

Mr & Mrs A Wilson

# Delaheys Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 14 January 2016. The inspection was unannounced. The last inspection of Delaheys Nursing Home took place on 29 April 2013. At that time we found that the provider was fully compliant with all the regulations assessed.

Delaheys is a Care Home with nursing registered to offer personal and nursing care for up to 28 people. The home is a detached property with accommodation located on the ground, first and second floor. A passenger lift is in place for ease of access. The property is surrounded by garden areas and there is a large conservatory at the front of the building. Accommodation is in single and shared rooms, some with en-suite facilities. The home is furnished to a high standard.

The registered manager was available and received feedback throughout the inspection. The registered manager was also the nurse on duty during our inspection.

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

We found that the service provided a good standard of person centred care. Feedback from people who lived at the service was positive in regards to the care and support from staff. People told us that they felt safe and well cared for.

We found that the service had a safeguarding policy and procedure. However this was not easily accessible for people who lived at the service and or their relatives. We found that staff lacked knowledge about types of abuse and referral procedures. Some staff had undertaken training for safeguarding vulnerable adults as part of their health and social care diploma; however we found that service specific training has not been undertaken. Training should identify internal procedures and the local safeguarding authority referral process to enable staff to identify and report abuse.

The environment was clean, safe and well maintained. A very high standard of interior was maintained throughout the service and the providers prided themselves on maintaining this.

We looked at care records and found that staff worked positively with community professionals such as dieticians and speech and language specialists to ensure that people's needs were met.

Care plans were being developed to move from a medical model to person centred. Care plans showed that people were encouraged to participate in the care planning process. However we found that this was not always in line with the Mental Capacity Act 2005.

Records showed that mental capacity assessments were not always undertaken prior to making a decision on the person's behalf. We found the manager and care workers lacked knowledge about the Mental Capacity Act 2005 (MCA 2005) and the related Deprivation of Liberty Safeguards (DoLS). This meant that people were not always provided care and support that had been assessed in line with the MCA 2005.

We found that staff training and development required improvement. Staff told us that they felt confident in their roles and supported.

We looked at how the service protected people from avoidable harm and injury. We found that people who lived at the service had been assessed for risks associated with clinical care, such as skin integrity and malnutrition. However we found that personal emergency evacuation plans were not in place to enable emergency evacuation at the service should it be needed.

We discussed this with the providers who agreed to take immediate action.

We found shortfalls in medicines management that placed people at risk of not receiving their medicines as prescribed. Shortfalls included inaccurate recording on medicine charts, unsafe administration and ineffective care planning around people's medicine regimes and preferences.

We found that people were supported to maintain a healthy and balanced diet. People were assessed against the risk of malnutrition and encouraged to maintain a good intake of foods and fluid.

We observed the lunch time meal service and found that people were offered choice and control. One person did not like the pudding options so were offered an alternative.

We found that the presentation of texturised meals required improvement to ensure that people with such needs experienced the same meal presentation of those who were able to eat a normal consistency meal.

We received mixed feedback about the food people received. Some people were very positive; others commented that they would like more choice on the menu.

We found people who received end of life care and those needing bed rest were provided a very good standard of person centred nursing care. People appeared comfortable and stimulation was provided in each person's bedroom. One person enjoyed listening to 1920's music.

We observed staff interact with people in a kind and compassionate way. Staff understood the needs of people who lived at the service and were passionate about maintaining people's independence and wellbeing. Throughout the inspection we observed staff take time to sit and talk to people. Conversation was free flowing and we could see that positive and trusting relationships had been built between staff and people who lived at the service.

People told us that they felt confident to raise their concerns and felt listened to. Records of service user meetings were not available; however people who lived at the service told us that they felt involved in the running of the home. We have made a recommendation about maintaining written evidence of how the service involved people in the general running of the home.

We looked at how the service managed complaints. We found that the registered manager did not effectively record when she had dealt with people's concerns and how she managed complaints. However we received very positive feedback about the running of the service and people felt able to disclose their concerns.

