Akari Care Limited

Crofton Court

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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 and 2 February 2017 and was unannounced. A previous inspection, undertaken in December 2015 found three breaches of legal requirements. These related to staffing, safe care and treatment and good governance. The provider subsequently wrote to us to tell us the action they would take to address the issues we found. This inspection was to check that improvements had been made and consider the overall rating of the home.

Crofton Court is located in the centre of Blyth. It provides accommodation and personal care for up to 50 older people, some of whom are living with dementia. The home is not registered to provide nursing care. At the time of the inspection there were 42 people living at the home.

The home had a registered manager in place and our records showed he had been formally registered with the Care Quality Commission (CQC) since December 2014. A registered manager is a person who has registered with the 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.

People told us they were safe living at the home and staff had a good understanding of safeguarding issues and how to recognise and report them. There was regular maintenance of the premises and fire risk and other safety checks were carried out on a frequent basis. People had emergency evacuation plans in place to identify the support they required in the event of a fire. Accidents and incidents were monitored and reviewed to identify any issues or concerns. At the previous inspection staff had told us there was not always enough equipment available to help transfer people during care. At this inspection we found additional equipment was available at the home.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). At the previous inspection we had noted concerns about the safe management of medicines. At this inspection we saw this area had improved and a new electronic recording system was in place, although topical medicine records (creams and lotions) were sometimes not well kept.

Previously people and staff had raised concerns about staffing levels at the home. At this inspection some people still had concerns about staffing at certain times of the day, although most people and staff felt there were sufficient for day to day care.

Staff told us they had access to a range of training and updating and records confirmed this. At the previous inspection there were inconsistencies in the recording of staff supervisions and appraisals at the home. At this inspection staff confirmed they received supervision and records regarding the practice were available to view.

People told us, and our observations confirmed the home was maintained in a clean and tidy manner. People's health and wellbeing was monitored and there was regular access to general practitioners, district nurses and other specialist health staff.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw evidence DoLS had been granted in some cases or that applications were still pending with the local authority. At the previous inspection we had made a recommendation about ensuring care was delivered in line with the MCA. At this inspection we found there continued to be issues around valid consent or the provision of best interests decisions, as laid down by the MCA.

People were happy with the quality and range of meals and drinks provided at the home and we witnessed that food was served hot and was well presented. Mealtimes could sometimes be a busy period for staff. Special diets were catered for and kitchen staff had knowledge of people's individual dietary requirements, likes and dislikes.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity.

At the previous inspection we had found care plans were not always comprehensive or appropriately reviewed. At this inspection we found plans had improved, were thorough, contained good personal detail and highlighted the individual needs of the person. Care plans were reviewed monthly. There was still the occasional use of phrases such as, "Remains appropriate." A range of activities were offered for people to participate in. Some people and staff told us they would like more activity time to support people to go out into the community. People and relatives told us they had not made any recent formal complaints and would speak to the registered manager if they had any concerns. The registered manager had dealt appropriately with any complaints received.

The registered manager told us he carried out regular checks on people's care and the environment of the. However, these checks had failed to identify the issues related to effective and legal consent being obtained, or the minor issues with topical medicines recording. Staff felt well supported by the manager, who they said was approachable and responsive. There was evidence of meetings at which people could express their views. The provider had sought people's views through the use of questionnaires, which were overwhelmingly positive. Daily records were well maintained and up to date.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the Need for consent. 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

Not all aspects of the service were safe.

Medicine management at the home had improved, although some topical medicine records were not always well kept. People living at the home said they felt they were safe and staff had undertaken training on safeguarding adults.

Safety checks on equipment and the home were complete. Additional equipment was available to assist with people's care. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place. There were mixed views about staffing levels at the home. The environment was maintained in a clean and tidy manner.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

People were offered choices. Consent was not always obtained, or best interests decisions made in line with the Mental Capacity Act (2005). DoLS applications had been granted or were in progress.

