Cotswold Spa Retirement Hotels Limited

Willow Court Care Home

Inspection report

Osborne Gardens
North Shields
Tyne and Wear
NE29 9AT

Tel: 01912965411
Website: www.fshc.co.uk

Date of inspection visit:
21 November 2016
22 November 2016

Date of publication:
10 January 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 21 November 2016 and we returned the following day to complete the inspection process.

Willow Court is a residential care home situated in North Shields. The home has two floors and all bedrooms have en-suite facilities. It provides accommodation, personal and nursing care for up to 48 people with physical and mental health related conditions. At the time of our inspection 42 people lived at the service.

There was a registered manager in post who has been employed to manage the service since September 2014 and was registered with the Care Quality Commission (CQC) to provide regulated activities in June 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has historical non-compliance which related to safeguarding, infection control, cleanliness and medicines management; however we found the provider was complying with these regulations when we last inspected the service on 28 May 2015. At the inspection in 2015 the service still required some improvement, particularly with regards to safety and responsiveness.

The registered manager carried out daily, weekly and monthly checks on the safety and quality of the service using an electronic audit system. This automatically presented information and gave oversight to the registered manager and the provider. Although these processes were in place, they were not always effective enough to identify the issues we raised during the inspection with regards to compliance with statutory regulations. After the inspection, we discussed this with the registered manager who told us action would be taken to address the shortfalls in the service.

There was a medicines policy and associated procedures in place; however medicines were managed inconsistently throughout the home and not always in line with company policy. We found issues with the storage, administration, stock control and recording of medicines which meant medicines were not managed safely.

People we spoke with told us they felt safe living at Willow Court. Relatives confirmed this. Staff had been trained with regards to safeguarding of vulnerable adults and demonstrated awareness of their responsibilities towards protecting people from harm. Policies, procedures and systems were in place to support staff with the delivery of the service. Individual risks which people faced in their daily lives had been assessed (with the exception of some risks associated with medicine administration) and control measures were in place to reduce the possibility of an incident or accident occurring.

Incidents and accidents were recorded electronically; there was evidence of an investigation by the

registered manager and these were monitored by the provider. Action plans were implemented to reduce the likelihood of a repeat event. The registered manager had reported all incidents to external bodies as required and had written letters of apology to people and relatives if necessary.

Routine safety checks were carried out around the premises; we observed the handyman completing these checks during the inspection and a practice fire drill took place. We also found the provider had suitable emergency contingency plans in place should these be required to be activated by staff.

There was a strong malodour throughout the corridors and in some communal areas. We have made a recommendation about this. We found the design of the home had elements of best practice with regards to dementia care. Walls and floors contrasted and doors were brightly coloured with appropriate signage. The décor in people's bedrooms and communal areas was homely and objects of memorabilia were used to stimulate memories and conversation.

People and relatives told us they felt there was enough staff employed at the service. We observed staff responded quickly to people when called upon. Care workers told us they did not feel hurried in their duties and felt they were able to meet people's needs. Staff had been recruited safely. They had completed training in topics relevant to their role, however refresher training was not routinely carried out. Staff competencies were not always checked in a timely manner and not all staff had completed a robust induction.

The Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. In England, the local authority authorises applications to deprive people of their liberty. We found the provider was complying with their legal requirements.

The staff offered people a choice of meals and alternatives were provided if people preferred something else. The food looked nutritious, well-balanced and appetising. Special diets were catered for and the kitchen staff were familiar with people's dietary needs. People appeared to enjoy their meals; however the dining rooms were very crowded, lacked the atmosphere of a homely environment and didn't provide much of an opportunity for socialisation.

All staff displayed kind and caring attitudes and people told us the staff were nice to them. We saw care workers treated people with dignity and respect whilst assisting with personal care and we saw positive interactions with people throughout the inspection. People appeared to enjoy a friendly relationship with the staff and it was apparent the staff knew people well.

We examined six individual care records in-depth and found 9with the exception of medicine records) they were person-centred, detailed and had been regularly updated and evaluated. Individual people's needs were assessed and the records contained personalised information.

