Tamaris Healthcare (England) Limited

# Northlea Court 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? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 20 and 21 January 2015 and was unannounced. We also undertook a period of inspection during a night shift on 27 January 2015. A previous inspection, undertaken in February 2013 found there had been a breach of Regulations 9, 13 and 20 of the Health and Social Care Act 2008. Further inspections carried out in June 2013 and October 2013 found that these issues had been addressed and there were no breaches of legal requirements.

Northlea Court Care Home is registered to provide accommodation for up to 50 people. At the time of the inspection there were 36 people using the service, some of whom were living with dementia.

The home had a registered manager who had been registered since May 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

# Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of the need to protect people from abuse. There told us they had received training in relation to safeguarding adults. They told us they would report any concerns to the registered manager, deputy manager or the local authority safeguarding adults team. Staff understood the registered provider's whistleblowing policy. The registered provider monitored and reviewed accident and incidents and care practice was reviewed and updated in light of any identified issues or trends.

The premises were not always effectively maintained. A recent fire risk assessment carried out at the home had highlighted issues that required addressing, despite the home's own fire system checks indicating there were no issues of note. The registered manager told us these matters were being addressed and we saw evidence of this. We also noted that emergency call bells in the home did not operate between floors, meaning staff from another floor were not alerted to urgent issues on the alternate unit.

The registered manager showed us the system used to review people's needs and how this information was used to determine appropriate staffing levels. However, staff told us that they felt additional staff would be helpful on day shifts and we found some care tasks and observations were not undertaken correctly because night staff were busy with care for other people or completing other tasks. The registered manager told us she would look into this. Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found medicines were appropriately managed, recorded and stored safely.

Staff told us they had the right skills and experience to look after people. They confirmed they had access to a range of training and updating. Records showed there was regular monitoring of staff training to ensure it was up to date. Staff told us, and records confirmed regular supervision took place and that they received annual appraisals.

We found targets for fluid intake identified for three people were not being reached and there was limited evidence the issue was being addressed. Relatives told us they felt the standard and range of food and drink provided at the home was adequate. They said the meals were good and alternatives to the planned menu were available. Kitchen staff demonstrated knowledge of people's individual dietary requirements and current guidance on nutrition.

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. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care, wherever possible. We saw assessments and best interest meetings had taken place, where appropriate. The registered manager confirmed that applications had been made to the local authority safeguarding adults team to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA.

Relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. Staff were able to explain how they maintained people's dignity during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. A range of activities were offered for people to participate in. The personal activities leader worker explained how she reassessed the range of activities depending on people's needs. The manager told us there had only been one recent complaint and people and relatives told us they would speak to the registered manager if they wished to raise a complaint.

The registered manager undertook regular checks on people's care and the environment of the home. Staff felt well supported and were positive about the registered manager's impact on care at the home and the running of the service. There were regular meetings with staff and relatives of people who used the service, to allow them to comment on the running of the home.

# Summary of findings

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to the suitability and safety of premises and suitability and safety of equipment. You can see what action we told the provider to take at the back of this report.

# Summary of findings

## 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.

People told us they felt their relatives were safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse.

Risk assessments had been undertaken in relation to people's individual needs. However, we found some fire safety checks had not been completed robustly, although action was being taken to address this. Medicines were handled safely and kept securely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. Staff told us they were busy and felt an additional care worker on days would be helpful. We found that some observations and care tasks were not always carried out during night shifts because staffs were busy with other tasks.

**Is the service effective?**

Requires Improvement

Not all aspects of the service were effective.

People said staff had the right skills to support them. Staff told us, and records confirmed a range of training had been provided and regular supervision and annual appraisals were undertaken.

There was evidence that assessments had been undertaken in line with the Mental Capacity Act (2005) (MCA) to determine if care or treatment was being provided in people's best interests.

