Norma Martin Care Homes Limited

Regency Residential 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection was undertaken on 13 and 16 March 2015 and was unannounced.

At the last inspection on 2 April 2014 we found that the service was meeting all the legal requirements and regulations associated with the Health and Social Care Act 2008.

The Regency is registered to provide accommodation for 14 older people who require personal care. There were 13 people living at the home at the time of the inspection. The service works in partnership with local health professionals to provide a rehabilitation service. This service also offers respite for people, which may prevent hospital admissions.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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

Prior to the inspection we received concerns from the local authority about the management of medicines within the service. As a result of the concerns Devon County Council implemented a safeguarding process. Placements to the home had been temporarily suspended on 5 March 2015. The service was monitored through a combination of visits by social services staff, and the community nurse team, as well as multidisciplinary safeguarding strategy meetings. The suspension of placements was lifted by the local authority in 2 April 2015. The safeguarding process was closed on 2 April 2015 as the multidisciplinary safeguarding meeting concluded that actions had been taken at the service to keep people safe.

Appropriate arrangements were not in place for the safe administration of all medicines. One person had not received their prescribed medicines which resulted in them experiencing discomfort.

People using the service and their relatives were very positive about the service provided, although some people said there was little in the way of daytime activities and that sometimes they did not have enough to keep them occupied. However, some people said they enjoyed a number of independent activities outside of the service and staff supported and promoted their independence in and outside the service.

The daily records of care provided did not show the full level of care and support provided. There was little information about how effective some medicines or treatments had been. For example, there was no evaluation of pain management to confirm whether pain relief was effective.

People said they felt safe and were well cared for. Comments included, "I feel safe here. The staff are a great help to me" and "I am quite safe and they (staff) keep an eye on me." Relatives comments included, "Mum is safe here. She is happy and healthier since moving here"; "Things couldn't be better."

Staff treated people with respect and ensured their privacy and dignity was promoted. People were supported and encourage to maintain their independence and to make choices about their daily lives. Care records were personalised and contained relevant information to help staff provide person-centred care and support.

Systems were in place to protect people from the risk of abuse. Staff had received training and all were aware of their responsibility to report any concerns. The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

Positive comments were received about the food served, including, 'The food is always good' and "I like all the food served here…It's all very tasty." All staff including the cook had a good knowledge of people's likes and dislikes as well as any specific dietary requirements people had. There were measures in place to ensure that people's nutritional needs were monitored and actions taken where required.

Staff had opportunities for regular training and professional development to enhance their skills and knowledge of working with people in the service. Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. Staff said they enjoyed their work and were happy working at the service. Visiting professionals described the manager and staff as being 'caring, enthusiastic, keen to learn, helpful and receptive'.

Staffing levels were sufficient to meet people's needs and staff had gone through appropriate recruitment checks to ensure they were suitable and safe to work at the home.

Some aspects of the environment needed to be improved and the service had a refurbishment and redecoration programme in place to address this.

Systems to monitor and review the quality of the service were in place and the manager maintained an overview of the service by being involved in people's care. People felt confident to raise any concerns with the manager although people said they had no cause to complain. People using the service, their relatives and staff had an opportunity to influence the service.

Summary of findings

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

You can see what action we told the provider to take at the back of the full version of the 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

The service was not always safe. Appropriate arrangements were not in place for the safe administration and recording of all medicines.

There were systems in place to make sure people were protected from abuse and avoidable harm. People did not express any concerns about their safety.

There were enough staff on duty to meet people's needs and there were effective recruitment and selection procedures in place.

Is the service effective?

Good

The service was effective. People were supported to receive adequate nutrition and hydration.

People received care and support to meet their health needs and they had access to a variety of health and social care professionals.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Is the service caring?

Good

The service was caring. Staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and kindness. People were involved in decisions about their care and support.

Relatives and friends were encouraged to visit at any time and they said they were made to feel welcome during their visits.