There was an activities coordinator employed at the service. We saw information on display about forthcoming events and we observed people engaging in activities during the inspection. Interesting and meaningful stimulation was provided on a one-to-one and group basis.

There was a complaints procedure in place and we saw information about it displayed in communal areas. We reviewed four response letters to complaints made about the service and saw evidence of internal investigations into the issues raised had taken place. Complainants had received a response in line with

company policy. An electronic quality assurance system was in place to gather immediate feedback from people, relatives, visitors and staff. Nobody we spoke with raised any complaints, however one relative was not satisfied with the response to their complaint and this was on-going.

Staff told us they felt supported by the registered manager and had received regular supervision and appraisal. Staff meetings had taken place and there was good communication throughout the departments within the home.

We have identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely and in line with company policy.

There was a strong malodour throughout the home. Cleaning records were not completed appropriately to evidence effective infection control procedures.

People told us they felt safe and safeguarding procedures were followed by staff to ensure people were further protected from harm.

Accidents and incidents were monitored and suitable emergency plans were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Effective record keeping was not maintained by staff in relation to food and fluid intake. The mealtime experience for people could be improved.

Not all staff had completed a robust induction in a timely manner or had their competency assessed. Some updates in staff training were overdue.

The registered manager and staff were aware of their responsibilities with regards to the Mental Capacity Act.

People had good access to external professionals to support their health and well-being.

Is the service caring?

Good

The service was caring.

People told us the staff were kind and friendly.

Staff treated people with dignity and respect. They demonstrated caring and compassionate values.

Staff knew people well and respected their choices and preferences.

There was positive feedback about end of life care within the service.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred and contained thorough assessments of people's needs.

There was a range of interesting and meaningful activities on offer to encourage socialisation and prevent isolation.

There was a complaints process in place, people knew how to complain and the registered manager responded to people and relatives who raised issues.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager in post. She carried out audits and checks on the service, however these were not robust enough to identify and address the issues highlighted during this inspection.

The provider had oversight of the service but had also failed to address shortfalls in the service.

Aspects of the service such as medicine management and record keeping required improvement.

The service worked in partnership with external agencies and the local community to promote joined up care and socialisation.

Regular meetings were held within the service and feedback was sought from relatives and visitors.

Willow Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 November 2016 and was unannounced. The inspection team consisted of one adult social care inspector, one inspection manager and a pharmacy inspector.

Prior to the inspection we reviewed all of the information we held about Willow Court Care Home, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are sent to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In May 2016 we asked for a Provider Information Return (PIR) which was completed and returned to us in a timely manner. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service and four relatives. We spoke with eight members of staff, including the registered manager. We reviewed a range of people's care records and documentation kept regarding the quality and safety management of the service. This included looking at six people's care records in depth and reviewing others. We also looked at four staff recruitment files and training records.

Additionally, we received feedback from North Tyneside Council's contracts monitoring team, safeguarding team and a care manager. The Clinical Commissioning Group (CCG) also shared feedback as did Healthwatch (North Tyneside) who provided us with information from observations they carried out in the home. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we looked at the arrangements for the management of medicines and found that they were not always safe.

We looked at how the service managed the application of topical medicines. Topical medicines are those applied to the skin, for example, creams and ointments. Although the provider had a policy in place which stated there should be a topical medicines application record in use, with information on where to apply, frequency of application and two signatures. The records we reviewed were not always up to date or completed in line with the providers medicines policy.

We looked at the policy for the administration of PRN medicines. These are medicines which are administered 'when required' such as for pain relief. Arrangements for recording this information were not in place for the majority of people and records we found were not current. For example, one person had guidance accompanying their MAR which stated eye drops should be administered 'when required'. However the current MAR stated this should be administered each morning. For the same person, we found 'when required' guidance accompanying their MAR which stated constipation relief was to be administered as 5-10ml in the morning 'when required' which did not reflect their current prescription of 10ml at night 'when required'. We looked at another record for a person who could not verbally communicate if they required pain relief. There was no guidance in place to assist staff to identify signs when this may be required. As people's records were not accurate this meant they may not have been given the opportunity to have medicines administered when they required them.