Surveys were issued on a regular basis for people who lived at the service, relatives, staff and external

professionals. Results were analysed by the registered manager. However evidence of survey feedback to stakeholders was not evidenced.

We found that the registered manager, who was also the provider and nurse, played an active role at the service. They lived on site and were very much committed to providing person centred care. People told us that the family run business was well managed and that they felt confident that the manager responded to their concerns.

Activities at the service were planned on a day to day basis. We received mixed feedback about activities; some people were happy others wanted more choice.

We looked at how the service was monitored for quality. We found that audit records were not available, however the registered manager told us about how they continually assessed the service and acted upon changes needed. We discussed with the registered manager the importance of maintaining written records to show how they monitored the service for quality and development.

The registered manager told us that they had recently invested in a new care system for policies and procedures and they intended to roll out auditing processes based on this new system.

We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to safeguarding, risk assessment, medicines, need for consent, staff training and support and governance. You can see what action we have 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?

The service was not consistently safe.

We found that people were not effectively safeguarded against abuse. However staff knowledge was not efficient in regards to what abuse means and safeguarding referral processes.

We found that effective record keeping was not always maintained to ensure that individual risk to people using the service was care planned and monitored in relation to emergency evacuation.

We looked at people's care plans and found that information regarding medicine regimes was limited and required development to ensure that people received their medicines in a person centred way.

Medicines management required improvement to ensure that safe systems were embedded.

Staff were suitably recruited and deployed.

The home was clean and well maintained. Infection control systems required review to ensure the service worked in line with current best practice.

The home was clean and well maintained. Infection control systems required review to ensure they were inline with current best practice.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People received effective health care and experienced positive outcomes due to the support they received.

**Requires Improvement** ●

The rights of people who did not have capacity to consent to certain elements of their care or support were not always promoted because staff were not working in accordance with the Mental Capacity Act 2005.

Staff told us that they received good standards of support. However we found that training systems were not effective and competency assessments had not been undertaken.

We saw that people were supported to maintain a healthy lifestyle and provisions for nutrition and hydration at the service were to a good standard.

We saw that the environment was safe and well designed.

### Is the service caring?

Good ●

People told us that the service they received was kind and very caring.

We observed kind and caring interventions between staff and people who lived at the service.

We saw that people were provided opportunities to engage in social inclusion. Some people told us that they would like more options regarding activities provided. However others were happy with what the level of activity currently offered.

People felt involved in decisions made about their care.

End of life care at the service was undertaken in a professional and empathic way. People received high standards of personalised nursing care.

### Is the service responsive?

Good ●

The service was responsive.

We observed a good standard of person centred care interventions and staff understood the needs of people they supported.

We looked at people's care plans and found that person centred information was limited however was being developed at the time of the inspection.

We saw that the service was responsive to people's needs. People were supported to maintain an independent life style when possible.

We saw that people had access to information about how to complain.

We looked at complaint management. People told us the registered manager was responsive to their concerns however a record of the manager's liaison with people was not maintained.

### Is the service well-led?

The service was not consistently well led.

We found that the providers played an active role at the service and were receptive to feedback.

The culture at the home was open and people told us they felt confident in the running of the service.

Staff told us that they felt supported. Staff had served long services some had been employed for over 15 years.

We found that the service had quality assurance tools to assess, monitor and improve the standard of care provided. However these had not yet been embedded. Written evidence of quality monitoring was not available. We did find that the registered manager/provider was actively involved and could verbally evidence how they assessed the service.

**Requires Improvement** ●

# Delaheys Nursing 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 14 January 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

Prior to this inspection we looked at all the information we held about this service. This included notifications of incidents the provider had sent us since our last inspection.

We received feedback from a visiting professional. Their comments are included in the main body of the report. We looked at an audit undertaken by Lancashire County Council contracts and monitoring team in December 2015. This showed areas that the service needed to develop, the registered manager explained how they had been working towards meeting the contractual actions identified.

