

## Sholden Hall Residential Home

# Sholden Hall Residential Retreat

### Inspection report

London Road  
Sholden  
Deal  
Kent  
CT14 0AB

Tel: 01304375445

Website: [www.sholdenhall.co.uk](http://www.sholdenhall.co.uk)

Date of inspection visit:  
14 July 2016

Date of publication:  
15 August 2016

### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection visit was carried out on 14 July 2016 and was unannounced.

Sholden Hall provides care for up to 27 older people some of whom may be living with dementia. On the day of the inspection there were 25 people living at the service. Sholden Hall offers residential accommodation over two floors and has two communal areas and is located in the village of Sholden. . There is small conservatory on the ground floor which is the registered managers office. There is a secure garden at the rear of the premises.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of this service on 11 and 16 June 2015. We issued requirement notices relating to safe care and treatment, fit and proper persons employed, consent, person centred care and good governance. We asked the provider to take action and the provider sent us an action plan. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. There were five breaches identified at the previous inspection and at the time of this inspection the provider had complied with three breaches and parts of the other two breaches. The provider had not fully met their legal requirements.

Risks to people's safety were assessed but the guidance on how to keep risks to a minimum varied. Some assessments identified people's specific needs, and showed how risks could be minimised but other risk assessments did not contain all the information to make sure staff had all the guidance to mitigate risks. During the inspection a person had been left at risk as the power supply to a special mattress had been turned off. There was a continued breach of the regulation.

People received their medicines when they needed them. They were monitored for any side effects. Some people received medicines 'when required', like medicines to help people remain calm or for pain. There was limited guidance for staff to tell them when they should give these medicines. One medicine had no pharmacy label to identify who the medicine was for. One person's medicine was signed for on the medicines administration record before the person had actually received them. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. There was a continued breach of the regulation.

At the previous inspection areas of the service needed cleaning and refurbishment and there was a risk that infections might develop. At this inspection the service was clean and refurbishment and redecoration had taken place. The regulation had been met. The service was fresh and clean. There were maintenance plans

in place to continue improving.

The registered manager and staff carried out regular checks of the premises and equipment including the fire safety system and water temperatures. The fire exits door were now all managed safely. The regulation had been met. There was an evacuation plan for people during the day but not a night. This was an area for improvement.

At the previous inspection the provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. At this inspection improvements had been made. Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People said and indicated that they were satisfied and happy with the care and support they received. People received care that was personalised to their needs. People's care plans contained information and guidance so staff knew how to care and support people in the way they preferred. The regulation had been met.

People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

People were offered choices and were supported to be independent whenever possible. Staff were familiar with people's likes and dislikes and supported people with their daily routines. Staff knew how people preferred to be cared for and supported and respected their wishes. There was calm atmosphere throughout the day and some people were busy engaged in activities. Staff were kind and thoughtful. There were meaningful interactions with staff who gave people time to respond, showing consideration and treating people with dignity.

People were supported to have a nutritious diet. Their nutritional needs were monitored and appropriate referrals to health care professionals, such as dieticians, were made when required.

Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff monitored people's health needs and asked for professional advice when it was required. Assessments were made to identify people at risk of poor nutrition, skin breakdown and for other medical conditions that affected their health. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services.

People told us that they felt safe living at Sholden Hall. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns to keep people safe. Staff were confident to whistle-blow to the registered manager if they had any concerns and were confident appropriate action would be taken.

At the previous inspection the provider had not carried out all the necessary staff checks. At this inspection a system to recruit new staff was in place. This made sure that the staff employed to support people were fit to do so. The regulation had been met

There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. Staff were supported to gain the appropriate

knowledge, skills and competencies to perform their job role. People told us that they had confidence in the skills of the staff. Staff were receiving support from their manager through one to one meetings. Yearly appraisals were used to ensure staff had the opportunity to develop and identify their training needs. There were regular staff meetings so staff could discuss any issues and share new ideas with their colleagues to improve people's care and lives.