Care staff were not recording details on the reverse of the MAR of 'when required' medicines administration as instructed in the medicines policy. This information would have helped to ensure people were given their medicines in a safe, consistent and appropriate way. The staff were also not using the most up to date 'when required' medicines form as detailed in the current medicine policy. We also found that peoples Medicine Administration Records (MARs) were not always completed correctly which increased the risk of errors. Staff carried out regular checks of MARs to ensure they were completed but these checks had not identified the issues we found.

Medicines which required cold storage were kept securely within the medicines store room. Fridge temperatures had been recorded daily but there were gaps in these records. In 43 instances in the last three months, temperatures had been recorded which were outside of the normal range and no action had been documented. This meant there was potential for the effectiveness of people's medicines to be diminished because of poor storage practices.

We found two opened nutritional drink supplements which had no opened date marked on them. These types of supplements had specific instructions to be refrigerated after opening and discarded after 48 hours. We found staff were aware of the short shelf life of some prescriptions, as they had correctly marked eye drops with the date of opening. However, as they had not always followed this practice with supplements this meant that staff could not always confirm if prescribed items were still safe to use.

During our visit we observed medicines and food being administered using a PEG (Percutaneous Endoscopic Gastrostomy) tube. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach, bypassing the mouth using a flexible tube which is inserted into the stomach. We were told by the nurse on duty that she had not yet received training on the safe care and use of PEG tubes. On the day of our visit we observed this nurse preparing fluids for the PEG tube without supervision, and saw the PEG feed record was signed by another member of staff. We saw a record for the administration of PEG feeding from the previous day had been signed by the nurse who did not have the formal PEG training. We could not be assured that the person had received their food and fluid safely by a competent and trained member of staff.

We looked at the MAR for one person who was prescribed a controlled drug patch for pain relief. A controlled drug has tighter legal control as per the Misuse of Drugs Act 1971 as they are medicines which are liable for misuse. There was a system in place to record the site of the patch application, however this record showed that on two occasions the patch could not be located to be removed and no investigatory action had been taken. There was also no record of these incidents in the person's care record. The staff were not using the most up to date patch application record nor had they used the daily patch check form as instructed in the medicine policy. Staff were able to describe the correct procedures for managing controlled drugs. We saw other controlled drugs were appropriately stored and signed for when they were administered.

We checked a sample of people's medicines with their corresponding records. We found that the stock balance of four medicines for two people did not match their records, so we could not be sure if these people had their medicines administered correctly. Medicine stocks were not properly recorded when medicines were carried forward from the previous month. For example we found one 'when required' medicine in use for a person which expired in August 2016 and five bottles of unopened surplus medicines.

We looked at how the registered manager monitored and checked medicines to ensure they were handled properly and that systems were safe. We found that whilst daily and weekly checks of medicines were in place, issues were not always identified. The audits did not contain reference to people of staff therefore it was difficult for the registered manager to take appropriate action.

The care home had received an independent pharmacist review in July 2016 which detailed issues such as, 'when required' administration not recorded on the reverse of MARs and an allergy status was absent. During this inspection we found these issues had not yet been addressed.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information gathered prior to the inspection suggested there was an issue at the home regarding a strong malodour of stale urine. One healthcare professional told us, "The environment isn't the best and I have noted a malodour on the occasions I have visited" and another added, "There are strong malodours present throughout [the home]." We noted this odour immediately upon our arrival and during a tour of the home. The registered manager and domestic staff had previously been made aware of the need for a thorough and timely response to any incidents which may be the cause of a malodour. We reviewed the cleaning schedules and saw that there were frequently gaps in the records. For example, the daily cleaning of communal areas, the upstairs dining room and stairwells were not consistently signed as completed. This meant we were unable to judge how well people were protected from the risk of infection and if the issue was attributed to not enough domestic staff or staff who did not understand their responsibilities towards preventing and controlling infection.

We recommend the provider undertake a review of the arrangements around prevention and the control of infection to address the problem of a strong malodour.

