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Dovehaven

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?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection of Dovehaven took place on 12 & 15 July 2016.

Dovehaven is a residential home in Southport. It is registered to provide accommodation for 32 people who need support with personal needs.

There was no registered manager in post; the provider had very recently appointed a new manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection conducted in March 2015 we found a breach of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This was in respect of the service not referring safeguarding incidents to the local safeguarding team and issues requiring the service to notify the Care Quality Commission (CQC) had not been made.

On this inspection we checked to make sure requirements had been met. We found improvements had been made to meet necessary requirements. The breach had been met.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. This included alerting senior managers to an incident and also reporting incidents to the local authority. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

CQC were also now being notified of incidents that affected the service in accordance with our regulations.

During this inspection (July 2016) we found breaches of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 relating to the way in which complaints were recorded and the systems and process in place to assess and monitor the service.

There was not an effective system in place to receive, handling and respond to complaints from people who used the service.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a well-managed service.

You can see what action we told the provider to take at the back of this report.

Medicines were safely administered to people. Staff supported people to manage their own medicines. This

practice was risk assessed to ensure it was undertaken safely. Staff were trained to administer medicines though staff competencies had not been checked as part of assuring safe medicine practices

People's views were mixed regarding there being sufficient numbers of staff on duty to care for them. This was subject to on-going monitoring by the service. During the inspection we saw support was given to people in a timely manner.

Risks to people's health and wellbeing had been assessed in accordance with people's needs. Not all risk assessments had been updated to reflect current risks though staff were aware of the risks and appropriate support was given.

Staff did not always wear protective aprons when serving meals to assure good standards of food hygiene.

We have made a recommendation about reviewing safe working practices.

People said they felt safe living at the home and were supported in a safe way by staff.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the local authority.

Opportunities were in place to address lessons learnt from the outcome of incidents such as falls.

Care plans provided information to inform staff about people's support needs. The manager was reviewing these to make them more centred on people's individual needs.

People received care and support from the staff and external professionals to maintain their health and well-being.

People's individual needs and preferences were known by the staff. People told us staff involved them with decisions about their care; not all were familiar with their plan of care.

People told us staff were kind, caring and respectful in their approach.

We observed positive interaction between the staff and people they supported though some comments raised meant people did not always benefit from care and support that was centred round the individual.

People could take part in a social programme led by an activities organiser. This was being developed to ensure activities and social events were to people's liking. Consideration was also being given to increasing the time allocated for activities.

Staff were recruited safely. Necessary checks had been undertaken to ensure staff were 'fit' to work with vulnerable adults.

People were given a varied menu though not always offered the choices available to them. People spoke positively regarding the meals. They told us the meals were appetising and well presented.

Measures were in place to monitor the safety of the environment and equipment. This included service contracts and health and safety checks.

Staff told us they felt appropriately trained and supported. Staff were being provided with training and support to undertake their job role safely and effectively. Many staff had a formal qualification in care, such as NVQ (National Vocational Qualification) or Diploma.

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 in respect of managing risks.

We recommend that the service review the current systems for managing different areas of risk to ensure the on-going safety of people living at the home.

Medicines were safely administered to people. Staff were trained to administer medicines though staff competencies had not been checked as part of assuring safe medicine practices.

During the inspection there were enough staff on duty to provide care and support to people living in the home. People's comments were mixed however regarding whether staffing numbers were at an appropriate level.

Staff did not always wear protective aprons when serving meals to assure good standards of food hygiene.

Risk assessments had been undertaken to support people safely and in accordance with individual need.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to carry out their role effectively.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to

make their own decisions.

People were offered nutritious meals and people told us they enjoyed the food served.

Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were known and respected by staff.

People and their relatives told us they were happy with the care and support they received.

People told us staff were kind, caring and respectful in their approach. They told us they were listened to and their views taken into account when deciding how to spend their day.

We observed positive interaction between the staff and people they supported. There was friendly relaxed atmosphere in the home.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The system in place to manage complaints was not effective. There was no record of complaints received.