People told us food and drink at the home was plentiful and of good quality. Some fluid input charts did not contain up to date information relating to people's care requirements and some people's recorded fluid intake was limited. The physical environment did not readily support the needs of people living with dementia.

**Is the service caring?**

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff at the home. We observed staff supporting people appropriately and recognising them as individuals.

People's wellbeing was effectively monitored. They had access to a range of health and social care professionals for health assessments and checks. People who were unwell were able to access appointments with their general practitioner.

# Summary of findings

Care was provided whilst maintaining people's dignity and respecting their right to privacy.<Findings here>

**Is the service responsive?**

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were a range of activities for people to participate in and people had the choice to follow their own interests or spend time on their own or in their rooms.

People and their relatives told us they felt involved in their care. Complaints were logged and dealt with using a proper complaints process.

**Is the service well-led?**

Good

The service was well led.

The registered manager undertook a range of audits to ensure people's care and the environment of the home were effectively monitored. Where issues were identified action was taken to rectify the shortfall.

Staff talked positively about the support they received from the registered manager and said teamwork was encouraged in the home. Staff told us the atmosphere in the home was a happy one, morale was good and staff were positive in their approach.

People told us there were regular meetings for people who used the service or their relatives and they were able to express their opinions.

# Northlea Court 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 inspection took place on 20, 21 and 27 January 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Due to an administrative error the provider did not receive or complete a Provider Information Return (PIR). Consequently, we did not have any advance key information about the service, what they did well and what improvements they plan to make in forthcoming months. However, we reviewed information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with 17 people who used the service to obtain their views on the care and support they received. We also spoke with six relatives who were visiting the home on the day of our inspection. We talked with the registered manager, the deputy manager, three nurses, four care workers, two kitchen staff, a personal activities leader worker (activities) and a member of the domestic team.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation after obtaining their permission. We reviewed a range of documents and records including; six care records for people who used the service, 11 medicine administration records; five records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings of people who used the service or their relatives and a range of other quality audits and management records.

Requires Improvement

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home. They told us staff looked after them well. Comments from people included, "Yes I feel safe. It is the best things about being here"; "I have no worries. If anything goes wrong there is always someone here to help" and "The staff are very good. I feel safe and secure. The staff treat me well." One relative told us, "It is reassuring to know our parents are safe and have someone they can trust and turn to if they are worried."

We spoke with staff and asked them what they would do if they had concerns about the care being delivered at the home. Staff told us they would immediately raise their concerns with the registered manager or the deputy manager. Some staff also mentioned they would contact the local safeguarding adult's team. All the staff we spoke with said they had completed training in relation to safeguarding adults and the identification of abuse. Central training records confirmed training in this area had been completed. Staff demonstrated they had the necessary skills and knowledge to ensure the risk of people being abused was minimised.

The registered manager told us there had been two recent incidents that had been referred to the safeguarding adults team. She told us she was still investigating the circumstances around the issues but once complete any lessons to be learnt would be cascaded to staff.

We saw risks to individuals were assessed and monitored. People's care plans had risk assessments relating to moving and handling, skin integrity and the use of equipment, such as bed rails to protect people from falling. We saw these were reviewed and altered as required. For example, we saw staff had noted one person to be losing weight and become fatigued when eating. A dietician had been contacted to assess the issue and we saw a modified diet had been developed as a result of the assessment. Wider risk assessments were also in place for the home environment and for areas such as fire safety. This established individual risks relating to people's needs were assessed and monitored and wider risks within the home were reviewed.

We looked at the information system used by the home to record accidents and incidents. We saw that as part of the recording process a review of each incident was undertaken. We saw one person, who has sustained some pressure damage to their skin, had been referred to their general practitioner and a podiatrist to determine new treatment. These meant processes were in place to review accidents or incidents in the home and make changes to care or systems in the light of new information.