Is the service responsive?

Requires Improvement

The service was not always responsive. There were limited opportunities for people to take part in activities. Some people would welcome more organised activities.

Care records did not always reflect whether care and support had been effective. However, care records were personalised and provided staff with information about how to meet people's needs and preferences.

People using the service and their and relatives felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Summary of findings

Is the service well-led?

Good

The service was well led. There was an experienced registered manager in post who was approachable and communicated well with people who used the service, staff and outside professionals.

Visiting professionals described an 'open culture' where the manager was receptive.

There were systems in place to monitor the service offered and plan on-going improvements. People, their relatives and staff had opportunities to make suggestions and influence the development of the service.

Regency Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to send us by law.

This inspection took place on 13 and 16 March 2015 and was unannounced.

The inspection team consisted of a CQC 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.

We met and spoke with all of the people using the service and four relatives/friends to hear their experience of the service. We spoke with seven staff, including care staff, ancillary staff, and the registered manager. We also spoke with six health and social care professionals, including four members of the rehabilitation team; a community nurse; and a nurse specialist.

We looked at the care records for four people, medicine records, three staff recruitment records, staff training records and a range of other quality monitoring information.

Requires Improvement

Is the service safe?

Our findings

Some areas of medicine management were unsafe. The arrangements for the administration of PRN (when needed) medicines did not ensure people were offered these medicines regularly. For example, one person was prescribed two medicines 'when needed' for pain relief. The person was regularly offered one of the two medicines but due to a recording error additional pain relief had not been offered as prescribed for three weeks in February 2015. This meant the person was at risk of experiencing unnecessary pain. Since this incident the registered manager had introduced additional checks, including daily checks, to improve the safe management of medicines.

One person had developed a skin condition and their GP had prescribed a cream to be used daily. Records showed there had been a delay of three days in the home obtaining the cream. There was no record that the staff had contacted the pharmacy or GP to raise concerns about the delay in obtaining the cream. Staff said they had not phoned the GP or pharmacy about the delay. This meant the person had been without their prescribed treatment.

There were several handwritten Medicines Administration Records (MAR) which had not been signed by the member of staff nor countersigned by a second member of staff. This meant there was the potential for information on the MAR to be inaccurate as it was not checked by two staff.

Concerns were raised with us that there was not always a member of staff on duty at night who had been trained and assessed as being competent to administer medicines. The manager confirmed that on occasions in the past weeks alternative arrangements had been made to 'supervise' one person with their early morning medicines. Medicines had been dispensed by trained staff the night before and night staff had supported the person to take their medicine. The MAR chart showed a code of M was used, meaning 'made available'. This presented a risk as the member of staff assisting the person may not know that the person received the right dose of the right medicine at the right time, as prescribed. Also the records did not confirm if the medicine had been taken as prescribed. At the time of the inspection records showed there was always a trained and competent member of staff on duty to administer medicines. Staff responsible for the management of medicines had received training and the registered manager had completed practical assessments of the staff to demonstrate their competency.

The room temperature where controlled medicines were stored was not monitored to ensure medicines were stored as required by the manufacturer. The registered manager said a suitable thermometer was being ordered to address this.

The recorded administration times for some medicines, such as paracetamol, did not follow the manufacturer's guidelines. We discussed this with the manager who said she would review this immediately.

These findings evidence a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 - which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the current Medicines Administration Records (MAR) for all people living at the home. These showed people were recorded as having received their medicines at the doses and intervals prescribed for them. One person had medicine that was time critical due to their condition. Staff were fully aware of this and ensured correct timings between the medicines were adhered to. The person confirmed they received their medicine on time. A social worker said the person's condition had improved since living at the home and this in part was due to medicines being given at the correct time. A relative said, "The medication they give her is regular and effective. She has improved since living here."