Care plans provided information to inform staff about people's support needs. The manager was reviewing care documents to provide more information to make them more 'individual' for each person.

Staff worked well with health and social care professionals to make sure people received the care and support they needed.

A programme of recreational activities was available for people living at the home. This would benefit from further development in respect of hours available for social events.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality assurance systems were in place but did not operate effectively enough to ensure people received a well-managed service.

There had been a change of manager since our last inspection. There was a new manager in post; they had yet to apply for registration.

Staff told us the manager was approachable and management arrangements were now more stable.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

People living in the home told us they were able to share their views about the home. Formal feedback from people was in the process of being obtained through residents' and relatives' meetings and the distribution of satisfaction surveys.

Dovehaven

Detailed findings

Background to this inspection

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

The inspection team consisted of an 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.

Before our inspection we reviewed the information we held about the home. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioners of the service to see if they had any updates about the home.

During the inspection we spent time with 11 people who were living at Dovehaven and three relatives. We also sought feedback about the service and spoke with an external health care professional. We spoke with a total of 10 staff, including the manager, regional manager, care staff, domestic staff and cook.

We looked at the care records for four people living at the home, four staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, lounge, dining room and external grounds.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service in March 2015. At this inspection we found a breach of legal requirement as a safeguarding incident (allegation of abuse) had been investigated by the home and had not followed agreed local authority protocols to ensure people were protected. We also found that issues requiring the service to notify the Care Quality Commission (CQC) had not been made.

The provider submitted a provider action report which told us the improvements they had made to meet this breach. On this inspection we checked to make sure requirements had been met. At this inspection we found improvements had been made to meet necessary requirements. This breach had been met.

At this inspection we looked at how the service identified and reported abuse. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. This included alerting senior managers to an incident and also reporting incidents to the local authority. An adult safeguarding policy and the local area safeguarding procedure was available in the home for staff to refer to. Following the last inspection the service had informed the local authority of safeguarded incidents in accordance with the local authority's protocol. The manager was also aware of their responsibility to notify CQC of any notifiable incidents in the home and such notifications have been submitted. Our records confirmed this.

We asked people what made them feel safe in the home. A person told us they did not feel isolated and people's comments included, "I feel very safe, the staff are good and very kind", "I feel safe, nothing frightens me, "I always feel safe when the staff are helping me in the home" and "Feeling safe is important to me and I do (feel safe)."

People told us they felt comfortable living at the home and that for the majority of the time support was given by the staff when they asked for it and needed it. People's comments varied when discussing staffing numbers. Their comments included, "Yes, I think there are enough staff but they (staff) are busy", "I think there are enough staff around the place, I get plenty of help", "Staff will chat but there are not enough of them", "I get help when I need it", "I do have to wait sometime but this is because they are helping others" and "There are not enough staff, there is no continuity." Relatives' comments included, "(family member) is not frightened here, (family member) is very safe but there are not always enough staff" and "There are enough staff on duty and they do come and help."

We looked at staffing numbers in the home and were shown a staffing levels report which provided an overview of staff hours based on people's dependencies and needs. This included a graph which was used to help determine the number of care hours required to support people safely. The staffing report assessed staffing on a weekly basis and care hours were adjusted as needed.

At the time of our inspection 37 people were being supported by the staff. The manager told us on the first day of our inspection they were one care staff short; the regional manager arranged cover for this shift later

in the morning, so that four care staff were on duty. The staffing rota showed the staffing numbers for the day which comprised of four care staff, the manager/and or deputy manager and ancillary staff; this included a cook, domestic and maintenance support. There were some gaps on the staffing rota however these care hours were being covered by bank and agency staff. Following the inspection the regional manager sent us confirmation that the majority of care hours had been covered.

