Lower Green Limited

The Priory Care Home

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

The Priory Care Home is a residential care home for 24 older people. People's bedrooms were located on the ground and first floor with a passenger lift, ensuring easy accessibility. There are also self-contained flats, which enable greater independence for some people. The home has a communal lounge and separate dining room on the ground floor.

At the last inspection on 26 April and 4 May 2016, the service was rated as 'Good'. At this inspection, we found the service had deteriorated to 'Requires Improvement'.

A registered manager was employed by the service and was present during our inspection. 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.
Why the service is rated as 'Requires Improvement':

Not all risks to people's safety had been properly identified or addressed. This particularly applied to excessively high water temperatures, which increased the risk of people sustaining a scald type injury. Each accident and incident had been individually reviewed and a summary of occurrences had been completed. However, the information did not show an overview, to enable potential trends to be identified.

People's medicines were not always safely managed. Whilst people had capacity to ask for their medicines to be taken "as required", information was insufficiently detailed to ensure they were administered as prescribed. Staff had received training in the safe administration of medicines and assessments of their competency were in the process of being undertaken.

There were some aspects which did not promote good infection control. This included brown debris on a hand wash basin and used paper towels overflowing from a bin in a communal toilet. Other areas of the home, including those less visible were clean.

People were encouraged to make decisions about their day to day lives but not all were undertaken in line with the Mental Capacity Act 2005. Documentation did not always show people had consented to equipment such as monitors and bedrails or that they were the least restrictive option available.

Systems to assess the quality and safety of the service were not always effective, as shortfalls found at this inspection had not been identified.

There were enough staff to support people effectively. Staff answered call bells quickly and had time to spend with people without rushing.

Staff were aware of their responsibilities to report any suspicion or allegation of abuse. Safe recruitment practice was undertaken to ensure staff were suitable to work with people.

People had sufficient to eat and drink and enjoyed a variety of well cooked, homemade food.

Staff were well supported and undertook a range of training to help them to do their job effectively. They knew people well and were responsive to their needs.

Staff supported people in a caring and respectful manner and promoted their rights to privacy, dignity and independence. People knew how to make a complaint and were encouraged to give their views about the service they received.

People were happy with their care and there was a strong focus on going out within the community. People enjoyed a varied social activity programme.

We recommended that continued improvements were made to people's care plans to ensure all information was sufficiently detailed. We also recommended that improvements were made to demonstrate all decision making was undertaken in line with the Mental Capacity Act 2005.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to Requires Improvement.

This was because not all risks to people's safety had been properly identified or addressed.

Is the service effective?

Requires Improvement

The service has deteriorated to Requires Improvement.

This was because decision making was not always undertaken in line with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to Requires Improvement.

This was because not all care records were sufficiently detailed to ensure people's needs were met.

Is the service well-led?

Requires Improvement

The service has deteriorated to Requires Improvement.

This was because quality auditing systems had not identified the shortfalls which were found at this inspection.

The Priory Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was a comprehensive inspection, which took place on 23 and 31 January 2018. The first day of the inspection was unannounced.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. As a result of one notification, we undertook this inspection earlier than was previously scheduled. This meant the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gained this information during the inspection.

This inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In order to gain people's views about the quality of the care and support being provided, we spoke with ten people, five relatives and two visitors. We spoke with six staff, the registered manager and provider. We looked at people's care records and documentation in relation to the management of the care home. This included staff training and recruitment records and quality auditing processes.

Requires Improvement

Is the service safe?

Our findings

Not all risks to people's safety had been properly identified and addressed. For example, water from the hand wash basins in both communal toilets on the ground floor was very hot to touch. A member of staff explained there had been problems with the water systems and as a result, the temperature control of the boiler had been turned up. This had increased the temperature of the hot water within the home. Records showed the excessive temperature had been identified but not further monitored. At the end of the first day of the inspection, no changes had been made to the excessive temperature of the hot water. This presented a continued risk of people scalding themselves. After the inspection, the provider told us thermostatic valves had been fitted to all hand wash basins. This controlled the temperature of the water at source, so it did not become excessively hot.

