Care Quality Commission

Chalkney House Ltd

Chalkney House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on the 14 September 2015 and was unannounced. We had previously inspected this service on the 11 November 2014 and found it required improvement in three domains. The service has since been re-registered under a new legal entity so is newly registered although there have been no changes to the provider or registered manager.

We found at the last inspection the service had improved from previous inspections and continues to improve.

The service is registered for up to 47 people who require personal care. On the day of our inspection the manager told us there were two vacancies. A number of people had dementia and, or mental health difficulties

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

Summary of findings

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

During our inspection we found there were enough staff to meet people's needs but saw that people's dependency levels could change very quickly and some people required 'variable support.' Some people and their relatives felt there were not always enough staff to adequately supervise people, particularly at weekends.

Risks to people's safety were documented and reduced as far as possible.

Staff received the training they needed to help them recognise where people may be at risk from harm of abuse. Staff knew what actions to take to support people.

Staff recruitment was satisfactory but could be more robust to ensure that people were protected as much as possible from the employment of staff who may be unsuitable to work in the care sector.

Medicines were not always administered safely because we identified a number of errors which could be detrimental to people's health and well-being.

Staff said they felt well supported through induction, training and monitoring of their performance. Supervisions were frequent and there was a good format in place which had significantly improved since the last inspection.

Staff encouraged people to make their own decisions about their care and welfare but where people were unable to staff acted lawfully to support people.

People were supported to eat and drink enough for their needs but we saw some variation in records so could not be assured everyone was adequately supported. We also felt the dining room experience could be enhanced by staff being more visible in the dining room areas.

People's health care needs were documented and monitored to ensure people were well cared for. A number of safeguarding's are still under investigation about potential poor monitoring of people's well-being but we do not have the outcomes yet.

Staff were caring and supported people appropriately. People were encouraged to be independent but staff recognised when people needed extra support and, or encouragement around their personal care.

People where ever possible were consulted about aspects of their care and given information about the service.

Staff were responsive to people's needs and there were activities going on to keep people stimulated. This will be improved further by the recruitment of an additional person.

Care records focused on the needs of the individual and were written in a way which reflected people's individual choices. Although records were comprehensive we found some gaps and felt they could be extended further.

Complaints were recorded and included an investigation to establish the facts. We did not see learning and preventative actions in place as a result.

People and staff told us they were well supported and believed the service to be well managed. Staff support had improved and the manager had worked hard to try and improve the quality of the person's experiences such as through the reduction of falls. This was still work in progress.

Regular audits of care were being completed and a person responsible for quality assurance had just been employed. Consultation with people using the service could be improved upon to truly reflect everyone's experience and not just those with families or those who were able to speak out.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staffing levels were sufficient but dependency levels fluctuated and some people and relatives told us staffing levels could reduce at the weekend.

Staff were trained to administer medicines safely but we identified a number of irregularities and therefore people did not always get their medicines as prescribed.

Staff recruitment practices were not as robust as they could be.

Risks to people's safety were as far as possible identified and steps taken to reduce them.

Is the service effective?

Good

The service was effective.

Staff were sufficiently supported through induction, training and formal support to help them develop in their role and deliver care competently.

Staff understood the Mental Capacity Act and supported people appropriately with decision making.

People were supported to eat and drink enough for their needs. The dining room experience for people could be improved upon.

People's health care needs were monitored and people were supported to keep healthy.

Is the service caring?

Good

The service was caring.

Staff were caring and supported people appropriately with their needs.

People were involved in decision making and decisions about their care and welfare.

People's independence and dignity was promoted as far as possible.

Is the service responsive?

Requires improvement

The service was not always responsive.

People had a range of things to do to help keep them occupied and mentally stimulated.

Records were person centred but we were not assured that records gave enough information or that staff always gave the care people required.

Summary of findings

There was an accessible complaints procedure and the manager recorded and investigated complaints. We could not always see what learning took place.

Is the service well-led?

Good

The service was well led.

The manager was appropriately supported by a deputy manager and administrator and we saw improvements had been made in the way staff practice was monitored.