The manager was in the process of recruiting care staff and was aware that due to a number of staff recently leaving this had affected the continuity of staff. A residents' and relatives' meeting was being held later this month and the manager informed us staffing arrangements would be an agenda item so that people were advised of the current staffing arrangements. In light of the comments received from people we advised the manager that staffing arrangements need to be carefully monitored so that people feel reassured and their needs are met. This was agreed during the inspection.

During the inspection a person was taken unwell and required emergency assistance. We needed clarification around the actions taken during the incident in respect of the staff's response to the emergency situation. This was provided through discussion with the manager and regional manager and on completion of a statutory notification and an incident report. Based on the information we received staff acted appropriately though we discussed with the regional manager the need to remind staff of the protocol to follow in raising an alarm in an emergency situation.

We noted that staff regularly checked on people in the lounge/dining area and in their rooms to ensure their comfort and wellbeing. We observed call bells being answered promptly at different times of the day. A person reported to us when they required assistance they had to ask another resident to ring the call bell for them as they were not sat next to a call bell in the lounge. We brought this to the manager's attention and extra call bells were provided.

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were being managed safely.

A medication policy was in place and senior staff received medicine training to ensure they administered medicines safely to people.

We observed a medicine round which was carried out safely and people received their medicines on time. People told us they did not 'run out' of any medicines and if they needed a painkiller, for example, then this was administered promptly by the staff. A person told us "Staff increased my painkillers when I asked them." When talking with another person they told us they did not receive their night time painkillers at the time they normally took them when living in their own home. We raised this with the manager to address.

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked a selection of medication administration records (MAR) and these showed people had received their medicines as prescribed. This included the application of topical medicines (creams) and meal replacement drinks. The manager told us they were going to implement a cream chart for staff to sign when they had administered creams.

We saw that some medicines were to be given 'when required' (PRN). A protocol was in place for staff to follow to administer these medicines and people's medicines were recorded in a plan of care and subject to

review by their GP.

People at the home had their medicines administered by the staff. For a person who wished to administer their medicines this practice had been assessed by the staff to ensure the person's safety.

The regional manager told us staff competencies were checked following medicine training however these records could not be located at the time of the inspection. Staff said they had undertaken competency checks however this was a long time ago. The manager said they would complete further medicine competency checks and update staff's records. The lack of these checks was raised at the previous inspection in March 2015.

We found during our inspection that people were assessed for any risks regarding their health care needs. These included areas of risk such as falls, moving and handling, nutrition and skin integrity. The risk assessments were used to help formulate a plan of care. We saw one risk assessment for falls had not been updated since May 2016 and staff advised us the person was at high risk of falls. This was brought to the manager's attention and the manager was later able to confirm that the person's risk assessment had been updated. Staff were aware of the person's health needs and how to support them safely. This was also confirmed when talking with the person concerned.

Staff were not wearing protective aprons when they initially served lunch; we saw these were worn later when serving the evening meal. Protective aprons help to ensure good standards of food hygiene.

Domestic staff were on duty at the time of our inspection. When looking round the home we found the majority of areas to be clean. Staff had access to gloves, aprons and liquidised soap to help assure good standards of control of infection in the home. Relatives reported that the cleaning of the home was good and that their respective family member's room was kept clean. A person who was living at the home said, "My room is kept very clean, no complaints." When looking round the home we noted that a bathroom had a large yellow clinical waste bin sitting in the bath and a person also told us about their carpet being stained. The regional manager said they would take action to address this.

We recommend that the service review the current systems for managing different areas of risk to ensure the on-going safety of people living at the home.

A process was in place for recording and analysing incidents such as falls. This information was analysed to identify trends or patterns as part of the service's quality assurance system.

Systems and processes were established for checking the safety of the water, fire systems, emergency lighting and equipment. Service level agreements were established for moving equipment, heating, lighting, electrical and gas checks. A personal emergency evacuation plan (often referred to as a PEEP) was in place for each of the people living at the home so that they could be evacuated safely and efficiently in the event of an emergency. These were located in people's files.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We looked at four staff files for newly appointed staff. We asked the registered manager for copies of appropriate applications, references and necessary checks that had been carried out. We saw one reference and one photograph for identification purposes was missing in the file we checked. The manager took action to address this. Checks had been made so that staff employed were 'fit' to work with vulnerable people.

