

C.T.C.H. Limited

The Grange

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection which took place over two days on the 6 and 7 June 2016. The Grange provides nursing and personal care for up to 65 people. Accommodation can be provided for people who wish to live together. People have access to lounges and dining areas on each floor, en-suite bedrooms, and assisted bathrooms. An internal courtyard provides an outdoor seating area and is accessible to all people. At the time of our inspection 63 people were living there. There were 18 people who had been assessed as needing nursing support and 26 people had been diagnosed as living with dementia.

At the last comprehensive inspection in May 2015 we found two breaches of legal requirements around inconsistencies in record keeping and failure to submit statutory notifications to the Care Quality Commission. These were followed up in November 2015 when we found the action plan had been implemented and improvements had been made to comply with the breaches.

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

People's equipment had not been used correctly or safely in line with national guidance. This potentially increased risks of harm or injury instead of reducing the risks to them. People's medicines had not been managed or administered safely. People's creams were not being administered accurately and medicine administration charts had not been completed satisfactorily. People's care records did not accurately reflect their changing needs and the care, support and treatment they were receiving. Quality assurance audits had not always addressed shortfalls or made improvements needed in a timely fashion.

People received care which reflected their individual preferences and routines important to them. Staff had a good understanding of their personal histories and their likes and dislikes. People had positive relationships with staff and were treated kindly and with compassion. Visitors were made to feel welcome and said the home was "a marvellous place" and "a happy house". People had access to activities which reflected their interests and hobbies. People who preferred to stay in their rooms enjoyed the company of staff for chats or individual activities. People were supported to stay healthy and well. Their nutritional needs were monitored and they were encouraged to eat and drink. They had access to health care professionals who monitored their physical and mental wellbeing.

People were supported by staff who felt supported in their roles and were able to keep their knowledge and skills up to date. Staff respected people's choices and encouraged them to make choices about their day to day care. When people's liberty had been deprived the necessary authorisations were in place. When people were upset or anxious they were supported by staff who understood how to help them to become calmer, offering reassurance or diverting them with music, a walk or a drink. There were enough staff to meet people's needs. The registered manager monitored staffing levels to make sure they reflected people's

changing needs.

People's views and opinions about the service they received were encouraged. Quality assurance audits were carried out to check on people's experience of the service. People knew how to make complaints which were investigated and any action taken to address concerns if needed. The registered manager was open and accessible. Staff morale was good and staff worked well as a team showing enthusiasm and genuine concern for people's wellbeing.

We found 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 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 safe. People who had equipment to keep them safe whilst in bed were put at risk of harm. Equipment had not been operated correctly in line with national guidance.

People did not have their medicines managed and administered in line with the prescriber's instructions. The overall management of medicines was not satisfactory.

People were safeguarded from the risk of abuse and harm. Strategies needed to be considered to protect people from harassment

People benefited from staff who had been through robust checks before they could work with them. Staffing levels were adjusted to reflect people's needs.

Requires Improvement ●

Is the service effective?

The service was effective. People were supported by staff who had the opportunity to acquire the skills and knowledge they needed to meet their needs. Staff felt supported in their roles.

People's consent was sought in line with the essence of the Mental Capacity Act 2005. People deprived of their liberty had the appropriate authorisations in place.

People were supported to stay healthy and well through access to a range of healthcare professionals. Their nutritional needs had been assessed and reflected their individual dietary requirements.

Good ●

Is the service caring?

The service was caring. People had positive relationships with staff. Staff were enthusiastic and passionate about the people they supported.

People's views helped to shape the care and support they received.

People were encouraged to be independent. Visitors were able to

Good ●

visit whenever they wished.

Is the service responsive?

The service was not always responsive. People's care records did not always provide an accurate and current overview of the care, support and treatment they were receiving.

People had access to activities which reflected their interests and hobbies

People knew how to make a complaint and were confident they would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led. Quality assurance processes monitored the quality of service delivered but improvements identified for action were not always effectively addressed.

People were able to express their views about their experiences of their care and support. Improvements were made as a result of their feedback.

The registered manager was open and accessible. Staff shared their vision to improve people's experience of their care and support.

Requires Improvement ●

The Grange

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 6 and 7 June 2016 and was unannounced. One inspector, a specialist professional advisor and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people living with dementia. 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with twelve people using the service and six visitors. We spoke with the representative of the provider, the registered manager, the lead nurse, nine care staff, the cook, two domestics and joined staff at two handovers between shifts. We reviewed the care records for seven people including their medicines records. We also looked at the recruitment records for five new staff, staff training records, complaints, accidents and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We contacted four health and social care professionals and local commissioners for their views about the service.