A person was employed who dealt with any repairs and we witnessed him carrying out repairs to doors and other items at the home. Checks on the premises, such as gas and electrical systems were also undertaken within prescribed time scales. The registered manager showed us an independent fire risk assessment that had been undertaken on the premises. We noted a number of issues had been highlighted as requiring attention. When we examined the home's own fire safety check record we saw that none of these issues had been noted and all fire doors, emergency lights and door seals were indicated as working effectively. We spoke to the registered manager about this who told us that following receipt of the independent report she had immediately instigated action to investigate why these issues had not been identified through normal regular monitoring systems. The registered manager told us that as the report had only recently been received, the majority of issues identified were still to be addressed, although work had begun to rectify matters. We checked, and saw action had been taken with regard to a previously blocked fire exit and noted that this and all other exits were fully accessible. This meant appropriate systems to ensure the safety of the premises and ensure ongoing repairs and maintenance were up to date had not always been followed.

This was a breach of Regulation15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010

The registered manager told us the home employed 44 staff in total, including six nursing staff and the recently appointed deputy manager. She demonstrated how individual dependency levels were assessed monthly and then added to the staffing tool, which calculated suggested staffing levels. Some of the people we spoke with told us they felt it would be helpful to have more staff. One person told us, "They are all very busy and we could do with more of them." Staff told us they worked as a team but sometimes it could be busy. One staff member told us, "It is a lot for two staff to look after 17 residents. It can be a bit awkward to meet people's needs. It would be better if we had a floater (a staff member who worked across both

Requires Improvement

# Is the service safe?

floors)." During our inspection we spent time observing how people were cared for. We noted there were times, often as long as 20 minutes when there were no staff present in lounge areas.

We visited the home during a night shift. We again noted lounge areas were left unobserved for long periods of time, whilst staff helped other people to bed. We noted in one person's care plan that they were prone to standing up and trying to walk, despite having limited mobility. The person's care plan stated there should be a member of staff observing them in the lounge from after tea until the person retired to bed. We noted this did not occur. During our observations we found some parts of the home were not checked for more than 30 minutes, because staff were engaged on other activities. We saw one person, who was required to have 20 minute checks carried out was not checked on this basis and was not checked at one time for a period of 40 minutes.

Night staff told us that when the nurse was dealing with medicines this could leave just one staff member on one of the floors. They confirmed there were people on both floors who required two staff to support their care needs. They told us staff were supposed to move between floors, but this was not always possible if they were busy with care. One night staff member told us, "There are not enough staff on nights. I wouldn't want to be on the lower floor regularly. There is too much paper work. It is hard for one person."

All the night staff told us there had been a recent incident where a person who required two people to support them with mobility, had risen during the night and visited the toilet and returned without staff being aware. This meant people were not receiving the required care because there were insufficient staffs to ensure proper checks were being carried out or people's needs could be safely supported.

Staff also told us about another incident where a person required support. One care worker told us, "It was lucky another care worker was close by. I could shout for help." Staff told us that emergency call buzzers at the home did not work between floors. This meant that if there was an incident on one floor it was not possible to summon help through the use of the emergency call system, as it could not be heard on the other floor. Staff told us this had been an issue in the past.

We spoke to the registered manager about these incidents on nights. She told us she had told staff previously about the 20 minute checks and would look into the matter further. She also told us she had raised the issue of the call buzzers not working between floors with the estates department, but no action had been taken to improve the system to date.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Staff personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, notes from a formal interview process, references being taken up and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. Registration of the nursing staff was checked on a monthly basis to ensure it was up to date. All nursing staff are required to be registered with the Nursing and Midwifery Council. This verified the registered provider had appropriate recruitment and vetting processes in place.

We observed the nursing staff dealing with people's medicines and saw people were given their medicines appropriately. We examined the Medicine Administration Records (MARs) for 11 people living at the home. We found there were no gaps in the recording of medicines, that handwritten entries were double signed to say they had been checked as being correct and people with "as required" prescriptions had a care plan covering the circumstances when the medicine should be offered. "As required" medicines are those given only when needed, such as for pain relief. We saw one MAR where dates had been overwritten by hand, making it unclear what the correct dates of administration were. The registered manager said she would rectify this. Nursing staff confirmed they had their competency for safe handling of medicines assessed. This indicated medicines at the home were largely handled safety and administered correctly.