Is the service effective?

Our findings

We asked people to tell us what they thought about the food. The majority of comments were positive. Comments included, "Very nice meals", "I like the menu", "I enjoy my breakfast but the choice depends on who is working", "The food is alright", "The food is pretty good, today it's fish and chips because it is Friday", "Food is good plenty to eat" and "Food is excellent". A person reported that there was no choice at supper time or an out of hours menu. Staff told us the kitchen facilities were open to the night staff and they prepared a variety of light snacks. We asked the manager to check that people were offered a choice at supper time and their preference noted. Relatives' comments included, "We are happy with the food served here, there is always a choice of sandwiches", "The food is good, there's a lovely choice." One relative went on to tell us their family member had gained weight since moving into the home which they were pleased about.

The menu offered a four week cycle and menus were changed every three months in consultation with people who lived at the home.

We had lunch with people in the dining area of the lounge. Lunch was well organised and seen as a sociable occasion for people to get together. People were offered a choice of two hot meals with hot and cold drinks at mid-day and a lighter meal at tea time. People told us the cook would prepare an alternative if the menu was not to their liking. Staff had a good knowledge of people's dietary requirements including people who required a pureed or special diet.

At lunch we noted that none of the people in the dining room were asked what they preferred for pudding though we had been advised an alternative was available such as fruit or yogurt. These choices were not offered to people at this time. Hot and cold drinks and snacks were available at other times during the day. When people were served a mid-morning drink staff did not provide people with a choice, for example tea or coffee. When we asked the staff they told us they knew what everyone liked to drink. People should however be offered a choice as the drink offered may have not been to their liking on that day. Later on during the day we saw people were offered a choice.

People told us they could see their GP when they wanted and that staff had a good understanding of their care needs and support they needed and wished to receive. A person said, "If I am unwell they call the GP, if I need to go to the dentist staff will take me." Relatives confirmed this view and told us the staff were prompt in calling them should their family member be unwell. We found this to be the case during the inspection when a person living at the home was taken ill.

The Dovehaven group of homes has recently set up a training academy to oversee staff training and development. This included training for staff in subjects considered mandatory, for example, infection control, food hygiene, moving and handling, safeguarding and fire awareness. The regional manager informed us a training officer would be working with the manager to oversee staff training. Following the inspection the regional manager told us the training officer had met with the manager to discuss training requirements.

Staff told us they had attended a number of courses and certificates were available in staff files viewed. New staff received an induction and staff were being enrolled on the Care Certificate. This is 'an identified set of standards that health and social care workers adhere to in their daily working life'. The Care Certificate requires staff to complete a programme of training, be observed by a senior colleague and be assessed as competent within twelve weeks of starting.

The current training matrix was not available during the inspection. This was forwarded to us following the inspection. A number of staff required refresher training in subjects such as, fire, moving and handling and mental capacity and deprivation of liberty safeguards. Fire training was held following our inspection with further dates booked in August 2016 along with moving and handling, first aid and mental capacity training.

We looked at how staff were supported in the home. We saw staff attended supervision meetings and in 2015 had an annual appraisal. The manager told us that being new in post only a small number of staff supervisions had been held; we saw dates which confirmed these meetings. Following the inspection the manager informed us they had conducted the majority of staff supervisions. The manager was undertaking all of these meetings to help familiarise themselves with the staff team and discuss training needs. Staff told us they felt supported in their job role.

We saw that staff were undertaking an accredited qualification made up of units such as, NVQ (National Vocational Qualification) or Diploma under the QCF (Qualifications and Credit Framework). Formal training in NVQ (National Vocational Qualifications) in Care had been obtained by 57% of the care staff as part of their learning and development. This helped evidence a good skill base for care staff. Staff who had yet to obtain a qualification in care were being enrolled on this training.