There were other risks, which had not been properly identified or well managed. One person precariously managed a slope and steps outside of their room but the risks of this had not been identified. Records showed another person had an allergy to a particular type of food. There was no further detail about whether the person recognised their allergy or was able to refuse such foods.

The registered manager had summarised the number of accidents, which had occurred on a monthly basis and if particular people had sustained falls. However, the information had not been analysed to include the circumstances leading to the accident. This did not enable potential trends to be identified and addressed. An accident record showed one person had fallen and hit their head on the dining room floor. They complained of pain in their neck and had a small skin tear above their eye. In response to the fall and potential head and neck injury, staff called 111, the out of hour's service. A GP advised the staff to call 999. Not calling the emergency services initially, caused a delay in the person receiving medical assistance.

People's medicines were not always safely managed. Whilst people had capacity to ask for their medicines to be taken "as required", information about these medicines, lacked detail. This did not ensure the medicines were given as prescribed or that maximum effectiveness was assured. Three people were prescribed "as required" medicines but they had been taken every day. This had not been discussed with the GP. There was one evening when staff had not signed the medicine administration record (MAR) to show they had administered people's medicines. The MAR contained some handwritten instructions but these had not been countersigned by another member of staff. This did not ensure all of the information had been correctly written, which increased the risk of error. An assessment to show a person was competent to manage their medicines had been undertaken. However, control measures to ensure the person's continued safety had not been identified. Records showed staff had received training in the safe administration of medicines and their competency was in the process of being assessed.

Infection control was generally well managed. However, there was brown debris on a hand wash basin within a communal toilet and another toilet was not clean. Used paper towels had been placed on top of the bin in a communal toilet and were overflowing on to the floor. The paper towel dispenser in another toilet was empty. A light pull in the bathroom was stained brown, from its use over time. This did not promote good infection control.

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

All other areas including those less visible were clean. Cleaning schedules were in place and staff signed these when they had completed each task. Staff said they could help themselves to personal protective equipment such as disposable gloves and aprons when required. They handled soiled linen safely and there was hand sanitiser for people, visitors and staff to use. Records showed staff had completed training in infection control.

People were complimentary of the standard of cleanliness within the home. One person told us "My room is cleaned every day and the bed is made or changed while I'm having my wash, I've got no complaints there at all." Another person said "They clean the kitchen and bathroom floor and surfaces every day, and hoover and dust regularly."

Staff knew how to identify abuse and report any concerns, including poor practice, to management or other agencies. They said they were confident anything raised would be properly addressed. Staff said they had undertaken training in keeping people safe. Records confirmed this. Information about local safeguarding procedures was available for staff reference as required.

The registered manager told us staff were supported to reflect on any incident. They said this included whether anything had been missed or if interventions could have been undertaken better. The registered manager gave an example, which they said had significantly impacted on staff. This had involved a person who had fallen, without apparent injury but had passed away a few days later. The coroner's investigation concluded the person's death was accidental. However, the registered manager told us they had carefully considered the accident and had made improvements as a result.

People told us they felt safe. One person told us "I feel completely safe and secure here because the staff are very good and I get all the help I need." Another person said "I feel completely safe because the staff help me and never mind how much I ring the bell, even at night, they're always so pleasant and patient." Relatives had no concerns about their family member's safety. Specific comments were "I have complete confidence in the staff, they are a cohesive team" and "I don't worry about him and I would have done previously, when they lived on their own. They are far safer here." One relative told us "I know [family member] is in very safe hands and they would tell me if there was anything wrong."

There were enough staff to support people effectively. Records showed there were four or five care staff in the morning and three in the afternoon. At night there were two waking night staff. There was a team of catering and housekeeping staff although the cook finished their shift at 2pm each day and housekeeping staff did not work at weekends. The tea time meals were often prepared in advance by the cook to assist the evening staff and night staff cleaned the communal areas during the evening. Staff told us they were happy with these arrangements, as they still had plenty of time to support people. Staff told us they regularly sat and talked people and were not rushed in their work. An activities organiser and a maintenance person completed the staff team. Staff sickness or annual leave was covered by the staff team and a bank member of staff. Agency staff were not used. This ensured people received consistency and were supported by staff who knew them well.