Audits were in place to assess the effectiveness and quality of the service provided.

People were involved and consulted about their care and improvements they would like to see in the service but this could be extended.

Chalkney House

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 took place on the 14 September 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience who had a background in the care sector.

Before the inspection we looked at information we already held about the service including previous reports and notifications. Notifications are important events that happen in the service which the provider is required to tell us about. We also looked at the outcome of complaints that we knew about. There were a number of safeguarding concerns which we have asked the home for more information about.

On the day of our inspection we spoke with the manager, deputy manager, activity staff, domestic, cook and five care staff. We spoke with fifteen people using the service and four relatives. We observed care throughout the day in different parts of the home. We looked at four care plans, staff files, did a medication audit and looked at other records relating to the running and management of the business.

Requires improvement

Is the service safe?

Our findings

One person told us that they get their medicines on time and were able to describe the tablets and what they were for. They also told us that they were given pain relief when they needed it. The relative of one person told us that their family member got their medicines in a timely manner. On describing taking their medication one person who experienced difficulty swallowing told us, "they put the tablets in my mouth one at a time and give me water to wash them down – I'm very happy."

We observed medicines being administered at lunch time and this was done in a timely, professional way. People were observed taking their medicines before staff signed to say they had administered it. Staff explained what they were giving and asked people if they needed medicines prescribed as when necessary. Staff administering medicines did so in a kind, unhurried way.

People's individual records included a list of what medicines people were taking and protocols for administering medicines required when necessary, (PRN). One person had recently had a change in their medicines including PRN medicines and protocols were not yet in place and were not in place over the weekend which might have meant staff would not know when it was appropriate to administer them.

Staff told us they received medicines training and they were assessed before giving medicines which was refreshed at six monthly intervals to ensure they were competent.

Medicines were securely locked away and stored at correct temperatures. We looked at a sample of medicines and found a number of errors relating to high risk medicines. The number of medicines which should be in stock did not always tally with the number of medicines actually in stock. An example was in one case we found more medicines being held than should have been if we added together stock delivered and staff signature to say they had administered. This could mean that people had not been given the medication they had been prescribed and had been signed as given. We also found discrepancies for the controlled drugs held. Changes to the medication record had not been countersigned by staff. Therefore, we were not always assured that people always received their medicines as prescribed.

This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people about staffing levels. One person said "It's not so bad in the daytime but when it comes to the evening you can walk around all evening to find someone." The same person said "the only thing is they're not always there when you want them." They said "they're not observing where people are from tea-time to when the night shift come on at 8pm."

Concerns were raised by relatives both during and before the inspection about staffing levels particularly at the weekend. One relative said, "Yes they could do with a few more staff at a weekend." Another relative told us that some people using the service kept vigilance on other people prompting them to sit down if they tried to move around independently

On the day of our inspection staffing levels were appropriate to need and staff said they were able to meet people's needs in a timely way. We looked at the staffing rotas and saw that staffing levels were consistently maintained with management support at the weekend. The only reduction in staffing was there were no activity staff.

Staffing levels fluctuated according to people's dependency levels which were assessed each week. We saw staffing could fluctuate by one staff member on each shift. The manager said they often worked on the floor and sat in the staff morning's handover each day so knew if people's needs were changing. Some people did not have a formal diagnosis of a suspected condition/impairment such as dementia although people's cognitive functioning was clearly impaired. This might have a bearing on determining their dependency level and how many staff were required.

In addition to care staff there were sufficient ancillary staff. Additional activity staff were being recruited to work at a weekend and there were a number of vacant posts. Staff holidays and staff sickness were not excessive and were monitored.

We noted through our observations that staff were visible throughout the morning but less so in the afternoon and

Is the service safe?

when staff were completing people's records, they did so in the dining room so people were left unsupervised. This meant there was a potential for increased risk and people not always getting their needs met in a timely way.

We observed at lunch one person physically moving a person's chair and helping them to their feet. At that point a member of staff came through and assisted but there was potential risk. On another occasion we observed one person who was very unsteady attempting to stand and walk without using their walking frame. Other people using the service appeared alarmed and were calling to him to sit down. Two members of staff were sitting in the adjacent dining room but were unaware of the problem. When alerted the member of staff who attended (carer) supported the person in an appropriate and reassuring manner and gently returned him to his chair.