Records confirmed a range of training had been provided. Staff confirmed they received supervision sessions and annual appraisals and records confirmed this.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals. The environment of the home was good with themed areas and stopping points for people to relax.

Is the service caring?

Good

The service was caring.

Relationships between people and staff were friendly and reassuring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. There was some evidence people had been involved in determining the care they received. Relatives said they were kept up to date on any issues or changes.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care records had improved. Assessments of people's needs had been undertaken and care plans reflected these individual needs. Plans were reviewed regularly and updated as people's requirements changed.

There were a range of activities for people to participate in. Some people told us they would like more individual time. People said they could make choices and we saw staff supporting this.

The provider had a complaints policy in place and people were aware of how to raise any complaints or concerns. Recent formal complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A range of checks and audits were undertaken to ensure people's care was safe and effective. These checks had failed to identify the issues we noted around compliance with the MCA and topical cream records. Questionnaires had been used to gather people's views and there was a high level of satisfaction with the service.

Staff, were positive about the leadership of the registered manager and said they were happy working at the home.

Daily records were up to date and contained good detail.

Crofton Court

Detailed findings

Background to this inspection

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

This inspection took place on 1 and 2 February 2016 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using, or caring for someone, who used this type of service.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with six people who used the service and four relatives, to obtain their views on the care and support they received. Additionally, we spoke with the registered manager, deputy manager, four care workers, the activities co-ordinator and the cook.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; three care records for people who used the service, 12 medicine administration records (MARs) on the home's electronic system, three records of staff employed at the home, complaints records, accidents and incident records and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in December 2015 we found a breach of regulations in relation to the safe handling of medicines. In particular, we found issues with the storage of medicines, the maintenance and recording of stocks of medicines and gaps in some of the medicine administration records (MARs).

At this inspection we found there had been an improvement in the management of medicines. The registered manager told us the home had now started using an electronic medicine administration system to improve the management of medicines at the home. The giving of medicines was now recorded using a tablet (hand held) computer system. Each staff member had a unique log in PIN number which identified they were administering medicines. The electronic record automatically recorded the date and time a medicine was administered and kept a rolling record of the number of items remaining. The system then alerted staff stock was running low and required reordering. If a medicines was not given at a specific time, because the person was asleep or out, then the record remained live until an alternative code was added, such as the person had refused the medicine or it was not required. Staff we spoke with told us the system had taken a little getting used to, but they now found it much easier and that it assisted with the monitoring of stock and administration of medicines. The registered manager and regional manager told us the registered manager received a daily electronic report, automatically generated by the system that alerted him to any missed medicines or low stock numbers.

Topical medicines were still managed through the use of a paper based system. Topical medicines are those applied to the skin, such as creams or ointments. These were signed for by the care staff applying the creams. We found some minor issues with the records for these. In some cases body maps, designed to show where creams should be applied were separate from administration records and did not have the name of the cream of ointments listed on them. Likewise some administration records had become separated from the body maps. We spoke with the registered manager about this and he told us he would ensure these records were updated.

Storage of medicines had improved. Clinic rooms, where medicines were stored were clean and tidy and there were no medicines stored inappropriately, such as on the floor. The temperature of the rooms was monitored and both rooms had been fitted with air conditioning units to help maintain a suitable temperature for the storage of medicines. Items such as eye drops or special creams were stored in a refrigerator and this temperature was also monitored.

At the previous inspection staff had told us there was only one hoist available in the building and this meant people sometimes had to wait for care, as it was moved between floors. At this inspection we noted there had been an increase in the range of equipment available to support people with their mobility and staff no longer had to move equipment between the various units of the home.

At the last inspection in December 2015, some people had raised concerns about the staffing levels at the home. At this inspection the registered manager told us there were three care workers and a senior care worker on duty on each floor of the home. People told us they had access to baths and showers, if they

requested them.

