HICA

Alderlea - Care Home

Inspection report

St Thomas Close
Humberston
Grimsby
Lincolnshire
DN36 4HS

Tel: 01472812588
Website: www.hicagroup.co.uk

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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 was completed on 28 February and 1 March 2017 and was unannounced.

Alderlea Care Home provides personal care and accommodation for up to 40 people. The service has single room bedrooms and bathrooms situated at ground floor and first floor level; all the bedrooms have a sink and some have en suite toilet facilities. There are communal sitting and dining areas on the ground floor. The service is situated in a residential area and has a small car park or on-street parking. On the day of the inspection, there were 31 people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last comprehensive inspection in November 2014, we rated the service as Good but with a requirement notice for ensuring staff accurately recorded what people ate and drank when they required additional monitoring in this area. We followed up the requirement notice in March 2015 and found improvements had been made with staff completing accurate food and fluid diaries when required.

We found concerns with the way medicines were managed. There had been some stock issues which meant several people had ran out of their medicines and had not received them as prescribed. There were also some recording issues that required improvement. You can see what action we have asked the registered provider to take at the back of the full version of this report.

We found there had been some shortfalls in ensuring people received effective care. There had been two instances when people had not received intervention in a timely way and one person required closer observation regarding their fluid intake and urine output. There had also been a shortfall in checks on airflow mattresses for two people, in place to help prevent skin damage, which meant staff had not noticed they were at an incorrect setting. Whilst there was no pressure damage to people in these instances, incorrect mattress settings had the potential to make them ineffective. You can see what action we have asked the registered provider to take at the back of the full version of this report.

The registered manager usually sent CQC notifications of incidents which affected the wellbeing of people within the service. However, we found several instances when we had not received notifications for minor safeguarding issues between people who used the service. The registered manager had correctly notified the safeguarding team and taken action to intervene and reassure the people involved, but had not informed CQC, which is a regulation requirement. In this instance we have written to the registered provider to remind them of the need to send notifications to CQC.

There was a quality monitoring system in place which consisted of audits, checks, questionnaires and

meetings. Senior managers completed additional checks. There was some improvement required to ensure thorough checks were made and recorded when people required closer monitoring.

The culture of the organisation was one of openness and staff told us they felt supported by the registered manager and senior managers. There was a complaints process and people said they felt able to raise issues and that these would be addressed.

There was sufficient staff on duty day and night to meet people's needs. We saw staff had been recruited safely, with full employment checks and an induction carried out before they started working with people. Staff had access to a range of training, supervision and support to help them become skilled, experienced and confident when supporting people who used the service.

We observed staff had a good approach when interacting with people. They demonstrated a kind, patient and caring attitude, which was confirmed in discussions with people. Staff knew how to protect people's privacy and dignity and keep confidential information secure.

Staff supported people to make their own decisions and recognised when people lacked capacity to consent to care. Staff followed the principles of capacity legislation, ensuring relevant people were involved in decision-making.

The registered manager ensured people had assessments of their needs completed and had care plans which guided staff in how to support them. We saw people received care and support that was personalised and in accordance with their preferences.

People's nutritional needs were met and they had access to a range of community health care professionals for advice and treatment.

There was a range of meaningful activities for people to participate in, to help them feel involved and to stimulate their interests.

We found the environment was safe, clean and tidy. There was personal, protective equipment to help staff maintain good infection prevention and control. Moving and handling items such as hoists and the lift were serviced, and checks were carried out on other equipment such as the nurse call, fire alarm, gas and electrical appliances and hot water outlets.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Due to shortfalls in stock management, some people had not received their medicines as prescribed. We have issued a requirement notice about this.

Staff were recruited safely and were on duty in sufficient number day and night to meet people's needs.

Staff had received training in how to safeguard people from the risk of abuse and harm and they knew what to do if they had concerns.

The service was clean and equipment was maintained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were required to ensure all staff provided people with timely and effective care. We have issued a requirement notice about this.

People had access to health professionals to provide advice and treatment when required. Their nutritional needs were met and they received a varied menu.

