Care Quality Commission

Waterfall Nursing Homes Limited

Park Lane Care Home

Inspection report

45 Park Lane
Newport
Barnstaple
Devon
EX32 9AL
Tel: 01271 373600
Website: www.parklanenh.co.uk

Date of inspection visit: 20 and 23 January 2015
Date of publication: 21/04/2015

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**

Overall summary

This inspection was undertaken on 20 and 23 January 2015 and was unannounced. This meant that the staff and provider did not have notice that we would be visiting.

At the inspection in September 2014 we identified breaches of regulations relating to consent to care and treatment; care and welfare, safeguarding; the management of medicines, requirements relating to workers, staffing levels, supporting workers, assessing and monitoring the quality of service provision and records. As a result of that inspection warning notices were issued to the provider in relation to safeguarding and staffing levels. Compliance actions were issued in relation to the other breaches of regulations.

We inspected the home again in December 2014 to see if the warning notices had been met within the timescale set by the Care Quality Commission (CQC). At the December 2014 inspection the provider was meeting the warning notice in relation staffing. However, they were not fully meeting the warning notice relating to

Summary of findings

safeguarding. Therefore the breach remained. Following the September 2014 inspection the provider sent us an action plan telling us about the improvements they intended to make in respect of the other breaches identified. During this inspection we looked at whether or not those improvements had been made.

Devon County Council implemented a safeguarding process in September 2014 following the September CQC inspection and concerns raised with them. Placements to the home had been suspended as a result of the safeguarding concerns. During the safeguarding process the service had been monitored through a combination of visits by social services staff, the community nurse team, the local mental health team, as well as multidisciplinary safeguarding strategy meetings. The suspension of placements was lifted by the local authority in January 2015. The safeguarding process was closed in February 2015 as the multidisciplinary safeguarding meeting concluded that improvements had been made at the service to keep people safe.

Park Lane Care Home is a 40 bed nursing home that provides nursing care for older people with physical disabilities, for people living with dementia and/or with a learning disability. At the time of our inspection there were 31 people living there, one person was in hospital.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Appropriate arrangements were not in place for the safe administration of all medicines. One person had not received their prescribed medicine which resulted in them experiencing discomfort. Some medicine administration records relating to creams and lotions were no accurate. This meant we could not confirm people had received these medicines as prescribed.

We received mixed responses about people's experiences in relation to activities. Several people felt there were not enough activities provided to stimulate people.

Mealtimes were a sociable occasion for most people, although two people who required help did not have a positive mealtime on the first day of this inspection. The registered manager had addressed this by the second day of the inspection. People commented positively about the food. People were offered a varied and healthy diet, with daily choices available. Comments included, "Its good proper food" and "I enjoy the food. It is home cooked."

People's care plans had improved since our inspection in September 2014 and included clearer information about how to support people and reduce risks for them. However, there was limited information about people's interests, past hobbies or activities they may enjoy. People's personal preferences and likes and dislikes were not always recorded in care plans. This meant people may not always receive support in the way they prefer.

Quality assurance processes were being embedded within the service. The registered manager obtained informal feedback from people when she spoke with them. A system to obtain, record and analyse feedback, in order to drive forward improvements at the service was being introduced. A range of audits had been introduced to help the registered manager and provider monitor the quality of the service. However, some audits did not always identify shortfalls. The registered manager recognised this and was keen to continue to improve the implementation of quality audits.

Improvements were being made in relation to the training and support provided for staff. A training plan had been developed for 2015 and a new staff induction training programme had been introduced. Regular staff support meetings were being planned but had not been fully introduced.

People said they felt safe and well cared for at Park Lane. Relatives and visitors confirmed this. Comments included, "People here understand your needs. They look after us so well. I feel safe", "We are definitely safe here. I just have to call them (staff). They are tip top!"; "I go away from here happy that Mum has all the care and attention she needs" and "This home is absolutely first class. All the carers treat my husband beautifully. They are caring and careful with him…I see how he is treated. I couldn't ask for anyone to be cared for any better." People were treated with kindness, compassion and respect.

There had been improvements in the safeguarding arrangements at the service. Staff received training

Summary of findings

relating to safeguarding and were aware of how to identify abuse and the procedures in place to report this. Any concerns were reported to the local authority safeguarding team.

People were protected against risks. Risk assessments were in place and updated as required to help staff manage identified risks in a safe way. Improvements had been made in relation to the management of wound care; pressure area care and issues relating to nutrition. Health and social care professionals said they were contacted appropriately and the service implemented their advice and suggestions. Comments included, “The manager and staff are willing to learn and take on board suggestions” and “I am always impressed by the staff’s patient friendly manner.”