At the last inspection the provider had not made sure that care and treatment was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection the registered manager had applied for a DoLS authorisation for people who were at risk of having their liberty restricted. They were waiting for the outcome from the local authorities who paid for the people's care and support. People's mental capacity had been assessed but not always reviewed when it fluctuated. This is an area for improvement. When people were unable to make important decisions for themselves, relatives, doctors and other specialists were involved in their care and treatment and decisions were made in people's best interest. The regulation had been met.

People, relatives and staff felt comfortable in complaining and when they did complain they were taken seriously and their complaints were looked into and action was taken to resolve them.

Staff told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions mattered and counted.

The registered manager was committed to driving continuous improvement and involving people and staff in this process. Feedback on the service was collected through a variety of methods including through meetings, questionnaires, reviews and individual meetings. This information was analysed to inform improvements. At the previous inspection the quality assurance audits were not effective to ensure that all shortfalls in the service were recorded and appropriate action was taken. Records were not up to date. At this inspection there were quality assurance systems in place and these were being used to monitor and improve standards of care delivery. Shortfalls were identified and action was taken. On the whole records were up to date. The regulation had been met.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported. Records were stored safely and securely.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 consistently safe.

Risks to people were assessed but there was not always clear guidance and checks in place to make sure all staff knew what action to take to keep people as safe as possible.

Not all medication practices ensured that medicines were managed safely

There were sufficient staff on duty to make sure people received the care they needed and staff were recruited safely.

The service was clean and safety checks on the environment had been completed.

Staff knew the signs of abuse and had received training to ensure people were protected from harm.

Accidents and incidents were recorded and action taken. These were analysed for patterns or trends to reduce the risk of reoccurrence.

### Is the service effective?

**Good** 

The service was effective.

Staff received induction training and on-going training in relation to their role and had completed specialised training including dementia awareness.

Staff understood that people should make their own decisions, and followed the correct process when this was not possible

People were supported to ensure their health care needs were met.

The service provided a variety of food and drinks so that people received a nutritious diet.

### Is the service caring?

**Good** 

The service was caring.

People and relatives said people were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way.

People and their relatives were able to discuss any concerns regarding their care and support.

Staff knew people well and knew how they preferred to be supported to maintain their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Families supported their relatives to be involved in their care planning.

People received the care and support they needed to meet their individual needs. People's needs were assessed when they came to live at the service and their care plans reflected their wishes and preferences.

People had an opportunity to take part in activities of their choice.

Information about how to make a complaint was on display at the service. People and relatives knew how to raise any concern and they were confident they would be acted on.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager led and supported the staff in providing appropriate care for people and encouraged an open and inclusive culture with people and their relatives. Staff had a clear vision of the service and its values and these were put into practice.

All staff understood their roles and responsibilities.

Staff, people, their visitors and visiting professionals were asked for their views about the service.

Quality assurance and monitoring systems ensured that any shortfalls or areas of weakness were identified and addressed promptly.

# Sholden Hall Residential Retreat

## **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 14 July 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This 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. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We looked around areas of the service, and talked with eight people who lived at the service. Conversations took place with people in the lounge areas. We observed the lunch time meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service due to their dementia. We therefore used the Short Observational Framework for Inspection which is a way of observing care to help us understand the experience of people who could not talk with us.

We talked with relatives who were visiting people; the registered manager, care staff, kitchen staff, and the activity co-coordinator and hairdresser.

We spoke with three health care professionals and a social care professional.

The previous inspection was carried out in June 2015. At that inspection five breaches in the regulations

were identified.

# Is the service safe?

## Our findings

People and visiting relatives spoke positively about their experiences at Sholden Hall. One person said, "We are treated well, the staff are kind. When you press your buzzer they come straight away, that makes you feel safe". Another said, "I trust the staff, that makes me feel safe".