It was difficult for most people to communicate verbally with us during the inspection however the people we spoke with indicated they felt safe living at Willow Court. They made comments such as, "I feel safe" and "I'm happy here". The relatives we spoke with confirmed that their relations were safe and secure at the home. Comments included, "I have no fears whatsoever, he is looked after really well" and "I actually went on holiday with peace of mind." One relative had an on-going complaint related to the security of belongings which was being dealt with by the provider.

There was a safeguarding policy in place and the staff followed the local authority safeguarding procedures with regards to reporting suspicion or allegations of abuse. Staff had undertaken a safeguarding of vulnerable adults training course and through discussions with us, they demonstrated an understanding of their responsibilities towards protecting people from harm. We reviewed safeguarding incidents which had been recorded in the last 12 months. We saw thorough investigations were carried out, conclusions were logged and lessons learned had been shared with the staff. Where required the registered manager had notified us of the outcome to these incidents.

Other types of incidents, accidents and near misses were also recorded. These records included a description of what happened, immediate action taken, the seriousness of any injury, a recorded investigation and a manager's review. Actions to address these events or minimise the likelihood of a repeat included, timely observations of people, referrals to external professionals for a review of people's care needs, emergency first aid given and any hospitalisation. The registered manager completed a monthly analysis to monitor these for patterns or trends.

Individual risk assessments which detailed the risks people faced in their everyday lives were in place to reduce the likelihood of them coming to harm. For example, care records contained risk assessments which related to moving and handling, choking and falls. Control measures or strategies for staff to implement were in place and had been recorded. Where these actions had failed to further protect people, the registered manager had referred people to external professionals for specific input, such as a GP, nurse, occupational therapist or the behavioural support team. This meant the service took appropriate action to mitigate risks and reviewed care plans to ensure peoples individual needs were met. However, risk assessments which related to medicine administration were not always completed and accurate.

During our inspection, we observed the handyman carry out routine checks on the safety and maintenance of the premises. Records showed daily, weekly and monthly checks were conducted. Any faults, comments or immediate actions taken were recorded and reported to the registered manager to follow up and action further. Firefighting equipment was in place and serviced regularly. On the second day of inspection, a practice evacuation took place to ensure the staff were refreshed on emergency procedures.

Personal emergency evacuation plans were in place and we saw these recorded in people's care records. A business continuity plan was also in place to ensure people continued to be appropriately cared for in urgent situations such as the premises being out of use through fire, flood or loss of utilities.

Staff were safely recruited and robust administration procedures were in place to ensure pre-employment vetting checks were carried out. The staff we spoke with confirmed that they had supplied two references and an enhanced check with the Disclosure and Barring Service (DBS) had been completed. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role and assist them make safer recruitment decisions. We saw evidence of

these completed checks in staff personnel files.

During the inspection we did not see any issues with care staff levels. The staff we spoke with did not feel hurried in their duties and we saw them respond to people who used the nurse call system to summon help, in a timely manner. The registered manager used a dependency tool to monitor the care needs of individual people which helped to decide how many staff were required on each shift. The dependency tool considered aspects such as, how many people required two care workers to mobilise, how often people required scheduled support and how many people required one to one supervision. We reviewed the staff rotas and saw that shifts were covered with the correct amount of care staff according to the results of the dependency tool. The registered manager made changes to the rotas if people's care needs changed and more staff were required or when staff were absent at short notice.

Requires Improvement

Is the service effective?

Our findings

The record keeping around monitoring food and fluid intake for people at risk of malnutrition and/or dehydration required improvement in order to be effective. We reviewed all of the food and fluid charts completed on 20 November and 21 November and found that overall these were brief, incomplete and in some cases inaccurate. For example, in one chart it was recorded that all a person had consumed by 16:40 on 20 November was 200mls of milkshake and despite being offered meals and snacks all had been refused. A corresponding entry signed by a nurse in the daily notes read, "Fair diet, food and fluid intake." This meant that nutritional and hydration intake was not appropriately monitored which could if repeated lead to unnecessary weight loss and dehydration from inadequate nutritious food and hydration which is necessary to sustain good health.