People and relatives we spoke with had divided opinions about staffing at the home. Comments from relatives included, "The staff are lovely, but I get the impression they are pushed." Staff also had mixed views on the staffing at the home. Comments from staff included, "We are understaffed. Lots of residents need two members of staff and most need to be lifted"; "Staffing levels are okay I suppose, but we could have more time for on-to-one"; "I think there are enough staff. We have sickness, but (registered manager) puts extra staff on. We don't need nine but we nearly always have nine on the rota" and "Some days we could do with four and four (Four care workers on each floor). We have a floater but could do with extra assistance with feeding."

We looked at the duty rota and saw that for the majority of day shifts nine care staff where rostered for the service. Some staff suggested senior care staff could provide more direct care, whilst at present they concentrated on medicines and paperwork. We spoke with the registered manager about staffing at the home. He showed us the dependency tool used to determine how many staff hours were required, based on people's care needs. We saw the number of staff hours detailed on the duty rota usually exceeded to recommended hours determined by the dependency tool. Some staff suggested there was a high level of sickness at the home. We looked at the home's sickness record. We saw there were around six members of staff with higher than average sickness, some of which was linked to maternity leave. The registered manager and the deputy manager told us long term sickness was being addressed through an appropriate HR process.

We observed staff seemed particularly busy at meal times, when they were trying to support people in the dining room and also deliver meals to people in their own rooms. Some people and relatives felt there could be more staff available to assist with activities. The registered manager told us he would further review care staff working. He also told us people had raised the issue of an increase in activities staff at a recent residents' meeting and he had already spoken with the regional manager about this and was looking to recruit additional hours in this area.

People and relatives told us they felt safe at the home. One person told us, "I think it is very nice and I feel safe." Relatives said, "My sister and I are happy because we know our relative is safe and secure"; and "My (relative) tells me they are treated well and they are safe and happy. We have no reports of any type of trouble." Staff told us, and records confirmed they had undertaken training with regard to safeguarding adults. They were able to describe in detail the actions they would take if they were concerned about potential abuse. Staff said they had not witnessed anything that immediately concerned them. The registered manager kept a log of any potential safeguarding incidents. We saw these had been dealt with appropriately and referrals made to the local safeguarding adults team and any necessary action taken.

Checks on the safety of the environment and equipment were regularly undertaken. On the day of the inspection an outside contractor was visiting the home to service the passenger lift. We saw copies of certificates for gas safety, portable appliance testing (PAT), Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) on hoists and lifting equipment and a range of fire equipment. We noted a new fire risk assessment had been undertaken in July 2016. Recommendations from the assessment had been low level issues and the majority had been addressed. There were also weekly internal checks on fire extinguishers, fire alarms and emergency lighting. Additionally, there were regular checks on water temperatures, wheelchairs and general health and safety reviews of people's rooms.

People's care records contained risk assessments linked to their care delivery, including check on the risks associated with skin damage and nutrition and weight. People also had personal evacuations plans, which

detailed how they should be supported in the event of a fire or other emergency. The registered manager maintained a record of accidents and incidents occurring at the home. We saw these matters were reviewed and appropriate action taken.

At the previous inspection we had found safe recruitment practices were followed at the home. We checked a small number of recent staff files and found the provider continued to followed appropriate recruitment processes, to ensure staff employed at the home were suitably qualified and experienced.

At last inspection we had found appropriate infection control measures were in place and the home was clean and tidy. At this inspection we found the home continued to be maintained in a clean and tidy manner and people we spoke with confirmed this. We noted in some en-suite washrooms toiletries and toothbrushes were often stored on top of toilet cisterns, which may pose a potential infection risk. We spoke with the registered manager about this. He told us some people already had additional shelving in their en-suite facilities and he would ask the maintenance team to look at providing further shelving to prevent this in the future.

Requires Improvement

Is the service effective?

Our findings

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

The registered manager told us several applications for DoLS had been made to the appropriate local authority, but that one had been granted to date. We saw copies of applications and assessments in people's care records to confirm this.