Our observations of medicines being administered by staff showed that safe practice was followed. The medicines trolley was locked and secured when the staff member was with the person to administer the medication. The member of staff was patient with people, explaining the various medicines, offering pain relief and they stayed with the person to ensure the medication was taken safely.

The supplying pharmacist completed an advice visit to the service in February 2015. This showed there were safe and robust processes in place for ordering medicines; the dates medicines were received and the quantity received was recorded accurately; stock balances were regularly recorded and medicines, including controlled medicines were stored securely. We found this was the case at the

Is the service safe?

time of this inspection. There was a designated refrigerator for medicines storage and regular temperature checks were taken to ensure medicines were stored as the correct temperature.

People told us they felt safe at the Regency. Comments included, "I feel safe here. The staff are a great help to me"; "No one bosses me about or telling me what to do. The staff are all nice to me. Couldn't ask for more really…"; "I am quite safe and they (staff) keep an eye on me" and "I am looked after noon till night and safe as I can ever be."

Relatives and visiting health professionals said people were safe and they had not witnessed any concerning practice. One professional said, "There is nothing to suggest otherwise." A community nurse said, "I have no concerns about the care." Relatives comments included, "Mum is safe here. She is happy and healthier since moving here"; "Things couldn't be better. They love it here" and "I know we don't have to worry about Mum because she is safe and happy here."

The service had safeguarding vulnerable adults' policies and procedures in place, to ensure a consistent approach was taken in line with multi agency working. A poster was displayed in the lift highlighting the issue of abuse along with the contact numbers for making an alert to the local authority. Staff had received safeguarding vulnerable adults training and all were aware of the action to be taken should they have any concerns. The manager had worked collaboratively with the safeguarding team in the past following previous safeguarding concerns. They were aware of their responsibility to report any concerns.

People were able to take reasonable risks that improved their quality of life without being restricted. Risks had been assessed for people using the service in relation to their support and care. Actions put in place were designed to ensure that risks were minimised, whilst still promoting independence. For example, two people said they enjoyed regular trips to town on their own. They said they felt safe and confident when out and about. They said staff had given them advice about maintaining their safety but did not prevent them from enjoying their chosen activities.

Individual assessments covered risks in a number of areas such as skin damage, falls, nutrition and other identified risks specific to each person, for example behaviour. They were reviewed in response to changing circumstances. Where someone had been identified as having a greater risk of skin damage. A pressure relieving mattress and chair cushion had been obtained to reduce the risk. Another person's behaviour could pose a risk at times. The information in the care records was detailed and written in a sensitive and respectful way, with clear guidance for staff to follow to reduce risks.

One person was identified as having difficulty with swallowing and at risk of choking. The person had been assessed by a speech and language therapist (SALT) and their recommendations had been incorporated into the person's care records. Recommendations were carried out by staff to minimise the risk. For example, the recommended consistency of food was provided and the person was supervised when eating. However, one health professional said on one occasion they had observed this person eating a meal in their room with no supervision from staff, which presented a risk. We discussed this with the manager who confirmed they ensured the necessary supervision was in place.

Each care file we saw had a fire risk assessment in place which gave details about the level of assistance each person would require in order to evacuate the building safely in an emergency.

There were enough staff on duty to meet people's needs in a timely way. People's personal care was attended to in a timely way; people were assisted with meals where necessary in an unrushed manner and staff had time to sit and chat or read with people. People and relatives said there were enough staff on duty to provide assistance and support. One person said, "The staff come quickly when I ring. I never wait for long"; another person said, "I am well looked after, everyone is really nice.' A relative said, "There seems to be enough staff. They are always around and available to speak to. They are ever so friendly and helpful". Visiting professionals said staff were always available to accompany and assist them when they visited people. A staff member said "We have time with people here; no one's needs are overlooked or neglected".