Staffing levels were sufficient to meet people’s needs and staff had gone through appropriate recruitment checks to ensure they were suitable and safe to work at the home.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Appropriate arrangements were not in place for the safe administration of all medicines.

There were effective recruitment and selection procedures in place to protect them from unsuitable staff. There were sufficient staff on duty to meet people's needs.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Risks associated with people's health and wellbeing were identified and managed to reduce harm.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff training related to health and safety and training relevant to staff's roles and responsibilities had been planned but not delivered.

Some people did not have a positive dining experience because the help they required was not available in a timely way. However, people were offered nutritious meals and people were positive about the food available.

People had access to a variety of health professionals to ensure their health needs were monitored and met.

The principles of the Mental Capacity Act 2005 had been followed to ensure that decisions were made in people's best interests.

Is the service caring?

Good

The service was caring.

Feedback from people, relatives and health and social care professionals was positive. They said people were treated with dignity and respect. Staff were kind and patient in their interactions with people, who in turn responded positively.

We saw staff had positive interactions with people, chatting, joking, and laughing, which resulted in lots of smiles and gentle banter. People were addressed in appropriate respectful terms by all staff.

People were able to maintain important relationships. Relatives said they always received a warm welcome from staff.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

Summary of findings

We received mixed responses about people's experiences in relation to activities. Several people felt there were not enough activities provided to stimulate people.

People's care plans had improved and included clearer information about how to support people and reduce risks for them. However, there was limited information about people's interests, past hobbies or activities they may enjoy. People's personal preferences and likes and dislikes were not always recorded in care plans to ensure they received care in the way they preferred.

People said the home was flexible in meeting their needs and they were able to make choices about their lives.

People were aware of how to make a complaint and all were confident any concerns would be listened to and acted upon.

Is the service well-led?

Some aspects of the service were not well-led.

Requires Improvement

We identified where auditing processes had not identified some shortfalls, for example with medicines management and some records.

At the time of the inspection no formal service satisfaction feedback was available. Feedback from people and relatives was given to the manager verbally. This meant they were not able to accurately assess the quality of the service and drive forward improvements based on their findings. However, quality assurance processes were being embedded and satisfaction surveys were planned.

The home had a registered manager as required. People using the service, relatives and staff said they were able to speak to the manager; she was friendly and approachable and listened to their comments or feedback.

During the inspection the manager was open and honest with us about the challenges since the September 2014 inspection. They, along with the provider, had made considerable improvements, however, the manager also recognised the areas still to be addressed and there were plans in place to ensure improvements continued.

Park Lane Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed the information we held about the service, including notifications. Providers are required to submit notifications to the Care Quality Commission about events and incidents that occur including unexpected deaths, any injuries to people receiving care, and any safeguarding matters. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

The provider had not completed a Provider Information Return (PIR) as requested prior to the inspection. 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. Following the inspection the registered manager completed and submitted the form.

The inspection took place on 20 and 23 January 2015 and was unannounced. The inspection team included one inspector, a CQC pharmacy manager and an expert- by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, they had experience of services for older people with dementia.

We spoke with 12 people who lived at Park Lane and 10 relatives to get feedback. We spoke with 20 staff, including nurses, care staff, ancillary staff and the registered manager. We also spoke with eight health and social care professionals, including GPs; nurse specialist; the mental health team, speech and language therapist and Devon County Council safeguarding lead for the area and a commissioner.

We looked at seven people's care records, eight medicine records, four staff recruitment records, staff training records and a range of other quality monitoring information.

Some people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

We issued a compliance action following our last inspection in September 2014. This was because people were not always protected against the risks associated with medicines. The provider submitted an action plan following our inspection. This detailed the actions they intended to take in order to achieve compliance with this outcome area.

At this inspection we found improvements had been made, however there were aspects of medicines management which still needed to be addressed. Gaps were identified on one Medicines Administration Records (MAR) around the use of toothpaste, which was used to prevent gum disease and bleeding of the gums. The MAR indicated that for a seven day period only five of a possible 16 applications had occurred. The daily care notes for the person for this period showed the person experienced bleeding gum and also complained of toothache.

Care staff applied topical creams such as emollients and anti-inflammatories. Whilst care staff received initial training in doing this, their on-going competency was not monitored. This meant there were a number of gaps in the cream charts making it difficult confirm whether creams had been applied as prescribed. However, the evidence of lack of skin breakdown would indicate that the creams were being applied appropriately but staff were forgetting to record their use. The manager was able to show us how they had identified care staff responsible at the time of the gaps on the MAR and this linked to 1:1 discussion with the staff concerned.