People told us there were enough staff to support them although one person said staff could sometimes be a bit 'thin on the ground'. People said staff answered their call bell in a timely manner and undertook any tasks required. Specific comments included "I've probably only called them once, but they do seem to come pretty quickly for others" and "I haven't been here very long but the help I need (which isn't much) is always

given in a timely way and I'm favourably impressed." Relatives told us there was always a member of staff to talk to, if needed. One relative told us "They always have time for [family member] and they chat without feeling they need to move on to the next person. It's very relaxed here."

Safe recruitment practice was being followed. Records showed appropriate checks had been undertaken before new staff started work. These included the applicant's identity, their previous work performance and a Disclosure and Baring Service (DBS) check. A DBS identifies if applicants are suitable to work with vulnerable people. All new staff were subject to a probationary period, which if successful, showed they were suitable for their role.

Requires Improvement

Is the service effective?

Our findings

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had undertaken training in the MCA. However, records did not show people were always supported to make decisions in line with the legislation. For example, three people had monitors, which alerted staff to their movements, in order to minimise the risk of them falling. Another person had bedrails to reduce the risk of them falling out of bed. Capacity assessments had not been undertaken and information did not show how the decisions to use the monitors or bedrails had been made, or whether it was the least restrictive. This was not in line with the MCA. Records showed another person chose not to have bed rest, which impacted on the condition of their skin. Staff had documented the person had capacity to make this decision, but there was no information about other considered options. Discussions with the person about the risks and consequences of their decision had not been documented.

We recommend improvements are made to care records to demonstrate that all decision making is undertaken in line with the Mental Capacity Act 2005.

The registered manager was in the process of gaining documentation to show whether people's relatives held legal powers, such as Lasting Power of Attorney. This ensured when a person had been assessed as not having capacity to make certain decisions, there was a clear decision maker, who could lawfully act on their behalf. Records showed much of this information had been received and was in the process of being incorporated into people's care plans.

People told us staff always asked for their consent. They said consent was requested when entering the room and when offering choices about their care. One person said "They ask me if I want a shower or a bath, and they ask me what I'd like to wear and then put it out for me." A relative told us their family member had been enabled to give their consent to a change in their Do Not Attempt Resuscitation order (DNAR). They said this had enabled their family member to exercise full control of their life. There were examples of staff gaining consent during the inspection. This included one member of staff asking if a person wanted to be 'freshened up' and their continence aid changed. At lunchtime, staff offered people linen tabards to protect their clothing. People were discreetly assisted to put the tabards on, after their agreement had been gained.

People were supported by staff who knew them well. Records showed staff had undertaken a range of training, which was deemed mandatory by the provider. This included fire safety, first aid, moving people safely, safeguarding and food hygiene. All staff were up to date with their mandatory training. In addition to these subjects, staff had completed other training such as dementia awareness, equality and diversity and palliative care. Records showed staff undertook specific training which related to their area of work. This included intermediate food hygiene training for the cook and tissue viability for care staff. New staff undertook their mandatory training as part of their induction. The majority of staff had a recognised

qualification in care. New staff were enrolled to gain a qualification if they did not already have one.

The registered manager told us staff were very experienced, knowledgeable and worked well together. They said the team was also very stable, committed and had a good mix of skills. The registered manager told us staff's training needs were identified through one to one meetings or annual appraisals. Staff confirmed this and said they could ask for any training they felt they needed. They said they felt valued and well supported and regularly met with the registered manager to discuss their role. Records showed these meetings generally occurred every six weeks. Discussions which took place were fully documented.

People and their relatives were complimentary about the staff's knowledge and skills. One person told us "My needs have changed a lot but the staff know what help I need and they are making sure I get looked after." Another person said "The staff know I'm prone to collapsing, so they always come to help me when I want to get up." A relative told us "I've got no doubt that they have the skills to deal with [my relative's] changing needs."

People had their needs assessed before being offered a place at the home. The registered manager told us they undertook all assessments and used the information to develop an agreed plan of care. They said as part of the admission process, they always considered if the person would "fit in" with others already living at the service. This was as well as ensuring staff could confidently meet the person's needs.