The service employed both a cleaning and cook for 15 hours a week Monday to Friday. The registered manager said the cook worked 'occasionally' over the weekend. At the weekend care staff were involved in cooking and cleaning tasks. Although people did not raise any concerns

Requires Improvement

Is the service safe?

about the standard of care at the weekend, staff said they had less time with people as they had other chores. When there was no chef, a member of care spent 2 hours in the kitchen preparing lunch.

The registered manager said she routinely reviewed staffing levels to take into account people's changing needs, and determine whether any adjustments were needed.

Robust recruitment practices were in place to ensure people employed were of good character and had been assessed as suitable to work at the home. We looked at the personnel file of the three most recently employed staff. Files contained all the required information and checks. This included an application form, previous employment references and a satisfactory DBS check.

Maintenance issues were recorded in a maintenance book. We checked some of the records against what had been completed. The service had been without a maintenance person since January 2015. As a result a number of minor repairs had not been completed, for example, the light bulb in one person's en-suite was constantly on; the blinds in another person's room were not closing properly. The registered manager had advertised the post and was planning to interview one person following the inspection.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions were made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Staff said and training records confirmed they had received MCA and DoLS training. The registered manager and staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed. Records showed peoples' ability to make decisions had been assessed. Care records showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision such as accepting assistance with personal care. A 'best interest flowchart' was used for two people where their capacity to make daily decisions fluctuated. This showed staff involved people in decisions about their daily care. Where care had been declined this was recorded and records showed staff returned to offer care later in the day. Throughout the inspection staff sought consent from people when delivering care. For example when assisting with moving people; when administering medicines and when delivering person care. At the time of the inspection no-one was subject to a Deprivation of Liberty application

Most staff had obtained a nationally recognised qualification in health and social care. Those who had not were in the process of doing so. Staff received a variety of training, for example first aid, moving and handling, fire safety, infection control and safeguarding people. The provider information return showed staff had also received training to help them understand people's needs, for example dementia care awareness, end of life care, and malnutrition care and assistance with eating. A variety of training methods were used including e-learning and external and internal training depending on the subject matter. On the first day of the inspection a member of the local care home education team was delivering a moving and handling up-date. The manager had arranged several other training up-dates with the education team including, preventing pressure damage; managing diabetes and constipation and an infection control up-date.

A community nurse said staff were very helpful; they were knowledgeable and interested and keen to learn. They added, "They ask questions and we educate them." A member of rehabilitation team said staff were "receptive, enthusiastic and keen to learn".

Staff said they had been provided with induction training when they first started working at the service to help them work safely with people. During the induction they had received training relating to safe working practices and also spent time with other staff learning about the service and getting to know the people who used the service. Two members of staff said they had not worked unsupervised for the first two weeks. They said this had helped to develop their confidence.

Staff said and records confirmed they had received formal one to one supervision with the manager. This enabled them to discuss their role, performance and training needs with their manager. Staff spoke positively about team work. Comments included, "We have a good team. Staff are willing to help each other" and "I love working here. We have good support from the manager and the staff are good."

Positive comments were received about the food served, including, 'The food is always good'; "I like all the food served here…It's all very tasty" and "The food is good, never have anything I don't like." There was no notice board in the dining area to tell people what was on offer each day. However, if people did not want the meal of the day, they could ask for an alternative. We saw two people had an alternative meal to the main meal provided at lunchtime.

Some people had special dietary needs, and preferences. Kitchen and care staff had the information they needed to ensure people received they correct diet while taking into account their preferences. For example, diabetic and gluten free meals were provided. One person said staff were very careful to ensure they got the right food. A four week menu offered variety and choice. The menu had been created by the manager following a plate waste audit and food satisfaction survey.

As well as the three main meals of the day, people were offered hot drinks and snacks throughout the day. Fresh fruit was freely available for people to help themselves to. One person said they enjoyed the fruit regularly. People had choices about where they ate their meals; some

people chose to eat in their room, others preferred the dining area. Staff were on hand to assist and supervise people where necessary. Equipment was provided for one person to enable to eat their meal independently.