Is the service safe?

Our findings

People had been provided with equipment to keep them safe but it was not being used correctly, in line with national guidance. Three people had been supplied with specialist beds with pressure relief mattresses which had not been set to the correct inflation pressure. This potentially put them at greater risk of worsening the condition of their pressure ulcers or developing pressure ulcers. One person had been supplied with bed rails to prevent them from falling out of bed. These bed rails had not been fitted at the correct height and were too low. Instead of reducing the risks to the person, these created further risks. Incorrect use of equipment potentially increased the risks of people receiving unsafe care and treatment.

People were mostly protected against the risk of harm or injuries. Each person had been assessed to identify any hazards they might face such as the risk of falls, developing pressure ulcers or losing weight. Depending on the outcome of this risk assessment care plans had been put in place to describe how risks were minimised. However not all records matched up accurately. For one person a pressure ulcer risk assessment stated they were not at risk but their care plan contradicted this detailing how risks had been minimised. However, for another person who was identified at high risk of falls, their care plan confirmed a suitable moving and handling system had been provided by a health care professional to reduce the risk of falls. Staff said wherever possible people's independence was promoted so this person had been provided with a standing aid to encourage them to continue to transfer themselves as safely as possible. Another person had a high risk of developing pressure ulcers. They had been provided with a special mattress and staff were repositioning them every two hours as well as applying cream to their skin. They were also encouraged to eat and drink to maintain the condition of their skin.

People's medicines had not been managed or administered safely. Poor recording was found on the medicines records for five people who needed to have creams applied. Cream charts did not provide clear instructions about the use of creams and there were gaps in the chart confirming whether people had creams applied. Creams had not been correctly labelled with their use by date and had not been disposed of when needed. Cream prescribed for one person was missing and other people had been having cream decanted from a communal pot which could potentially pose infection control risks. This could still potentially pose infection control risks. After the inspection the registered manager said this practice was no longer being followed. Care staff responsible for applying creams said they had not received any training for the administration and recording of creams. The registered manager said she had recognised residential care staff had not completed the creams record correctly and had given them individual training about how this should be done.

People's administration records had not always been completed to indicate when or if they had received their medicines. Handwritten entries had not always been countersigned. Medicines audits had highlighted this as an ongoing problem and staff had received additional training. Stock levels had not always been correctly maintained on medicine administration records (MAR). Stock levels for one medicine which needed additional storage were very high. Staff said the person had not needed this medicine for a long time. Over the counter remedies were provided as required, we discussed with the registered manager how to make the recording around their use more robust.

A recent pharmacy inspection had praised some areas of administration and management. They had recommended obtaining an up to date version of the British National Formulary and to record minimum and maximum fridge temperatures as well as the actual temperature. These were still to be completed. The medicines fridge also needed defrosting. People were put at risk by not having their medicines administered accurately and in accordance with the prescriber's instructions.

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

People received their medicines at times they needed them. Staff asked people if they needed medicines to be taken as needed. Guidance was in place detailing when this medicine should be given and when staff needed to contact the GP for further advice. Staff waited with people whilst they took their medicines and then completed the MAR. Good practice was observed in the storage and administration of eye drops, liquid medicine and inhalations.

People did not always feel safe. A person expressed concerns about another person who occasionally came into their room. Although strategies had been developed to prevent this person wandering uninvited into other people's rooms, they had not always been effective. Staff would redirect the person to their bedroom, however the person did not have close monitoring and staff were not always in the vicinity. The registered manager said they would look into this.

People were protected against the risks of harm or injury. People told us, "I do feel safe and I don't know why I feel safe here. I'm looked after well" and "I've fallen over at home but never here that's why I'm here." Visitors said their relatives were "cared for and safe" and "very safe, there's always someone around and they keep an eye on her". Staff had a good understanding of how to recognise abuse or harm and what they should do in response. A member of staff told us, "We try and encourage people's independence and mobility keeping them safe as far as possible." They described keeping robust records and reporting issues to seniors or the registered manager. Staff confirmed they had completed safeguarding training. The registered manager said they discussed safeguarding at staff meetings and at individual meetings with staff to make sure they understood their roles and responsibilities to keep people safe. Information about how to recognise and report abuse was displayed around the home. This was in easy to read formats using plain English which was illustrated with pictures. Safeguarding alerts had been raised when needed and the relevant authorities such as police, the local safeguarding team and the Care Quality Commission (CQC) had been informed.