We observed support being delivered over lunchtime on the first day of the inspection. We found the mealtime experience was not as positive as it could have been. Although staff did engage with people during lunchtime, the purpose of this was more task-oriented as opposed to sociable. The dining rooms were very crowded, every seat was taken and there were care staff and kitchen staff present. A large serving trolley was in the room and a nurse also came in to administer medicines to people. Tables were set with tablecloths and cutlery but there was no centrepiece or condiments, although salt and pepper was later provided to people. Enough effort had not been made to make the tables attractive and homely and everybody was given a cup of tea served in a green plastic mug which made the environment look institutional. We did not hear the staff offer people a choice of drink on this occasion. It was not evidenced in care records why everybody needed a plastic mug so we were unclear why some people could not use normal teacups or mugs.

The provision of food and drinks was good. Meals looked appetising and well-balanced. People were given a choice of from two main meals and were offered extra portions. The room was relatively quiet; we did not hear anybody make comments about the food other than those people who needed assistance to cut sausages or those who said there was too much on their plate or wanted something else. Kitchen staff were happy to prepare alternatives for people who didn't want what was on the menu. Later one person told us, "The food is not bad at all."

We carried out an observation in the kitchen area and spoke with the cook. Best practice guidelines were being followed in the kitchen. The kitchen staff monitored the temperatures of equipment and also checked the temperature of food before it was served. The refrigerators and freezers were clean and well stocked. We saw separate preparation and storage areas for raw, cooked and dry foods. The cook told us they were given information which informed them of people's special dietary needs such as diabetic controlled and pureed diets. They also told us they fortified food with extra calories, especially for those people who were at risk of malnutrition or had lost weight.

Newly employed staff received a two day company induction which covered operational activity and company policies. They were observed carrying out basic practical tasks and had their initial competence signed off by a supervisor. CQC expect registered providers to introduce the new 'Care Certificate' for new

staff employed after 1st April 2015. Whilst it is not mandatory, providers should be able to demonstrate that staff are competent in the standards. The care certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care. Although the registered manager had resourced this for new staff, we found some staff who had been employed over one year had still not completed this induction process. The guidelines suggest the 'Care Certificate' is completed within the first 12 weeks of employment. Staff we spoke with told us they were struggling to complete the reflective accounts which are written statements to demonstrate competence in certain aspects of care work, such as principals of care, equality and dignity. They had also not been visually assessed against the criteria. The registered manager told us she was aware that some staff had fallen behind with this and planned to ask the provider's training team to support the staff through completion.

Newly employed nurses completed a 10 day preceptorship programme which we saw was underway with a new member of staff. We saw a facilitator from an external company visited the nurse during the inspection to complete the second day of their induction. A preceptorship is an induction for newly qualified nursing staff.

Training was delivered to staff through internal and external providers which included face-to-face and e-learning sessions. We reviewed the training matrix for the service and saw that some staff were overdue a refresher session in key topics such as safeguarding vulnerable adults. This meant that staff may not be aware of current best practice guidelines in some aspects of care work. Specific training to meet people's individual needs had been provided by external healthcare professionals such as nurses and occupational therapists.

Supervision and appraisal meetings had been carried out with all staff to provide them with formal support in their job role. The registered manager used a tracker to monitor when supervision and appraisal sessions were due. Staff confirmed they had attended these meetings and felt they were beneficial with regards to having time to discuss any issues, request training opportunities and develop themselves. Any performance related issues were documented and an action plan was in place to support the staff to achieve the expectations of the company. We reviewed ad-hoc supervision sessions recorded with six staff following a concern raised by a relative and found that the registered manager had dealt with these effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interests to do so and when it is legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care records showed, and the registered manager confirmed the majority of people living at the home were subjected to a DoLS. We reviewed the records regarding the application to the local authority and outcomes of these decisions. The provider had also notified the Care Quality Commission of these as they are legally required to do so. We saw evidence of a multidisciplinary team making complex decisions in people's best interests. Where appropriate people had been included in the best interests decision-making process along with their supporters such as relatives, social worker's, GP's and other healthcare professionals.