Care records showed visits by health and social care professionals. These visits were requested when staff had concerns about a person's health or they required support with their healthcare needs. This included visits from GPs, dietician and district nurse team. A visiting health professional told us the staff were prompt in contacting them if a person needed external support and staff followed treatment plans. We discussed with staff people's care needs and they were knowledgeable regarding their care and treatment, also who to contact should they need advice.

Some people needed support from staff and before assisting them we heard staff telling them what they intended to and seeking their consent before proceeding. For example, support with walking, joining in social activities and assistance with personal care.

We could see from the care records that consent was sought from people for different tasks and activities. For example, their photograph being taken and for staff to administer medicines. The majority of the care plans we looked at were signed by the person involved.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The 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. We were shown examples where people had been supported and included to make key decisions regarding their care and treatment. We saw examples of DNACPR (do not attempt cardiac pulmonary resuscitation) decisions in consultation with the person and their GP.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty Safeguards (DoLS) had been submitted to the local authority for people living at the home. The manager was aware that if authorised we, Care Quality Commission need to be informed in accordance with our regulations. The manager was knowledgeable regarding the DoLS and had a good awareness of the principles of the MCA including the two stage assessment test of capacity.

When looking round the home the manager acknowledged that there was a lack of storage space for equipment and people's individual medical products. For example, large quantities of medical products belonging to individuals were being kept in their own room and the hairdressing room when not in use was used to store wheelchairs. Staff told us the wheelchairs were placed in the corridor when the hairdressing room was in use. The manager said they would look at alternative storage arrangements, as they appreciated this was not ideal and not conducive to a promoting a 'homely' atmosphere in the home.

Is the service caring?

Our findings

People living at the home were satisfied with the way staff interacted with them and said staff treated them with dignity, kindness and respected their privacy. People's comments included, "Lovely manner, very nice staff", "The staff always treat me with dignity and respect, they knock before entering my room" and "The staff are always helpful to me and polite." A relative said, "I can visit anytime and I am made to feel welcome, we have been very happy with this home, they (staff) try hard." Another relative told us how good the staff were in keeping in touch.

Care files viewed included varying details of a person's life history and preferences to enable staff to understand people and their experiences. The manager told us the activities organiser would be recording further details around people's interests and hobbies, as part of the development of the activities programme. A person said they had been asked about their interests and hobbies when they arrived at the home.

People living at the home told us they were listened to and their views taken into account when deciding how to spend their day. The staff we spoke with demonstrated a warm and genuine regard for the people living at the home. There was a calm atmosphere throughout the inspection and we saw good staff interaction with the people they supported; staff took time to listen and respond in a kind and gentle manner. We saw however that staff did not always have time to linger for a chat due to pressure of work. When supporting a person to the bathroom we observed the staff explaining what they were going to do and on return ensured the person's comfort before leaving them.

Personal care activities were carried out in private. We saw staff knocking on people's private rooms before entering; they did not however always pause to be invited in. Staff used people's preferred term of address when talking with them.

Through conversation it was clear that staff had a good understanding of people's individual needs and preferences. Staff told us that people's needs were discussed at daily handovers and these along with the care records provided them with the information they needed to look after people in accordance with individual need and preference. Care staff were assigned the role of key worker which enabled them to help oversee the social aspects for a small number of people living in the home. The manager told us that new staff were being appointed to this role so that they could get to know people and their families in more depth.

During the inspection we observed a staff member not arranging a person's clothes into a drawer appropriately. A relative told us some of their family member's clothes had also gone missing. Staff were aware of this and taking action to find them. Another person told us they did not always receive their mail on time. We raised these points with the manager to address.

Not everyone we spoke with were aware of their plan of care though no one raised any concerns regarding their care and people told us they received good support from the staff. A person said, "I get good care, I

know it's written down and I can take a look at the information."

For people who had no family or friends to represent them, local advocacy service details were held by the manager and available within the home for people to access. Management were aware of and supported people who were using the services of an advocate.