A relative told us, "My relative is very safe here. They would be able to tell me if they were concerned about anything".

At our last inspection in July 2015 the provider had not assessed all of the risks to people's health and safety and failed to mitigate risks to people. The provider sent us an action plan telling us how they were going to improve. At this inspection improvements had been made but there were still some shortfalls in managing risk to make sure people were as safe as possible. People had equipment like special mattresses and cushions to protect their skin when they were sitting or lying down. During the inspection we found that a special mattress which used electricity to keep it inflated was deflated as the main electrical supply had been switched off. The person using the mattress was in bed all the time. There were no checks in place to make sure that the mattress was working effectively. The registered manager and staff were not able to give an explanation as to why this had occurred. They did not know how long the mattress had been switched off for or why this might have happened. The registered manager checked the person's skin and no damage had occurred.

The setting on the mattress was for a person who weighed 60kg. The information in the person's care plan stated the mattress should be set to 31-40 kg. The registered manager was going to discuss this with the district nurse and reaffirm what the setting needed to be. The person was at risk of developing a pressure sore as the mattress was not on and may have been set to a wrong setting. There were risk assessments for people whose skin was at risk of becoming sore. The assessments identified the level of risk and plans were in place to keep the risk to a minimum. Staff did make sure other people's skin was protected with special creams and sprays. If any concerns were identified these were reported and specialised advice and input was requested from district nurses. When people needed support to mobilise and move around the service there was guidance in place on how to do this safely.

Some people had a catheter in place. A catheter is a tube that it is inserted into the bladder so that urine can drain freely. The risks of having a catheter in place were not identified. The assessments for the catheter did not state clearly what to do if the catheter was not draining freely and what signs the staff needed to look for that might indicate an infection.

This was a breach of the regulations at the previous inspection of July 2015 and although some improvements had been made the breach of regulations continued.

Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance and checks to make sure risks were mitigated. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not fully protected against the risks associated with the unsafe use and management of medicines. The previous inspection of July 2015 had identified a breach in the regulations as people were not receiving their medicine in line with the prescribed instructions, medicine records were not accurate and the storage of medicines was not in line with current guidance. At this inspection improvements had been made in these areas but we identified other breaches of the regulation. Some people had been prescribed "when required" medicine for pain or to help them if they were anxious. Good practice guidance for care homes produced by the National Institute for Clinical Excellence (NICE) states that these types of medicines, that may include variable doses, should have clear guidance for staff regarding when and how to use such medicine, what the expected effect will be and the maximum dose and duration of use. This information was not available in the care records which meant that people were at risk of not being given these types of medicines consistently and in accordance with prescribed instructions. One person was given a 'when required' medicine to help them remain calm. The packet of tablets had no pharmacy label on the front with directions. The person's name had been written by hand and there was hand written instruction which stated 'for anxiety'. The person's care plan made no reference that the person should have this medicine for anxiety. The person had received this medicine on occasions.

A staff member gave people their medicines at lunch time. They had brought one person's medicine to their room. The medicine was left for the person to take after they had finished their lunch. However, the staff member then signed the MAR to indicate the person had taken their medicine when they had not. There was a risk that the person may not take their medicine but the records would indicate that they had.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored safely and were administered from a medicines trolley. The medicines trolley was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. Some items needed storage in a medicines fridge. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. Regular checks were done on the medicines and the records to make sure they were given correctly. If any shortfalls were identified the registered manager took immediate action to address them. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact.

People said that if they were not happy with something they would report it to the registered manager. They were confident that they would listen and take action to protect them. Staff knew people well and were able to recognise signs if people were upset or unhappy. Staff explained how they would recognise and report abuse.

Referrals had been made to the local safeguarding authority when safeguarding incidents had happened. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Information was readily available to people and staff on notice boards about what to do and who to contact if they were concerned about anything.

