

Anchor Carehomes (North East) Limited

Middlesbrough 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?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 16 May 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Middlesbrough Grange is a two storey, 45 bed purpose built care home in Middlesbrough. It provides care for older people and older people with dementia. There are bedrooms, dining rooms and lounges on both floors. The first floor is accessible by lift. All bedrooms have an en suite toilet and hand wash basin. At the time of our inspection there were 35 people using the service.

The service 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.

Staff we spoke with knew how to administer medicines safely and the records we saw showed that medicines were being administered and checked regularly. However improvements were needed in some records for medicines stock and guidance for medicines prescribed 'when required'. We have made a recommendation that the registered provider makes improvements to ensure the safe management of medicines.

Policies were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected. Where appropriate, the service worked collaboratively with other professionals to act in the best interests of people who could not make decisions for themselves. We did not see any evidence of consent within care files. Where one person's family had agreed with what was wrote in the care file we were told that the person whose care file it was had capacity, therefore that person should have signed for consent.

The service was in the middle of transferring from one owner to another. The original owners care plans we looked at showed that risks had been identified but no risk assessment had been put in place. The new owners care plans did have all risk assessments in place. The registered manager said they would make sure all care plans were transferred to the new owners.

People were supported to maintain their health through access to food and drinks. Appropriate tools were used to monitor people's weight and nutritional health. People spoke positively about the food on offer, however the dining experience needed improvement. No menus were available, tables were not set with condiments and one person who used the service who had specific crockery and we found this was not being used.

There was no evidence of activities provision and staff did not always think people had enough to do on a regular basis. The registered manager said that a member of the kitchen staff supports activities for two

hours each afternoon, alternating between upstairs and downstairs. On the day of inspection we did not see any activities taking place and staff we spoke with said they had not seen any. The registered manager agreed to look into the provision of activities.

Staff we spoke with understood the principles and processes of safeguarding. Staff knew how to identify abuse and act to report it to the appropriate authority. Staff said they would be confident to whistle blow [raise concerns about the service, staff practices or provider] if the need ever arose. One staff member had raised a concern in 2015 and this had been dealt with effectively and in line with their safeguarding policy.

The registered provider followed safe processes to help ensure staff were suitable to work with people living in the service. There were sufficient staff to provide the support needed and staff knew people's needs well. Staff we spoke with said that staffing levels had improved in the last few weeks and said they now felt they were not rushing people.

Staff received regular training in the areas needed to support people effectively. About 50% of staff required emergency first aid training and the registered manager assured us that this was booked for week commencing 23 May 2016. Competencies in medicine administration and safe moving and handling were not taking place. The registered manager said that these were planned to take place annually. Staff felt supported by regular supervisions and appraisals at which they could raise any issues they had.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. However one person's induction records had gone missing and certificates that proved induction training had taken place had not yet arrived. The registered manager followed this up during the inspection day and once received would send to the inspector.

People and their relatives spoke positively about the care they received. Throughout the inspection we saw people being treated with dignity and respect. Staff were seen to have a lovely caring approach with the people who used the service.

Information on advocacy was available and had been used in the past.

We found care plans to be person centred. Person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person.

The service worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

The service had an up to date complaints policy. Complaints were properly recorded and fully investigated with outcomes that included the complainant's response.

Quality assurance checks were undertaken on a regular basis, however we could not see evidence of regular medicine audits and care plan audits.

Staff felt supported by the registered manager, who they described as approachable.

Feedback was sought on a regular basis from people and their relatives on how to improve the service. Each month a survey would take place on different topics for example a food survey or a environment survey.

Staff and people who used the service and their relatives had regular meetings with the registered manager.

The registered manager understood their roles and responsibilities. We have made a recommendation that the registered provider provides support to the registered manager around internal systems.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered 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 always safe.

Systems were in place for the management of medicines so that people received their medicines safely. However some medicine records were not fully completed and the care plans for some people with medicines prescribed when required were not available or had not been updated when the dose had changed.

Staffing levels were regularly reviewed and staff stated that staffing levels had improved.

