choice."; "I don't like curries, so you can have a piece of fish"; "They (staff) come round with the choice at tea time, then you get a choice" and "Very good. Main meal if you don't like it you can have fish or something. Supper you can choose." However two people said the quality of food could vary. One person said, "Food varies… Puddings, they are very nice…"; another said, "Food, not very special. Cottage Pie, awful its soggy." A third person said, "I've forgotten what an egg looks like, I used to love a boiled egg…" The registered manager said they would ensure the person was offered a boiled egg. Menus were a regular feature on the agenda at the resident's meetings. The

registered manager was aware that some people were not happy with the quality of some of the food and consultation was on-going with people to review the menus. New staffing arrangements were being introduced from May 2017, which meant a kitchen assistant would be available from 8am to help with the preparation of breakfast. The registered manager hoped this would enable the service to offer a wider selection of breakfast choices.

Menus showed a good variety of food was available including fresh fruit and vegetables. Mealtimes were sociable and appeared to be the time when friendships were formed. There was a relaxed atmosphere and people sat with their friends chatting. The dining room was clean and bright, the tables were attractively laid for lunch with linen tablecloths and linen napkins, a full set of cutlery and salt and pepper pots. Each table had setting name cards. Staff were attentive and assisted people where necessary. Some people required full assistance. Staff sat with people; assisted them at their pace and talked with them, providing encouragement, ensuring the mealtime experience was pleasurable. One person expressed frustration at the timing of lunch on the first day of the inspection. They said they had waited 35 minutes for their lunch. They added, "35 minutes since we sat down, you're expected to sit here, it's later than usual. They want you here for about half past twelve; as far as I'm concerned you should be waiting 5 minutes and getting it."

People had access to health and social care professionals. For example, GPs; community nurses; community psychiatric nurse; speech and language therapist (SALT) and chiropodist. A relative said, "Excellent care here. Health needs monitored and staff are quickly on the ball if any concerns…"

Feedback from health professionals was very positive, with the exception of one community psychiatric nurse (CPN). The CPN felt staff some staff had a limited understanding of mental health and dementia and were not proactive. However, a GP and three community nurses confirmed they had no concerns about the service. They received appropriate referrals and their advice was always implemented. One health professional said, "They are very good at calling us. Always ask for our advice if any doubts. No concerns about pressure damage or skin care. They have the necessary equipment and if they need to they will get more mattresses or cushions. The registered manager is very proactive with equipment." another said, "They care for service users very well. They are good at monitoring health needs. They are managing risks, such as infections and choking well…"

One person required staff to monitor their diabetes and administer their insulin. However, their care plan did not contain information about what the expected blood sugar should be or how to respond should the person's blood sugar fall outside of the expected range. We discussed this with a community nurse. They explained the service was managing the person's diabetes "very well" and the person was stable. They confirmed staff reported any concerns and that staff were alert to any changes in the person's condition. Following the inspection the registered manager confirmed that a specific diabetic plan had been developed with the community nurses' advice and was in place.

Good

Is the service caring?

Our findings

The majority of people said staff were kind and caring. Comments included, "It is very nice here and I am very comfortable. The staff are all very kind to me…"; "Staff are nice and friendly. They treat you nice"; "They come in if I oversleep myself, they come in with my breakfast, they're very gentle"; "I ring my bell, if I'm desperate, they bring me a cup of tea. They know I like one if I ring the bell, they come with a cup of tea" and "You're looked after, very well looked after here".

One person felt they would benefit from a more caring approach from staff. They explained, "At the moment I'm having difficulties breathing, it's frightening especially at night." When asked if staff reassured them, they said "Not right away no". When asked if staff sat with them they said "Not really, I would like them to a bit more often. They don't have the time." When asked how they would like it to be different they replied "To be more understanding, an old lady…needs help and assurance. There's not that assurance if you're feeling unwell." They added, "They were good last night, they got me up and helped me into my chair. It was a good one last night. I expect I'm awkward sometimes." This person said they had raised their concerns with the registered manager. They added, "The manager, she knows. She had put them (staff) in their place." When asked if they had noticed a difference in staff approach they said, "Yes, they (staff) are more polite, all round really, she's very good (referring to registered manager)."