Empty medication packages waiting to be returned to the local pharmacy were stored in an unsecure area. Whilst these did not contain any medicines they did contain personal confidential information.

Overall, the service had made arrangements for the safe administration of medicines for the majority of people and medicines were stored safely and appropriately. We reviewed the Medicines Administration Records (MAR) for eight people and these showed people were recorded as having received their medicines at the doses and intervals prescribed for them.

Medicines were administered in a calm and unrushed manner. On-going staff training in the administration of medicines was in place. An understanding about the delegation of the task of administering medicines was demonstrated by all nurses on duty and also by the care workers being trained. Some people were given their medication covertly, meaning their medicines were crushed and mixed with food or drinks. There were clear records to show that a multidisciplinary team meeting took place to confirm this was in the person's best interest. The administration of "when required" medicines was accompanied by a reason for administration and the outcome of the administration.

People said they felt safe at Park Lane. One person said, "'People here understand your needs. They look after us so well. I feel safe." Another said, "I feel perfectly safe. The staff are kind and helpful. Nothing is too much for them." A third person said, "We are definitely safe here. I just have to call them (staff). They are tip top!"

A relative said, "They all look after her and I know she's safe"; other comments included, "They handle him so gently. He is safe here"; "I go away from here happy that Mum has all the care and attention she needs. I wouldn't want her to be anywhere else" and "I am confident that he is in good hands. If I didn't feel completely confident about the care my husband is being given, then he wouldn't be here."

There had been improvements in the safeguarding arrangements at the service. At the inspection in December 2014 incidents were not being reported to the manager correctly and therefore safeguarding alerts were not being raised with the local authority. The registered manager and provider took immediate action to improve the internal monitoring and reporting of possible safeguarding incidents. The warning notice had been fully met at this inspection. At this inspection, all staff spoken with were aware of the reporting and recording processes to be used in relation to safeguarding concerns.

Staff had a good understanding of abuse; they were able to describe the different forms of abuse and said they would have no hesitation in reporting anything they observed of concern. They knew the external authorities they could report concerns to, should they feel action was not taken by the service. However, staff were confident the manager would take any concerns seriously and take the appropriate action. The registered manager had made appropriate referrals to the local authority about safeguarding concerns to ensure these were addressed and to maintain people's safety.

Requires Improvement

Is the service safe?

Staff spoken with and records reviewed confirmed staff had received safeguarding vulnerable adults training. Safeguarding vulnerable adult's policies and procedures were in place, including the contact details for the local authority, which staff said were easy to access as they were displayed on the wall in the nurses' offices.

Since the last inspection 83% of staff had attended training about managing behaviours which challenge. Staff had learnt how to use safe breakaway techniques and basic de-escalation techniques to support people. Staff told us the training was 'really useful and enjoyable'. Staff said restrictive techniques were not used. Staff had developed an awareness of the triggers which led to some people expressing aggressive behaviour and they were better able to de-escalate situations. For example, one person became distressed and agitated. Staff acknowledged the person, engaged with them in a gentle and caring manner and distracted them, which diffused the situation. Following this intervention the person smiled, held the staff's hand and went to get a cup of tea.

People were protected against risks. Care records contained risk assessments for each person which identified measures to reduce risks as much as possible. For example, one person had experienced falls. The person and their family had been consulted and it was agreed the person would move to another room nearer to the nurses' office to improve monitoring. Additional equipment was also made available to assist the person when moving. This had reduced the number of falls experienced. Two people were at risk of choking. A referral had been made to the speech and language therapist (SALT) and their recommendations to keep people safe had been implemented. All staff, including the kitchen staff were aware of the type of food required and the level of supervision to be given at mealtimes to keep people safe. A SALT said the service had acted on their advice and that staff had been "fantastic" with their support of one person in particular.

Staff used a variety of moving and handling equipment to aid people's mobility. Staff were confident and competent when assisting people and used equipment safely, such as hoists and stand aids. One person said staff used a hoist to help them move safely, they said, "They (staff) are very gentle, they know what they are doing and they handle me well.' Relatives told us they were happy with the arrangements to assist their relative when moving. They told us staff were gentle and didn't rush people.

There had been a sustained improvement to staffing levels. Staffing levels were determined based on the needs and dependency levels of people who used the service. Since the inspection in September 2014 the manager had considered the skill mix of the team. The service employed a registered mental health nurse to cover seven shifts per week. The role of a deputy had been established and feedback from staff was positive about this. The staffing rotas showed a consistent level of staffing was maintained to meet people's needs and preferences. Staff responded quickly to people's needs and requests, and they had time to spend chatting with people. Call bells were answered promptly and care and support was delivered in an unhurried way.