Requires Improvement

# Is the service effective?

## Our findings

People we spoke with told us they felt staff who supported them had the right skills to provide their care. One relative told us, "Staff are better trained and more experienced here. They have the knowledge to help and deal with her needs here." Staff told us they had access to training including ELearning and face to face training. One recently recruited member of nursing staff told us how she had been given extra training in procedures she had not used in recent years and was attending a specific course on catheter care in the near future. Two night staff highlighted they were often asked to attend courses following a full night shift, which could be difficult for them. The manager showed us the staff training records for the home. We saw training was monitored and the system highlighted when refresher training or updating was required. One staff member told us, "The new deputy manager is really keen. She has put boards up in the staff room with information on them about conditions and things. It's really helpful."

Members of staff confirmed they had access to regular supervision and appraisals. Staff told us they received supervision approximately every six weeks. Senior staff had supervision from the manager or deputy manager. Other staff had supervision by senior staff members or heads of departments. We looked at staff supervision records and saw a range of issues had been discussed, including personal circumstances affecting work and clinical matters.

Staff told us they had undertaken training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), although for the majority of staff this training had been predominantly based around ELearning. Staff were aware of the concept of best interest decisions and the need to support people to be as involved in decision making as much as possible. One staff member told us, "They are adults, so we support them to do what they would have done at home." The registered manager confirmed the home was working with the local safeguarding adults team to put in place DoLS for those people who fell within the requirements of the MCA definitions. She said a number of people at the home had been assessed by a doctor and they were awaiting final confirmation.

We saw that, where possible, people were encouraged to give their personal consent and agreement to care being delivered. Staff told us they would always ask people if they were happy with the care they were providing, or seek their permission before doing anything, whatever the individual's capacity to understand. We noted people had completed consent forms or signed their care plans to say they agreed to the care being delivered.

People told us they enjoyed the food and they had enough to drink and eat. Comments from people included, "It's very good; great" and "There is plenty of food and the choice is good." We saw there were bowls of fresh fruit placed around the home for people to help themselves. We also saw each person had a jug of fresh water placed in their bedrooms.

We observed meal times and saw the food was hot and appetising. Pureed meals were well presented with individual items identifiable and the meal contained both meat and vegetables. Where necessary, people were encouraged to eat or were supported if they could not immediately help themselves. Where people did not want the main meal on offer there was a choice of sandwiches available, including fillings of cheese, ham and tuna. Some people chose to have their meals in their rooms and they were also supported, where necessary. We heard one care worker ask kitchen staff if they could provide one person with finger food type snacks, because that was what "they felt like having."

People's weight was regularly monitored. Food and fluid charts were completed in detail. However, we found three people on specific fluid input and output charts, but could find no clear rationale in their care plans as to why their fluid intake was being monitored, although all three people were supported with the use of urinary catheters. We saw fluid charts had targets set for the amount of fluid they should be taking during the day, but these targets had not been achieved for the previous three days. It was noted on the charts that fluids should be "encouraged" but there was no clear action about how these people should be supported to achieve this. We spoke to the registered manager about this. She told us some people's targets had been updated in their care plans but not immediately altered on the fluid charts. She said she would remind staff about the need to effectively monitor fluid input for those people on charts.

We spoke with kitchen staff who showed us how they held details of people's likes, dislikes and particular dietary requirements. We saw some people were identified as requiring fork mashable or pureed diets. Kitchen staff were

Requires Improvement

# Is the service effective?

able to tell us about people who were diabetic and the specific issues related to their diet. We found a good supply of fresh, frozen and dry goods at the home. This meant people's specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

We noted elements of the home environment were not readily designed to support people living with dementia. For example, areas such as bathrooms and toilet areas did not have pictorial signs to help people identify these particularly facilities, where they would find it difficult to understand word signs. Visual stimulation about the home, to support people living with dementia was also limited. We spoke to the registered manager about this. She told us she would look into this as part of future refurbishment at the home.