People's dietary needs and preferences were included in their care records. Nutritional and hydration assessments had been completed and where appropriate monthly weights were recorded. These showed people considered to be at risk were stable. Records showed people who had been prescribed nutritional supplements were receiving these as prescribed. The manager had completed 'hydration programme audits' for people at risk of dehydration. These had established acceptable levels of hydration and fluid intake. We saw from the records of one person at risk that the preferred fluid intake had been achieved to promote their health.

People had access to healthcare professionals in order to maintain good health and to ensure they received suitable healthcare support. For example we saw people were referred to GPs, speech and language therapist (SALT), the mental health team and community nurses. One healthcare professional said, "The staff are quick to contact us with any concerns. Any equipment needed is provided by the home and the standard of personal care is good." A community nurse said pressure area care was good and they rarely saw pressure damage at the service. Members of the rehabilitation service said people were receiving the support they needed, particularly in relation to improving mobility. They said they had not observed any immediate risk or concerns with the care provided. A nurse from the team said the overall care was good and people had made good progress. They added people appeared happy to be at the service.

Relatives told us about the 'remarkable improvements' they had seen in their family member since moving to the service. They said the person's mobility had improved; they were eating well and maintaining their special diet and their overall mood had improved.

People said they were happy with their private bedroom space. Most rooms were large, clean and bright. There were two assisted bathrooms and one small shower room. The manager showed us plans in place to fit a new wet room on the ground floor. Work had been stated on this project and was due to be completed by the end of April 2015.

Some of the large windows were dirty and would benefit from cleaning – the registered manager said she had employed a window cleaner but the windows had not been cleaned since last summer. Many of the bedrooms did not have fully fitting curtains; some did not have curtains at all. These rooms were not overlooked so people's privacy was not impacted, however, without curtains it could be difficult to sleep with sunlight coming into the rooms from early morning until evening. We asked people if this affected them; most said it did not, two said they enjoyed the views across the garden and down to the town. However one person said they would like to have their blind in working order.

Some rooms contained carpets that showed signs of wear; they were stained and looked burnt as if someone had used an iron. In one en-suit the paint was flaking off the walls and lino that had lifted.

There was a large garden area, with a small stream, trees, shrubs and a patio area. There was no safe access for people with mobility difficulties to use this garden. We were told of plans to develop the garden, which included improved and safe access and reconstruction of the patio area so that people could have bar-be-cues, and an area of garden to enjoy.

The main lounge had recently been converted into an office. This meant the dining room now accommodated the sitting room/lounge area. The room had armchairs around the wall and circular tables in the centre. Several people were in the easy chairs and two people were having breakfast at the tables. A large television screen was on but was on the other side of the room from the armchairs, and with people walking around, a member of staff giving medicines, it was difficult to follow any programme. The layout appeared cramped. A room on the ground floor had been made into an additional sitting room; however this room was very cold despite the radiator being on. The registered manager explained she had asked the plumber to install an additional radiator to make the room warmer and cosy.

The registered manager had a refurbishment and redecoration programme in place for 2015, which included new shelving and curtains or blinds in people's bedroom by May 2015. The smoking room was to be refurbished and redecorated, plans to improve access to the garden were to be completed by July 2015, and a number of bedrooms were to be refurbished between March and October 2015.

Good

Is the service caring?

Our findings

People who used the service made lots of positive comments about the staff and the quality of care they received. Comments included, "They (staff) treat you as a person, not a Client"; "This place is lovely. The staff are kind and they treat me with care and respect. I would recommend this home to anybody. There is nothing I can think of that they don't do for me…I'm very lucky to be here"; "It's a lovely place. They definitely look after me. They need to move me with a hoist, they tell me what they are going to do, ask my permission, and they are so gentle, they never hurt me. They treat me with dignity"; "I like it here. People are good to me. I've got a nice room, I can walk about and chat to everyone…I am well looked after, everyone is really nice" and "You are asking me about my home. That's it for me…this place is my home…and these people that care for me…they are like family to me."