Risks to people were identified however not all risk assessments were in place.

Staff understood safeguarding issues and felt confident to raise any concerns they had.

Requires Improvement ●

Is the service effective?

The service was not effective.

Staff were supported through a regular system of supervision and appraisal, and received regular training.

Policies and practice were in place to ensure people's rights under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards were protected. We saw no evidence that consent was sought.

People received support with food and nutrition and tools were used to help them maintain a balanced diet. However the dining room experience needed to be improved.

The service worked with external professionals to support and maintain people's health.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect.

Good ●

People and their relatives spoke positively about the care they received. We saw examples of positive, kind care throughout the inspection.

The service supported people to access advocacy services.
Procedures were in place to provide people with end of life care.

Is the service responsive?

The service was not always responsive.

Care plans provided information on person-centred care.

There was no evidence of activities provision and staff did not always think people had enough to do on a regular basis.

There was a clear, easily accessible complaints policy in place.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance checks were undertaken on a regular basis, however medicine and care plan audits did not take place regularly.

Staff felt supported by the registered manager, who they described as approachable.

Feedback was sought on a regular basis from people and their relatives on how to improve the service.

The registered manager understood their roles and responsibilities; however the registered provider did not provide the registered manager with the required tools to carry out an effective job.

Requires Improvement ●

Middlesbrough 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.

This inspection took place on 16 May 2016 and was unannounced. This meant the registered provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector and a pharmacist inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The registered 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 contacted the commissioners of the relevant local authorities and the local authority safeguarding team to gain their views of the service provided at this home.

During the inspection we spoke with eight people who lived at the service and four relatives. We looked at four care plans, and ten people's medicine administration records (MARs). We spoke with seven members of staff, including the registered manager, deputies, care staff and members, kitchen and maintenance staff. We reviewed four staff files, including recruitment and training records.

We also completed observations around the service, in communal areas and in people's rooms with their permission.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. One person said, "Yes I feel safe, it is very quiet and no one bothers you."

People told us they received all their prescribed medication on time and when they needed it. We observed medication being administered to people safely.

We saw a senior carer giving people their medicines. They followed safe practices and treated people respectfully. We were told that one person looked after some of their medication themselves. For this person we saw that assessments were completed so that the provider could ensure that the individual knew when and how to use their medication and could use it safely.

Appropriate arrangements were in place for recording the administration of oral medicines. Staff had signed medicines administration records correctly after people had been given their medicines. Records of administration had been completed fully, indicating that people had received their medicines as prescribed. When people had not taken their medicines, for example if they refused or did not require them, then a clear reason was recorded. However for medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Also some improvements were needed in the records kept when medicines were carried forward from the previous month. This is necessary so accurate records of medication are available and care workers can monitor when further medication would need to be ordered. Staff carried out regular checks of medicines records to make sure they were completed properly but these checks had not identified the issues we found.

Medication kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators which stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. Eye drops which have a short shelf life once open were marked with the date of opening. This means that the home could confirm that they were safe to administer.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people however we found this was not kept up to date or missing for some people. For example one person was prescribed two medicines when required for constipation. Guidance was available but it was not clear which of the medicines would be used. For another person when required guidance was available for a medicine prescribed for anxiety, however there was a note on the medicine administration record to say that it should be used regularly. The guidance had not been updated to reflect this. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

We looked at the current medicines administration record for two people prescribed a medicine with a variable dose, depending on regular blood tests. Written confirmation of the current dose was kept with the

person's medicines administration record (MAR) sheet. Care staff were able to check the correct dose to give. Staff had recorded that this medicine had been given correctly. Arrangements were in place for the safe administration of this medicine.

We looked at how medicines were monitored and checked by management to make sure they were being handled properly and that systems were safe. We found that the registered provider completed a monthly audit and a daily system of medicine checks was also in place. We found these checks helped to identify any issues quickly in order to learn and prevent the errors happening again.