**We recommend the provider considers guidance and research on dementia care and environments from national interest bodies and the National Institute for Health and Care Excellence.**

Good

# Is the service caring?

## Our findings

People we spoke with told us they were happy with the care provided and were involved in their care, where possible. Comments from people about their care included, "They are the nicest set of girls I have ever known" and "All the staff are lovely and caring." One relative told us, "You get a feel about homes, don't you? I've never regretted her coming here."

We spent time observing how staff interacted and treated people who used the service. Staff approached and dealt with people in a caring and understanding way. They dealt with people equally, whether they were aware of their surroundings or not, and spoke to them appropriately. One staff member told us, "We are all here for the same reason; the good of the residents." This indicated staff understood about respecting people's individuality and rights. Staff asked everyone, irrespective of their ability to communicate, whether they wanted a drink and whether they also wanted a biscuit or some fruit for their mid-morning snack. People were addressed by their first names and responded to staff in the same way. One relative told us, "I think they do a great job. (Relative) is never neglected." We witnessed other staff also interacted with people as they were going about their daily business. We saw housekeeping staff chatting to people resting in their rooms as they tidied up. One staff member told us, "If someone needs help and you have the training, it is not a problem."

Staff told us no one at the home had any particular cultural requirements. One staff member told us about a person who belonged to a different religious belief group. We saw in their care records information had been provided highlighting how their beliefs may impact on their care choices, and more general information about their background and belief systems. One staff member told us, "I really love working here. The residents are amazing. The stories they can tell you. One person must have been in the war and showed us photos of where he had been." This suggested people's diverse needs were recognised and addressed.

People and their relatives told us they were given information and were involved in their care. One relative told us, "If anything is going on we are told about it." Another relative said, "I feel involved in care plan reviews. I know what is in it and I agree with the level of care that is being provided. I feel I am kept involved." The personal activities leader told us how they had improved information about the home, at the suggestion of people living there. She told us they had suggested notices were put on different colour paper, so that they stood out on the notice board and also asked that activities notice were more pictorial. For example, included a picture of a person doing yoga on the notice for the yoga class.

We saw people's wellbeing was monitored and maintained. People's care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. People and their relatives told us there was good access to general practitioners at the home and they called in regularly. One person told us, "I've not been here long and I've seen the general practitioner twice and am waiting to see the optician. They are getting things sorted out for me." One relative told us, "At the last home (relative) was in hospital three times and she was only there five weeks. It's been much better here. Much more responsive."

The registered manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required such a service. Information about advocacy services, Patient Advice and Liaison Services (PALS) and Healthwatch was available throughout the home.

People told us staff treated them with dignity and respect and we saw people's choices were recorded in their care plans. For example, it was recorded in people's care plans if they preferred male or female care workers to assist them with their personal care. One person told us, "We get to know the staff and they get to know us." One relative told us, "It is marvellous. She is never neglected." Staff explained how they helped maintain people's dignity when they required care. They talked about ensuring doors were closed when delivering personal care and closing curtains in people's rooms They also said they would ensure people could make choices, however small. One staff member told us, "You always ask people what they would like to do. And when delivering care you make sure they are well covered and make sure people knock on the door." The personal activities leader told us, "I don't wear a uniform when I take people out. I don't want to stigmatise them in that way. As

Good

# Is the service caring?

far as people are concerned I could be their granddaughter or other relative." This indicated staff understood about maintaining people's dignity and applied the concepts when they delivered care.