People occasionally had accidents and incidents. These were recorded and closely monitored in case a trend was developing which needed further action. For example a sudden number of falls by one person was confirmed by their GP as a physical condition which needed a course of anti-biotics. There was evidence quick action had been taken to keep people safe by referrals to health care professionals or installing alarm systems so that staff could respond quickly when people needed help. After an accident staff monitored people periodically to make sure they did not need any additional help or support.

People had individual plans in place describing how they would be evacuated from the home in an emergency. An emergency file kept in the reception area provided staff with information about emergency services and out of normal hours management support. People had individual call bells in their rooms which escalated to an emergency call if left unanswered after a specified length of time. People's call bells were within easy reach and people said they were answered in a timely fashion.

People's valuables and monies could be kept securely in the safe if needed. People also had secure facilities

in their rooms. Each person had an inventory in place listing their personal possessions.

People were supported by enough staff with the right skills and knowledge to meet their needs. Staff said the staffing levels had been monitored to reflect the current needs of people living there. For the first time in twelve months the numbers of people living at The Grange were nearly at full capacity. Additional staff were being employed and until they started work agency or bank staff had been used to cover spare shifts. Staff spoke about working "really well as a team" and "helping each other out". The registered manager confirmed that although staff were allocated into three teams during their shifts they could be redeployed to another team if the need arose. She said they had discussed at a recent staff meeting how to readjust the routines staff had developed to cope with the new people moving into the home. People told us, "We desperately need more staff, like the super-duper ones we already have" and "I think they work really hard here and I think they could do with more staff."

People were protected against the risks of possible abuse by thorough recruitment processes. Application forms had been checked to make sure a full employment history had been provided. Where there were any gaps these had been investigated. The reasons for applicants leaving former employment with children and adults had been obtained. References had been supplied and their authenticity checked with the referee. New staff did not work in the home before a Disclosure and Barring Service (DBS) check had been completed. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. New staff confirmed they shadowed existing staff and had a named member of staff to refer to whilst doing their induction programme.

Is the service effective?

Our findings

People's needs were met by staff who had access to training to keep their skills and knowledge up to date. People told us, "At night the staff are very good [name] is brilliant" and "I have great admiration for them, the staff are very good here." A relative said, "Staff are really well trained." A new system had been put in place to monitor the training needs of staff and to make sure they had access to the appropriate training when they needed it. A training database highlighted when training, considered as mandatory by the provider, such as first aid, fire and moving and handling, was due to be refreshed and if it was overdue. Staff confirmed they had access to training specific to the needs of people living in the home such as dementia awareness, Parkinson's disease and diabetes. The registered manager said the competency of staff was assessed through observations of their practice for instance administering medicines, helping people to move and reposition or personal care. Staff also completed questionnaires to assess their understanding of the training they had completed. New staff completed the care certificate as part of their induction programme. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Staff said, "We have developed professionally together" and "Training is kept up to date; staff are friendly and really helpful."

People benefitted from staff who felt supported in their roles. They said they had individual meetings to discuss their roles and responsibilities. A schedule had been drawn up for individual meetings and an annual appraisal. The registered manager confirmed this had fallen behind for some staff. The appointment of a lead nurse would help to alleviate this. In addition to individual meetings staff were able to talk to the registered manager and lead nurse whenever they were free. Staff meetings were held for all the staff as well as smaller staff meetings for each team where staff were able to focus on the individual needs of people they were supporting. The last full staff meeting had focussed on the increased numbers of people living in the home and talked through any changes which needed to be made.

People were supported to make decisions about their care and support in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's care records identified whether they had capacity to make decisions and choices about their care. If people had fluctuating or variable capacity this was highlighted indicating occasions when they might need additional support for instance when mentally unwell. People were observed being offered choices and staff respecting their decisions, including the refusal of care or support. When people were unable to make decisions about their care and support there was evidence this had been discussed in their best interests for instance, giving them their medicines or personal care.

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 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.

People deprived of their liberty or with restrictions in place had the necessary authorisations in place agreed by the supervisory body. During our inspection best interest assessors were completing their assessments for DoLS for other people. We discussed with the registered manager people who required nursing care who were being deprived of their liberty without the necessary authorisations in place. She said the lead nurse would be identifying those people who needed authorisations and making the necessary referrals for DoLS.