A commissioning officer from Middlesbrough Local Authority said, "There have been numerous alerts over the past few months all relating to medication, mostly human error. The management have since told us that they are following new audit tools for medication and have put Anchor policies and procedures in place. This is being overseen and supported by the new regional manager and another home manager from the Anchor group."

We recommend the registered person must take action to ensure care and treatment is provided in a safe way for service users through the proper and safe management of medicines.

The service was using a mixture of paperwork from their previous provider and their new provider. We found that risk assessments were not in place when using the old provider's paperwork. For example staff had highlighted a risk but not completed a risk assessment to help minimise the risk. The new registered provider's paperwork did have full risk assessments. The registered provider used recognised risk assessment tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) to complete individual risk assessments, which helped identify the level of risk and appropriate preventative measures. We discussed the lack of risk assessments in the previous provider's files with the registered manager. The registered manager said they would make sure all care plans were transferred to the new registered provider's paperwork straight away.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. The registered manager pointed out that some action was required from a fire risk assessment which took place on 3 February 2016, and it was not clear when these actions were to be completed. Required certificates in areas such as gas safety, electrical testing and hoist maintenance were in place. Records confirmed that monthly checks were carried out for emergency lighting, fire doors, water temperatures and window restrictors. Fire drills took place for both day and night staff, however how long it took to evacuate was not recorded, the registered manager said they would make sure this was always recorded in the future.

We looked at the evacuation pack and individual personal emergency evacuation plans (PEEPS). The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The plan should contain a summary of people's support needs and guidance on how they could best be supported in emergencies. The individual PEEPS had no mention of how the person could be evacuated in an emergency for example needs a hoist and there was no list of people who used the service. We found the evacuation pack needed updating, as it included one broken torch a torch that needed new batteries and other equipment that should not be included in an evacuation pack such as a handbag and sensor alarms. This meant in the event of an emergency people may not be evacuated safely. We discussed this with the registered manager and deputy who rectified what they could on the day but explained the system they used for developing the PEEPS was a system used by the previous owner and they were not included on the system for the new owner until 2017. The registered manager said she would call someone for help with this

and get the PEEPs updated.

Staff demonstrated a working knowledge of safeguarding procedures. They were able to describe types of abuse, the signs to look for and the correct action to take. One member of staff told us, "I have raised an allegation of abuse in the past and it was dealt with correctly. I would have no hesitation in raising any concerns again."

The service had a Whistleblowing policy that was available to staff. Whistleblowing is when a person tells someone they have concerns about the service they work for. The policy included clear instruction on raising a concern internally, however, no guidance was provided on who staff could contact externally. The service was still using the old provider policy.

The service recorded accidents and incidents in a dedicated accident/incident log and these were analysed monthly. Any actions that were triggered by the accidents or incidents were clearly recorded at the front of the file. This meant that there was an effective monitoring system in place that would identify any trends or action needed and thereby keep people safe from the risk of accidents. At the time of the inspection the accident and incidents were too few to show any trends or patterns.

We looked at the recruitment records of four staff. We saw evidence that pre-employment checks had been undertaken prior to staff starting work. Application forms were fully completed and we found there to be no unexplained gaps in employment. There were a minimum of two references on the files, one of which was from the previous employer, we looked at Disclosure and Barring checks which had been carried out for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. The service updated staff member's DBS's every five years.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. At the time of the inspection there were 35 people who used the service. We saw duty rotas which confirmed that there were enough staff on duty. We observed there were six care staff on duty throughout the day plus two deputy's and the registered manager, six care staff and a deputy on the evening and the rota showed four staff on night duty. Staff we spoke with said, "Lately there is enough staff, we have had problems with sickness, it's great now, I don't feel we are rushing people."

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We saw that the registered manager was working within these guidelines and where people were waiting for reassessments the registered manager had evidence that they had requested the reassessment at least six weeks before it was required. At the time of our inspection 20 people were subject to DoLS authorisations,

All staff had received training on MCA and DoLS and staff demonstrated some understanding of the basic principles of the Act. Staff we spoke with said, "DoLS is when they can't make their own decision a DoLS is put in place for their best interests." And another staff member said, "If they can't make their own decision they have an assessment to check this and then a best interest decision is made."