People had good access to external healthcare professionals to monitor and support their general health and well-being. We saw communication and visits from specialists recorded in people's care plans. A local authority officer told us, "The home appear to be proactive in getting the appropriate professionals involved and reviews of placements, medication and behavioural team interventions."

The decoration and design of the home was attractive and homely, however the strong malodour was not pleasant for people or visitors. The premises incorporated elements of best practice dementia care. Walls and doors were painted in contrasting colours and there was appropriate pictorial signage to assist people to recognise rooms. People's bedrooms were decorated and individually styled with ornaments and photographs which were personal and sentimental to them. Communal areas had memorabilia on the walls, such as posters and old advertisements. Ornaments, old-fashioned artefacts and items of interest were also displayed throughout the home to stimulate memories and conversation. We saw people were interested in these items which provided a temporary distraction for people who were restless or agitated due to their illness or condition.

Good

Is the service caring?

Our findings

A relative told us, "The staff have been brilliant." Another said, "The staff are always polite." They added, "He's [person] like their granddad, he always has a smile for them. He is well looked after." We saw care staff approached people with positive attitudes and they carried out their duties with care, kindness and compassion. An external professional reported, "During our visit it was observed that the home was calm; staff had a good rapport with residents who looked cared for."

The staff we spoke with displayed respect for people and described to us how they maintained privacy and dignity. A care worker told us, "We close people's doors for privacy; we always take people to their rooms to provide personal assistance." The care workers we spoke with told us they covered parts of the body during intimate personal care tasks and were conscious to ensure people felt comfortable during support.

We observed all staff treated people as individuals and they respected people's preferences such as where they ate meals, what they wore and where they wanted to sit. Staff considered people's differing needs when going about their duties, such as people's ability to take medicines, to mobilise and to participate with activities. Staff showed patience and empathy when assisting people.

Discussions with the registered manager and staff revealed that people who used the service had diverse needs in respect of the protected characteristics of the Equality Act 2010; in relation to age, disability, gender, marital status and religion. We saw no evidence to suggest that people who used the service were discriminated against and no one told us anything to contradict this. Training records showed some staff had undertaken training in equality and diversity. We saw staff take positive action to ensure people's needs were met in a way which reflected their individuality and identity.

We spoke with eight members of staff about individual people's care, dietary and social needs and they were able to tell us about people's preferences, likes and dislikes, life history and families. The staff clearly knew the people who they supported well. The service had received compliments from relatives and 'Thank you' cards sent to staff were on display.

People had been given a 'service users guide' upon admission which contained information about the service; what to expect, what services were offered and local amenities. Leaflets which provided advice and guidance relevant to people who used the service and their relatives were also on display around the home to ensure they had access to information and other services which would be of benefit to them.

We asked the registered manager whether anybody currently used advocacy services. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure their rights are upheld. We were told that the service could access an independent advocate if people needed it but at present nobody did. Some people had family who acted on their behalf formally, with legal arrangements' in place, such as relatives acting as a lasting power of attorney for finances and health matters. We saw this evidenced in care records.

People's personal data and confidential records were stored securely in designated office spaces. Staff were aware of confidentiality and they upheld this during our inspection as they made every effort to speak with us discreetly about sensitive issues or in private.

Upon admission, people were asked to share their end of life wishes and where appropriate end of life care planning was in place. Other records showed people had declined to participate in this part of their assessment and we saw staff revisited this during reviews. The service had supported a lot of people at the end of their lives and feedback from relatives demonstrated that this had been delivered with privacy, dignity and compassion. Comments included, "(Staff) ensured (person) was comfortable and pain free", "We will never forget your kindness", "We really appreciate everything you did" and "Thank you so much for the care and respect shown to (person)."

Good

Is the service responsive?

Our findings

We looked at six care records in depth and reviewed aspects of others. We found them to be quite thorough and informative. Each person was allocated a keyworker. These members of staff had the responsibility to ensure the records were reviewed and kept up to date. The records included information taken during a pre-admission assessment to ensure the service was a suitable place to meet the person's needs. The records contained assessments of all aspects of people's care and support needs such as mobility, nutrition and personal care. Staff had drafted corresponding care plans to ensure they supported people appropriately and risk assessments were undertaken for those at risk from falls, unpredictable behaviour or choking.