Is the service responsive?

Our findings

People living at the home that we spoke with were aware of how to make a complaint. We saw the service had a complaints' procedure displayed in the home and also included in the 'service user guide' which was available in people's bedrooms. The manager was unable to locate a complaints file where complaints would be logged with a record of the investigation and actions taken. The manager told us about a recent complaint received; this had not been recorded and the manager informed us there has been no formal written acknowledgement to the complainant. Following the inspection the manager told us they had spoken with the person concerned and the complaint had been resolved. There was however a lack of documented evidence regarding complaints received, investigation and response to complainants in accordance with the service's complaints policy.

During the inspection a person told us they wished to speak with someone regarding an aspect of their health. They told us they had asked several staff but this help had not been forthcoming as yet. We raised this with the manager to action.

Not ensuring an effective system for identifying, receiving, recording, handling and responding to complaints by people who use the service is a breach of Regulation 16 (1)(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people their views of the activities and entertainment provided at the home. Their comments varied and included, "There is not a lot going on", "I enjoy the games", "There's nothing to do but watch TV", "The new activities lady has taken me out for a walk" and "The new activities lady took me shopping last week". We informed the manager of a person's request to play a musical instrument as they expressed an interest in this.

The home had two activities organisers to cover three days a week. Armchair exercises were arranged once a week and on the other two days an activities organiser took people out from the home or arranged games and crafts with people at the home. A number of people enjoyed a trip into Southport during our inspection and skittles and other games were arranged in the lounge. This appeared to be enjoyed by those who participated. There was no evidence of an activities programme on the notice board however the new activities organiser was compiling a new programme of events and individual activity records as they got to know the people they engaged with. The manager appreciated that the activities programme needed to be developed further to provide a varied programme for people to participate in. Trips out in a minibus were arranged once a week and people were supported by a member of the care team on these trips. Following the inspection the regional manager told us they were considering making more hours available for social activities/events.

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing. We saw people and their relatives were involved with the assessment and planning of the care people needed.

For a person who had experienced a number of falls, there was no plan of care in place to support them though the staff were aware of the actions needed to keep the person safe. A falls actions plan was put in place on the day of the inspection and this recorded details about a recent medicine's review by a GP and referral to the falls clinic which were documented along with a falls risk assessment. Staff had a good knowledge of the person's care needs. They told us about the encouragement they gave the person with their walking and their meals as the person had a poor appetite at times. Dietetic advice had been sought at the appropriate time and a further referral was being made to seek further advice regarding the person's use of fortified drinks.

Other care plans seen held accurate information about people's care and support. The manager advised us they were now reviewing people's care documents and information was being added to ensure they were more 'person centred'; meaning care was centred on the needs of each individual rather than the person having to fit into a set model and being staff led. Care documents for monitoring people's intake and change of position were up to date to reflect the care given.

We spoke to people in their bedrooms and could see that the rooms were personalised to each person's individual preference. People told us they were encouraged to bring in some of their own items, such as wall pictures, ornaments and furniture to create a homely feel.

People also told us they could express their views about the service though they said there had been no recent residents' meetings. A person told us, "I would like to go to a meeting and would speak up if needed." Likewise another person said, "I can ask questions and the staff always come back to me."

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home. In January 2016 a food survey was provided for people and this resulted in some changes to the menu which people requested. Previous feedback from people had been around the provision of more social activities and a new activities organiser has since been appointed.

Is the service well-led?

Our findings

We looked at the quality assurance systems and processes to monitor how the service was operating and to drive forward improvements. It was difficult to track through the current internal processes as audits requested were not available and had to be sent to us following the inspection. The regional manager provided a copy of the service's health and safety six monthly audit completed in May 2016. We were also provided with a copy of second audit dated May 2016 which cited a number of statutory regulations under the domains, safe, effective, caring, responsive and well led. Although the action plans showed a number of completed actions and those in progress, the audits identified a number of areas, as yet not started, to assure the service ran safely and effectively.