People and their relatives said there were always enough staff on duty to meet people's care and support needs. One person said, "They treat me kindly, respect my dignity, never hurry me… In my opinion there are enough staff here to see to everyone's needs." Other comments included, "The staff come when I ring. If I have to wait it is only for a short time and they tell me"; and "The staff are always around. You can chat to them".

Relatives said, "The staff are so good, kind considerate, never rush her. From what I see, I would say there is enough staff here and they do a brilliant job" and "I come every day and see the way the staff work to look after everyone. Staff levels are good… They know their job…They are very experienced". Another relative told us staffing levels had improved, they said, "Now there is always a carer around all of the time."

We looked at the system for recruiting staff. Improvements had been made since the September 2014, when a compliance action was issued. Staff personnel files contained the required information and checks. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service.

Requires Improvement

Is the service effective?

Our findings

At the September 2014 inspection, we issued a compliance action, because people were not cared for by staff who were trained and supported to deliver care and treatment safely and to an appropriate standard. We found improvements were being made at this inspection, with the introduction of a training plan for 2015. A central training record had been set up to help the provider to manage staff training more effectively.

Training related to health and safety and training relevant to staff's roles and responsibilities had been planned but not delivered. The registered manager explained since the last inspection the service had concentrated on ensuring all staff had received safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and challenging behaviour training. The training matrix showed 43% of nursing/care staff had not received moving and handling training; the registered manager was aware of this and was organising training and refresher training. The service had three members of staff trained to deliver moving and handling training. One told us they worked with staff individually when a new piece of equipment was being used or when people's moving and handling needs changed to ensure staff were using the correct techniques and working safely. They said they were also able to monitor staff practice and address any concerns as they arose, which reduced the risk of accidents or injuries.

Infection control training was planned for January 2015 as a priority as the majority of staff had not received formal training. Aspects of infection control were covered during induction and the manager was confident that staff maintained good infection practices. Staff said they wore protective clothing when delivering care and they were aware of the system in place for dealing with soil linen or clothes. We saw this was the case. One member of staff said, "I have had some recent up-dates but I would always like to do more", another said, "The training is getting better." Over 55% of staff had achieved a nationally recognised care qualification. The provider information return showed and the registered manager confirmed that another 17 care staff were being supported to obtain a recognised care qualification. This showed staff were being supported to develop their skills, knowledge and practice.

The training plan for 2015 included, dignity and respect; nutrition; dementia care; food hygiene and pressure sore prevention. The service had been offered additional training by the local NHS Care Homes Team (a team of specialist nurses delivering training about aspects of people's health needs). The team said they had delivered two sessions to staff at the service in the past six months although more sessions had been offered. The registered manager assured she would make effective use of this resource when planning training in the future.

New staff received a structured induction to help them understand their role and responsibility and to help them understand the needs of people using the service.

Common Induction Standards (CIS) were being used to support staff during the first 12 weeks of their employment. CIS are the standards people working in adult social care currently need to meet to be able to work safely with people. A designated member of staff was overseeing the induction process. They told us new staff worked at least four shifts with an experienced member of staff and they were supervised and supported to complete the CIS. One new member of staff said their induction had been "useful and enjoyable". They said it had helped to prepare them for their role.

The registered manager said staff supervision was being planned but had not been fully introduced. Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the registered manager with an opportunity to feedback to staff issues around their performance. Staff said they could approach any senior member of care staff, nursing staff or the registered manager if they had any concerns or queries and they felt well supported. However they confirmed they had not received 'formal supervision' with a senior member of staff. Where there had been concern about staff attendance or performance, records showed the registered manager had addressed the issues and was monitoring the attendance and performance of some staff.

We issued a compliance action following our last inspection in September 2014. This was because we were concerned about the management of wound care, pressure area care and issues relating to nutrition.

Observations during the lunchtime period showed two people did not have a positive dining experience. There were five care staff attending to people in the dining room,

Is the service effective?

along with two meal-time assistants delivering food and two kitchen staff preparing and serving food. However the distribution of some people's meals was disorganised and some people did not receive the support they needed.

One person was brought into the dining room in a wheelchair and after a few minutes fell asleep. They sat for an hour before a member of staff arrived with their meal and assisted them. Another person in a wheelchair sat with several other people, who were able to eat independently. After 25 minutes lunch had not arrived for the person in the wheelchair. We asked staff why and we were told the person required assistance. A meal was provided for the person, which they struggled to eat independently. After some time a member of staff arrived and assisted the person with a few mouthfuls of food but then left. After another five minutes a second member of staff sat with the person and encouraged them to eat but they eat a small portion only. When pudding arrived for the person they were not assisted and they struggled to manage a few mouthfuls of fruits. The person's nutritional care plan showed they had a poor appetite and that they normally ate more when assisted and encouraged.