The care plans were evaluated on a monthly basis and on most occasions when people's needs had changed, a reassessment had taken place and the records were updated. Regular reviews had taken place and wherever possible included relatives, a social worker or other healthcare professionals such as speech and language therapists or psychiatric nurses. One professional said, "If we advise any interventions then staff are proactive and ensure that they are implemented speedily. They are quick to communicate any changes with the residents." Supplementary information was kept about people's general health and social care needs and shared documentation from partnering organisations such as the NHS was used by the service to support their own paperwork.

Daily records and monitoring charts were in place to record information about weight, food and fluid intake and body mapping. Some of the care records showed people were checked on every hour by the staff as necessary. Observations were recorded in relation to general well-being, pressure areas and safety. We reviewed these documents and cross checked them against the daily notes made by care staff. We found that on the whole these were completed to a satisfactory standard but we found examples of inaccuracies in some records.

Records were person centred and contained specific details relevant to each person. Personalised information was recorded in relation to life history, occupation, family, interests, hobbies and preferences. Personal details and preferences along with the person's assessed needs information was shared with other professionals in the event of an emergency admission to hospital in order to ensure effective communication took place.

The service provided a range of activities which were meaningful and interesting to people who used the service such as reminiscence sessions, arts and crafts, exercises, pampering, music and entertainment. We reviewed the information kept by the activities coordinator and saw they had conducted research into the benefits of activities for older people and people with dementia. The activities coordinator maintained a noticeboard and the weekly activities programme was on display. We saw photographs of people engaging in recent activities.

As well as group activities, people had one-to-one time with the activities coordinator tailored around their individual choices. The activities coordinator maintained the 'My choices' and 'My journal booklets kept within care records. These booklets were being completed with help from families to provide an overview of

life history and interests. Entries made in the booklets described the activities coordinators engagement with people and made a note of the activities people participated in. Recent entries included a Halloween party and games, a sing-a-long and a fireworks display. One person told the activities coordinator they had thoroughly enjoyed the fireworks and hadn't seen a display in years. There was good documentation about activities that had been tried and refused, or tried and enjoyed which gave relatives a good insight into what people had been involved in. Information about people's mood and demeanour was also recorded to explain why some activities had not been successful. One entry read, "(Person was quite distressed today so I stayed in her room and helped her change the bedding instead. We had a cuppa and some snacks. (Person) asked for her legs rubbed which settled her." This demonstrated that the service provided personalised care which met people individual social needs.

Throughout the inspection we heard staff offering choices to people with regard to food, drinks, clothing, seating and activities. Care records showed that people had been given choices with regards to all aspects of their care and support where appropriate.

The service has a complaints policy in place. We saw this had been shared with people in the 'service user guide' and was also on display on notice boards. There were mixed opinions from relatives about how well complaints were responded to. One relative said, "They are quick to respond. I complained about missing clothing and the next day it was all found and back in his drawers." Another relative told us, "They weren't interested" and "I was told there would be a meeting and I never heard from (Area Manager) again." One person we spoke with told us, "If there was anything wrong I would say." Their relative added, "There is nothing to moan about here." Everyone we spoke with knew how to complain. A relative said, "I would go to (registered manger), she would deal with it straight away."

We reviewed management information with regards to concerns and complaints. The provider had implemented a 'Duty of Candour' process. We saw that not just complaints but certain incidents were responded to in writing to people's representatives to explain the investigations, action taken, advise of lessons learned and to give an apology if necessary. A log of all complaints received about the service was in place to enable the registered manager to track trends. We saw individual supervision sessions were held with staff to discuss issues raised by relatives and implement corrective or improved action. Overall this meant the provider had an established and responsive process in place to identify, record, handle and respond to complaints.

Requires Improvement

Is the service well-led?

Our findings

We found that medicine care plans in particular were sporadic. Some people did not have a specific medicine care plans in place such as for topical medicines or 'as required' medicines. We reviewed a large sample of medicine records and found that they were not always legible, contemporaneous and accurate. Other records kept to monitor people's daily health and well-being, such as food and fluid intake charts and personal care charts, contained gaps and were not always completed. Housekeeping records also had a large amount of gaps in the documentation and staff induction, supervision and refresher training was not up to date.