People's nutritional needs were monitored. People's care plans clearly highlighted when people had been assessed as at a high risk of losing weight. Plans were displayed in red, amber and green covers highlighting the risks to people. A malnutrition screening tool had been used to assess and monitor their risks and had been illustrated in graphic form. The registered manager said this way of displaying information instantly focussed staff attention to the nutritional needs of the person. The cook confirmed they fortified foods with cream, milk powder and butter. Their assistant was making fruit smoothies which was given to people when they did not feel like eating a full meal. One person who had lost their appetite was being given hot milky drinks which they enjoyed. Drinks, snacks and fresh fruit were provided around the home for people to help themselves. On the first day of our inspection these were not available on the floor where people received nursing care but they had been made available by our second day. Cold drinks were available in people's rooms and lounges; staff were observed encouraging people to drink plenty of fluids due to the extremely hot weather.

People had been involved in developing their menu plans which reflected meals they liked and enjoyed. The cook confirmed she catered for people who preferred a vegetarian or a gluten free diet as well as for people living with diabetes. People had a choice of hot meals and alternatives would be provided if needed. People said, "I have a good choice of vegetarian meals" and "It's very nice and if they know you like something special they make sure you get plenty of it." People were observed choosing where to have their meals either in their rooms, any one of the dining rooms or elsewhere if they preferred. People who needed support to eat their meals were given help and encouragement to eat their meals. We noticed one person waited to have their meal whilst an agency member of staff supported another person to eat their meal. When questioned the next day staff said people needed prompting and help occasionally. We saw this happening. Staff made sure when helping people they focussed on them and supported them at their preferred pace; meals were unhurried.

People were supported with their physical and mental health needs. People had access to the enhanced GP service whereby a GP visited each week. They also had dental appointments, chiropody, physiotherapy and occupational therapy input. When people's needs changed these were reported to senior staff who made the necessary health care referrals. Staff kept records of appointments for future reference and handed over any information to other staff as shifts changed to promote continuity of care.

Is the service caring?

Our findings

People had positive relationships with staff. They said, "The staff are good here and everybody's fine" and "The staff do a good job." Relatives commented, "People seem happy", "People are well looked after" and "It's a happy house." People were observed being treated with kindness and care. Staff were enthusiastic and passionate about the care and support they provided to people. They spoke with genuine concern about people's wellbeing during handovers. Staff were observed talking animatedly with people during lunch times and when visiting them in their rooms. Domestic staff said people liked to chat with them whilst they cleaned their rooms. They were observed enjoying each other's company.

People's disabilities and their religious, spiritual and cultural needs had been noted in their care plans. Adjustments had been made to the environment to promote people's independence around their home. For example, grab rails and ramps. For people living with dementia some signs had been displayed to indicate the purpose of rooms. Although the design of the home allowed people to wander in a full circle if they wished there were few prompts for people to find their way around. People were able to go to religious services or to take part in the religious service at the home if they wished. People's preferences for the gender of care staff providing their personal care was highlighted and wherever possible respected. The registered manager described how accommodation could be provided if people wished to share rooms. Staff had completed equality and diversity training.

People's human rights including their right to family life and privacy were promoted. Visitors said they could visit whenever they liked. A person told us how staff helped them to stay in touch with their husband through visits and by telephone calls. Private dining facilities could be provided for people if they wished to entertain visitors. People's personal information was kept securely and staff respected people's confidentiality. Staff shared with us how one person chose to stay with another person who was at the end of their life until their family had arrived. Staff were continuing to support this person with their bereavement.

People and their relatives had discussed their personal histories with staff, telling them about their life, their interests and their likes and dislikes. Staff knew people well and told us "We are like one big happy family" and "It's rewarding, if you put a smile on a person's face you know you have done the right job." Visitors joined people for meals or visited with them in one of the shared lounges around the home. A visitor commented, "The accommodation is small but the care makes up for it." Relatives said, "Staff are really nice" and "She is really well looked after."

People occasionally became distressed or upset. Staff responded to them quickly and offered reassurance by gently touching them, talking calmly with them, offering a drink or taking them for a walk. Staff discussed how they would support people who might become angry and they knew what was likely to upset them and how to help them regain their emotions. A relative confirmed, "The staff are very good they come and give my mother a cuddle when she's down."