Relatives and friends also provided positive comments about the service. These included, "The staff are helpful, friendly and caring. Mum really enjoys their company. They chat with her and have a laugh, which is nice to see"; "The staff have been so kind and caring. It seems as if nothing is too much trouble for them" and "This home has been a God send. They couldn't manage any longer to look after themselves. I've noticed a difference already. They are brighter, cleaner, chatty and happy. The staff really know their job. They know the residents well and treat them as individuals…I am very happy with all the care given here."

Visiting professionals also described the staff and registered manager as caring. Comments included, "You can't fault the caring aspect"; and "Staff are attentive and from what I see, kind and patient with people." None of the people we spoke with, their visitors or visiting professionals raised any concerns about the quality of the care.

It was evident that the staff and the registered manager knew every person living at the service very well. The staff were able to tell us about the likes and dislikes of individuals, what they needed to be comfortable, how much assistance they needed and how much independence they enjoyed. They were able to describe how they maintained people's privacy and dignity and we saw this in practice. Staff were discreet when offering assistance with personal care for example. We did not see or hear staff discussing any personal information openly in communal areas or compromising privacy.

Staff were considerate, friendly and helpful to everyone they approached; and people responded positively to staff. A member of staff approached one person to assist them to the dining area. The person took hold of the staff member's hand and smiled and said, "She looks after me." We saw shared laughter and friendly, appropriate banter between staff and people. Two members of staff moving a person using a hoist did so very carefully and spoke reassuringly with the person throughout. The person appeared in no pain or distress. The person said staff "took great care" when assisting them and never caused them pain.

Staff told us how much they enjoyed their job. Comments included, "People are valued for who they are here and we seek to make them our priority" and "This is a great job. I enjoy being able to help people. We are like a big family here." This last comment was echoed by people living at the service, relatives and other staff.

People were supported to have their personal care needs met. People were neatly dressed in their own clothes, which looked well cared for. Staff helped people to take pride in their appearance and dress in their personal style. People said their clothes were washed and ironed and that trouble was taken to ensure outfits matched. One person said, "Our clothes are washed and ironed by the Home. They keep you looking smart, make sure it all matches. They take it away and it comes back all lovely….very happy about it all.' One relative said "My Mum is cleaner here than when she was looking after herself. Then her clothes were always messy, she was always covered in food down her front. Here she looks clean and tidy. Her clothes are washed and ironed, and they are colour co-ordinated…gives her a bit of dignity to look nice."

There was a good rapport between many of the people living at the service; they chatted happily discussing what they planned for the day and who they were expecting to visit. People said they had made friends and more than one described the service as "home."

People were encouraged to stay in touch with relatives and family. One person used the office computer to stay in touch with family members overseas. Relatives and friends who visited regularly confirmed they were always made welcomed by staff at the home and offered refreshments.

Good

Is the service caring?

People's religious needs and preferences were considered and met. For example, it was very important to one person that their local church visited them, and this had been arranged.

There were many comments from people that they felt the service gave them the care they needed as well as the opportunity to be as independent as they wished. Some people visited the local shops, cafes, and came and went as they wish. People said daily routines were flexible; they were involved in choices about all aspects of their care. For example they were able to make choices about what time they got up, and when they went to bed and about where they spent their time.

Care records contained information about the person's preferred name, and identified the person's preferred routines and how they would like their care and support to be delivered. People were not familiar with the term 'care plan' but they said the manager had spoken to them at length about their likes, dislikes and care needs. People said they were very happy with the way care and supported was provided to them.

Requires Improvement

Is the service responsive?