About six people according to staff needed the assistance of two staff at any one time which meant there were less staff available to supervise others. We noted that in the communal lounges people did not have individual alarms and a number of people were vulnerable to falls if trying to move independently. During our inspection people were not left unsupervised for more than ten minutes at a time but relatives suggested this was not always the case.

One relative told us, "Staff without exception are lovely and I feel my family member is safe here." They said, "They can be uncooperative around their personal care but staff are very good."

In many bedrooms there were no call bell extension cords or hand-held devices which meant that people might be unable to call for help in an emergency. However the manager told us they completed weekly audits on call bells and extensions and or hand held alarms were provided as required. Most people who we asked told us they never used their call bell. One person told us they used their call bell after a fall and that the staff responded quickly. Another person told us that they would like a hand-held alarm in case they felt unwell as they'd had two falls in the past. When asked what she would do if she felt unwell she said "I would probably call out until someone heard me". When asked about their mobility the same person told us "I pull myself up by the wardrobe door handle to get to my walking frame if I need it".

We found the environment generally safe for people that used it. We looked at the environment because of previous concerns we have had about infection control and safety. There were bathrooms and toilets throughout and all were clearly identified. All areas were well lit and many benefited from good natural light, appeared clean and tidy, well-furnished and devoid of trip hazards.

We believe the environment could further be made safer for people to use. We noted potential hazards such as an access route was linking one lounge and dining area to a lift leading to the first floor where there was a dropped step. This access was secured with a keypad and the code had been provided to a number of people for their use.

The stairs leading to the first floor had gates at both the top and bottom but the small bolts did not fasten securely and one staff member was seen to pass through quickly without closing it securely.

The stairs leading to the first floor at both ends of the corridor has fire-doors at the top and were open plan at the bottom. As many people had a diagnosis dementia including those on the first floor this left them potentially exposed to the risk of a serious fall. Domestic trolleys and a vacuum cleaner were stored at the foot of one stairwell and one was protruding into the corridor.

There were framed name and picture boards at the entrance to some rooms and memory boxes outside some of the rooms. Where framed picture boards were available these where well designed and familiar and this appeared to be a work in progresses. One person told us "I used to get lost before they put that there."

Most areas of the home seemed clean with no odours identified. We saw a number of the commodes were stained and soiled. We also saw in the sluice room a commode pan that had been left used, uncovered and not disposed of.

Risk assessments were in place for day to day activities including the risk of falls, pressure care and those at risk of not eating or drinking enough for their needs. Other information included where people might be reluctant to receive support and about any mental health/anxiety issues. Individual risk assessments and care plans included actions to be taken by staff and when these had been last reviewed. We saw some examples of successful interventions which had lowered risks to people such as reducing the risk of malnutrition and falls.

Requires improvement

Is the service safe?

All the staff we spoke with said they had enough equipment including three different hoists, body slings and slide sheets to support people with their manual handling needs.

In recent months we have received a number of concerns from relatives about the standards of care given to their family members. Two safeguarding investigations were underway for which we do not yet have an outcome. The home were able to show some actions they had taken since incidents to update records We have asked the manager for some more information regarding a number of people's care and shall use this information to decide on future inspections should they be necessary.

A notice board on a wall near the manager's office displayed details of whistle blowing policy along with management contact details. This may have been better positioned near the entrance to the home. In addition to this displayed was information about Ask SAL (adult safeguarding line),

Staff had also received training on the protection of adults and how to recognise signs of potential abuse. Although staff were confident about reporting concerns to their manager they were less sure about the role of other external agencies and we asked the manager to discuss this again to ensure all staff knew.

We looked at two staff recruitment files and found some gaps; on one record the reasons for the gaps were explained to us by the manager. On a second file the person had a criminal records check and other records which confirmed their previous employment, identity and character references. However we found gaps in their employment history which had not been explored at interview and references were signed and dated but they were not on a letter head so it was difficult to identify their authenticity. Disclosure and Barring checks should be carried out under the current legal entity. Staff told us about their recruitment and described a robust process.