Good

# Is the service responsive?

## Our findings

People told us staff responded to their requests for help. They said staff answered call bells promptly and they did not have to wait long for support. During our inspection we noted call bells did not ring for long periods before they were silenced. Relatives told us they felt the care provided was person centred and addressed people's needs. One relative told us their relative's care had been, "personalised from the very first day they came here." Another relative told us, "Staff are really lovely with my (relative). Their personal hygiene has improved dramatically since I moved them here. I really feel like everyone knows what they are doing and can look after residents as individuals; not as a task to be dealt with."

People's care plans contained a monthly evaluation of their dependency. There were also assessments of people's nutrition, mobility and emotional/ psychological needs. We saw care plans had been developed to address people's specific needs and individual likes and choices were included in their care plans. For example, we saw in one care plan a person had told staff they wished their bedroom door to be slightly ajar at night, so they could see staff walking past. This helped the person feel safe at night. Another person had asked for their breakfast to be served in their room. We also saw staff understood how important it was to make people feel valued. We saw one staff member compliment a person on their hair and their smart clothes, ensuring they felt appreciated and respected.

We spoke to staff about personalised care. In all cases we found staff had a good knowledge of people living at the home and how they provided care that was important to them. One staff member told us, "We always ask the person before doing anything. If they have trouble understanding we can change the way we talk to them and communicate differently to help them understand.

People told us there were a range of activities available at the home. One relative told us, "There are things going on. They do things like yoga and chair exercises." A person told us, "There are things to do if you want to join in." We spent time with a group of people listening to music, led by the personal activities leader (PAL) workers. There were twelve people taking an active part in the event. We saw people were joining in with the singing as well as playing instruments. The activity also stimulated conversations and people reminisced about certain singers, and told personal stories linked to the songs played.

During the event we noted one person fell asleep in their chair. We saw a care worker approached the person and gently woke them and asked if they wished to lie down on their bed. When the person answered in the affirmative they were quietly removed them from the lounge area. We saw them later asleep in the room, covered by a blanket.

We spoke with the personal activities leader (PAL) worker who supported activities in the home. She told us she was constantly reassessing the activities needed at the home because people's needs changed as the population of the home changed. She told us, "If they have a good time they will come back. If it seems not to be going well we will ask them how they want to change things." She told us how she had noted that gentlemen at the home did not easily participate in activities. She had spoken to people about this and at their suggestion had started a 'gentleman's club.' She said this was like a small pub or working men's club. People could get together and have a drink and discuss football or issues that were highlighted in the paper. She said because there were no female residents present the men felt able to talk more freely. She said it had also helped build and strengthen male relationships between people at the home. She told us, "The lads will sit together in the 'pub' and have a bit of banter. It's what they used to do when they were younger." She said people living with dementia were also able to join this group and reminisce.

The PAL also told us how she had learnt to develop quizzes that focussed on the 1940's, 1950's and 1960's. She said people found questions about these eras easier to answer and it again stimulated conversation about what they did when they were younger. She said she undertook one to one time for people who perhaps found it more difficult to join in group events and for people living with more advanced dementia. However, if possible she liked to involve people of all abilities in events. She told us that in addition to the various groups she also had visiting entertainers and groups and 'pony therapy' where a person brought a small pony into the home to be petted, and even took it into the rooms of people who were being cared for in bed.

Good

# Is the service responsive?

People told us they had not recently raised any formal complaints, but knew they could speak to a member of staff and the registered manager if they had any concerns. Records showed the home had dealt with one formal complaint in the previous twelve months. We found the matter had been appropriately investigated and the outcome recorded. We saw the situation had been resolved to people's satisfaction.

During our inspection we saw one person raise a concern with a member of staff, because their sleep had been disturbed overnight by another person who was living at the home. We saw the nurse on duty took time to listen to the person, noted their concerns and reassured them that action was being taken. Staff told us the person who had caused the disturbance was being supported by the home and outside professionals to try and limit the extent of their distress. This meant people were aware of how they could complain and a process was followed to ensure complaints were dealt with appropriately.