Another person said staff approach varied. They added, "Some are kind, some just couldn't care less, the same as it is in the rest of the world." Where concerns had been raised with the registered manager about staff's approach and attitude these had been addressed through the staff disciplinary and supervision process.

The majority of people said staff were respectful and mindful of their privacy and dignity. Comments included, "I find the staff very considerate in that regard…" Another person said, "Staff help me with washing and dressing. They don't make feel embarrassed. I am never left exposed."

One person explained, "It was embarrassing when you get young men… (doing personal care). Generally they are very, very nice. Now I've had them I don't think I mind, they are very gentle and very kind, more so than the females." People were offered a choice about the gender of staff providing their personal care. Where people had a preference for female staff this was respected. One person said with regard to staff being respectful, "Sometimes, depending on who they are. I've had to shout at them to shut the door, they've usually gone before I realise what's done. Otherwise I sit here in a gale of wind."

We asked people about the best thing about the service. Responses included, "Relaxed, I suppose, knowing you don't have to do anything, getting things done for you"; "You are looked after, they're all very good really" and "The company and knowing there is always someone there to help when needed." Some people had developed friendships, and people sought their friends out at mealtimes. One relative explained, "Mum has a friend here…they meet downstairs for lunch and supper most days, they wouldn't part them". Another person said they were "Glad of a little conversation, people to talk to."

During the inspection we observed staff responding to people's needs and requests in a timely way and with a respectful and friendly approach. Permanent staff knew people well and could describe people's likes, dislikes and preferred routines. Staff spoke about people with respect and affection. Whilst observing lunchtime we saw staff greeting people and settling them into their seats. They were very inclusive, chatting with people, for example: "How are you today"; "You've got a nice jumper on today" and "Are you hungry?"

Staff showed concern for people's wellbeing in a caring way. One person was feeling unwell and staff reassured them; visited them regularly and ensured they were safe and comfortable until the GP arrived. One person had fallen asleep in the lounge; staff gently covered them with a blanket to ensure they were warm enough. When staff provided personal care to people, bedroom and bathroom doors were closed to ensure people had their privacy and dignity maintained. One person living with dementia liked to visit the office and sit with the registered manager, which they did during the inspection. The registered manager welcomed the person and invited them to sit down.

Relatives said they found staff to be kind, respectful and caring. One said, "Staff we have spoken to have been so lovely. Small things that make a difference, like at Easter there were chicks in incubators". Another said, "Staff are friendly and helpful. Never a long face. There is a good atmosphere here." Visitors said they were given a warm welcome and could visit at any time.

People were well groomed without exception and appeared clean, (hair, hands, nails, clothes and shoes). They were well kempt and appropriately dressed for the time of year. One person said, "I've even had a bath, they managed to get me in and out no problem. It was marvellous". People were very happy with the laundry service and how their personal items were cared for. One relative said, "Washing service is good, little basket you put your things in and it's collected every morning and then it comes back the same afternoon. (Staff member), he's very good; he brings it and hangs it all up. Mum likes one pair of socks by her table he knows that and puts them there for her."

People's private rooms were highly personalised with items of their own furniture, memorabilia and possessions. One person's family member had undertaken stencils, wall art and other art and craft items to personalise their relative's room. The person was very proud of the art work. Another person had a large dolls house that their husband had crafted years ago, which was obviously a prized possession. Another person had a fish tank in the room. Rooms were well equipped to meet the individual needs of each person, for example adjustable beds, bed rails (where required), walking aids and clear access.

All walking aids were clean and well maintained to promote people's independence. A relative explained, "Mum's got to know them (staff). They support her independence. Mum always says she can wash herself, they wash her back she does the rest herself."