Staff ensured people consented to care and supported them to make choices and decisions. When people lacked capacity to do this, the registered provider worked within the Mental Capacity Act 2005.

There was a staff development, training and supervision programme to ensure they had the right skills to support people.

Is the service caring?

Good

The service was caring.

We observed the staff approach and interaction with people who used the service was kind, patient and caring.

We found staff provided people with information and involved them in decisions as much as possible.

We observed staff treated people with respect and maintained their privacy and dignity. Discussions of a confidential nature were held privately and personal information was stored securely.

Is the service responsive?

Good

The service was responsive.

We found people had assessments of their needs completed and care plans were produced to help guide staff in how to care for them in an individualised way and which met their preferences.

There were meaningful activities for people to participate in on a one to one basis or in groups. This helped to provide stimulation to people and improve their wellbeing.

There was a complaints procedure on display and people spoken with felt able to raise issues and were confident they would be addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The Care Quality Commission had not always received notifications of incidents which affected the safety and wellbeing of people who used the service. We have written to the registered provider about this.

There was a quality monitoring system in place; some improvements were required to ensure thorough checks were carried out in specific areas.

The registered manager provided a supportive environment for staff and ensured people who used the service and their relatives were listened to.

Alderlea - 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 registered 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 28 February and 1 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The registered provider had 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 checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with local authority contracts and commissioning teams about their views of the service.

During the inspection we observed how staff interacted with people who used the service throughout both days and especially at mealtimes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service and five people who were visiting their relatives. We spoke with the registered manager, a team leader, four care workers, the activity co-ordinator and a laundry assistant. We also spoke with a regional trainer and an operations director who were present in the service during part of the inspection. We asked two night care workers to complete a short questionnaire about their views of the service; this was available for us the following day. We spoke with two health professionals who visited the service.

We looked at five care files which belonged to people who used the service. We also looked at other

important documentation relating to people who used the service. These included medication administration records (MARs) for 31 people, and monitoring charts for food, fluid, weights, pressure relief and bathing. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Requires Improvement

Is the service safe?

Our findings

People told us they thought they received their medicines on time and said, "I get given my meds on time. I asked for, and was given, paracetamol this morning" and "They are always given by staff and I think they are on time." However, when we looked at medicines management in detail, we found improvements were required in the way they were managed to ensure: medicines were obtained in a timely way, people received them as prescribed and they were recorded accurately. There were several people who had run out of their medicines for between one and 12 days, which had the potential to impact on their health and wellbeing. Other people had not received medicines because they had risen later in the morning and missed the first dose of the day; the doses could have been spread out evenly over the rest of the day. We found staff did not always have clear guidance when medicines were prescribed for people on a 'when required' basis or when there was a variable dose and staff had to make a judgement about this. One person received a medicine every night when they were prescribed it 'when required'. The daily notes for the person did not reflect why the medicine was needed, as it was recorded they were settled each night.

We found gaps in recording on people's medication administration records (MARs). When we checked, the medicines had been administered as they were missing from the monitored dosage package and staff had forgotten to sign the MAR. However, some gaps related to liquid medicines and it was difficult to establish whether these had been administered to people or not. There were other recording issues in the controlled drugs register where staff had miscalculated, by a significant amount, the remainder of a specific liquid medicine following administration on at least two occasions. Other staff had followed on with the error when making their calculations, which would have made the amount, eventually returned to the pharmacy, inaccurate. We found medicines were stored safely.

Not ensuring medicines were managed safely was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the back of the report.

People who used the service told us it was safe and there was sufficient staff on duty. Comments included, "It feels safe; there is staff around. They use a hoist and I feel safe", "Most times [enough staff], but I was late getting up today; I know most of the girls", "Yes, it just feel safe", "There's always enough; there's never a time when there isn't and I know all their names."