We discussed our observations with the registered manager. The registered manager had reviewed the arrangements at lunchtime by the second day of the inspection. We saw people who required assistance were helped in timely way and the support they required to enjoy their meal time was given.

Mealtimes were a sociable occasion for most people. There was a chatty, friendly atmosphere, with people on their tables chatting together. People were offered a choice of what they ate and drank. Everybody we asked was very enthusiastic about the food. There was one main meal but alternatives were available. Comments included, "It's always tasty and I eat what I want. It's good proper food"; "Food is good. Nothing to complain about there. You can choose what you want. You can have a big cooked breakfast if you want" and "I enjoy the food. It is home cooked, I can have what I like. The chef is good and asks what we want and want we like".

Each person had their nutritional needs assessed. Records showed where there were concerns about people's fluid and dietary intake, or weight loss, this was discussed with the GP and his instructions were incorporated into the care plans. Where nutritional supplements were prescribed these were given. The chef understood the nutritional needs of people using the service. For example several people required a soft or pureed diet; some needed calorie fortified foods, while others required a diet suitable for diabetics. The chef was aware of people's likes and dislike and kept a record of people's needs and preferences. A speech and language therapist said, "The kitchen staff are great, very helpful. The food is tasty and puree diets are beautifully presented."

There had been improvements for recording what people ate and drank, which meant the registered manager and staff were aware if someone had not taken sufficient diet at mealtimes. This information was shared with staff at the shift handover so that staff were able to offer additional food or supplements later in the day. One relative said, "The food is absolutely brilliant. Always a choice. If Mum doesn't get up for breakfast they will bring it to her." Another relative said, "The staff look after Mum so well that she has put on a whole stone since she came here. They keep her nourished."

Since the last inspection a tissue viability nurse had visited the service to provide support for the registered nurses. A tissue viability nurse specialist provides support and advice about wound care. Treatment plans and other records were reviewed by the specialist nurse and a new format for recording and monitoring the treatment of wounds was in place. Registered nurses had also received up-dated training relating to wound care. Records clearly recorded the treatment for wounds and there were monitoring and progress records which showed wounds were healing. A tissue viability nurse said the service made appropriate and timely referrals, and 'took on board' their advice about treatments. The nurse felt the service was managing risks well as the number of pressure ulcers reported was low, wounds were healing and staff were enthusiastic and engaged. They added they had no concerns about the service.

Where people were at risk of pressure damage, a risk assessment had been completed, there were instructions in the care plan for staff to follow to reduce the risk, and people had the necessary equipment to relieve pressure and reduce damage. Several people were nursed on a pressure relieving mattresses. There was clear information in care plans about the pressure to be maintained to ensure the effectiveness of the equipment. We checked the pressure of three mattresses, which were set at the recommended pressure.

Requires Improvement

Is the service effective?

People were referred to healthcare professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, speech and language therapist (SALT) and mental health team. One person said, "I had a stroke and I was in hospital. I'm getting stronger all the time, but I'll tell you this, if I'm going to be ill in my opinion this is the best place to be." A relative said, "I come here and see her well and happy and when I leave her and walk outside I am confident that these people really know what they are doing." Another said, "The staff here treat my husband very well, nursing care is excellent."

We spoke with two GPs. Both said the service contacted them appropriately, in a timely way, and they were confident their advice and recommendations were acted upon. One GP said, "I am always impressed by the staff's patient friendly manner. I have only ever seen positive interactions." Another GP said, "We have no concerns about the service. Staff know the patients well and are able to provide a good history for us". A mental health professional commented, "I am contacted appropriately and the manager and staff are willing to learn and take on board suggestions and are keen to develop alternative strategies for supporting people." They added they had not witnessed any practice which concerned them and said staff had 'addressed concerns proactively'. A local social services manager said feedback from people using the service and relatives had been positive following recent reviews by social care staff.

We issued a compliance action following our last inspection in September 2014. This was because we found no evidence to demonstrate the service had a process in place for determining whether people had capacity to make certain decisions.

At this inspection we found people who lacked mental capacity to make certain decisions were protected. 95% of staff had received training and staff spoken with demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements.