People confirmed that they were able to discuss their needs and the support they required, before their admission to the home. One person said "When I first came, I sat down with the manager and we talked through everything that I needed and my preferences." Another person said "My family came along here first and then I came to see it for myself and talked about what I wanted and what it was like".

People were complimentary about the food. One person told us "The food is very good indeed, there's plenty of choice and if I don't like what's on offer, they'll do you something else, no problem". Another person said "The cook is very good and knows exactly how to make porridge. I asked her and it's the same way I used to make it, to me that's the test. She cooks real homemade food." Another person told us "You can have anything you want, and at breakfast you can have it when you want too, your choice and time." After the lunch time meal, one person told us "That was first class. It tasted as good as it looked." Another person said "It was lovely, I could eat the whole thing again, it was so nice."

People had a range of food and drink throughout the day and night if required. The cook started work at 6am in the morning. This enabled people to have their breakfast at a time which was convenient to them. Staff told us some people chose various selections of a cooked breakfast. One member of staff told us "People can have anything at any time. If they want a cheese and onion sandwich at 3 in the morning, that's fine." Another member of staff told us there was an emphasis on good nutrition and how it impacted on wellbeing. They said all meals were presented well to encourage appetite. Another member of staff told us all food was cooked "from scratch" and there was no "official" food budget. This enabled good quality food and variety. They said people were offered a range of alternatives if they did not like the main meal. Staff were aware of people's preferences and nutritional needs. They said any concerns would be reported to the person's GP or a dietician.

The registered manager told us people were encouraged to lead healthy lives if this is what they wanted to do. They said this involved maintaining independence and mobility, eating healthy food and engaging in activity both in and outside of the home. One member of staff told us activities such as skittles and exercise groups were arranged with the aim of promoting movement and keeping active. They said people were encouraged to go out into the garden in the better weather to gain fresh air and sunlight. The registered

manager told us one person was being assisted to eat more healthily. They said the person was pleased with their weight loss and their mobility had improved as a result.

Records showed people were able to see a range of healthcare professionals when needed. People and their relatives confirmed this. One person said "The staff will always look after you when you're not well, but they know when to get an ambulance if it's beyond them to help you." Another person told us "You just need to say if you want to see a doctor." A relative told us "There's a regular GP which [family member] sees so it's good for continuity and there are regular district nurses I think, as this is a care home, not a nursing home."

Staff told us there was good support from the local surgeries to assist people with their healthcare. The same GP generally visited and district nurses visited twice a week. Staff told us they or the registered manager accompanied the district nurses so they were aware of any wound and its improvement or deterioration. They said other professionals such as chiropodists visited regularly and referrals were made to specialist services as required. The registered manager told us one surgery had completed care plans, which showed the person's medical conditions and any prescribed medicines. They said health care professionals referred to the document and it was to be used, if the person was acutely unwell and admitted to hospital.

The environment was well maintained and decorated to a good standard. It was homely and met people's needs. Records showed equipment such as the passenger lift, electrical equipment and hoists had been tested and regularly serviced. This ensured the equipment was safe to use. The registered manager told us the provider replaced any items readily. They said recently, there had been a new oven, dishwasher, two shower chairs and a number of beds. Plans were in place to replace the carpet in the entrance area. The registered manager told us they were currently looking at various sites on the Intranet to gain information about resources to assist people with sensory loss. They said once suitable equipment had been found, this would be purchased.

Good

Is the service caring?

Our findings

People were complimentary about the staff. One person said "The staff are so kind. They are all good and they know me. They come in for a chat, they're friendly and we have a little joke. They even take care of my little plant and water it for me. She's [staff] going to pot it on for me." Another person said "The staff are very, very kind, and you can't buy that. They don't just do the necessary care. They come in and sit on the end of the bed and ask me how I'm feeling and take an interest in the answer. They care about me. Kindness is the most important thing." Other comments were "There are all sorts of different staff, different personalities but one thing they've got in common is kindness and care. They give me the help I need. They're attentive and completely respect my wishes" and "The staff are kind, because they know me. They always take time to have a chat and show respect for me and my wishes."