In the hall area there was a notice board identifying daily and forthcoming activities clearly displayed at eye level, meaning people using a wheelchair could also see the notice board with ease. There was a white board next to the notice board with the day's menu choice. There was a duty board on another wall identifying which staff were on duty that day, this acted as a visual reminder for people. There was also an information corner neatly laid out for easy access, which included living well and health information.

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

One person spoke with us about the death of their friend at the service. They said, "When people die here, they just disappear you're not told. A friend died; when I asked the manager how she was I did get the right answers. When I asked, she came in and told me when she died. I was friendly with her…" We spoke about this with the registered manager so she could consider how best to share news of people's deaths as it was evident that people would like to know and be able to pay their respects to old friends.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in June 2015, we found inconsistencies in record keeping at the service. Some care records were very detailed about people's specific needs whilst others were less so. The recording of diet and fluids varied and improvements were needed with regards to recording of the use of prescribed creams. We issued a requirement. The provider sent us an action plan which showed improvement would be made by August 2015.

At this inspection we found improvements had been made in some areas, for example, records of prescribed creams applied had improved. However, some people's food and fluid intake records contained gaps which meant it was difficult to confirm if diet and fluid had been taken in sufficient quantities. The records of people's weight showed no-one had lost a significant amount of weight. The community nurses confirmed they did not have concerns about people becoming dehydrated as there were not high levels of urinary infections and no reported cases of dehydration. We spoke with the registered manager about why people's diet and fluid should be recorded. She was to review these and speak with the community nurses to decide who was at risk and should therefore have diet and fluid monitored.

We recommend the service accurately identify people who need detailed food and fluid charts to be completed each day.

At this inspection we found most people's care plans contained detailed information about their health and care needs; their preferences and information about their independence and what tasks they could manage for themselves. Where people had experienced changes to their care needs, reviews of the care plans had taken place. For example, where one person's mobility had decreased and where another person's behaviour had changed. Both care plans had up-dated information for staff to follow to ensure care was safe and appropriate. This meant the level of person-centred information included in people's care plans had improved.

However one person admitted to the service in February 2017 did not have a completed care plan. A detailed pre-admission assessment/short term care plan had been completed and risk assessments relating to their mobility; skin care; nutrition and hydration had been completed with good detail. However there was no comprehensive care plans in place to guide staff. The registered manager explained it usually took two weeks or so to complete a full care plan as staff got to know the person and their preferences. However the registered manager recognised this care plan was not completed in a timely way. Following the inspection the registered manager confirmed a full and detailed care plan was in place. We spoke with this person and their relative. The relative expressed their confidence in the service. They said, "Mum seems happy and content and staff treat her very well…the admission worked really well. We met the registered manager in hospital to talk about Mum's care. The care has been excellent." The person confirmed they had settled well and that staff were providing the help and support they required.

Staff said people's care plans contained enough information for them to support people in the way they needed. Staff had a good knowledge of people's individual needs and could describe the needs and

preferences of the people they supported. For example they knew who presented a risk of falling or who might be at risk of choking. They were aware of those people who needed additional support at mealtimes. There were staff handovers at every shift, which ensured important information was shared between staff.

People had signed consent to care forms where they were able which demonstrated their care needs had been discussed and agreed with them and/or their next of kin where appropriate. However some people could not remember discussions about their care plans. One relative said, "I did hear about it, (staff member) went through it one day with you Mum, I think they do it every so often." They added, "Family are always kept informed. Really spot on with referring anything, we always get a call; they always keep us up to speed."

Prior to admissions the registered manager would always visit the person to assess their needs and ensure the service could meet their needs and expectations, unless the admission was an emergency. Pre-admission assessments were comprehensive and covered all aspects of daily living. A relative said, "Mum settled after a week. She has made two friends and she is doing really well."