Our findings

We spoke with people about the activities provided at the service. We were told there were few organised activities. One person said, "They used to have Bingo. I used to call it. Nobody does it anymore…I think it's the weather. People like to do more things in the summer". Another person said, "I'd like to play games like Dominoes if someone would play with me. It would be nice to have something to occupy me." And a third person commented, "Not much going on in the way of entertainment. There used to be a Bingo game but that was a long time ago." One person said, "They have a singer from time to time, in the lounge. It's a bit small because they made the lounge proper into an office, so the music is loud, can't hear the songs."

There was a box of activities in a small lounge, cards, dominoes, puzzles, and balls of wool for knitting, but these were not being used. We asked staff about activities. One said, "People are given the choices about whether to take part in activities, the residents have chosen not to". Another member of staff said, "They used to like a quiz, or bingo but now they've gone off it. We have tried to play one to one games but they are just not interested. It's their choice if they don't want to join in."

Staff had one to one time with people. We observed staff taking time to involve people in conversation about their needs and preference. Staff sat down next to people and asked them how they were feeling and if there was anything they needed. One member read with one person and another spent time with a person in their room looking at books. Two people enjoyed being involved with 'little jobs'. The personal history of one person recognised their past role and they were supported and encouraged to help with the tea trolley. Another person said they enjoyed helping with the shopping every week. Some people were able to go out and access the local community facilities independently and one said they were not interested in organised activities. One said, "I have a lot of choice here. The staff respect me and let me 'do my own thing'." Another person said they had a "very happy life'. They said they enjoyed a good degree of independence. Throughout the inspection there was a positive atmosphere and we saw good interactions between staff and people who used the service.

We discussed the lack of opportunity to take part with activities with the registered manager. She said she had organised trips out in the past and booked local transport but people were not interested and declined to go out on arranged trips. She explained regular entertainers visited the home as did a hairdresser and massage therapist. However the registered manager recognised this as an area for consideration and improvement.

Care records showed people's needs had been assessed before they moved to the service. This helped to ensure the service could meet individual needs and expectations. The registered manager completed all pre-assessments and people said they and/or their family were involved by sharing information about their needs and preferences. The initial assessments had been used to develop care plans which contained information for staff about how to support people.

Care plans were personalised to the individual and contained information to assist staff to provide care in a manner that respected their wishes. For example people's needs and preference were recorded in relation to their person care. Information also considered people's dietary needs and preference; skin care, pain management and behaviours. The care records we looked at also contained detailed information about people's past life history, and interests and hobbies. This demonstrated people were asked for their views that enabled the home to provide a personalised approach to care and support. Care records had been reviewed to reflect changing needs. For example, one person's mobility had decreased and the additional support required had been added to the care records.

The daily records were often brief and did not reflect the care provided as described to us by people living at the service. For example, one person had a pain management care plan; however there was no on-going monitoring of the person's pain levels to confirm if pain relief had been effective. Care records highlighted areas of concern relating to pressure damage and equipment was in place to reduce the risk of pressure damage. However daily records did not show the care given to reduce the risk or provide up-dates on the condition of the person's skin to help judge whether there had been improvement or deterioration.

People using the service and relatives were complimentary about how care was delivered. One person said, "The staff are always quick to see to me. They have time for me. I don't feel rushed or as if I am being a nuisance." One relative said, "We are really happy with all the care my Mum gets here. She couldn't walk when she came here. She

Requires Improvement

Is the service responsive?

couldn't get out of the chair and now look at her. With the regular care, good food, she has made an incredible recovery. There is a really good standard of care here, not just because it's their job; they give the residents extra care."

People's requests were listened to and acted upon. One person said, "The only thing I wanted was a thinner duvet, and they are getting one for me." Another said, "I asked for a bed-side to help me get out of bed and there it is…"

The complaint procedure was displayed in a communal area; a copy was also in each bedroom along the statement of purpose for the service. People were aware of how to raise any complaints or concerns they may have. All the people we spoke with said they had no complaints about the treatment they received, the attitude of the staff, cleanliness of the rooms, personal care, food or the caring attention they received. They said they had every confidence in the manager that she would listen and respond to any complaints. One person said "If I had a complaint I would tell the management and I'm sure they would listen." This was echoed by other people and relatives. One relative said "If we anything to complain about we would take it straight to the manager and we have every confidence that it would be taken seriously."