At the time of our inspection there were 26 people who lived at the service. We spoke with eight people who received care and four relatives. This helped us to determine if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed.

We observed the care and support people received in communal areas. We also observed the lunch time meal service.

We viewed five people's care records and five people's medicines records. We spoke with four care workers, one cook, the registered manager (who was also the registered nurse and provider) and the owner/provider Mr Wilson during the course of our inspection.

We also looked at a wide range of records. These included; the personnel records of three staff members, a variety of policies and procedures, training records and quality monitoring systems.



# Is the service safe?

## Our findings

We asked people who lived at the service if they felt safe. People told us; "I feel safe, there is a nice atmosphere here". "It is very safe and nothing is too much trouble". And "You wouldn't find a better place on the coast".

We asked relatives if they felt the care and support their loved ones received was safe. Relatives told us; "I feel (name) is secure and safe, the staff continually check her for safety and comfort". And "All care provided is excellent".

We reviewed medicine management systems at the service. We found significant short falls in the safe administration of medicines.

The registered manager had created in house records for people's medicines. Records showed variances in recording, for example the medicine record did not stipulate the exact wording on medicine boxes/bottle labels. This meant that people were at risk of not receiving their medicines as prescribed.

We found that medicine care planning for long term and short term treatments was not person centred. Care plans did not demonstrate protocols for medicines that were prescribed on a 'when required' basis. This meant that information about people's medicines was not robust to ensure that person centred care was delivered at all times.

Record keeping for topical medicine application was not effective. We also found that individualised agreements for the use of homely remedy medicines were not available to show that the person's doctor had considered current prescribed treatments and possible interactions.

We looked at staff training for medicines administration. We found staff had not received training based around current best practice and legislation. Staff had not been assessed for competency on a regular basis.

We observed the morning and afternoon medicine administration round. We found that staff did not always follow safe administration practice. Staff administered medicines from the trolley and on occasions used another staff member to take the medicines to the person. Records were signed before the administrator had confirmed the person had taken their medicines. The administrator should ensure that they have observed the person take their medicines before signing records.

We did not find any examples of people not receiving their medicines as prescribed during observation of medicine administration, however due to unsafe practices this showed a potential for errors to be made.

The above shortfalls constituted to a breach of regulation 12 2 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse.

We found staff lacked knowledge about types of abuse and the safeguarding referral process. We looked at training records and found approved safeguarding training had not been provided for many staff since 2010. We also found that newly employed staff had not received training in safeguarding as part of their induction.

The registered manager told us safeguarding was discussed during daily meetings with staff; however evidence of approved training that educated staff about local safeguarding authority protocols was not available.

Some staff had undertaken basic safeguarding awareness training as part of their health and social care diploma. However this training was not specific to the service or local safeguarding authority referral protocols.

Shortfalls in staff understanding about safeguarding processes amounted to a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered manager was aware of local safeguarding protocols and had contact details for how to make a referral. The service was working towards an action plan set by the local authority. The action plan included implementation of local authority safeguarding information for staff, residents and visitors to easily access.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be completed for each individual living at the home.

We found that personal emergency evacuation plans had not been completed for people who lived at the service. We discussed this during feedback and the registered manager agreed to take action to ensure that these were implemented.

Failure to assess people on an individual basis for emergency evacuation procedures constituted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service protected people from avoidable harm and known risk to individuals. Risk assessments were evident in the care files viewed and these covered generic areas of risk. Risk assessment reviews were carried out on a regular basis. However, we found that comprehensive care planning around identified risk were not always in place. For example, when a person was identified to be at risk of skin breakdown a care plan was not available to show how the service managed such risks.