People were encouraged to make decisions about their care and support. Each month they met with a

member of staff allocated to oversee their care. Where they could they signed a record when this had been completed and if changes were needed their care records were updated. People were given information about the service they received. They had a resident's guide and access to information about how to make a complaint, about safeguarding and accessing advocacy. Information had been provided in easy to read formats using pictures or photographs to illustrate the text. Staff described how they had used flash cards with a person recovering from a stroke to help them to express themselves. They were delighted to pass on to other staff significant improvements in the person's speech and understanding.

People were treated with dignity and respect. Staff for the most part respected people's right to privacy. They were observed knocking on people's doors and discreetly offering them help with personal care. A person confirmed, "They do respect my dignity when they wash me. They always have the door closed and they always knock before they come in to my room." We discussed with the registered manager observations where one person's dignity had been compromised and they said they would look into this straight away. When people had requested their care to be provided by a specific gender of staff this was respected. At staff meetings and during individual meetings staff had discussed privacy and dignity and all staff had handbooks providing guidance. People's care records directed staff to treat them with dignity. For example, encouraging people to go to the toilet and to use continence pads only for protection.

People were supported to be as independent as possible. Their care records informed staff about what they could do for themselves and what they needed help with. For instance, doing aspects of their personal care for themselves or eating their meals with verbal prompts. People had the opportunity to help around the home. One person had lacked motivation when they moved into the home but staff realised they liked to help them switch off lights and close doors each night; this had now become part of their routine to make sure people were settled and safe before they retired to bed. One person looked out for people living with dementia, helping them to relearn skills they had lost such as playing games. Staff commented, "This is what we are here for, to encourage and maintain their independence" and "We support people living with dementia to live as full a life as possible."

Is the service responsive?

Our findings

People's care records did not always reflect their current needs. Two people's care records had not been kept up to date with changes in their health and wellbeing. Both needed nursing care. One person had recently moved into the home and they had an interim care plan in place whilst staff got to know them and develop a full range of care plans. During this time their physical wellbeing had deteriorated and a wound care plan should have been in place to describe the treatment they were receiving. This was put in place immediately and other care plans were to be completed. The representative of the provider said these should have been completed within six weeks of their admission. Daily records stated one person had developed a health condition which needed treatment but the relevant care plan had not been put in place. The registered manager confirmed an "Unwell" care plan had been written by our second visit to the home. The nursing lead had been completely reviewing all nursing care plans and was half way through this process. Care plan audits had been carried out at scheduled intervals and an action plan drawn up for any issues identified. At the next scheduled three monthly audit of a person's care plan these actions were followed up and if care records still had not been updated this was discussed with staff during individual meetings. These were also audited by the provider during their visits to the home. However, this potentially left people at risk of receiving inappropriate care and support.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People's care was individualised and reflected their past history, personal preferences and routines. People's views about what they could do for themselves and their levels of independence were clearly identified. A person said, "They do encourage me to keep my independence I get to do little things in my room I like and try to make my own bed." A relative confirmed, "I have seen her care plan they ask me or my brother about it." Staff understood people well and were observed stepping back and encouraging people to help themselves. Support was offered when needed. Staff explained how important it was for people to maintain their mobility. During handover they recognised that although a person had needed to use a wheelchair because they felt unwell their mobility was still to be encouraged.

People's changing needs were being recognised and referrals had been promptly made to health care professionals to reassess their needs to make sure their needs could continue to be met by The Grange. For example, one person had been admitted as needing nursing care but had improved so much they had now been reassessed as no longer requiring nursing support. Staff, although busy, took time to deliver care and support flexibly and reflecting people's personal choices. For instance, one person liked to stay in bed until mid-morning so staff ensured their personal care was provided when they wished it to be.

People had access to activities usually arranged by staff during the afternoon. Two members of staff had been designated to lead on activities and had scheduled activities which reflected people's interests and hobbies. A visitor said their relative enjoyed the knit and natter session as well as singing. People were observed in full voice with an external entertainer. Other activities included reminiscence, games, film shows and bowls. Celebrations had been planned to coincide with national events such as the Queen's birthday. A

person said they had enjoyed eating an ice cream in the garden during the hot weather. Another person told us, "I really like music and movement and I like to play Scrabble and Dominos and singing." People who were able walked around to the local shop. Staff made sure people who preferred to stay in their rooms also had activities such as hand massages, manicures, games and reading. People enjoyed a quiz based on the royal family which took place during our inspection. Children from local schools often joined people to entertain them or help out.