We looked at how consent was obtained and whether any best interests decisions were taken, where people did not have the capacity to make choices for themselves. We found there was some suggestion people's best interests had been considered and family members consulted about decisions. However, we found some best interests decisions were none specific. For example, we saw copies of best interests decisions which stated, "In relation to maintaining safe environment" and "In relation to food and fluid intake" rather for a specific matter where a definitive decision, that may compromise a person's freedom or rights, was concerned. In other care records we found consent forms, for permission to take photographs or share information, had been signed by relatives. However, we could find no indication in the care records these relatives held Lasting Power of Attorney (LPA). LPA is a legal process granted through the Office of the Public Guardian that permits designated individuals to make decisions on people's behalf, if they do not have the capacity to do so.

We saw the doors to several people's rooms were locked throughout the day, preventing people from readily accessing their rooms. We asked the deputy manager whether this was covered in people's care plans and either consent obtained or a best interests decisions made. The deputy manager told us the doors were kept locked for security purposes, but said the matter was not covered in people's care plans and no clear permissions or best interests decisions had been sought about the matter. This meant people had their freedom restricted without the necessary legal safeguards being in place to ensure the action was appropriate and proportionate.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

At the previous inspection we had found a breach in regulations with regard the staff support. We had found supervisions and appraisals were not always up to date. At this inspection staff told us they received regular supervision by the registered manager or a senior staff member; although the regularity of the supervision

sessions did vary. Records showed staff had supervision sessions between one and three monthly. Staff also confirmed they had received an annual appraisal and records confirmed the majority of these appraisals had been undertaken in October and November 2016.

At the inspection in December 2015 we had found staff had access to regular training and updating of skills. At this inspection staff told us, and records confirmed there continued to be access to training and development. Individual training records confirmed staff had completed training on safeguarding adults, food safety, fire safety, medicines management and moving and handling. The home's training compliance report showed there was a high level of completed training with most areas showing a take up rate of 70% or above. One staff member told us, "We've had loads of training. We've been doing mandatory training. I've done all mine."

People were supported to maintain their health and well-being, whilst living at the home. During the inspection we saw a number of health professionals, including general practitioners and district nurses, attend the home to assess or treat people. People we spoke with told us they could ask to be seen by a doctor or a nurse, if they wished. There was also evidence in people's care records that they were supported to attend hospital appointments. On the day of the inspection one person was being supported by a member of staff to attend an appointment at a local outpatients department.

People told us they felt the meals were good. Comments from people included, "I love the food. There's plenty to eat and we get tea and biscuits through the day" and "Food is excellent; very good. I always have enough." We spent time observing meal times at the home. We saw the food looked appetising and was well received. People had a choice of two main meal options and people told us they could ask for an alternative, if they did not like the meals that were on offer. We witnessed people being offered alternative puddings on the second day of the inspection.

On the first day of the inspection we noted staff appeared rushed, trying to support people both in the dining room and those who wished to take their meals in their rooms. On the second day of the inspection we noted the situation seemed calmer and less rushed. People who were unable to support themselves at meal times were offered appropriate assistance from care staff. There was also access to equipment, such as specialist plates and cutlery, to allow people to continue to support themselves. Where staff were supporting people with their meals we noted they also took to the time to chat to people, so ensuring the meal time experience was both a social as well as practical event. People were also offered a choice of drinks during the meal times and there was access to drinks throughout the day.

Kitchen staff we spoke with had a good understanding of people's needs and requirements with regard to nutritional intake. They were aware some people required a specialist diet, such as a softer diet or one linked to diabetic control. They had information about people's personal likes or dislikes.