Relatives were equally positive about the staff. Specific comments were "The staff are very kind and they form good relationships. My [family member] regards them as her friends" and "The staff are very happy and seem to work well together. They are friendly and welcoming. They're so approachable." One relative told us "I think they are fabulous, so caring and compassionate.". Another relative said "I come at different times but they're always smiling. They seem to really care about people and take time to make sure everyone is alright. They're very patient and nothing is too much trouble.". A visitor told us "They [staff] speak to people with such respect.". Another visitor said "Everyone seems to care about each other. It has a very warm, homely feel. I would recommend The Priory to anyone, well in fact I have. I think it's a lovely home."

The registered manager told us there was an emphasis on compassion within the home. They said there was an excellent staff team, many of whom had worked at the home for many years. The registered manager told us this had enabled established relationships to be built and they felt staff genuinely cared about people. They said staff went the extra mile and supported people in the best way possible.

The registered manager told us they regularly worked alongside staff to support people. They said this enabled them to observe staff practice so they could be confident the caring culture was well established and implemented at all times. The registered manager told us any concerns would be immediately addressed although this had not been necessary.

Staff told us they liked working at the home. They said it was homely and everyone was "one big family". They were respectful when talking to people and showed a caring approach. They used people's preferred name and asked them how they were. Staff spent time with people and talked about their interests, including family and general activities. One person was resting in bed and they had been supported to hold a favourite soft toy. Another person was anxious as they were not sure if they were going to receive any food the following day. A member of staff responded by giving reassurance and being comforting. They explained the times of the meals and said "If you're hungry at any time, we can get you something so don't worry." The person thanked the member of staff and appeared happy with the interaction. Staff asked another person if they wanted to play skittles. The person declined as they said they were "hopeless" at the game. The staff member joked and said they were too, which encouraged the person to play. Staff assisted one person to eat in a sensitive and attentive manner. They explained the meal to the person and took their time, without

rushing.

People's bedrooms were personalised to reflect their preferences and interests. One relative told us their family member had been encouraged to bring anything they wanted, to make their room homely and easily recognisable. They said this had enabled their family member to be less anxious and to settle in their surroundings more easily. All bedrooms had en-suite facilities, which included a toilet and hand wash basin. Some en-suites had showers. Other people had their own self-contained flats. These facilities promoted people's dignity and their independence.

Relatives told us they were encouraged to visit their family member at any time and were always made to feel welcome. They said they could stay overnight or take their family member away for a short break or holiday if they wanted to. Relatives told us they could always meet their family member in private. They said they were offered refreshments, which contributed to the homely feel.

People told us their rights to privacy and dignity were promoted. They said staff always knocked on their bedroom door before entering. One person told us "they always knock and ask if it's alright to come in." A relative confirmed this and said "Knocking on people's doors and talking to people respectfully is second nature for staff. It's part of their routine." Another relative told us "I don't really know what happens when I'm not here, but if there were any problems in relation to privacy or dignity, I'd know about it, [family member] would say so I know the staff have it just right." Another relative told us staff promoted their family member's dignity by supporting them to wear clean, coordinated clothing.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection, the registered manager was introducing a new care plan format, as information was not always sufficiently detailed. At this inspection, the registered manager told us they had worked hard to improve people's care plans. This work was recognised, as the majority of plans were detailed and showed each person's needs and support they required. In addition, there was information about the person's history, preferred routines and personal preferences.

However, there remained some information which required greater clarity. For example, there were entries such as "fair food and fluid intake" but this was subjective and did not ensure accurate monitoring. A medicine administration record showed one person took "as required" medicines for constipation. Their care plan did not show how this condition was managed. Another record showed a person was sometimes incontinent at night. The information did not show how staff were to support the person in this area. Another care plan stated a person had a sore eye. There was no information about the reasons for this or what action was required.

People told us they had not seen their care plan and were not aware of what was in it. The majority of care plans had been signed by the manager, not the person themselves. There was a statement that showed the information had been gained from a variety of sources. However, those involved had not signed the plan. This did not confirm their involvement or show they agreed with the content.

We recommend that continued improvements are made to people's care plans to ensure all information is sufficiently detailed.