People knew how to make a complaint and were confident they would be listened to. One person said, "No, never had to make a complaint but if I needed to I would complain to the manager." Information was clearly displayed around the home about how to make a complaint and who to go to if people were unhappy with the response from the provider. Complaints had been fully investigated and a written response had been provided with an apology when needed. The registered manager met with complainants face to face to discuss their concerns and to give them feedback. When needed additional training had been provided for staff in response to concerns. Complaints were audited by the provider and shared with other homes they owned so they could learn from issues raised by people about their experience. The provider information return stated, "We use a simple matters for concern form which is available to all, to try to prevent concerns becoming full blown complaints." Visitors told us they would talk with the registered manager but had no concerns or complaints.

Is the service well-led?

Our findings

People's experience of the service had been monitored through a range of quality assurance audits, which were not as effective as they might have been. New audits had been carried out by a representative of the provider which resulted in action plans for the registered manager to complete. In addition each month a theme was explored in depth such as fire systems or communication. There was evidence some of the actions from these audits had been worked through for example ensuring fire training had been provided for all staff. Discussions with the representative of the provider and the registered manager reflected on the effectiveness of the audits in place and monitoring improvement actions to assess whether they had been completed in a timely fashion. However, care plan and medicines audits had failed to address the issues highlighted at our inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Accident and incident audits were monitored by the provider to make sure the necessary action had been taken in response to any developing trends. Internal audits had been completed by designated staff into fire, health and safety and food hygiene systems. Checks had been completed in line with guidance. Servicing of equipment and utilities had also been carried out. A recent visit by the Food Standards Agency had awarded the home the top score of five stars for its management of food hygiene.

People, their relatives and staff had the opportunity to express their views about the service and influence improvements. For example, feedback about the lack of activities had led to improvements in the provision of activities and concern about the state of the environment had resulted in ongoing environmental improvements in the home. Feedback was encouraged through annual surveys, resident meetings and staff meetings. Relatives could attend residents meetings if they wished. The registered manager had introduced themes to each resident's meeting to focus people's thoughts on specific areas of service provision such as activities or menu choices. People told us they were happy with their care. A visitor commented, "This is a marvellous place. It is perfect." Staff said they were motivated which made it a "happier place to work".

The registered manager was supported by a lead nurse and a residential care lead. A visitor commented, "The manager is lovely" and a person told us "I think the manager does a very good job." Feedback was given to the registered manager after the first day of our inspection about our findings. On the second day she had dealt with concerns about people's care records making sure they had been updated and the correct information added. Staff told us she was open and accessible. Staff said they worked well with the registered manager and one member of staff confirmed this saying "we work as a team for the benefit of residents". The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission. Statutory notifications had been submitted when necessary.

The registered manager reflected about what worked well saying, "We have a strong team network, everyone wants the best for the home; staff morale is good and there is enthusiasm. It's been a tough year, losing some key staff but it has made everyone stronger." Staff confirmed this stating, "Everything is getting

there and coming together" and "Improvements are for the better." The registered manager acknowledged the challenges for the service to be the recruitment of nurses. In recognition of their long standing staff an award ceremony had been held for them in 2015. The provider's website stated their values for the organisation were that, "All staff believe that every person is an individual and as such is unique. All staff acknowledge that residents have the right to expect a high standard of care, delivered by safe, competent team members."

The registered manager was supported to keep up to date with current guidance, legislation and best practice. The provider information return stated how the registered managers for all locations managed by CTCH Limited met and exchanged views and service improvements. The provider also had representatives who attended local networks and a providers' association. Information and guidance from these was cascaded to the registered manager. Dementia leads had also been appointed and would have the opportunity to network with other dementia leads within CTCH Limited and networks locally.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were put at risk by not having their medicines administered accurately and in accordance with the prescriber's instructions. Safe systems for the management of medicines were not in place. People who use services and others were not protected against the risks associated with unsafe or unsuitable equipment because it was not used correctly or safely. Regulation 12 (2)(c)(e)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An accurate, complete and contemporaneous record had not been kept in respect of each service user's care records which had not been kept up to date with the care they were receiving. The registered provider had not established robust systems or processes to assess, monitor and improve the quality and safety of services. Regulation 17(2)(a)(c)