We did not see any evidence of consent forms for things such as information storing and sharing, medication and finances. One person's family member had signed to say they agreed with what was written in the care plan. We spoke to the registered manager about this and they said, "This person has capacity." Care and treatment of people who used the service must only be provided with the consent of the relevant person. If the person had capacity they should be signing the care plans themselves.

Staff were able to explain how they obtained consent from people before providing care. One staff member said, "I talk to people and ask them what they prefer such as do you want a shower or a bath."

These findings evidenced a breach of Regulation 11 (Need for consent) of the Health and Social Care Act (Regulated Activities) Regulations 2014

Some people had made advanced decisions on receiving care and treatment and do not attempt cardio-pulmonary resuscitation (DNACPR). orders had been completed. The correct form had been used and included an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

Staff received mandatory training that included areas such as health and safety, food handling, infection control, moving and handling and safeguarding. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager monitored staff training on a training matrix, and this showed the dates that staff had completed training. We saw that nearly 50 % of staff required

emergency first aid training. The registered manager assured us that training was booked in for this week commencing 23 May 2016. We saw no evidence that competencies in medicine administration and safe moving and handling were taking place. The registered manager said that they were aware these had not taken place and they were now planned in to happen annually.

New staff undergo induction training. This covered areas including the service's policies and procedures, health and safety and delivering care. After their initial induction staff then shadow more experienced colleagues before being included on the rota. However one person's induction records had gone missing and certificates that proved induction training had taken place, for the three new or relatively new staff we looked at, had not yet arrived from the trainer. The registered manager said they had proof they had done the relevant courses from the course signing in register and we were provided with evidence of this. The registered manager followed the certificates up during the inspection day and once they were received would send to the inspector. We followed this up with the registered manager and they provided us with induction certificates for two members of staff. A third member of staff needed to provide the tutor with further information over the telephone before their certificate would be issued. The registered manager said they were arranging this.

Staff received regular supervision, every six to eight weeks, and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records of these meeting on staff files. Areas discussed included training and development, personal responsibilities and the issues concerning people who used the service. One staff member we spoke with said, "I find the supervisions useful and you get to discuss anything, although I would not wait for a supervision if there was something I wanted to discuss in between." This meant that the service had procedures in place to monitor and support staff performance.

People were supported to maintain good health, they had health action plans in place that were reviewed on a monthly basis. We saw evidence that people were seen by health professionals such as dentists, opticians and chiropodists when needed.

People were supported to maintain a balanced diet. Food monitoring sheets were kept and people had eating and drinking support plans that detailed any special dietary requirements. People were assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify if adults are malnourished or at risk of malnutrition. People's weights were monitored in accordance with the frequency determined by the MUST score, to determine if there was any incidence of weight loss. This information was used to update risk assessments and make referrals to relevant health professionals. Where weight loss had occurred, appropriate referrals were made to dieticians and the speech and language therapy (SALT) team. The registered manager also audited people's weight monthly. Staff had received food hygiene training and were able to tell us whether the people they supported had specific dietary needs and if so what they were. The cook said they are kept up to date with people's dietary needs.

Every month a choice meeting took place. This is where people who used the service sit with a cup of tea and they choose what they would like adding to the menu or removing. For example at the last choice meeting people wanted lasagne added to the menu. People who used the service were not happy with the bread. As a result the supplier of bread was changed.

We observed a lunch and tea time both upstairs and downstairs. We saw there was a whiteboard with spaces for a picture menu for that days food. However these had not been completed on both floors. On the unit for people living with a dementia there was an A4 piece of paper on the wall with the full weeks menu,

however this was for the week before. The tables were not set with any condiments and when we questioned this downstairs a staff member started to look for some but could not find any. We were told the registered manager ordered some straight away.