Good

Is the service effective?

Our findings

We asked people about if they had enough food and drink. One person said "They try to encourage me to drink more as I'm always thirsty." Another person said, "When I came in here I was told how important it is to drink plenty. I drink a lot."

People said about the food, "It's like I had at home, all good and I had a second helping of the sweet." Another person said "The pork was excellent, I really enjoyed it."

The cook was able to tell us about the various types of diet prepared including blended where some people preferred their food to be soft but not liquidised. They told us they had received training to help them understand the needs of people with dysphasia and knew how to support them to express their preferred food choices.

There was a choice of meals and the menu choices had been advertised on white boards in both the lounge and dining rooms. Staff gave people a choice and used a picture menu to help people make a choice.

We observed lunch in two different areas of the home and noted differences in people's meal time experiences. The main meal at lunch time was served at twelve pm and we noted that people in the dining room nearest the kitchen were able to eat independently. Staff provided minimal support and supervision. The dining experience for people in the main dining room could have been enhanced if staff had been present. Instead of this staff walked backwards and forwards, banging the door leading to the kitchen and the maintenance person decided to test the bedroom alarms throughout lunch so the dining experience was noisy and several people commented on this. The manager told us this was because one person had been concerned there alarm had not been working properly.

In the other lounge/dining room. A staff member sought the approval of people before turning the television off stating that it was so that people could talk during lunch. When one person said they wanted the television left on the staff member agreed but kept the volume low. The manager was present throughout the home during lunchtime and was seen to be chatting with several people. We observed that people were left unsupervised whilst eating their meal. People seemed to be managing without assistance although one person sat at an awkward angle and appeared to have some trouble managing. People were eating in two lounges and the dining room and food was taken on trays to a number of people in their rooms which resulted in staff supervision being spread rather thinly and did mean the dining room experience was adequate but could have been enhanced.

People ate well and were offered seconds. We noted it took a long time to serve people's food. Food was taken around the home in an unheated trolley so we could not be assured food was always served hot. The manager said she would address this.

We observed that covered jugs containing blackcurrant or orange cordial were continuously available in the common rooms and one member of staff was observed offering a person a choice of drink prior to the mid-morning trolley arriving. No one was offered water which might be better than sweetened drinks. A member of staff (kitchen assistant) was observed offering a choice of hot and cold drinks from the tea trolley at around 10.30. There were biscuits and small pastries but no fresh fruit or savoury alternatives. From our observation and sampling the food we drew to the conclusion that people were supported to have enough to eat and drink.

One person told us when asked if staff understood their needs. "Yes I do think they understand my needs but you're not the only person here." Another person said that they had recently seen the optician and the chiropodist at the home and that they were amazed that their glasses were free. Another person told us that the staff do call a doctor when they want one. One relative said they didn't know what the health care arrangements were for their family member. We told the manager so they could tell the relative what the arrangements were.

Records showed how staff monitored people's health and responded to changes either by contacting the GP or community matron.

Staff induction consisted of some initial training and shadowing by more experienced staff until they assessed staff were competent and new staff were comfortable to work on their own. We looked at a record of a recently employed member of staff and saw that in the first couple of days of employment they had covered basis training and had an in-house induction before doing a more in depth induction booklet. We saw a schedule for staff supervisions and annual appraisals. These were comprehensive and staff felt well supported by both the manager and an

Good

Is the service effective?

experienced deputy manager who commenced in November 2014. Supervisions included direct observations of practice and one to one supervisions, although the matrix did not indicate which it was. Audits on staff files had been completed to show that all checks were in place before staff started.

One member of staff told us that they had a good induction into care and had gone on to do additional qualifications. Some staff had additional responsibilities for different aspects of care in the home, such as falls champions.

We spoke in depth with four staff about their training and support. They told us they had done all the essential training required for care sector workers and this was kept up to date.