We asked staff about people's needs and how risk was managed. We found that staff had a good understanding of how to provide safe care for people who lived at the service. Staff were able to tell us about people's needs and how individual risk was being managed. For example we asked staff about the care of a person we pathway tracked. Staff were able to identify the person's preferred care and associated risks. Staff knew how often to assist the person with moving position and were also aware of their diet needs and preferences. We found a clear understanding across the staff team about people's needs and preferences.

We looked at how the service protected people from falling. We found that risk assessments were undertaken and basic care planning identified mechanisms put in place to keep people safe.

We found that staff had not received training in first aid response. A registered nurse was always on duty. However evidence of first aid response training for nurses was not available.

Some staff had undertaken health and social care diplomas. This type of training covers core subjects such as first aid and emergency response. However staff told us that they had not received practical training in how to respond to a person when they had fallen or sustained injury.

We looked at how the service provided a safe environment for people. We found the service to be clean, tidy and well designed. People had space to maintain their independence and adaptive designs such as handrails and bath hoists were in place where required.

We looked at maintenance records and found that safety checks were undertaken as planned. The provider used external companies to check areas of safety such as electrical, gas and water.

Staff were provided with fire awareness training on a six monthly basis, this was delivered by the provider who had undertaken fire training some years ago but was no longer an accredited trainer. During feedback we discussed the need for a competent trained person to be coaching staff in fire awareness. The provider agreed to source training for staff that covered up to date legislation and best practice.

We found the service had sufficient numbers of staff on duty to keep people safe and meet their needs. We observed staff respond to people's request in a timely manner and take time to sit and talk.

People who lived at the service and their relatives told us that staffing was sufficient. There was no formal staff dependency tool however the manager and provider assured us that staffing levels were continually assessed in line with the needs of people who lived at the service. Staff told us that the registered manager would increase staffing at times when people's needs increased.

We looked at staff personnel files and found that safe recruitment had been undertaken. Many staff had been employed at the service for several years. Staff told us that they were happy in their employment and felt sufficiently staffed to meet the needs of people they cared for.

We found that cleanliness at the service was to a high standard. During feedback we made some recommendations around best practice for infection control and prevention. This was generally about storage of incontinence products in communal bathrooms, hand wash signs and ensuring that rusted equipment such as bins and commodes were replaced to enable effective cleaning systems.

We observed staff use personal protective clothing at meal times and staff told us that they had access to protective clothing when providing personal care. Most staff had undertaken or was working towards health and social care diplomas. Staff told us that modules covered infection prevention training.

We recommend that the service reviews infection control systems in line with current legislation (NICE Guidance for infection control and prevention in care homes).

## Is the service effective?

### Our findings

We asked people who lived at the service if they found the care and support they received to be effective. People told us; "I am being very well cared for". And "Very special people work here, I receive excellent care".

We asked relatives if the care their loved ones received were effective in meeting their needs and preferences. Relatives told us; "If mum was not here, she would never have lived to this grand age". "Mum had a chest infection and the nursing care she received here was excellent". "The staff make an effort in all areas of care". And "Remarkably good care, I have no issues at all".

We looked at how the service provided effective care that was based on best practice, from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

We saw the service had an induction programme. However we asked a staff member who was recently employed what training they had undertaken and they told us training had not been provided, however they had been told that they could enrol on a health and social care diploma. The staff member also told us that they felt supported by the registered manager and nurses and had recently changed employment from another care home where they had undertaken all mandatory training.

Staff members who had been in post for many years told us that they felt supported through their induction period.

We looked at training records and found the training reflected on the training matrix, inclusive of moving and handling, medicines, infection control and safeguarding was provided by the registered manager.

The registered manager was unable to demonstrate up to date training to enable them to facilitate training for staff in core health and social care subjects. Staff told us that training themes were discussed during daily team meetings and often during the staff handover. However the service was not able to evidence how they provided training for staff that was accredited, based on best practice and up to date with legislation. This meant that people were at risk of receiving care and treatment that was not in line with best practice.