At our last inspection in July 2015 the provider had not taken proper steps to prevent the spread of infection. At this inspection improvements had been made. The flooring in some bathrooms and the laundry had been replaced or improved and were now easy to clean and maintain. The registered manager and staff carried out regular checks of the premises and equipment including the fire safety system and water temperatures. A fire safety officer had visited and their recommendations had been acted on.

At our last inspection in July 2015 the provider was not ensuring the fire exit doors were being managed safely. At this inspection improvements had been made. The fire escape routes were kept clear from obstructions at all times. There were contingency plans for emergency situations including a fire or a flood. There was also a plan to ensure people had enough to drink if there was a heatwave. There was an evacuation plan displayed in each room in case there was a fire. There was currently no evacuation plan for night time when there would be less staff on duty. The registered manager agreed to address this, as this was an area for improvement.

Accidents and incidents were recorded and reported to the registered manager who checked these to look for any emerging patterns. The registered manager had noticed that when a person was unwell they had more falls at night. The registered manager sought advice and started a more detailed falls record and supplied protective equipment including an alarmed pressure mat by the person's bed to alert staff when they got out of bed in the night.

People told us that staff were there when they needed support. A member of staff was always in the lounge areas and staff responded quickly when people needed support. Staff had time to sit and chat and spend time with people and were not rushed. One staff member sat with people individually and gently massaged their heads and hands. People appeared to enjoy this; they smiled and thanked the staff member. One person said "The staff are marvellous; they help me when I need it."

The registered manager organised the staffing which included a deputy manager, care staff, housekeeping, maintenance staff and a cook. The staffing levels were based on people's needs, activities and appointments. The registered manager kept the staffing levels under review and asked people, relatives and staff for feedback to make sure there was enough staff on duty. Based on this feedback the registered manager was considering increasing the staffing levels during the early evening and was in the process of recruiting more staff. Staff told us they thought there was enough staff to meet people's needs. Staff said they were happy to cover for each other, for example, to cover sickness. The registered manager and deputy manager were on call out of hours to give advice and support and there was always a senior staff member on duty at weekends.

At the last inspection in July 2015 the provider had not taken all the necessary steps to make sure all staff were safe to work with people. At this inspection improvements had been made. Staff were checked before they started work at the service. Potential staff completed an application form and came to the service to be interviewed and to meet people. The registered manager was showing a potential new staff member around the service on the day of the inspection. The registered manager asked people for their feedback and observed how potential staff were with people.

Each staff member gave a full employment history and any gaps in employment were checked. Staff had two written references, a police check and their identity had been checked. New staff worked through a probation period and were issued with contracts of employment.

# Is the service effective?

## Our findings

People told us they felt well supported by the staff, one person told us, "Everyone is very good. I don't need a lot but I get everything I need. I only have to ask and they (the staff) are very obliging" and "The staff are wonderful really, they're good at what they do. I couldn't ask for better". A relative said, "I can't fault anything here. I think (my relative) is in the best place".

At our last inspection in July 2015 the provider had not made sure that care and treatment was provided with the consent of the person and had not acted in accordance with the Mental Capacity Act 2005. At this inspection improvements had been made.

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 so that they can 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.

The registered manager and staff had knowledge of the MCA 2005 and DoLS and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the MCA. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity. When one person came to stay at the service they were unwell and were unable to give consent to care and support. After a while their health improved and they were able to give consent. Their mental capacity assessment had not been updated to reflect this. This is an area for improvement.

When people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. When a person was unable to make a decision, for example, about medical treatment or any other big decisions, then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

If people refused something this was recorded and respected. One person did not want to join in activities. Staff respected the person's wishes. They left them alone and then asked later. Staff told us that they supported people to make decisions by giving them time to understand the situation. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interest meeting had been held.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for some people ensuring that the constant supervision was lawful. The registered manager said they always used the least restrictive ways to support people and people were free to come and go, as they wished with the right support. During the inspection we saw people being supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People told us they thought the staff had the right skills to support them. Everyone we spoke with described the staff as either 'good' or 'very good.' The registered manager organised basic training as well as training related to people's needs including dementia awareness. Staff attended face to face training or completed work books or on line courses. Staff were responsive to people's needs and recognised if people were uncomfortable or upset. Staff moved people safely and were knowledgeable about people's individual conditions.