The registered manager carried out a daily walk-around of the home and completed weekly and monthly checks on the safety and quality of the service through an electronic system which fed information directly to the provider. The system was set up to analyse care plan audits, medicine audits, health and safety audits, housekeeping, human resources and home governance which included staff meetings and feedback. The provider kept an overview of the service and made regular assurance visits to check on the service. The registered manager also completed a weekly report to monitor key performance indicators (KPI's) such as, weight losses, pressure damage, infections and hospital admissions.

Although these systems and processes were established, they had not been conducted effectively in order to address the concerns we raised about the service. This meant that the registered manager and the provider had not fully identified all of the potential risks to the health and safety of people who used the service, ensured accurate documentation or took timely action to mitigate or remove risks.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to good governance.

The registered manager had been employed to manage the service since September 2014 and was registered with the Care Quality Commission (CQC) to provide regulated activities in June 2015. This meant she had accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Prior to our inspection we checked our records to ascertain whether statutory notifications were being submitted and we found that they were. The registered manager had sent regular notifications to us about applications for DoLS and notifications of deaths or other incidents which had occurred at the home as she was legally responsible to do.

During the inspection and afterwards during feedback, the registered manager and the provider displayed openness and transparency and were receptive of the evidence we presented to them. They have been proactive in their responses to our findings and supplied additional evidence as requested.

An external healthcare professional told us, "I have always found the home to be well managed. There is clear communication from the manager and I have often seen her presence on the floor, assisting with meal

times or medication rounds when required." Staff members added, "(Registered manager) is supportive, we get told things, she is alright", "If we have any problems, we can go to her" and "We are kept up to date."

The registered manager worked in partnership with key organisations such as the local authority commissioners, safeguarding teams and the Clinical Commissioning Group (CCG). They attended provider forums and had built relationships with other providers and services in their area in order to promote joined up care and support for the people who used the service. The home shared its site with a sister home operated by the same provider and it is situated in the heart of the community. There was lots of community involvement with regards to activity provision. Relatives told us they were made to feel welcome and could visit at any time.

The registered manager held quality and clinical governance meetings with each department to discuss aspects such as safeguarding, infection control and quality audits and ensure effective communication. Information was reported to the registered manager during these meetings and the staff discussed actions to develop the service and ensure continuous improvements. We saw the registered manager used these meetings to relay feedback from people and relatives, internal and external inspections and discuss changes to company policies and procedures.

The registered manager also held a 'residents and relatives' meeting to cascade information to them effectively about the service. Updates on the progress of redecoration, fundraising, changes in the staff team and certain procedures were discussed at the last meeting held in September 2016.

The provider had a 'quality of life' electronic feedback process. A computer was available in the foyer with the ability for relatives and visitors to record their immediate feedback about their experience. We saw in the period of August to November 2016 a positive result of 97.6% was achieved from 216 responses submitted. 'Relatives and Residents' meetings were also held to gather feedback.

The provider encouraged staff recognition and schemes were in place to reward staff who 'went the extra mile'. The registered manager told us about the national ROCK (Recognition of Care and Kindness) awards, national care awards and loyalty schemes which the provider used to motivate and reward staff. Locally, staff were nominated for 'Carer of the Fortnight' and received incentives for commitment and dedication to the home. The service had an excellent score of 9.2 out of 10 on a national website called carehome.co.uk. This is a website where relatives and supporters of people who use these types of services have left a review which details their opinion of the care being delivered at the service.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Management of medicines was not always proper and safe. We found issues relating to storage, administration, stock control and recording of medicines. Regulation 12 (1) (2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Although systems and processes were established they were not conducted effectively enough to identify the issues highlighted during the inspection. The registered manager had not ensured that risks associated with medicine management were always assessed, monitored and mitigated against. Records relating to the care and treatment of people were not always complete, legible, accurate and up to date. Regulation 17(1)(2)(a)(b)(c)