Relatives said, "There's plenty of staff around and secure surroundings." They also added that their relative used moving and standing equipment and felt staff used this safely. Other relatives said, "I have no reason to say they are not safe", "I'm very happy with all safety aspects", "They came in for two weeks respite care and never left; they have never been as happy and they are a different person", "They are safe, happy and contented and all their needs are met over and above" and "These girls work as a team; they ensure nobody can get out or strangers get in." Other comments from relatives about staffing numbers included, "I visit at different times of the day, about two to three times a week and I am generally happy with the staff levels. Staff know residents and vice versa; they are marvellous" and "There is enough staff; sometimes they can struggle with covering for sickness but it never affects them [their relative]."

There were sufficient staff on duty to meet people's needs. The rotas indicated a range of staff on duty with different skill levels and roles. For example, there were five care workers and a team leader or senior care worker on duty each day in addition to the registered manager, who worked five days a week. There were domestic, catering, laundry, maintenance and administration staff which meant care workers could focus their attention on caring tasks. There were three staff on duty at night. Two health professionals confirmed they thought the service was safe for people and there was sufficient staff on duty.

Staff had received training in how to safeguard people from the risk of abuse or harm; they also had policies and procedures to follow. Incidents which had occurred between people who used the service had been referred to the local safeguarding team in line with the procedures. In discussions with staff, they were clear about what constituted abuse and what signs to look out for that would alert them to concerns; they described the measures they would take to keep people safe and report any allegations of abuse or poor practice. The administrator described how they managed people's personal allowance, which was held in safe keeping for them. This included receipts when money was paid in by relatives and a checking system by the administrator and registered manager. These measures helped to ensure people's finances were not mismanaged.

Staff completed risk assessments for people when they considered there were areas to be aware of which helped to keep people safe. These included the risk of falls, moving and handling, nutritional intake, skin integrity, and behaviours which could cause anxiety and distress.

We found staff were recruited safely and appropriate employment checks carried out before they started work. These included an application form to assess gaps in employment, references, and a disclosure and barring check to ensure the person was suitable to work in care settings. Candidates had an interview where their knowledge, skills and values were explored.

Assessments of the environment were carried out and equipment used in the service was maintained and checked at appropriate intervals to ensure it was safe. These included the lift, moving and handling items, the nurse call, fire alarm, gas and electrical appliances, window restrictors, bedrails and hot water outlets. The service was clean and tidy and staff had access to personal protective equipment (PPE) such as gloves, aprons and hand sanitiser. During a walk around the service, we found some PPE such as gloves and red plastic bags used for soiled linen, stored in bedrooms in wardrobes and drawers, which could be a potential risk to people. This and other minor issues were dealt with during the inspection and the registered manager told us they would speak with staff to ensure they stored this type of equipment safely and in line with the registered provider's own procedures.

Requires Improvement

Is the service effective?

Our findings

We were concerned there had been two occasions when staff had not carried out appropriate assessments on specific people following a fall and injury during the night. This had resulted in them receiving medical attention the following day rather than straight away. We also found two people had airflow mattresses which were not set at the correct level, which could impact on their skin integrity; these were adjusted during the inspection. In addition, we found discrepancies in the effective monitoring of one person's fluid intake and urine output, which was important as they had a catheter insitu and were prone to urinary tract infections and frequent blockages of the catheter requiring district nurse intervention.

Not ensuring people received safe and effective care was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. You can see what action we have asked the registered provider to take at the back of the report.

Since the two incidents where people sustained an injury during the night (mentioned above), the registered manager told us staff had received instruction in the action to take should someone have a fall. Staff confirmed this and in discussions they were able to describe the signs and symptoms of a possible fractured hip and the action they should take.

People who used the service told us they were able to see health professionals as required. They also said staff helped them to make their own decisions when possible. Comments included, "I ask to see a doctor if I need one", "They ask me all the time; I choose what to wear", "They always ask me" and "Within reason, I get to do what I want to do." People also said they liked their meals. Comments included, "It's very pleasant; the food is good", "I get asked at lunch what I want. The food is alright and there is plenty to drink" and "I'd say it [food] was average, seven or eight out of 10; there's enough to eat and drink."