The registered manager said there had been three complaints reported to them since the last inspection. The detail of each complaint or concern was clearly recorded. All three had been investigated and resolved.

Good

Is the service well-led?

Our findings

The service was led by a manager who was registered with CQC. People using the service and relatives all said they felt able to talk to the registered manager and staff at any time. One person said, "I know who the manager is. She is very nice. She asks us if we are happy or if there is anything we would like or need. She is around most of the time so you can see anytime if you need to." A relative said, "The manager is very good. Very caring. She appears to be really interested in everyone and has made some good suggestions which have improved Mum's life."

Visiting professionals described the cultural within the service as 'open'. One said the registered manager was always open to suggestions and never defensive if suggestions were made. Another said they were "very receptive" and that they "really want to get it right."

The manager worked a shift pattern which enabled them to be available at various times, including night shifts and weekends. The manager said this gave her a good opportunity to have regular contact with people, to monitor the care delivered, and monitor and support staff. They were visible within the home and everyone knew who she was.

People who used the service and their relatives were asked for their views about the care and support provided and these were acted on. We saw results from the last satisfaction survey completed July 2014. All areas scored highly. Comments from relatives included, "We are pleased with an excellent service…" and "Could not wish for a better home for my mother." This meant people who used the service and relatives were able to influence the running of the service and make comments and suggestions about any changes.

The staff team were very positive about the registered manager's style and approach. They described her as supportive and approachable. Comments included, "The manager is so good. She is really helping me with training and wants me to develop"; another staff member said, "This is a good place to work. You can speak with the manager at any time and she is always willing to listen."

Staff told us, and the duty rota confirmed, there was always a senior member of staff on each shift. There was always a senior member of staff on call should there be any emergencies at the service. The senior member of staff allocated workloads at the beginning of the shifts which ensured that all staff knew their role and responsibilities for the day. One member of staff said they liked this way of working as it ensured all staff were accountable for their work. Staff said they felt well supported and were never asked to undertake any tasks they did not feel confident with.

Staff said that communication was good and they always felt able to make suggestions to the manager. There were regular staff meetings and minutes of these meetings showed this was an opportunity to share ideas and make suggestions as well as an opportunity for the manager to share information. Minutes showed areas for discussion included reviewing staff's roles and responsibilities; adopting staff champions for food and fluid and moving and handling. Discussion also promoted team work by reinforcing the team values and philosophy demonstrated by the registered manager. One member of staff described how skilled the registered manager had been at resolving conflict.

There were various regular health and safety checks carried out to make sure the building was maintained to a safe standard for those people using the service, staff and visitors. The registered manager carried out regular audits including auditing medicines, infection control, bedrooms and audits on equipment such as mattresses, wheelchairs and pressure relieving equipment. This enabled them to monitor the service and plan on going improvements.

Incidents and accidents which occurred were recorded and monitored by the registered manager. Where a person had experienced a fall, action had been taken in partnership with other health and social care professionals in order to reduce further risk occurring. For example two people had been referred to the 'falls co-ordinator' and GP for a review following a fall. This showed the service had taken action to make sure people received effective support.

The PIR describes the registered manager as a 'champion for values and principles' which ensured people were "treated with dignity and respect, diversity is valued and celebrated and that no one is excluded from any part of life in the home." Evidence suggests that these values had been up-held. People said they were treated with respect and dignity; people's individual needs and preference were acknowledged and their independence promoted and people described the service as 'home'.

Good

Is the service well-led?

The registered manager was aware of their obligations to submit notifications to CQC in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted.

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: Appropriate arrangements were not in place to ensure people were protected from the risks associated with the unsafe use and management of medicines.