Most staff had obtained or was working towards a diploma in health and social care. This course included core training subjects such as person centred care, moving and handling and dignity. However beyond this training the service could not evidence how it invested in training staff in line with its policies and procedures. Practical competency assessments had not been undertaken.

We looked at supervision and appraisal records. We found the service had not recorded when staff were supported on a one to one basis. Written evidence and discussions around staff development was not available. However staff told us the registered manager often met with them on a group and one to one basis and they felt supported.

The above failings to ensure that staff had received appropriate support, training, professional development, supervision and appraisal in line with current legislation constituted to a breach of Regulation

18 (2) (a) (b) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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 this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that the registered manager and care workers lacked knowledge and understanding about referral processes around Deprivation of Liberty Safeguards (DoLS). Exit doors were locked and activated by key codes. Some people who lived at the service did not have the ability to retain information due to living with advanced dementia, this meant that they may have not been able to leave the building freely.

The registered manager had not made DoLS applications or considered people's ability to make informed decisions. We also found the provider had implemented cameras in corridor areas and focused on exit doors. This was for security reasons and the provider and registered manager confirmed that this was not done for any other reason or for surveillance. However, we found that consent to this had not been sought from people who lived at the service in line with the Mental Capacity Act 2005. We asked the registered manager to make applications for DoLS for people believed to lack capacity in relation to consenting to locked doors and the use of cameras in the service.

We found that the service did not have sufficient assessment tools to enable effective assessment of a person's capacity. For example the assessment tool used did not provide writing space for staff to record how they had assessed a person's mental capacity prior to making a decision based on best interests.

In three of the care records we viewed it was documented that the person lacked capacity. However the person had signed consent to care documentation. In addition the service had failed to record how the person's mental capacity had been assessed.

These shortfalls in consent to care and treatment amounted to a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed people who lived at the service walk around the ground floor unit independently. People had free access to bedrooms, communal areas and bathrooms.

We looked at how the service supported people to maintain a healthy and balanced diet.

We looked in three people's care records and found nutritional assessments had been undertaken and reviewed on a regular basis. People were weighed on an individualised basis and the service were proactive in seeking external professional support from dietitians and speech and language specialists.

People's care plans represented their nutritional needs and people's preferences.

We asked people who lived at the service if they were happy with the standard of food provided. People told us; "The food is good". "The food is lovely". However people also told us that they would like more choice; "There could be more variety": "It's the same food on rotation". And "There could be more fresh fruit".

Relatives told us; "The food is ok, certainly not bad". And "Meal times are great, food is exceptionally good".

We observed the lunch time meal service. One person who lived at the service did not want the pudding on offer and requested an alternative, this was provided for them. Menus were on display within the service to enable people to see what the meal of the day was. Staff were observed to offer support with meals and encouraged people who used the service to eat. Staff explained what the food was as it was served.

We found that people who required texturised diets received their meal mixed together, for example the meat, vegetables and potatoes were mixed into one. This meant that people were not able to taste the individual servings of nutritious foods. We discussed this with the registered manager who agreed that it was important for people who had a texturised diet to be able to experience the same meal experiences as those who don't.

We saw people were offered extra portions and snacks between meals. Staff offered people a choice of snacks and encouraged them to make informed decisions. We also observed staff assist people in a dignified way at meal times.

We found people were referred to external health care professionals. People told us that they felt confident in the service to organise their appointments and people were offered escorts when they went to hospital. Advice from external professionals was followed through in the care plans we looked at.

We received feedback from a visiting social worker who told us that the person he was visiting had settled into the service well and that the person's needs were being met.

The environment had been adapted to meet the needs of people living with physical disability. Bathrooms were spacious and well designed for wheel chair access. The lift enabled people to access all communal areas independently or with support. A high standard of decoration and quality furniture was available in all areas of the service.

## Is the service caring?

### Our findings

We received very positive feedback from people who lived at the service. People told us; "Nothing is too much trouble for staff". "If everybody went to a home like this they would be very lucky". And "Staff are kind and caring".