Relatives told us health professionals were involved in people's care and they commented positively on the meals provided. Comments included, "The optician has visited and a podiatrist. Their GP visits when needed and they ring me and let me know", "They have seen a doctor here and a course of antibiotics was started the same day", "I have always seen them ask her", "Consent is always asked. There is a lot of respect shown to residents by staff" and "They always ask her consent; I'm involved in the care plan updates and they keep me up to date." One visitor described how staff received specific training relating to the needs of their relative as soon as they were admitted to the service. Relatives said, "They seem to like to food. I think they ask them what they want and they can soften food if they want it", "They have a good appetite and have put weight on. I have seen them offered either a cooked meal or sandwiches at tea-time" and "They can't have vegetables and staff know this; mum thinks the food is beautiful."

We saw people received treatment and advice from a range of health professionals which included GPs, dieticians, community nurses, speech and language therapists (SLTs), emergency care practitioners, opticians, chiropodists. Staff ensure people attended hospital outpatient appointments and liaised with relatives to ensure they were aware and could escort them. Health professionals said, "It [meeting people's health care needs] is very good. They are aware of appropriate assessment tools and the action to take" and

"I have found them to be effective." Staff were asked about how they would prevent pressure ulcers from occurring and how they recognised when someone's health was deteriorating. In their answers, they were clear about the measures they would take to make sure people received timely support and treatment.

People's nutritional needs were met. The care plans indicated staff assessed people's nutritional status and monitored their weight; any concerns were referred to dieticians or SLTs for advice and treatment. The menus indicated people had choices and alternatives at each meal. Special diets were catered for and staff were observed offering drinks and snacks in between meals. We saw staff supported people to eat their meals in a sensitive way and at a pace appropriate for their needs. People were asked where they wanted to sit, whether they wanted a clothes protector and what type of juice they would like. We observed staff offering people a visual choice of plated food to help them make their decision. Tables were nicely set out and the atmosphere was calm and sociable; food looked hot and appetising and appropriately portioned. We observed staff were attentive throughout the meal by cutting up food when required, turning plates round so people could access their food, encouraging them to eat more and checking people had finished before removing plates. When one person asked to go to the toilet mid-meal this was accommodated straight away.

During the short observation for inspection (SOFI) and general observations carried out during lunch on both days, we saw there were some improvements which could be made that may assist specific people who used the service. This was to do with the use of utensils for one person, a check on the type of diet required for another person and seating arrangements for another person. These were mentioned to the registered manager to consider and address.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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 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. We found the registered manager was knowledgeable about the criteria for DoLS, who had a DoLS authorised and which people had an application made and authorisation pending. At the time of the inspection, DoLS had been authorised for two people and 29 had been applied for but were yet to be assessed. There was evidence the registered manager had followed up applications with the local authority to check on their status. This meant the registered provider and registered manager were acting within MCA legal framework.

In discussions, staff were clear about how they obtained consent from people prior to carrying out care and support tasks. Assessments of people's capacity to make their own decisions had been completed and when people lacked capacity, best interest meetings had been held with relevant people present to support decision-making.

We found there was a range of training provided, relevant to roles and responsibilities; staff new to care settings completed the Care Certificate. The training records included first aid, moving and handling, safeguarding, fire safety, infection prevention and control, MCA/DoLS, health and safety, data protection and food hygiene. There were other training courses relevant to the needs of people who used the service. These included dementia care, managing behaviours which could be distressing for people, nutritional screening, pressure area care, diabetes and catheter management. The staff who administered medicines

completed medication training. Staff confirmed they received training and they told us this helped them to support people in a safe way. They also confirmed they had supervision meetings and annual appraisal to support their development. New staff had an induction which enabled them to acquire skills and knowledge before supporting people independently. The training manager described a new 'dementia strategy toolkit' available for staff which would assist them when assessing specific areas of need, for example distressed behaviour and pain; this was just being rolled out to senior staff.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring and treated them with respect. Comments included, "We have a bit of fun", "Staff are friendly and most chat to me. I hope they listen to me; they do repeat what I tell them" and "They are caring and they listen to me; they are very good."