Where people lacked the mental capacity to make decisions the service followed the principles of the MCA. Health and social care professionals, relatives and staff were involved in 'best interest' decisions made on people's behalf. One particularly difficult decision was dealt with in sensitive way, involving the person's family and professionals. A mental health professional said best interest meetings were held with 'relatives and staff to ensure decisions made were in people's best interest'. They added, "We have no current concerns about the service".

Some people at the service were deprived of their liberty for their protection and safety. This meant they were unable to leave the home unless accompanied. The registered manager had submitted urgent DoLS applications to the local authority in respect of a number of people and these had been granted. Other DoLS applications had been submitted following a recent high court ruling and were waiting to be assessed. The registered manager understood that if circumstances changed for any individual she could escalate the urgency of the DoLS applications if necessary to ensure people were not deprived of their liberty without the proper authorisation.

Good

Is the service caring?

Our findings

People told us that they were happy with the way staff cared for them and felt their needs were understood and being met by staff. We received many positive comments from people using the service and their relatives. One person said, “The staff are wonderful here”; another commented, “They (staff) are extremely kind. They do all that they possibly can for us. It took a lot of trouble to find me a pair of shoes that fit…” Other comments included, “Everyone is so friendly, everything is open, I don’t know of anyone here who is unkind. I have everything I need here to have a good life. I think it is brilliant, I really really do”, and “I don’t want to be a burden but they really look after me. I can’t see very well and they hold my hand and help me get about. I only have to ask and they help me. I never feel neglected.”

One relative said, “They (staff) have regard to the people these residents once were.” Comments from other relatives included, “I think it’s marvellous. The staff are kind, considerate, always happy do their best for the clients” and “This home is absolutely first class. All the carers treat my husband beautifully. They are caring and careful with him…I see how he is treated. I couldn’t ask for anyone to be cared for any better. The staff respect the person he once was.” The service had received a number of ‘thank you’ cards, which were complimentary about the care provided at the service.

Health and social care professionals felt staff were caring. A GP said, “Staff come across as being genuinely caring and concerned about people.” Other comments from professionals included, “I see love and respect from the staff towards patients” and “I see the staff are kind and approachable.”

Some people were unable to provide feedback verbally because of their level of dementia. We saw staff had positive interactions with people, chatting, joking, and laughing, which resulted in lots of smiles and gentle banter. People were addressed in appropriate respectful terms by all staff. In the morning, as people started to come into the lounge staff greeted them cheerfully and asked how they were feeling. Staff displayed a warm and caring attitude. For example, regularly asking if people were comfortable and warm enough, and whether they needed anything. Staff used touch appropriately, holding or rubbing a hand to provide comfort and reassurance.

Staff took time when interacting with people who had communication difficulties, they made eye contact and they were attentive to people's needs and requests. Staff had time to sit and talk with people throughout the day. They offered choices and involved people in decisions about their day. For example, where they sat and what activities they were involved in.

Staff knew people well. They were aware of people’s past lives and important relationships. Staff were able to reassure one person when they became distressed because they were looking for their husband. Staff remained patient and reassuring when another person frequently asked them the same question in a short space of time. On more than one occasion staff used positive distraction techniques to reduce people’s distress and anxiety.

People had positive interactions and communication with each other. People said they had made friends at the home and we saw people chatting together, asking how each other were and sharing a joke. There was a sociable atmosphere in the lounge, with many relatives visiting daily.

People maintained good links with their family and friends. One person was supported to visit friends locally and a mental health professional said how important this had been for the person in their recovery. Relatives said there was no restriction on visiting times and they were always made to feel welcome. People were able to enjoy sociable meals with their family in a separate dining room. One relative said a birthday tea had been organised and several family members came to celebrate. Another relative enjoyed a quite intimate meal with their family member. They said their private time together was “precious” and respected by staff.

People were dressed well and personal care was well attended to. Clothes were cleaned and ironed to a high standard. Females were dressed in blouses and cardigans in matching colours. Skirts and dresses were ironed and smart. Gentlemen were smart, trousers ironed and jumpers cleaned which promoted wellbeing and self-confidence and allowed people to maintain their dignity. Many females wore nail-varnish and had manicures regularly. This was offered as an afternoon activity. On the day we visited there was a hair-dresser offering a shampoo and set in a room specially dedicated to this. Several people had enjoyed having their hair done.

Good

Is the service caring?

One relative said, “My husband is washed and bed bathed every day. He is clean; his clothes are clean and matched. I couldn’t rest if it was any other way.” Other comments included, “The carers give really good personal care. He is changed immediately and never smells. He has a bath every day. The staff understand his personal needs” and “Mum always looks smart. The carers dress her in her outfits and this maintains her dignity. She was always particular about her clothes.”