Some people at the home were living with a dementia related condition. We saw the decoration, particularly on the upper floor of the building, had been designed to support people with this type of cognitive impairment. Areas of the upper floor were themed, including a beach theme with a tactile mural of a local beach scene, a street theme with rooms and the corridor made to look like houses and a garden area theme. Both floors of the home had frequent stop off points in the middle and at the end of corridors, where people could sit and look out of windows, or sit and chat. We saw several people using these facilities throughout both days of the inspection. People also had access to an outside garden area. Some people told us they would like more staff to be available so help them sit out in the garden during the summer. People's rooms were personalised, and comfortable. People spoke positively about their rooms, including, "I'm very comfortable in my own room. I've got my own TV, privacy and I'm comfortable" and "Oh yes, I love my

room."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received at the home. Comments from people included, "It's the best home in the area. All the girls are very good"; "I wouldn't want to be anywhere else" and "We really are very lucky to be living here." Relatives told us, "I think it is a lovely place. They always look well cared for"; "I think this place is brilliant, the whole package; the home, the staff and the care are all brilliant"; "(Relative) is usually washed and dressed properly and her dental hygiene is looked after" and "I think it's quite good."

We spent time observing how staff supported people at the home and the interaction between people and staff. We saw staff were patient, thoughtful, supportive and reassuring to people. We witnessed on care worker escorting a person to the dining room for their lunch. The care worker took time to encourage the person without rushing them. They used appropriate techniques, through encouraging then to count steps and reach certain points on the corridor, to reassure and inspire the person to walk to the dining room. We saw the person felt quite pleased with their achievement. We also saw a care worker walking past a person sat in the foyer area and spoke with them. The care worker then back tracked and asked the person, "Did you get a cup of tea? You didn't miss out did you?" The person reassured the care worker they had already drunk their tea. During lunch time we saw one person was struggling with their meal. A care worker approached the person, knelt down beside them and asked gently, "(Person's name) do you want hand with your lunch?" The person appeared to be confused so the care worker further commented, "Why don't you give it a try and tell us what you think of it?" The person then ate some of the lunch and commented, "It's quite nice." In another example, a care worker helped a person into an easy chair in a quiet lounge, so they could spend time reading a book. Once settled they found a small stool and a cushion for them to put their feet up on.

Staff told us there was no one living at the home who had requested support with issues of equality and diversity; such as issues around race, gender, religion or ethnicity. A number of people had indicated they held particular religious beliefs during the assessment, prior to them coming to live at the home. The activities co-ordinator told us both Anglican and Catholic communion was available at the home, although people could attend either as they wished. People talked enthusiastically about a church event at the home.

Some people told us they had been involved in deciding on their care. They told us someone had spoken with them prior to them coming to live at the home, although not everyone could recall having discussions whilst they lived at the home. We saw there had been a residents' meeting in January, when 13 people had attended. A range of issues had been discussed, such as ensuring there was a good supply of fresh fruit, discussion about the breakfast offered, whether people were happy with their bedrooms and what ideas had people had for summer trips out. People had commented they felt a recent bingo session had been a great success, not only for the activity, but also because people had stayed behind after the event chatting. We saw a range of information about the home and activities at the home were on display on various notice boards. Relatives we spoke with told us they were always kept informed about any changes in people's conditions. Comments included, "We are always kept updated on any changes. Communication is good" and "We are informed of any changes; if the doctor comes out or any changes in medication."

People told us their privacy and dignity were supported and protected. We witnessed staff discretely supported people to use the toilet and during the delivery of personal care staff ensured room doors were closed. Staff we spoke with were able to describe how they supported people to maintain their dignity, such as ensuring they were covered as much as possible during the delivery of personal care and making certain bedroom curtains were closed. One care worker talked at length how they would chat to a person during a bath or shower to help take their mind off the personal nature of the situation. People told us they were supported to be independent, although some people did tell us they would like more time to go out on individual shopping trips and assistance to purchase personal items.

Good

Is the service responsive?

Our findings

At the previous inspection we had found some issue with people's care planning. We had found people's care plans had not always been reviewed and updated. Staff had also told us they could not always respond to people's needs; in particular they felt they did not have time to provide people with regular baths and showers.

At this inspection we found people's care plans had improved and reviews of people's care needs were undertaken on a more regular basis. There was evidence in people's plans that an assessment of needs had taken place prior to them coming to live at the home. The records contained information about the individual, their particular needs and likes or dislikes. For example, one person's plan highlighted they wore two hearing aids, wore glasses, liked to be called a different name to their given name and also that they had a 'sweet tooth.'