Relatives said, "The way they are with everybody is so caring", "They are caring and they respect their dignity. Their room is kept immaculate and they dress them nicely in their clothes" and "Staff are hardworking angels and they are consistent in everybody's care needs." Other comments from relatives included, "It is alright here; staff make it. I know all the staff", "We can't praise the staff enough. We have been consulted on every aspect of their care" and "There's a relaxing atmosphere and attentive staff."

Health professionals said, "I have observed good communication which has led to residents being able to express themselves" and "They always ask residents their opinion and offer choice."

We observed staff had a positive approach when interacting with people who used the service. They showed people kindness and were observed stopping and talking to people, giving them reassuring cuddles and used affectionate gestures such as a gentle pat or stroke on the back. Staff got down to people's level when they were sat in a chair, made eye contact with them and ensured people had time to respond to questions. All staff knew people's names and how they preferred to be called, for example some people were called by their first names but other were addressed by their title of Mr or Mrs. We overheard conversations between staff and people who used the service. They talked about their families, when they were visiting and the interests they had.

We observed staff provided people with explanations before carrying out tasks and during any moving and handling support. For example, we saw staff assist three people from chairs to wheelchairs using a hoist and two other people to move with the use of a stand aid. These tasks were all completed in an unhurried way with staff explaining to people what was happening each step of the way. Staff were observed supporting people to walk to the dining room for lunch. This was carried out slowly with encouraging words along the route.

We saw staff respected people's privacy and dignity. People were appropriately dressed in clean clothes with shoes or slippers on, their hair was combed and tidy, and some wore jewellery. In discussions, staff gave examples of how they would promote dignity and respect. They said, "We knock on doors and make sure curtains and doors are closed [during personal care]." We observed staff used a privacy screen when supporting a person who has slipped out of their chair onto the floor. We saw each person had a single bedroom which afforded them choice about where to spend their day and gave them privacy at night. Bedroom, toilet and bathroom doors all had privacy locks. Some people were provided with aids such as plate guards to help them manage to eat their meals with minimal assistance; people were also offered clothes protectors at meal times to assist in keeping their clothes free from food spillages. During a tour of the environment, we noted some minor issues in bedrooms that key workers could attend to in a more effective way. This was mentioned to the registered manager to address.

Staff respected people's wishes and supported them with therapies that brought them comfort, for example doll therapy. We observed people walking freely about the service on the ground floor where staff were able to monitor them from a distance if required. For safety reasons, people were unable to access the stairs to the upper floor without staff support.

We found people were provided with information to help them improve their independence and orientate them to the building and time of day. There was a bright and colourful activities board which described what was offer each day. There was a menu on display and the clocks were set to the correct time. There were hand wash signs in communal toilets and bathrooms which provided guidance on good hand hygiene to people who used the service, visitors and staff. There was pictorial signage on toilet and bathroom doors; we saw toilet doors were painted yellow to help people living with dementia to locate them easily. There was also a colour contrast between the toilet and seat, which has been known to assist people living with dementia to recognise them more effectively.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private in the team leader's office or the registered manager's office. People's reviews of their care were held in private. People's care plans and medication administration records, and all staff personnel files were held securely. Records were also held in computerised form and the registered manager confirmed the computers were password protected. The registered provider was also registered with the information commissioner's office, a requirement when computerised records are held.

Good

Is the service responsive?

Our findings

People who used the service told us staff looked after them well. They said they had activities to participate in and they felt able to raise concerns. Comments included, "I play bingo and I want to read, but I need some new glasses" (this was mentioned to the registered manager), "I like to sing and play my guitar", "It's not home, but I like it in summer when I can get outside" and "I'd tell any of the staff; any problems I can discuss with any of them."