We saw one person was not interested in their lunch of steak pie and vegetables. We looked in this persons care file and saw it was documented they were a poor eater but they also did not like beef. It was recorded that this person was not to be brought into the dining room until a plate of food was on the table for them. Also this person had a special plate which family had bought to encourage them to eat. We saw this plate was not used at lunch time or tea time, even though it was on the serving trolley. We discussed this with the registered manager who agreed to make sure this person's care plan information was put into place and that the whole dining experience would be looked at.

We saw that people were asked what they wanted for lunch at about 11am that day. There were two choices which was steak pie or sausage casserole. The cook explained that they don't like to ask people too far in advance but will always make extra in case people do change their minds. People were complimentary about the food. People we spoke with said, "Oh the food is lovely." And another said, "The food is pretty good, plenty of choice it is nice." We saw some people preferred to have their meals in their own rooms and this was accommodated.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff. One person said, "The staff are very kind." Another person said, "They [staff] are nice to you, they are good to me." And "They [staff] are lovely." Another person said, "I have never been so lazy in my life, I worked all my life and now feel lazy, they do my washing, clean up allsorts. I suppose I should just sit back and enjoy it."

People were encouraged to maintain relationships with family and friends. Outings with family were encouraged and supported by staff and the provider. Visitors told us they were encouraged to visit at any time.

Relatives we spoke with were happy about the care that was provided. One relative said, "We are always made to feel welcome, we can come and go as we please, we get offered refreshments." Another relative said, "I have no problems, [relative's name] is happy here."

Staff were happy in their job and had a positive attitude about the care provided by the service. One staff member said, "I love it here, it is rewarding, I feel I have done something good for somebody when I see them smile."

Through observations we saw that staff demonstrated a lovely, kind approach to people and knew people well. Throughout the inspection we saw staff treating people with respect. When speaking with people, they approached them and stood close to them to have conversations rather than shouting across communal areas. We also saw lots of friendly banter taking place which showed staff knew people well enough to share a joke.

Staff were able to describe how they promoted people's privacy and dignity. One staff member said, "I always make sure doors are closed, I will talk them through every procedure and keep them dignified as much as possible."

Staff we spoke with explained how they promoted people to remain independent. One staff member said, "If they can do it themselves I will say come on you try and do it, we will help them if they need help." And "We focus on what they can do not what they can't do."

People using the service had access to independent advocates. An advocate is someone who supports a person so that their views are heard and their rights are upheld. There was information available for people if needed. The registered manager said that one person who used the service had in the past used an independent mental capacity advocate (IMCA).

At the time of our inspection there was no one receiving end of life care, however information on people's wishes and preferences were documented in their care files. Staff we spoke with were able to describe how they supported someone on end of life care. Procedures were in place to arrange this where appropriate.

Is the service responsive?

Our findings

People we spoke with were not aware of their care plan. One relative said they had not seen a care plan. We did not see any evidence of people or their relatives input in the care plan. We discussed this with the registered manager who said that they sit with the person and if available their relative, on admission and go through the care file. Relatives had where possible, also completed life stories.

People's support plans contained a good level of detail and were written in a person centred way. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. People's likes and dislikes were clearly recorded. There was also a very detailed record of people's history such as relationships, home life and working life. However we did see that staff did not always deliver care in line with the person's care plan. For example the person who did not like beef and was provided with beef for lunch and also needed a specific plate which was not used. All of this was recorded in the care plan.

Some people using the service had the previous registered providers care plans and some people's plans had transferred to the new provider. The registered manager explained that they were in the process of making sure each person had a new care plan and would make this a priority.

Handover records showed that people's daily care was communicated when staff changed duty at the beginning and end of each shift. We saw these covered areas including how the person had slept, their activities that day and any visits received by external professionals. The new providers care plans had a section for daily notes and daily records. We asked the registered manager what needed to be recorded in each section as; only the daily notes section had been used. The registered manager said that they were all unsure of this. Training took place for services that had transferred over to the new registered provider but there were only 11 places available and Middlesbrough Grange had not been granted a place. The registered manager was going to get in touch with someone who had been on the training to clarify what information was needed on the daily notes and daily records.