The health and safety audit assessed a number of areas where actions were needed. For example, electrical safety, workplace and welfare, COSHH (control of substances hazardous to health), first aid, manual handling, maintenance, waste, kitchen safety and management. Actions were required in areas such as, risk management, fire safety and health and safety. The audit also identified that the staff room was being used as a store room and store for medicines. We discussed on inspection a lack of storage space for equipment and also the manager not having an office on the ground floor. The manager was using the staff room situated in the basement and was concerned about not being accessible. Following the inspection the regional manager told us the manager would be provided with office space on the ground floor. Additional space was also being provided for the safe storage of medicine stocks.

The second audit included management, person centred care, dignity and respect, consent, safe care, safeguarding, nutrition and hydration, premises and equipment, complaints, governance, staffing and duty of candour. The audit showed where actions were required. For example, medicine updates and competency assessments for staff administering medicines, residents' meetings, staff supervisions and appraisals, care plans and risks assessments and 'service user' involvement with care plans.

Start dates had yet to be entered for a number of actions on both audits. The regional manager was aware of the actions needed and advised us they would be working alongside the manager to complete these within appropriate timescales. Following the inspection the regional manager informed us of a number of completed actions and that the audits would be reviewed later this month to reflect this.

During our inspection we found some areas where improvements would benefit the service such as, updating care plans, complaints, staff supervisions and appraisals. These had been picked up within the service audits. We also identified on inspection concerns around people's individual experiences which might not necessarily be identified, assessed and dealt with through the current auditing system. For example, not receiving mail on time, meal choices, attention to laundry, social arrangements, lack of time for staff to site and chat, provision of call bells in the lounge, storage of medical equipment and times of medicines. We saw that person centred care was audited, however further review was needed to ensure people benefited from a service which took into account individual needs and preferences.

We found governance arrangements were not as robust as they could be to assure people benefited from a

person centred approach to care and the delivery of an effective well managed service.

This is a breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people their views of how the home was managed. Feedback from people living at the home, visitors and staff was positive. A person said, "It is well run." Relatives told us, "They do their best", "I can visit anytime and I am made to feel very welcome, we have been very happy with this home, they try hard" and "I am pleased so far and would speak up if I needed to."

The previous manager had left earlier this year and a new manager was in post; they were present on both days of the inspection. The manager had not applied as yet for registration. Following our inspection they informed us they were applying for their police check which is required prior to submitting their registered manager's application. The manager was supported by a regional manager and a compliance manager. Staff told us the manager was approachable and with the support of a deputy manager, providing good management cover.

In respect of medicines the regional manager following the inspection provided a copy of the service's medicine audit. This had been completed earlier this month and there were no required actions.

During the inspection we discussed with the provider the manager's hours and it was agreed that the manager would be supernumerary for one week and more time allocated if required to help them develop and operate an effective service. Following the inspection the regional manager and manager confirmed the increase in supernumerary hours was in place and proving to be effective.

A residents' and relatives' meeting was held in April 2016. The manager informed us a residents' and relatives' meeting was being held later in July 2016 and we saw a flyer to advertise the date and time. The manager who was new in post was using this meeting to formally introduce herself, to get to know people and their families, share information about the service and distribute satisfaction surveys for people to develop it in respect of their needs. We have since been informed that this meeting has been held and satisfaction surveys distributed.

Staff told us staff meetings took place. The manager had met with the domestic staff and a staff meeting was planned for later this month. The manager told us they were going to hold 'flash' meetings on a daily basis to seek staff views and share information about the service. Staff told us the home was settling down under the new manager and with the appointment of a deputy manager this had helped to provide more stability. Staff said they were aware of the whistle blowing process and would not hesitate to report any concerns or poor practice.

The manager was aware of their responsibility to notify us Care Quality Commission (CQC) of any notifiable incidents in the home.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person did not have an effective system in place to manage complaints.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person's system to assess and monitor the quality of the service was not as robust as it could be to assure the service.