Relatives had positive comments about how responsive staff were to people's needs, the activities they participated in and how easy it was to raise issues of concern. They said, "The staff tell me everything she has done; we share information", "They got a special chair, a raised one, so they can sit comfy and it makes it easier for them to get up" and "I have filled in a Life Story Book; they know her background and know her likes and dislikes." Relatives also said, "They participate in everything; they sing and dance when they can. There's plenty going on", "They take part in activities; they also like to watch everybody else joining in" and "I'm not sure about what activities there are, but I visit every day." Other comments were, "I would see the deputy manager for concerns, [name]; they listen and act. There are no problems", "I would speak to a senior carer and I wouldn't be nervous; they are easy to speak with and they do listen" and "I would see [deputy manager and registered manager's names]; they are very approachable and always have time, but I never have had any complaints."

We found people had assessments of their needs completed prior to, and following, admission which were updated when significant changes occurred. Staff and relatives completed people's life histories in a 'getting to know you' document and also a map of life showing their previous interests, work, hobbies and important relationships with family and friends. There was a one page profile with people's likes, dislikes and preferences for care. The information gathered at the assessment stage assisted in the writing of care plans to guide staff in how to deliver care which was tailored to people's needs. There were some minor issues with information in care plans which were discussed with the registered manager and they told us they would address them.

We observed staff supported people in ways that met their individual needs. For example, we observed one person engaged in doll therapy and saw they gained much comfort from this, talking to the doll and cradling it in their arms. Staff ensured people had choices about how to spend their days, where to sit, the times of rising and retiring and the activities they participated in. We saw people were able to walk freely about the service downstairs, in the lounge, the conservatory, the dining room and in corridors. There was a two-seater settee in one sitting area which we saw was a favourite of one person; they liked to lay down on it during the day. Some people at risk of falls, had sensor mats by their beds or chairs which would trigger an alarm when they moved onto it; this enabled a quick staff response to help prevent accidents. People who used the service came into the registered manager's office during the inspection for a chat; we could see this was a regular occurrence. We observed staff knew people and their needs well. They chatted to people, supported them with moving and handling, tucked blankets around them and provided drinks and snacks. We observed staff responded well and provided good support when a person slipped out of their chair.

There were activities for people to participate in and we observed some of these during the inspection. There was a brightly coloured board with pictorial signs of which activities were planned each day. There was an interesting selection of activities to suit all tastes and needs. These included hand massages, nail care, quizzes, puzzles, musical instruments, colouring, art and crafts, singing, karaoke and reminiscence. One activity coordinator had been trained to facilitate 'Oomph sessions' which were fun, exercise activities. Singers and entertainers visited the service and the local clergy called fortnightly to sit and talk to people. There was a hairdresser's salon for people to use and a trolley with small items for them to purchase such as sweets and toiletries. There was a 'dementia pod' which was used between several of the registered provider's services. The dementia pod was a heavy duty cardboard framework, set out to make an area of the conservatory look like a pub; there were pub-style tables and chairs and staff told us people could sit at them in the evening to have a drink and a chat. Some people visited a local café for a coffee and a chat. There was a six-monthly newsletter produced to provide information on upcoming events.

We observed a musical instrument session in the morning which people enjoyed and saw three other people sitting and talking to staff completing bead work. Staff were very attentive during the sessions and we could see that people really enjoyed singing with the karaoke machine; some people were encouraged to get up and dance with staff. In the afternoon, we observed the activity coordinator chatting to people and showing them an old style camera and asking if they remembered them. There were two activity coordinators to ensure each day of the week was covered. The activity coordinator on duty during the inspection told us people's 'my life' form provided them with information about past hobbies and interests so they could tailor activities. We saw the activity coordinator wrote reports about the activities people participated in and each day completed daily a 'scale of wellbeing' for each person which culminated in a monthly report.

The registered provider had a complaints policy and procedure, which was on display on the notice board. The procedure identified how to make a complaint, what the timescales were for resolution and how to escalate to other agencies. People told us they felt able to raise concerns with staff, the registered manager or other members of the staff team. Staff knew how to manage complaints. We saw any concerns or niggles were dealt with straight away and documented.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was aware of their registration responsibilities in sending the Care Quality Commission (CQC) notifications about incidents which affected the health and wellbeing of people who used the service. In most instances, we had received these notifications such as accidents resulting in harm, deprivation of liberty safeguard authorisations and when a person died. However, there had been several occasions when we had not received notifications which related to incidents between people who used the service. This meant we were unaware of them and were unable to check how they had been managed.