Staff told us they were well supported with daily handovers and regular staff meetings. They said the last one was in June 2015. They also said they received frequent supervisions and their practice was observed to ensure they could care for people.

People's care records showed they had given their consent for treatment and care provided by staff. Where decisions were made in a person's best interest this was recorded, showing the rationale for the decision made. One relative told us they had not been consulted about the care provided to their family member despite having power of Attorney for care and welfare .Information about relatives holding Power of Attorney was not recorded in people's records so this information could be overlooked.

The manager had made a number of applications to the Local Authority about restricting people's liberty for their own safety. Some people in the home came and went as they pleased because they were not deemed to lack capacity. Door codes were given to people who were not considered at immediate risk and able to make choices because their mental functioning was not significantly impaired. Another person had asked to go home and had been supported to do this and when it had not been successful the person was supported by appropriate professionals to return to Chalkney House which the person now recognised as home.

Staff had received training in Mental Capacity and the Deprivation of Liberties safeguards and understood about supporting people and offering them appropriate choices and where they were unable to make decisions for themselves how to support them lawfully.

Good

Is the service caring?

Our findings

We asked people about their experiences in the home. One person said, “They like to come and have a chat, they’re all nice people.” and the same person said, “The manager is always very approachable.” Another person said, “They’re exceptional because of their kindness and warmth. Everyone’s talking so you feel part of everything.” One person was observed as being very distressed and staff acknowledged this and spend time with the person explaining circumstances of their admission to the home and demonstrating warmth and empathy.

We observed staff interacting appropriately with people and being attentive to their needs and requests. Staff members were getting down close in order to maintain eye contact and make themselves more easily heard and understood. One person found it difficult to communicate with others due to a stroke. Staff knew the person well and were able to communicate with them effectively but they were isolated in terms of communication with others. Some people had sensory loss and we saw staff ensured they had hearing aids and glasses on to assist them, although one relative told us their family member was prone to losing things.

The atmosphere in the home appeared calm and organised and staff members were observed sitting and talking with people, interacting through activities and sharing experiences. Staff members were positive and worked comfortably together and there was a good light-hearted atmosphere present throughout.

We observed the presence of many tactile items in the sensory room and one person retained a soft toy animal and was seen to be stroking it throughout the day. Another had a doll which they treated as a baby and staff did the same.

We noted one person was visibly upset following personal care and they had asked the carer why they had been left. When we spoke with their relative they had said their family member did not like some staff delivering their care. We asked the manager about gender specific care as people’s preferences were not always recorded. They said they would address this and also speak with this person about their care preferences and what concerns they might have.

Everyone else we spoke with were happy with all the staff and felt they were able to meet their needs well.

We asked people if they felt their dignity was upheld by staff. One person said, said “Near enough sometimes it’s better than others but they’re very good with going to the toilet.”

Another person when asked told us, “They’re very lovely, they cope with people shouting, they’re very kind”. They do genuinely care.”

Some people chose to remain in their rooms throughout the day and we observed one person asleep in bed, one person who had chosen to return to bed after lunch and another person who lay on their bed to relax. Some people preferred their doors to be open and others liked them closed. Staff were observed knocking on bedroom doors and calling out before entering.

People’s rooms contained personalised items of furniture, framed photographs and memorabilia with framed pictures on the walls. In one room the person had a well-stocked bookcase and a current magazine was partly read.

We asked people if they were involved and consulted about the service they were receiving. One person said “No, I don’t think so really. Any problems I’ll go to the manager who will get it organised.” We saw some consultation and involvement in terms of resident/relative meetings, six monthly reviews and people had signed a number of care documents. Although people shared their positive experiences with us some people told us the communication in the home could be better.. For example not always knowing what activities were on and several people said they did not know when the doctor or other health care professionals were coming in, particularly the chiropodist and optician. One person said the priest comes in on Tuesday but said they did not think people were aware of this.

Requires improvement

Is the service responsive?