New staff were working towards the Care Certificate, which is a set of standards that care staff achieve when deemed competent. New staff completed induction training and used their probation period to get to know people and other staff.

The registered manager coached and mentored staff and met with staff regularly for one to one supervision. The registered manager used the one to one meetings to check staff's awareness and competency in different subjects by asking questions. These meetings were planned in advance and gave staff the opportunity to discuss any training needs or other issues. Staff said this gave them the opportunity to discuss any issues or concerns they had about caring and supporting people, and gave them the support they needed to do their jobs more effectively. Staff had an appraisal each year which identified their development and training needs and set personal objectives. There were regular staff meetings to encourage staff to be involved in the service and have the opportunity to raise concerns and new ideas.

Visiting professionals told us they thought the care at the service was good and that people were well looked after. Several people's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. Visiting professionals did report that on occasions they did not feel welcome at the service and sometimes they did not get the introduction and information they needed about people before they met them. The registered manager told us that this issue would be addressed with all staff.

When people had problems eating and drinking they were referred to dieticians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. Visiting professionals like district nurses went to the service on a regular basis and were available for staff if they had any concerns. Relatives told us that the staff responded promptly when their family member needed to see a doctor or to attend any other health related appointments. People confirmed that they had access to other health professionals.

When people were at risk of developing pressure sores they had beds with air flow mattresses and special cushions to sit on. There were turning charts which had been completed detailing what side people were required to be turned onto, to reduce the risk of pressure sores. This supported people to keep their skin healthy and intact.

A person said, "The food is great; my favourite is fish and chips. We always get a choice especially with the

puddings. There is too much to choose from some days". A relative said, "The food always looks very nice and appetising".

We observed the lunchtime meal, it was a social occasion. People could choose where they wanted to eat. Some people chose to eat in the dining area and others stayed in the lounge where dining tables were available. People enjoyed their lunch. It was served hot enough; the portions were good and reflected the appetite of people. People told us that they always had enough to eat and they liked what they had. Some people had chosen not to have a hot meal and had a salad. The salads contained a variety of different foods, were a good portion and looked appetising.

When people were losing weight they were encouraged to have supplement food and drinks and were referred to the dietician. Hot and cold drinks were given throughout the day and people were encouraged to drink to make sure they remained hydrated.

# Is the service caring?

## Our findings

People said that the staff were very caring. One person said, "They are all very nice people. Nothing is too much trouble". Another person said, "This is something very new to me but I am very happy to be here".

A relative told us that the staff cared for and supported their relative and their family all the time. They said "The staff always try and involve and encourage (their relative) to partake in activities but if they want to be left alone then this is respected".

A person who visited the service regularly to do an activity said, "If you give respect you receive it. I see that the carers are very respectful. They always treat people with kindness".

People and their relatives had been included in the care planning process. One visitor told us that they had been involved in planning their relatives care and that staff kept them well informed about any changes. People's choices were respected, for example when one person wanted to remain in their dressing gown for the morning the staff respected this and supported the person to get dressed when they wanted to. Staff supported people to express their views and people were offered choices and were supported to be independent whenever possible. Care had been taken to support people with their appearance, indicating that staff had time to support people appropriately and to maintain their dignity. One person said "Staff even help me to wear my lipstick. I have been wearing it for years, why stop now."

Staff were attentive and anticipated people's needs, for example at the meal time staff were offering people more drinks, more food, supporting people who needed help with their meal and encouraging people to do as much as they could for themselves. People were called by the name they preferred, and there was a high level of engagement between staff and people throughout the day.