People's records contained care plans and information on their support needs regarding their personal care, diet and nutrition, social and leisure activities, mobility and communication needs. Care plans contained good details about people's personal preferences and needs. There was information suggesting people preferred female care staff only to support them and that they enjoyed a soak in a warm bubble bath, along with practical information about how people should be supported when being moved using a hoist, or any particular medical issues staff needed to be observant for.

Care plans reviews gave some detail regarding how the person had been over the previous month. Reviews covered whether people had suffered any falls since the last review, whether there had been any particular issues with skin condition or integrity and any additional medicines prescribed by the person's general practitioner or the district nurse. We noted there was still occasional use of the phrase, "remains appropriate", but this was infrequently used.

People told us staff were responsive to their needs. Comments from people included, "They do everything in their power to help me"; "They always talk to me. They are interested and care about me" and "The staff do look after us and everything is fine. I couldn't ask for more." Comments from relatives included, "They are very good at picking things up; if people are unwell or down. They let us know" and "We see staff attending to her and asking how she is." One relative told us, "They are always thinking about the residents. They have a birthday cake on their birthday and on their wedding anniversary they bought them a lovely floral display." We witnessed a person approach a member of staff and ask them to help change their clothes. The staff member immediately responded and escorted the person to their room to assist them.

People told us they were supported to have a choice. They told us they could join in the activities available at the home if they wished and could choose to spend time in their room or in communal areas. We witnessed staff offered people choices of drinks, alternative meals or puddings, where people did not like to menu for the day, and supported people to sit in quiet areas of the home, if they wished. One person told us they would like to be able to choose to go out more, particularly to shop for personal items, or possibly sit out in the garden in the summer.

People told us there were a range of activities at the home to keep them entertained and help them feel less isolated. A number of events were advertised on the home's notice boards and on the second day of the inspection we witnessed a bible stories event being held. People gathered in the lounge area before the event, having tea and biscuits, and we saw various conversations taking place as people socialised. One person said the event leader, who came from outside the home, "Tells some very good stories." We spoke with the home's activities co-ordinator, who told us they worked 30 hours per week, but was flexible about how they used the hours. They told us there was a mixture of entertainers and events at the home and also some people went out to local clubs or events. They told us about a recent event where a singer had visited the home and, instead of singing to a group in a lounge area, had visited people who preferred to stay in their rooms or were cared for in bed and sang to them individually. They said this had been a very good event and they hoped to have a similar entertainer visit in the near future. They also explained how they supported people at the home who were living with dementia. They talked about the one-to-one time they spent with people, doing hand care or looking at magazines. People told us they enjoyed the activities offered, but said they would like to go out more during the summer. One person told us they would welcome going out saying, "It would be nice to have a couple of days out a week, being out in the fresh air is beautiful." The activities co-ordinator and the registered manager both told us discussions were taking place to provide an additional 15 hours activity worker time to help expand the range of events for people.

People told us they were frequently visited by friends and families. One person told us, "I can have visitors anytime I want." During the inspection we saw a number of family members visiting people, sitting chatting to them or sharing time with a drink. We witnessed staff supporting one person to use a tablet (hand held) computer to Skype (a visual messaging service) with a relative.

Information about how to raise a complaint or a concern was displayed around the home. The registered manager told us there were no live complaints currently being investigated. People we spoke with told us they knew how to raise a complaint, but said they had not had need to do so. Comments from people and relatives included, "I have no complaints, so I've no reason to complain" and "I've no complaints at all. I would go to (registered manager) if I had any." We saw there had been three formal complaints during 2016. We noted the matters raised had all been dealt with appropriately, the circumstances investigated and a detailed explanation offered. Where necessary the provider had offered an apology for any short comings identified. The registered manager told us he had also commenced a log of concerns, lower level matters that were not made as formal complaints. We saw there had been 13 of these recorded over the previous 12 months including matters such as a strange smell in one of the lounges, a person missing out on seeing the hairdresser and a missing photograph. A note had been made of how these issues had been resolved.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. Our records showed he had been formally registered with the Commission since December 2014. We were supported during the inspection by the registered manager.