We received mixed feedback about the activities provided at the service. Comments included, "I am quite satisfied with what they do" and "There seems to be a lot going on. We have music, quizzes and bingo and visitors like musicians and animals." A relative said, "Mum goes to the activities most afternoons of the week. The activities person does her fingernails once a week. She quite enjoys what they do. In the summer they have a garden party, you've never seen anything like it (referring to the spread of food). Christmas there is carol singing, and a Christmas party with Father Christmas bringing a present, Christmas is good here. Easter Sunday they had Lamb and Monday they had duck".

However comments from other people included, "There's not a terrible lot going on"; "I'm a little bit lonely and bored" and "Activities aren't like they used to be… We have bingo occasionally, bean bag throwing. It's not quite the same as the old one (referring to the previous activity co-ordinator); she was marvellous she would keep everything going. We do miss her."

The service employed an activities co-ordinator five afternoons per week for three hours a day. The display board in the hallway showed the activities and entertainments available each week. This included trips out, a visit from the donkey sanctuary; bingo; quizzes; a film afternoon and musical entertainment. Volunteers ran a weekly shopping trolley, selling small items such as sweets and chocolates and paper and cards. The activities co-ordinator was not on duty on either day of the inspection, which meant no activities were on offer. The co-ordinator had limited time and it was difficult for them to provide person centred activities. For example, one person's care plan explained they could be socially isolated and would benefit from social activities. However their activities records showed they had 11 social interactions or activities over a three month period. These included some one to one chats; nail painting and some group activity. One person was unaware of any activities taking place at the service. The last satisfaction survey from 2016 showed there had been a decrease of 19% in people's positive response to whether they could take part in hobbies and activities.

The registered manager recognised activities could be developed further to ensure people had a variety of stimulating and meaningful activities to occupy them.

The provider had a complaints procedure in place and people said they knew how to make a complaint if necessary. People said they would speak with the registered manager if they had any concerns. However one person was unsure how to raise a compliant or concern. Where concerns had been raised, the nature of the concern and the investigation and action undertaken to resolve it were recorded. The registered

manager said concerns had been resolved. One person confirmed this; they had raised concerns and said the registered manager had resolved the issue.

The satisfaction survey from 2016 showed there had been a decrease of 33% in positive responses about how happy people were with the way their complaint was dealt with. The registered manager had received the result of the survey during the inspection so had not had time to analyse the results or develop an action plan.
The service had received 14 'thank you' cards and letters from family's expressing their gratitude and praising the standard of care their loved one had received. Comments included, "What a beautiful place to end her days…thank you for their (staff's) endless patience, attention and laughter…"; "I can never thank you enough for making her so comfortable…"; "(The person) always spoke highly of you and the staff…" and " Words cannot express how grateful we are that (the person) was looked after by such an amazing team…"

Requires Improvement

Is the service well-led?

Our findings

The provider did not have effective systems in place to monitor the quality of care and support that people received and other aspects of the service. There were a range of audits and systems to enable the provider to monitor the quality of the service provided. However the provider quality monitoring visits had not taken place on a regular basis. The provider had arrangements in place for a registered manager from another service to undertake quality monitoring visits, but these had not taken place since October 2016. The registered manager said a general manager was expected following the inspection to complete an external audit.

Our findings showed the quality assurance system was not always effective because issues identified at the time of our inspection had not been recognised during the auditing and monitoring process. For example, the shortfalls surrounding medicines management; staff training and supervision; records, and the impact of staff sickness and the use of agency staff on the people using the service.

The provider had commissioned an external organisation to undertake satisfaction surveys. 17 responses had been received from people in September 2016. The questions covered most aspects of life and care at the home. However the registered manager had not seen the results until the first day of this inspection. The results showed many responses were the same as the previous year; some responses had improved. However, several aspects of the service had been rated lower than the previous year. For example, in relation to people's privacy being respected; having hobbies and interests to take part in; staff's approach and attitude and the variety of food available. These themes were reflected in the conversations we had with some people using the service. As a result of the delays in receiving the data, the registered manager had not been aware of responses nor were they able to develop an action plan to ensure improvements could be made in a timely way.