There was a calm atmosphere and we observed gentle interactions with staff giving people time to respond, showing consideration and treating people with dignity. Staff knocked on people's doors and waited before they entered and talked to people in a discreet way regarding personal care needs. People's dignity was also considered in care planning and records. One person's care plan stated that they preferred a female carer and would like a bath every other day. They also liked to use a mouth wash. The daily records showed that these wishes had been carried out.

Staff explained things gently, sensitively and clearly to people. One person was concerned about their wife. The staff member explained where their wife was and that they would be coming to visit that day. They explained in such a way that it allayed the person's anxieties. Staff and relatives told us that visitors were welcome at any time and people were encouraged and supported to contact their family and friends.

People could decide where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff.

Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people who requested help. One person called for a staff member to help them to the lounge. The member of staff immediately gave a kind response and went to help them.

People could choose whether they wanted to spend time in communal areas or time in the privacy of their bedrooms. On the day of the inspection there were activities taking place in the main lounge area. It was noisy and active. Some people found this a bit too much and they were able to go to quieter communal areas or their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear.

# Is the service responsive?

## Our findings

People said that they received the care and support that they needed, when they needed it. One person said, "I really cannot fault it here. I get everything. The staff are always there when I need them".

A relative told us, "We looked around nine homes before we chose this one. This was the best, I can't fault it. The family are very pleased. There is a nice atmosphere and have had no problems. I have been involved with care planning for (my relative) and they have settled in really well". Another relative said, "The care is personalised. They try to make it like home".

A visiting professional told us they thought the service had improved since the last inspection. A district nurse said that one person was at risk of their skin becoming sore. They said the staff contacted them immediately when they noticed a sore area on a Monday. The area was assessed the same day and staff advised on the action they should take to prevent the area from deteriorating. When the district nurse returned on the Thursday of the same week the area had completely healed.

At the last inspection in July 2015 the provider was not ensuring that person centred care and treatment was meeting the needs of people and plans had not all been regularly reviewed or updated. At this inspections improvements had been made.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Sholden Hall. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person.

People had a key worker. A key worker is a member of staff allocated to take a lead in coordinating someone's care and making sure they had everything they needed like clothes and toiletries. They were a member of staff who the person got on well with and were able to build up a good relationship. Whenever possible people were supported and cared for by their key worker.

Each person had a care plan. These were written to give staff the guidance and information they needed to look after the person in the way that suited them best. The plans contained directions for staff on how to care and support people safely and effectively. People received their personal care in the way they had chosen and preferred. There was information in their care plans about what people could do for themselves and when they needed support from staff. Care plans contained detailed information about all aspects of a person's health, social and personal care needs to enable staff to care for each person. They included guidance about people's daily routines, behaviours, communication, continence, skin care, eating and drinking. People's care plans contained guidance about how to move people safely using specialist

equipment like hoists and slings. There was guidance and information about how to keep people's skin healthy and the plans were being followed by the staff. People sat on special cushions and had special mattresses on their beds to protect their skin. On the whole care plans had been reviewed and updated when people's needs changed.

People were supported to keep occupied and there was a range of activities on offer to reduce the risk of social isolation. Staff were aware of the risks of social isolation and the importance of social contact and so encouraged people to be involved.

The service employed an art and craft activities person one morning a week to support people to be involved. They told us, "It's really good here. It's always very orderly and calm. People get everything they need". People were encouraged and supported to do group activities and they were keen to show us the paintings they had done which were now hanging on the wall. One person said, "I didn't know I could something like this and I am not too bad at it. It's something new. I enjoy it".

A hairdresser came once a week and people enjoyed and looked forward to having their hair done. There were other activities like arm chair exercises, music sessions and pampering sessions. Some of the staff had recently had gone on a course to teach them the skills of aromatherapy where they used different massage techniques and essential oils to support people to relax instead of building up anxieties. The registered manager had plans to make the therapy available seven days a week, because they had observed the benefits it gave to people. People could access the large private garden and use the seating areas to relax. There was a vegetable plot and people and their relatives were enjoying the sunshine in the garden during the inspection.