Our findings

We looked at four people's records as well as observing their care. People were checked throughout the night for their safety and there was a record of this. There was a record of people's weights; some people were weighed more often because of concerns that they were losing weight. We saw from the weight records that most people's weights were consistent and people requiring special diets or fortification of foods had this to help them maintain their weights. However we found some gaps in recording for some people so could not determine how well they were being monitored. We looked at food and fluid charts. These were generally alright but we noted staff were recording breakfast, lunch and supper, but nothing in between such as snacks and or finger foods offered throughout the day. One person had 19 food entries which showed they had refused a meal on nine separate occasions. Records did not show if they had been offered something else at a later time. The manager told us information about people's dietary needs were recorded elsewhere which meant that records were duplicated and did not help us identify how people's needs were being monitored and met.

One person was newly admitted to the home the day before the inspection and there was limited information about their needs. We saw they had not consented to care they needed and their valuables had not been checked in by the home which could cause problems on discharge. The assessment from the Local Authority was not current so we could not see if the person's needs had changed since.

The care plans were generally in sufficient detail with a page which told staff about people's preferred routines and how they liked to be supported by staff. This took into account the persons main needs, what they needed support with and what they could do for themselves. We noted for a number of people their life stories were not completed which meant staff might not know enough about the person to help them support them appropriately. Care plans had been reviewed so we could assume the information was current. Comprehensive reviews were planned six monthly but for some people this might not be enough as their needs were described as changing rapidly, and increasing.

Another person we case tracked have very high needs and sometimes required more than two staff to assist them. Staff had responded appropriately to a change in their need and had contacted medical professionals for advice and guidance. However we were unable to find much information about reasons for this person's behaviour, previous history or any strategies to help staff. For example if the person preferred staff of a certain gender or if they were more resistant to care at particular times of the day. There was very little recorded about their social needs or how their sensory loss impacted on them or guidance for staff around this. This meant we could not see how this persons needs were fully understood or how staff were trying to minimise their distress through personalised care.

This demonstrated a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Safe care and treatment.

We observed that some people using the service were still in bed or just getting up at 9.30/10.00 and this appeared to be their own choice as they appeared calm and relaxed. One person said "I'm happy in my own room. I can get up when I want to". Another person told us "I go up to my room when I want to and watch my TV and I go to bed when I'm ready." This meant people decided how they wished to spend their day.

One person told us, "I'm always looked after here." and another said, "They look after me really well, they understand me." One relative visiting a family member said that they came in each day to help with washing and dressing of their family member but that they felt that the staff do a good job and would manage in their absence.

There were eleven people in the front lounge; most were sat there throughout the morning until lunch which was served at twelve. Activities were provided throughout the morning in the reminiscence room and nine people joined in with the activity provided. The person facilitating the activities said people had grown their own sunflowers and runner beans which could be seen in the garden. The activities calendar (visual magnetic board) was observed to be on display in the reception hallway where details of the recent summer fete and a knitting class were displayed. There were no details about forthcoming or future events but there was a different activity for each day including the weekend. This meant people had a range of things arranged around their needs and interests.

One person who attended the quiz recalled visiting a petting farm and a bazaar and 'bring and buy' sale held at

Requires improvement

Is the service responsive?

the home and appeared animated when reflecting on how they won two prizes in the raffle! Another person recalled singers coming in to entertain them. We spoke with two people who got on well together and were enjoying each other's company. One said, "It's nice here, you won't find better, we often go out into the garden." The other person when asked what you are doing today said, "Nothing." People in this lounge socialised with each other and some had visitors but they did not participate in anything else. Another person told us they preferred their own company and did not join in with planned activities. Most people were in the communal area, seven were in their rooms. The television was on and people were asked if they preferred music, another person had a manicure when they requested one. The manager told us they were advertising for a second activities person to work on Friday and throughout the weekend but said in the meantime staff helped with activities. We saw no evidence of this and staff were busy throughout the morning leaving the activities coordinator to run and facilitate sessions. .

We noted a number of people's appearance was unkempt. We followed this up by looking in people's care plans and saw that staff tried to encourage people with their personal care but people were not always cooperative so staff would return again and again to ensure people got the support they needed. Where they refused this was recorded. One person was unshaven and we spoke with their relative who told us they could not always be persuaded. People had mouth care assessments but for one person it was not clear if they always got the support they needed and we found their appearance unkempt although it was documented about their reluctance to be supported and this was also recorded as part of a mental capacity assessment.