We saw an activities board on display which listed what activities were taking place each morning and afternoon, but we did not see any evidence of activities taking place.

We were told by the registered manager and staff that the previous registered provider did not agree with employing a specific activity coordinator. They wanted care staff to provide activities. One care staff member we spoke with said, "We found it really hard to do activities as well as provide care."

We asked staff if they thought there was enough going on for the people who used the service. One staff member said, "I think we could do more, we have a motivation lady who comes in once a month and someone who comes in to do their nails." Another staff member said, "I would love to get residents outside more, it is a lovely day today we should be outside." And "I do try to encourage people to join in what is going on but a lot prefer to stay in their own rooms." And another said, "I try to make time to sit and chat, make them [people who used the service] laugh."

The registered manager said that a member of the kitchen staff provides activities between two and four each day, alternating one day upstairs and one day downstairs. We did not see any evidence of activities taking place. We thought we may have missed it so asked a member of staff who also said they had not seen any evidence of an activity.

However people we spoke with did not raise any issues about the lack of activities. One person said, "I keep myself to myself I don't like to join." Another person said, "I am not interested, I just stay in my room."

We discussed the activity provision with the registered manager who said this was something they would look into.

We saw the previous registered provider's complaints policy displayed in the home and looked at their complaints records. Complaints were recorded, acknowledged and investigated in a timely manner. Any action plans arising from the complaints had been shared with the person who raised the initial complaint. People and their relatives we spoke with had no complaints. One relative laughingly said, "[person's name] is a big complainer so everything must be fine."

Is the service well-led?

Our findings

There was a registered manager who had been registered with the Care Quality Commission since January 2015. The registered manager was supported by two deputy managers and a night manager.

We asked staff if they felt supported by their manager. Staff we spoke with said "The manager is lovely very approachable." Another staff member said, "[managers name] is lovely, you can talk to them about everything, they get on with everyone and if you do talk to them they keep it private."

Quality assurance checks of the service were undertaken monthly by the registered manager, the night manager or the deputies. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were in place for bed rails, housekeeping, falls analysis, weights and quality assurance. However we could not find regular monthly audits for medication or care plans. The audit checklist said that six care plans were to be audited each week, the last care plan audit had taken place about six months previously. The registered manager was aware of the care plan audits not taking place but said they were sure the medication audits had taken place. However we could find no evidence.

The registered manager was finding it difficult due to still working with the previous owners systems and could not access the new owners system. The registered manager said, "I receive emails with attachments but I cannot open the attachments." We asked when they would be fully transferred over and we were told it could be 2017.

We recommend that the registered provider provides more support to the registered manager around accessing systems and information on email attachments.

The service carried out a selection of surveys each month for people who used the service and their relatives. The surveys were food surveys, activity surveys, cleanliness surveys and care surveys. The feedback from these surveys were positive and suggestions made mainly in the food surveys were acted upon. For example a few people complained about the decline in quality of the food especially the fish, cakes and bread. The kitchen manager addressed these issues with the catering company and this was to people's satisfaction. They also ordered in different makes of bread for a taster and the most popular bread would be ordered.

Meetings for people who used the service and their relatives took place monthly. During these meetings people were asked what they like or dislike on the menu and activities. They were asked for suggestions on activities and any other comments. One person suggested carpet bowls which we were told was introduced.

Staff meetings took place every one or two months. Topics discussed at the staff meetings were making sure visitors signed in, the use of personal protection equipment (PPE), infection control and breaks. Staff we

spoke with said the meetings were really useful, one staff member said, "They listen to me and we can share concerns or if anything going well."

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission. The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC.

We asked staff about the culture of the service. Staff we spoke with said, "We have a very open and honest culture, we get told things and there is always somebody to go to." Another staff member said, "We are very organised, we know what we are doing on a day by day basis." And another staff member said, "We are here to provide person centred care that is individual to their [people who used the service] needs."

We asked the registered manager what links they have with the local community. They said, "We have links with the local school and the church comes in every so often."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent We could not see any evidence of consent being sought.