People’s privacy and dignity was maintained by staff. Staff knocked before entering bedrooms. When assisting people with personal care needs, for example supporting people to use the lavatory, they were discreet and respectful.

People’s bedrooms were personalised with pieces of their own furniture, photographs and ornaments. Staff said people and their family could make the room as personal as they wished.

Requires Improvement

Is the service responsive?

Our findings

Although some form of activity was provided every day, we received mixed responses about people's experiences in relation to activities. Several people felt there were not enough activities provided to stimulate people. People said, "Not much to do in the day. I keep myself amused as much as I can"; "They have a talk when they can, (staff) but mostly I just sit here and watch people getting on with things. Yesterday a fellow came and we all had a bit of a sing-song, I loved that"; "My life is a lot different than it was before. The carers are very nice but they could do more activities for us…there's not a lot to do" and "They have games sometimes…We have a bit of a sing-song from time to time." A review of people's activity records showed usually one activity was recorded per week. For example, Zoo lab (an animal handling experiences) or games, or attending an entertainer's session.

The home employed an activities coordinator who was on maternity leave. Two members of the care staff team had been assigned to initiate and deliver daily activities. The registered manager had recognised this as an area for improvement and had asked the provider for additional hours to deliver activities and they had agreed. An activities programme was not displayed on the first day of the inspection, to inform people of what was planned. A programme was available on the second day. This showed two outside entertainers were due to visit the week of the inspection; board games, crafts and needle work were also planned. Manicures were offered twice a week. Activities offered did not reflect people's interests and past hobbies, or their abilities, especially those with a dementia type illness.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the afternoons of the inspection six or seven people were engaged in some activities in the communal lounges. One or two were playing dominoes, others were colouring pictures, painting or looking at books. Care staff asked people whether they wanted to take part. When they declined staff involved them in the conversations. Over the two days of the inspection, the registered manager and staff spent sociable time with people. We saw staff, including cleaning and catering staff talking and sitting with people and we heard chatter and laughter. This meant contact was not limited to support tasks.

The registered manager acknowledged that regular residents' and relatives' meetings had not occurred and this was an area they were looking to improve going forward. Regular meetings allow people to share ideas and make suggestions about improvements.

The registered manager told us care plans were in the process of being up-dated and personalised. People's care plans had improved since our inspection in September 2014 and included clearer information about how to support people and reduce risks for them. Sections of each care plan included information about the person's needs in relation to personal care, medication, mobility, nutrition, safety, and health issues. However, there was no or limited information about people's interests, past hobbies or activities they may enjoy. People's personal preferences and likes and dislikes were not always recorded in care plans. However some people were able to tell us they received care and support in accordance with their wishes. Care plans and risk assessments had been reviewed and updated when people's need changed or if additional support recommendations were suggested by professionals.

Two of the care plans we looked at contained a 'This is me' document, (which is tool to record important information about a person). Other care plans did not. This meant there was not always a sense of the person outside of their health and care needs. The registered manager said this was an area for improvement and planned to involve relatives as much as possible to complete the 'This is me' document.

Some people who used the service said they were aware they had a care plan and that they were involved in discussions about their care and support. Relatives said they had been involved in planning their relatives care. One relative said, "Mum has been here 3 years. We were involved in her care plan and they keep us up to date with everything. They never leave us out of any decisions made about my Mum's care". Another said, "My husband was really very poorly when he first came here. The staff nursed him very well and now he is much better. Everything that can be done for him is done. We were involved in setting up the care plan and now the staff will contact me if there are any changes in his condition."

People's care and support needs were assessed by the registered manager or deputy manager prior to them moving to the service. This was to ensure the service was able to meet people's needs. The registered manager

Requires Improvement

Is the service responsive?

explained how important this was and that the assessment process was more robust than it had been. The relative of a person who moved the home recently said the registered manager went to meet their relative; spoke at length to them and the family, and gathered lots of information about the person's needs. The assessment completed in relation to the person contained information about their health needs and the areas of support they would need.

People said the home was flexible in meeting their needs and they were able to make choices about their lives. People were given the choice of when they got up and when they went to bed; what they ate, when and where. One person enjoyed visiting the local shop independently. Comments made included, "I can please myself what I do. I'm very happy here…"; "If I ask for something, if it's within reason, they will do it" and "It's all about Quality of life…Here they let me choose whether I join in or whether I sit here and watch it all going on."

A member of staff said, "It's down to them, this is home to them after-all. If they want to stay up a bit longer or fancy a snack during the evening, fine. Some residents like a cooked breakfast and they come down to the dining room. Others like to lie in and have breakfast brought in. They have a choice."