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

The registered manager had worked at the service for many years and was experienced. They had a good knowledge of people's needs and had developed good working relationships with local health and social care professionals.

People spoke highly of the registered manager and knew her by name. Comments included, "I feel I could talk to the manager"; "The management is very good, very understanding"; "She's very nice, there is a warmth about her. You know you are going to get something done" and "Nice person in the right job". A relative said, "When Mum had been here for about 12 months I noticed the curtains were faded, by Monday there were new ones hanging up. She (the registered manager) is very approachable."

Professionals also spoke highly of the registered manager. Comments included, "We have a good relationship with the service"; "The manager is easy to approach if any concerns; listens and acts quickly; proactive and easy to work with" and "The service seems to be well managed and well organised." Staff said

they felt well supported by the registered manager and that she was approachable.

The registered manager had completed a health and safety audit in January 2017 which focused on the safety of the environment. They told us they sent the audits to the provider to ensure they had some oversight of the service. Where areas for improvement had been identified, these had been actioned. For example, the replacement of an assisted bath.

The local authority quality assurance and improvement team had been working with the registered manager to help them improve the systems in place. This meant they had recognised improvements were needed and they were taking action to address these.

The registered manager undertook regular analysis of accidents and incidents to identify any trends or patterns. A community nurse explained where people had experienced falls, referrals had been made by the registered manager to the falls nurse specialist and occupational therapist to assess their needs and ensure they had the appropriate equipment to help keep them safe. The nurse added, "The manager is pro-active in asking for help and advice and taking on board their advice." This demonstrated the service carried out monitoring and analysis of accidents and incidents to reduce the risks of them happening again.

People using the service, their relatives and staff, were engaged through regular meetings, which gave people an opportunity to hear about any planned changes to the service, and for them to raise any issues they would like to discuss. Two people couldn't remember if 'residents' meeting' were held but other people were able to confirmed that meetings happened regularly. Minutes of meetings verified this. One person said, "Yes, every two or three months" meetings were held. Another person told us they had raised issues about food at tea time and as a result the preparation and serving of tea time meals had improved. A relative said, "Mum had trouble with the hot water, she brought that up at the meeting and it's been sorted out. Quite often minutes are typed up and brought around." Minutes of the last meeting held in March 2017 showed a variety of topics had been discussed and people had been given opportunities to raise any matters. For example, the menus were discussed and people were asked for their suggestions, which were taken on board. As a result of comments the registered manager had planned to undertake a review with each person to discuss any changes they would like. This work was on-going at the time of the inspection. Activities were discussed, and people had made suggestions for day trips, which the registered manager said were being organised for the finer weather by the activities co-ordinator. The issue of agency staff was also discussed, with the registered manager explaining staff recruitment was underway in order to reduce the number of agency staff working at the service.

Staff said they had regular meetings and minutes of the meetings confirmed this. Records from meetings showed people's changing needs were discussed; roles and responsibilities; health and safety issues and training. Staff were thanked for their hard work. Staff said they found the meetings useful and a time when the team could come together and discuss concerns or share ideas. Staff felt there was good communication with the registered manager and within the team. One member of staff said, "This is a good team; we work well. The manager is very supportive of us. She listens and is interested in what we have to say…" Another said, "The manager is good at solving problems and is very flexible…"

The registered manager was aware of their responsibilities to notify CQC about certain events, such as deaths, serious injuries or allegations of abuse. This enables CQC to monitor the rates of these incidents at the service and how these incidents were being dealt with. The CQC rating was displayed at the service and on the provider's website.

Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered

providers have a legal duty to display the ratings of CQC inspections prominently in both the care home and on their websites. The current CQC rating was displayed in the home's reception area and on the provider's website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to ensure improvements were made to the quality and safety of the service, including the quality of the experience of service users in receiving those services. Records were not always accurate, complete and contemporaneous in respect of each service user. Regulation 17, (1) (2) (a) (c) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff received appropriate support, training and supervision as necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)