Not notifying us of incidents which affected the safety and welfare of people who used the service is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. On this occasion we have written to the registered provider reminding them of their responsibility regarding notifications to CQC.

The registered provider had a quality monitoring system which consisted of audits, checks, meetings, and surveys to ensure people's views and suggestions were heard. The audits and checks included observing a meal experience, the environment, training, medication, equipment used in the service, catering, health and safety, people's weight and other records. We looked at the monthly reports for December 2016 and January 2017. In both records, it was recorded that reporting of incidents to CQC had been completed but this had not happened for all the required notifications, as mentioned above. We also found discrepancies in some people's monitoring charts and a more systematic approach to checking them would improve this. The medicines audits required review to ensure it was thorough when checking the controlled drugs register. These points were mentioned to the registered manager to address.

There had been an audit on the experience of people at the end of their life. This had demonstrated that most people had been able to spend their last days in their home environment, which was their preferred choice, rather than being admitted to hospital. It also resulted in an action plan to ensure more staff received end of life training.

We found there were meetings for people who used the service and their relatives, and for the staff team. The minutes of the meetings showed us people were able to express their views and these were listened to, for example on menu choices and the use of red dinner plates. Guidance on supporting people living with dementia suggested the colour contrast of red plates helped people to eat more. There was a health and safety committee and minutes of meetings evidenced concerns were discussed and plans made to address them.

The registered manager was in the middle of sending out questionnaires to people who used the service, their relatives and health professionals. The survey for people who used the service had recently been simplified in an effort to make it easier to complete. The staff survey had been carried out in November 2016. The registered manager told us that when the questionnaires were all returned, these would be analysed and any shortfalls addressed.

People who used the service and their relatives told us they were happy with the care and staff listened to them. One person who used the service said, "I don't want for anything" and "I don't go to the meetings but the staff do listen to me."

Relatives knew the names of the registered manager and deputy manager. When asked if the service was well-managed, they said, "The manager, [name] is brilliant", "There are no improvements needed", "Yes, it is well-managed", "From what we have experienced up to now, the service and care is second to none" and "I think it is well-managed and can't think of any improvements." Relatives told us they knew about meetings held and some said they attended them. They said, "Relative's meetings are monthly; they let us know what is going on. I am very happy with the care", "I have attended three relative's meetings; they discuss our opinions. The new reception area is better and now there is someone around there to chat with" and "I know of meetings but I have never been to any; I can voice my concerns anytime."

We spoke with the registered manager about the culture of the organisation and their management style. They stated they were well-supported and had visits from senior managers and contact by phone whenever it was required. They described the culture as open, listening and one of learning from mistakes. They told us they strived to be supportive, fair and honest with staff and they also discussed how they liked to 'work on the floor', so they knew what was going on rather than being confined to an office. The registered manager felt that morale had been low as there had been several managers come and go over the last few years. However, they said this had improved and there were some rewards for staff such as the registered provider's 'Shine Awards', which recognised and acknowledged 'above and beyond' staff contributions. We observed the registered manager knew each person who used the service and their relatives. Throughout the inspection, they were seen stopping and talking to people, getting down to their level, holding their hands and demonstrating a kind and caring approach.

In discussions with staff, they confirmed they felt supported by the registered manager and could raise concerns and discuss issues when required. Comments included, "Yes, 100% support. we have meetings every four to eight weeks", "They [registered manager] is always there for support", "Yes, management is supportive; we are just getting used to the new 12 hour shifts" and "We have supervision and appraisal. We have a good team; the manager is approachable and I can talk to her."

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 The registered provider had not consistently ensured that staff provided care in a safe way for service users. Regulation 12 (1) The registered provider had not ensured that service users were protected by the proper and safe management of medicines; some people had not received their medicines as prescribed. Regulation 12 (2) (g)