Whilst not all information within care plans was detailed, staff were aware of the support people required and were responsive to their needs. For example, one person was sleeping for prolonged periods and not taking their medicines. Staff had identified this and had spoken to the GP. The GP changed the times of the medicines, which enabled the person to take them when they woke. There was a variety of different mugs, cups and saucers and beakers to meet people's different needs and preferences. Some people had a coloured plate for their meal, so they could see their food more easily. There were wrist band call bells, which some people wore. This enabled people to easily gain staff assistance when required.

At the time of the inspection, no individuals were receiving "end of life" care. However, people's wishes for this time of their life, were not clearly documented in their care plan. The registered manager told us this was because people often found the subject difficult to talk about. They said they hoped the introduction of the review meetings would help such discussions. Records showed staff had received training in end of life care and the home was supported by the local hospice, when required. The registered manger told us district nurses also provided support with areas such as pain management and skin integrity. The home had received many cards and letters of thanks for the support that staff had given individuals and their families at this time.

Staff told us when providing end of life care, they always ensured the person was comfortable, pain free and

treated with dignity. One member of staff told us in addition to the person, they supported relatives. They said they did this by giving time, comfort and refreshments. A visitor told us the "end of life" care staff provide is fabulous. They said "The staff genuinely cared. It was real and not put on. They treated X [person] with such care. A lot of the staff came to the funeral and were visibly upset. They really did care about her."

People were complimentary about their care they received. One person said "I'm able to have my care the way I want. I don't like the shower very much and prefer a strip wash but it's not a problem. They'll help you with whatever you want to do." Another person told us "The care I receive is entirely appropriate and suited to my needs and my choices." Relatives were equally positive about their family member's care. One relative told us "They [staff] care for [my family member] excellently. They've got to know them well so can see when they're starting to get anxious. They sit with them and reassure them. They're all very good. They also let me know about anything so there are no surprises when I visit."

There was a strong emphasis on community links and getting "out and about". This included a local garden centre, the beach and a village where filming had taken place. Some people were going for a meal at a local pub, later in the week. The registered manager told us the home had been twinned with a local school and nursery. This meant the children regularly visited to sing and talk to people. Local college students had placements at the home and volunteers were encouraged. One relative told us their family member had a volunteer who read to them, which worked really well. A staff member told us occasions were celebrated and external entertainers regularly visited people. Another member of staff told us a take away meal was often arranged. People told us they were able to give their views and be involved in planning activities.

During the inspection, there was an exercise group which was facilitated by an external person. Some people had their nails manicured and one person did some drawing. Other people enjoyed good conversation with the hairdresser, whilst having their hair done.

People said they enjoyed the social activity that was arranged in the home. Specific comments were "I've done a lot of painting and drawing since I came here", "I've got crossword books they've given me and I enjoy those" and "I love this colouring, it keeps me occupied and it's relaxing. I've also made a lot of cards since I came here, for all my family." One person told us they enjoyed going to the dining room for lunch. They said "I enjoy sitting with the others and having a chat, it's just the right amount of social interaction, not too intrusive and I can also spend time here in my room. It's very pleasant." A relative told us when they visited there was often things "going on" but their family member declined to join in. They said their family member liked people around them but preferred to watch television and do crosswords in their room. The relative said staff fully respected their family member's wishes. One member of staff told us some people liked helping in the garden and there was an allotment, which some people enjoyed. People were able to eat the food that was grown.

People knew how to make a complaint although said they had not needed to do this. People told us the registered manager was very approachable, so they could easily raise anything they were not happy with. One person told us "The manager is very easy to talk to, approachable and responsive."

There was a comprehensive complaints procedure, which included the stages of the process and the timescales for responding to complaints. The procedure was displayed on notice boards so was easily accessible to people and their relatives. A record showed the last formal complaint had been raised in September 2015. The registered manager told us any day to day issues were dealt with immediately but not necessarily documented. This did not enable particular themes or trends to be identified and addressed. By the end of the inspection, the registered manager had developed a system for recording any day to day issues, which arose.

Requires Improvement

Is the service well-led?