Relatives told us; "I would not be able to trust any other home like I trust Delahey's". "If I was to assess the home I would say they are excellent at everything".

We observed staff interacting effectively with people who lived at the service. One staff member was observed to perform a ballroom dance with a person who lived at the service and we could see they gained great enjoyment from this. People told us this happened daily and that they were often entertained by the staff.

Staff were observed offering lots of reassurance to people who lived at the service who expressed concerns. Staff were seen to be patient and caring throughout all of our observations.

Some people chose to sit in the quiet foyer area. We saw that they had back ground music and many people had daily newspapers. People told us they were suitably stimulated and felt staff always provided time to help them engage in recreational interests.

We saw people's bedrooms had been personalised and they had access to televisions and radios. People who spent long periods of time in their bedrooms appeared comfortable and we observed very good standards of stimulation and staff visited them on a frequent basis.

The service did not have an activity schedule. Staff told us people preferred to choose activities on a daily basis and we saw that activity and stimulation was offered. People's care plans provided information about past times and interests. We received mixed feedback about activities. One person told us their interests were maintained and that the staff are always happy to help them. Another person told us "It's a bit dull there isn't much going on". "I would like to do more to keep moving".

End of life care for the people who lived at the service has been considered and information was stored within a file for staff to access. We saw a very good standard of personal care for people approaching the end of their life was maintained and the service was very attentive to people's individual needs and preferences.

People told us they felt involved in decisions made about their care. We noticed people had been asked to sign care plan agreements. However this was not in line with the Mental Capacity Act 2005. The registered manager acknowledged this during feedback and confirmed that ways to reflect consent in line with legislation would be considered.

We observed staff knock on bedroom doors and the bathroom facilities were lockable to enable people to feel that their dignity was protected. We saw that people had individual bedrooms that had been

personalised with their own belongings and individual bedding. People had their own space. In shared bedrooms there was a screen that was used to protect privacy and dignity. One person told us: "My bedroom is very nice and homely".

People were referred to by their chosen names and titles.

We found that personal data was displayed in communal bathrooms and the dining room. White boards showed when people were scheduled to have a bath. We discussed this with the registered manager who agreed to consider ways to protect people's confidential information and ensure that people were offered choice on a daily basis.

People had access to advocacy information. People told us that they had information about services provided in the home and felt confident to ask for extra information when required.



## Is the service responsive?

### Our findings

We asked people who lived at the service if they felt staff responded to their needs and concerns. People told us; "I am extremely happy, staff always respond if I call them". "I feel confident to say if I am not happy, I am always listened to". And "I couldn't ask for anymore".

We asked relatives if the care their loved ones received was responsive to their needs and preferences. Relatives told us; "Staff are very quick at responding to changes in (names) health". And "The home was very responsive to (names) falls and made changes to facilitate them".

We looked at three people's care plans in full. This is called pathway tracking. Pathway tracking enables us to see that the person is receiving person centred and preferred care as outlined in their care plans and assessments.

We found the service had started to look at new ways to improve person centred detail within care records. We looked at completed support plans that were one page profiles about the needs and preferences for people who lived at the service and found a good standard of person centred detail.

Some more dated care plans were prescriptive and highlighted people's needs based on the medical model of care. However we could see that the service was developing this area of recording. The newer support plans for people showed a good standard of person centred detail, including people's preferred regimes for care and support and life history. The registered manager explained that this standard of information would be transferred to all relating care plans.

In addition we observed excellent standards of person centred care. People were supported to maintain their independence and personal preferences were always considered. People were well cared for and their personal identity had been maintained. Many of the ladies who lived at the service told us how care staff helped them apply makeup in the morning to ensure that they felt well presented.

We looked at survey results. Surveys had been issued and collated for people who lived at the service, relatives, staff and external professionals. Results showed very positive feedback that had been reviewed by the registered manager. Surveys were based around the new inspection methodology and asked people if they thought the service was safe, effective, caring, responsive and well led.