There was a written complaints procedure that was displayed at the service. This was also produced in a format that was more meaningful to people. The registered manager said there had been no complaints for some time but they were aware that complaints had to be recorded, investigated and responded to. Any complaints were tracked and monitored by senior managers to check they had been resolved. People had opportunities to raise any concerns and ideas for improvement at regular meetings or directly with staff. One person told us that if they had a complaint they would speak to staff or to the registered manager.

One person told us that they had raised a concern to their keyworker. They said that immediate action was taken and the complaint was resolved very quickly. They said, "It was a relief to get things sorted out". One person had concerns about getting to the bank and managing their money. The registered manager had responded by setting up internet banking for them. A relative said, "If we have had any concerns the staff listen to what we say and are straight on to it".

# Is the service well-led?

## Our findings

People told us they thought the service was managed well and well led. A relative said, "The manager is approachable and easy to talk to".

Our observations of people and discussions with staff showed that there was an open and positive culture between people, staff and the registered manager. The service's visions and values were to give people the care and support that they needed while keeping them safe. The registered manager and staff were clear about the aims and visions of the service. People were at the heart of the service and everything revolved around their needs and what they wanted. When staff spoke about people, they were very clear about putting people first. The registered manager communicated with people in a way that they could understand and gave individual care.

The registered manager's office had recently moved from the basement to the ground floor, so that they were more visible and available to people, relatives and staff. There was an open door policy, so people, relatives and staff could 'pop in' to talk.

The registered manager had been at the service for some years and knew the staff team and people well. The registered manager had over ten years' experience in working with people living with dementia and understood relevant legislation and the importance of keeping their skills and knowledge up to date. The registered manager and staff had forged links with other organisations and attended care forums to share and promote best practice. There was a culture of openness and trying to improve the service for people.

Staff understood their roles and responsibilities and had a good understanding of people's needs. Staff told us they felt well supported and felt comfortable asking the registered manager or deputy manager for help and advice when they needed it. The registered manager and deputy manager worked alongside staff to observe, coach and support them. Staff said they all worked as a team. The registered provider visited the service regularly and the registered manager said they felt supported by the provider.

The registered manager asked people and their relatives for their views about the service. Regular resident and relatives meetings were held and the registered manager told us that the meetings were well attended. A poster was displayed giving the date of the next meeting towards the end of July. People said that they would like some parts of the service decorated so the registered manager arranged for the redecoration and new flooring.

Staff were asked for their views. One staff member told us "We have regular staff meetings, we get to say what we would like to see improved and raise any concerns". Staff told us that their views and opinions were listened to and acted on. There was a comments box in the entrance hallway and some people had made comments about the staff. These included 'Thanks for the fantastic care and support' and 'Many thanks for all your kindness and thoughtfulness' and 'Thank you, we will be forever grateful.'

The registered manager sent surveys to people, their relatives, staff and health professionals including local

GP's. The results were collated and the registered manager wrote an action plan to make improvements based on these views. The results and action were displayed in large print saying 'You said' and 'What we did.' This included suggestions made to improve the décor and facilities. In response a second handy man was employed and redecoration and improvements to the décor carried out.

At the last inspection in July 2015 the quality assurance audits were not effective to ensure all shortfalls in the service were recorded and appropriate action was taken and records were not up to date. At this inspection improvements had been made. Staff carried out a variety of audits and checks on a weekly and monthly basis. Checks were made of the environment, records and equipment including the fire safety system. Any required actions were noted with a timescale attached for the action to be completed. The registered manager collated other information including any accidents, complaints, staff training and incidents. They reported this to the provider who used this to monitor the service. On the whole records were up to date. Some risk assessments had not been completed and checks on special mattresses were not taking place. This is an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in line with CQC guidelines.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance and checks to make sure risks were mitigated. The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>