Our findings

Whilst there were a range of audits to assess the quality and safety of the service, shortfalls found at this inspection had not been sufficiently identified or addressed. This particularly applied to the excessive temperature of the hot water in the communal toilets on the ground floor. A staff member and the registered manager had recognised the water was hotter than usual due to the boiler being turned up. However, the temperature of the water had not been further monitored to ensure people's safety.

Appropriate checks of the fire alarm systems were being undertaken to ensure all were in good working order but there were no records of fire evacuation practices. A specialist external company had identified this when they undertook the home's fire risk assessment. They confirmed such practices should be undertaken every three months and documented once completed. The fire officer also identified this, when they undertook a fire safety inspection at the home in October 2017. At the time of the inspection, a fire evacuation practice had still not been completed. The registered manager told us staff had undertaken fire safety training and fire evacuation training was planned for March 2018. This delay did not ensure staff were confident in the evacuation procedures, which needed to be followed in the event of a fire.

An action plan had been developed in response to the shortfalls, which had been identified in the fire risk assessment. However, the plan did not show all areas had been addressed. The registered manager told us this was not accurate and the only shortfall outstanding was the fire evacuation training. They showed us dates of when other actions had been completed. These needed to be added to the action plan to show that all shortfalls had been properly addressed.

Some audits, including those to assess the medicine administration systems and infection control, had identified some areas for improvement. The information showed action had been taken to address some shortfalls but not all. There was not an attached action plan to show the work required, who would be responsible for it and within what timescale. The registered manager told us all shortfalls identified during the audits were discussed with the provider and added to their on-going action plan. Whilst the registered manager said this worked well, it did not clearly evidence all shortfalls had been properly addressed.

People and their relatives were encouraged to give their views about the service. This was in the form of informal discussions, meetings, annual surveys or providing a review on the internet. A summary of people's views had been coordinated from the annual surveys. However, a development plan had not been undertaken in response. This did not show people's views had been taken on board and used to develop the service. Meetings for people to share their views verbally took place every eight weeks. A record of the meeting was maintained but the information did not reflect how people had been involved in identifying potential improvements. A newsletter was circulated to people on a monthly basis. Copies were available in the hallway for relatives to see if interested.

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

The registered manager had worked at the home for approximately three and a half years. They had a clear vision for the service. This included maintaining standards and a community presence, as well as promoting people's independence. This vision had been cascaded throughout the staff team. One member of staff told us "It's all about independence, encouraging people to do what they can for themselves and getting out and about, enjoying their lives." Another member of staff told us "We try to go out as much as possible so that people are part of the outside world."

There were positive comments about the registered manager and the provider. These included "I like how [the manager] is very visible. They're not stuck in the office and never seen", "The manager has a nice way with them and is very informative" and "I can't speak highly enough of them. I won't hear a word against them." One person told us "This is a happy place to live. I feel involved in the running of the home and I can't think of anything I'd change." Other comments were "Communication is brilliant and we always know immediately of any changes" and "[The registered manager] pops in for a chat. She asks if everything is ok and you can tell her if it's not. It's a well-run place."

Relatives were equally positive about the running of the home. One relative told us "It's well organised. The staff stay a long time, that to me is a measure of a happy team and a good management culture." Another relative said the home benefitted from clear leadership and there was always a member of the management team who could be contacted if required. One relative told us "I have been happy to review the service and I've recommended it to two people who are here now."

There was a clear staff structure of responsibility, which included team leaders and senior carers. An on call system was in place, which enabled staff to gain advice at any time of the day or night. The provider regularly visited the home and spent time with people, staff and the registered manager. They undertook additional visits when the registered manager was on holiday, to ensure people and staff were well supported.

Staff told us they were kept well informed. They said there was a handover of information at the start of their shift and staff meetings took place every eight weeks. A senior staff meeting took place during the inspection. Staff told us they were encouraged to give their views during the meetings and management were open to ideas. They said any challenges were discussed and solutions found. A record of each meeting was maintained.

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 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks to people's safety had been properly identified and addressed. Information in relation to "as required" medicine was not sufficiently detailed to ensure correct administration. Good infection control practice was not always followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality auditing systems were not always effective as the shortfalls found in this inspection had not been properly identified or addressed.