People told us they felt confident to raise their concerns with the providers. Scheduled meetings for people who lived at the service and their relatives were not undertaken. However people told us that the registered manager 'Matron' was available daily and often sits and talks to them. We asked the registered manager if records were maintained for meetings with residents. We saw care reviews had been undertaken, however the registered manager could not evidence meetings with residents that enabled them to participate in discussions about the service and decisions made about how the service was run.

The registered manager did not maintain records of care concerns or complaints. However the registered

manager assured us that no complaints had been received. We saw that the service had a complaints policy and procedure and this was available for people who lived at the service, relatives and visitors to access.

A copy of the service user hand book was available for all people to access in their bedrooms.

# Is the service well-led?

## Our findings

People who lived at the service told us; "Matron is very kind she will go out of her way to accommodate and please you". And "Matron is here all the time and is approachable".

Relatives told us; "The Matron is excellent at sharing information with me. She is very amenable at answering any of my questions". And "The service is very well run".

A visiting professional told us "I have no concerns everyone is very helpful".

We looked at how the registered manager assessed and monitored the service. We found insufficient evidence of recorded audits. The service had recently purchased a new care system that included policies and procedures and auditing tools. The registered manager told us that they intended to start using these new auditing tools; however at the time of inspection this had not yet been achieved.

We could see that quality monitoring was undertaken by the provider and registered manager, however other than surveys this was not effectively recorded.

The above shortfalls in governance amounted to a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the service was very much focused on empowering people. Person centred care was a core ethos throughout the staff team and a positive culture was demonstrated throughout the inspection. For example two people told us that their health and wellbeing had significantly improved since they moved to the service and they were continually encouraged to maintain their independence. One person told us that the registered manager visited them daily to make sure they were comfortable and happy. We observed the provider and registered manager interact with people who lived at the service and their relatives throughout the inspection. A relative told us that due to the daily presence of the registered manager they felt reassured that their loved one was well cared for.

We saw staff had formed trusting relationships with people who lived at the service and relatives. We observed positive working relationships between the staff team. Staff laughed with people who lived at the service and an inclusive approach to care was observed.

Staff told us; "Matron is excellent, she is always available for us". "I have full confidence in Matron". And "The Matron and Mr Wilson are very committed; this is the best place I have worked".

We observed both providers Mr and Mrs Wilson participate in the running of the service. Mrs Wilson undertook many roles at the service; these included owner, registered manager, matron and registered nurse. The providers lived on site and had owned the service for 26 years. The registered manager told us when they were on holiday or offsite the service had a structured senior staff rota. A senior nurse was appointed and staff told us that they acted as management when the providers were not available. We

looked at staffing rotas and could see that a senior nurse was always rostered when the registered manager was not on duty.

We found good standards of management continuity. The registered manager was very committed to the service and people told us that they were always available.

Staff told us that they were encouraged to be part of the business and they understood the business goals. Meetings with staff occurred on a daily basis. Staff told us that the registered manager discussed different themes in relation to health and social care during the afternoon meeting on most days. We asked to see records that evidenced this standard of communication at the service. The registered manager told us that records had not been maintained.

We looked at the staff meeting file. The last recorded meeting with staff was recorded November and December 2015. Meeting minutes reflected discussions had, however did not show staff comments.

We found that the providers took great pride in the service and received feedback in a positive way.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Diagnostic and screening procedures	The provider did not have suitable arrangements in place to ensure that the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005. Regulation 11 (1)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not have suitable arrangements in place for the assessment of personal emergency evacuation planning and medicines management.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	The provider did not have suitable arrangements in place to enable staff understanding of abuse and safeguarding referral processes.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have suitable systems in

place to evidence quality monitoring at the service

## Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider did not have suitable arrangements in place to ensure that staff were trained and supported.