People that we spoke with told us that they had not felt the need to complain and that they would feel comfortable talking to staff. They told us that they felt sure that staff members would respond positively. People also felt they could talk to the manager. The homes complaints procedure was clearly displayed in the home. We saw a number of complaints, these had been recorded and investigated but we were not always clear of the outcome or what learning had taken place as a result of a complaint being raised. One person's care had not been satisfactory and the manager said they had not met with the family since concerns were raised. However they had previously met with one family member but this was not documented and it was not clear how this information had been shared with other family members.

Good

Is the service well-led?

Our findings

We asked people about their experiences and about the staff that supported them. One person said, (about staff) "Yes, we are lucky in that respect, I know them well.

People told us that they knew the manager and that she often came to speak to them. One person said, "She's a lovely lady." and another said "[manager] will come anytime, or any of the staff."

Staff spoken with felt the manager was good and listened to them and acted upon suggestions they might have. Staff also commented on the deputy manager who they felt was also very supportive. In conclusion we found a management team that was well liked and visible to staff and people who used the service.

The manager told us about their continued involvement in the Prosper project which is a project aimed at reducing hospital admissions as a direct result of falls and, or infections through education of staff and improved safety within care homes. The project was supported by Essex county council. The home came up with the innovative idea of personalising walking frames.. People's walking frames had been personalised in an attempt to improve recognition and promote regular use and thus help to reduce the incidence of falls which had been a problem for the home. The manager told us the number of falls had reduced in the last three months. There was information around the home about how staff could help reduce the number of falls for people.

Registration certificates were displayed along with the value statements and the last inspection report was displayed to keep people up to date. There was the name and photographs of all the staff by the entrance to help familiarise people and their families with which staff were on duty. There was also a comments/suggestions box in the entrance. A charter of right for residents, the homes values, advice about Alzheimer's and staff certificates stating 'Dignity Champion' provided by the National Dignity Council were also displayed.

Feedback by family members of people resident at the home had been submitted to carehome.co.uk. Comments were generally very positive with a high rate of satisfaction and this feedback facility was being actively promoted by the home.

The home monitoring system was being overhauled with the appointment of a person to oversee all the homes within the group and they were piloting a new audit tool to bring standardisation across the homes. The manager said they would also provide them with regular support and supervision with monthly audits of the service to replace the current system of different auditing tools and different people auditing the service. In addition the manager said they were having monthly meetings with all the managers whose common link was the same registered provider. We saw the minutes of the last meeting which raised action points for the following meeting.

The home were also sending out surveys to people using the service and their families every six months. We saw a sample of comments which were mostly positive but not representative of the whole service as the participant rate was low. The last survey dated July 2015 showed a return of 10 surveys, 40 went out. The previous survey showed a return of 4 out of the 37 that went out. We discussed this with the manager and felt it could be extended to include feedback from staff and visiting professionals as well as additional ways of engaging and capturing views of people who use the service more effectively. The manager told us they were often delivering direct care and working along staff but did not do direct audits/writing up of their observations such as the 'meal time experience', activities/ and so forth. This might be helpful to record to monitor changes over time and help with planning resources.

We saw there was a visual check on equipment, including alarm call bells, but were not clear how effective this was as we found in some instances people were unable to reach their call bells. There were also checks on mattress settings, and included the person's weight and other equipment used in the home. Audits were completed around falls and infections and the possible relationship between them. The manager was collating information about falls to decide what others factors might contribute to falls such as are falls higher at night which might be indicative of less staff around. Individual risk factors were taken into account.

Since the last inspection before the home changed its legal identity. We found improvements in the overall quality of the service continue to be made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not fully protected against the risks associated with the safe administration of medicines because we identified a number of errors which meant we were not assured people always received their medicines safely. Regulation 12 (1) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others did not always get care and treatment as required, because records were not always sufficiently robust or demonstrate all actions had been taken as necessary. Regulation 12 (1) (a) (b).