At the previous inspection we had found there were shortfalls in record keeping at the home, in particular daily records around care delivery. At this inspection we found daily record keeping had improved, with the exception of some records related to topical medicines (creams and lotions).

The registered manager showed us a range of audits and checks were in place at the home. We saw a range of areas had been covered including infection control, medicines, catering (kitchen tidiness) and meals and nutrition. There was also evidence in some care records that the care file had been audited and issues highlighted where the record had not been fully completed. The regional manager for the home was visiting the service on the first day of the inspection. She told us she was also copied into to a range of audit documents and automated reports and so could monitor the home on a regular basis. However, these audits had failed to identify the issues regarding consent and the issues we found with topical medicines records.

People we spoke with told us they knew the registered manager, by sight if not always by name. One person told us, "I know the manager, he is a very nice boy. He's not from round here but he is very pleasant and knows what he is doing." Relatives told us, "(Registered manager) is very good and very approachable. He always stops and speaks" and "I know the manager. I've always found him very pleasant."

Staff we spoke to were also positive about the registered manager, although some felt he could be firmer at times. Comments from staff included, "I feel that I can go to him with things. I'm not sure if he is too hard or too soft"; "(Registered manager) is a good manager and approachable. He is helpful to staff. He tries to help people as much as he can. You are able to go to him with anything. I think he could put his foot down if he needed to"; "(Registered manager) is really nice. He is supportive and will do anything to help you. He's getting there with cracking the whip" and "Management have been understanding and approachable. (Registered manager) has been totally supportive. Staff can approach senior staff or the management and will be supported."

Staff told us they enjoyed their work and felt there was a good staff team at the home. Comments from staff included, "It's a good staff team. It depends on who you work with, some are more confident than others, but we support each other" and "The best thing about the home is the staff. We all try our hardest; it is a nice home." Staff said they enjoyed supporting people. Comments included, "I suppose it is like a little family. They are like my adopted Grandma and Granddad" and "I enjoy my job; it's different every day. I enjoying being with the residents and looking after people. You can have a laugh and a joke with them."

Copies or surveys carried out at the home were on display in the main foyer. Results from the survey were very positive about the home and the staff. 75% of people who had replied strongly agreed that the home

was clean. With regard to complaint handling, 75% agreed and 25% strongly agreed complaints were handled appropriately. 86% of relatives felt complaints were properly dealt with. With regard to dignity and respect 50% of people agreed and 50% strongly agreed staff treated them with dignity and respect. 93% or relatives who had replied also strongly agreed with this.

A survey of meals had also been undertaken in April 2016. Results of this survey were also overwhelmingly positive with 48% describing the meals as excellent and 44% stating they were good. 67% said the quality and freshness of food was excellent and 81% described puddings at the home as excellent.

We noted the home had posters up identifying some staff as champions, such as infection control or dignity champions. Champions are staff members who lead on improving the quality of care in certain areas. The activities co-ordinator told us she and another member of staff shared the dignity champion role. She told us she had previously been a care worker at the home and so still got involved in that side of things as part of the dignity role, demonstrating to staff how to deliver dignified care and observing the work of staff, to ensure it was appropriate. We noted most of the other champion roles where held by the deputy manager. We spoke with the registered manager about this. He told us he would like other staff to take on champion roles and was looking at how this could be done.

Providers are by law required to display their most recent quality rating in the home and on any website associated with the home. We saw the most recent rating was available on one of the home's notice boards and highlighted on the provider's website pages related to the home. This meant people and relatives had information on the quality of the home and the care being provided.

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 11 HSCA RA Regulations 2014 Need for consent Systems were not in place to ensure that care and treatment were only provided with the consent of the relevant person or action had been taken in line with the Mental Capacity Act (2005). Regulation11(1)(2)(3).