Good

# Is the service well-led?

## Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since May 2013. She was present during both daytime visits of our inspection and assisted us with the inspection.

People and their relatives told us they felt the registered manager was approachable and they were able to speak with her, if necessary. One person told us, "(Registered manager) comes round and checks if everything is okay." A relative told us they had received, "Good support and help" from the registered manager when their relative moved in.

The registered manager told us she carried out a range of checks and audits on the care delivery at the home including audits of medicine records and systems, monthly reviews of the meals served at the home and the overall dining experience. We saw where issues were identified then action was taken to improve the situation. For example, we saw on one audit document it was suggested people's individual mobility plans should be available in their rooms for staff to reference. We checked a number of rooms and found them to be in place.

The registered manager told us, and staff confirmed a range of meetings took place in the home. We saw copies of minutes from a health and safety meeting. The minutes indicated key pad locks had been purchased for the sluice doors to improve security and required fitting. We saw it was noted this had been completed at a later meeting and observed the lock to be in place. Staff told us they were able to express their views in staff meetings and they felt they had their points listened to. We saw staff were now taking responsibility for key areas at the home, such a dignity and respect and nutrition and the manager was now delegating these tasks, with increasing numbers of permanent staff.

Staff told us they felt very positive about how the home had improved over recent years and were constructive regarding the support and the leadership of the registered manager and the deputy manager. Comments from staff members included, "(Registered manager) is good; very good. You can talk to her about anything. I admire her for the way she has stuck at it. She has turned things around"; "(Registered manager) is alright. You can go to her for support. I can talk to the deputy manager too. If I have a problem I am quite happy to go and talk to them"; "She is a go-to manager. It is not a problem" and "(Registered manager) is very supportive and fair. She is really approachable on any issue and will point you in the right direction for advice."

Staff told us that, with the exception of their concerns over staffing numbers, overall they were happy working at the home and felt the atmosphere was positive and said they were committed to supporting people and enjoyed working at the home. They said morale at the home was good overall. Staff told us, "The place is really happy; everyone is so friendly"; "Staff morale is good. At the end of the day I can go home knowing everyone is fine and settled and I have done a good days work" and "It's a nice atmosphere to work in; no cattiness. We are all here to do a job and support each other."

People told us there were meetings between the registered manager and people who lived at the home, or their relatives. We saw posters advertising a further meeting in February. The PAL worker told us she was also involved in the meetings and would chair them in the absence of the registered manager. The registered manager told us how meal times had been altered at the request of people, with a lighter main meal and more substantial pudding at lunchtime and a substantial main meal and lighter pudding at tea time.

People's care records were up to date and contained good detail of the care to be delivered. Daily records were also completed and up to date and these and the care records had been subject to audit. The registered manager told us the fluid charts did not fully reflect the information in people's care plans and we saw observation charts used at night did not reflect the actual times of observation. The registered manager told us she would address this with the staff. Safety records, such as gas/electrical safety, Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment and portable appliance testing (PAT) of small electrical equipment were up to date.

The registered manager told us about community links the home had. She said a local supermarket and a local hospice each had stalls at the home's summer fair, with the supermarket raising money for their annual nominated charity. She also said a member of staff was a Brownie pack leader and brought the Brownies in to meet and talk with people at the home.

Good

# Is the service well-led?

The registered manager told us she felt the unique element of the home was that the atmosphere was very friendly and the staff were nice and took a real interest in people. She said her ambition was to get a good quality weighting score from the local authority, possible a grade one, a good score from the CQC and perhaps raise occupancy levels. She also wanted care plans and care to be much more person centred. She felt having been able to recruit a full complement of nurses to the home was a real benefit and was pleased she was now supported by a new deputy manager.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises<br>**People were not protected against the risks associated with unsafe or unsuitable premises** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Diagnostic and screening procedures<br>Treatment of disease, disorder or injury | Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment<br>**People were not protected against the risks associated with unsafe or unsuitable equipment.** |