A relative said, "'Mum always has a choice, what she does, when she gets up, whether she wants to stay in bed a bit longer. They respect her wishes. If she doesn't want lunch at lunch-time they leave her alone and then come back later and ask her whether she is ready for some lunch. They treat her well and I know she's happy." Another said, "Staff always ask her what she wants. They ask if she wants to wash or shower." Our observations showed Staff consistently asked people about their choice.

The complaints procedure was displayed in the reception area. We asked people what they would do if they had a complaint. Responses included, "If I had a complaint I would tell the Governor. I am sure that I would be listened to. Generally speaking, There is not much to complain about, I have everything here to have a good life", and "The staff respond to our needs. They are very good at that. If I had a problem I would take it to the Manager and I'm sure that they would deal with it. I've been here nearly three years and I haven't had any real complaints." One person said they had cause to complain in the past. They added, "I complained and it was sorted out."

Relatives were aware of how to arise any concerns they might have. Their comments included, "If we have any complaints or suggestions we take it to the manager. I had a complaint that visitors had to wait outside in the rain. They put in automatic doors so we can get into the porch…I made a complaint and it was acted upon…I was listened to and responded to", and "Staff talk to us and keep us informed. They will stop and chat and answer the odd question. If I had a complaint I would go to the manager and I am confident I would be listened to." The last sentiment was echoed by several other relatives who felt confident any concerns would be addressed by the manager.

No complaints had been received by the registered manager since February 2014. We found that the last complaint had been investigated, responded to and resolved. During the first day of the inspection one relative shared a concern with us about their family member's care. They agreed to allow us to share the concern with the registered manager. Following a meeting with the manager, the relative was happier. The registered manager had listened and assured action would be taken to address the concern.

Requires Improvement

Is the service well-led?

Our findings

We issued a compliance action following our inspection in September 2014. This was because the provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

Quality assurance processes were being embedded within the service. The provider had employed a care home consultant to conduct independent reviews of the service and they had introduced a number of quality monitoring audits. However, some of the audits were not identifying and correcting shortfalls where care staff were not following the systems in place. This particularly related to the administration of some of the topical creams and the use of some care records.

The registered manager said an audit of care records was to be introduced to ensure records were accurate and up-to-date. Positioning charts for people requiring regular movement to prevent pressure sores were not always up-to-date. For example one person required to be repositioned two hourly. However positioning chart indicated the person had not been moved for several hours on several days. During the inspection we saw the person was repositioned regularly but the records did not reflect this.

The registered manager was unable to confirm when the last satisfaction surveys had been used to obtain feedback about the quality of the service from people living at the home, their relatives or professionals. The registered manager said this was something they intended to introduce within the next few weeks with the help of the provider. The nominated individual for the provider (a senior manager within the company) visited the service weekly and was in touch with the service daily. The registered manager said during these visits the nominated individual spoke with people using the service; relatives and staff; inspected the environment and discussed any areas for improvement. Staff we spoke with confirmed this and said they felt comfortable in speaking up if there were any issues. However, no formal record of the outcome of the visit was kept to confirm if suggested actions for improvements had been addressed.

Although improving, there was a lack of effective quality monitoring arrangements at the service. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager and provider had made considerable improvements at the service since the September 2014 inspection. The local authority commissioning team and other professionals expressed a growing confidence in the management of the service and had no current concerns. During the safeguarding process the provider and manager had worked openly and productively with the commissioning team and other professionals. One professional said, “The manager is very approachable and open. She seems willing to learn and make improvements.”

Since the September 2014 inspection the registered manager had undertaken safeguarding and infection control audits and where improvement had been identified these had been addressed. During the previous inspection we found food and nutrition records were not always accurately completed. At the time of this inspection improvements had been made which meant it was easier for staff to monitor whether people received the necessary food and drink.

Accidents and incidents were reported and the registered manager reviewed each accident/incident to assess any themes or trends or whether any further actions could be taken to reduce the risk of recurrence. For example, when people experienced a fall, care plans and risk assessments were reviewed with the action taken.

The registered manager was a registered nurse and she had a detailed knowledge of the people living at the home; she was able to describe individual risks and the measures in place to reduce risks. The manager was present throughout the inspection and was able to provide us with the information requested. The manager had an open door policy and people and their relatives said they could speak to the manager at any time. Staff confirmed this.

The management structure in the home provided clear lines of responsibility and accountability. A deputy manager supported the registered manager. Registered nurses and care staff were aware of their role and responsibilities. Staff said there was good communication between the team and good team working. Community professional said when they visited the service, a senior

Requires Improvement

Is the service well-led?

staff member was always available to assist them and provide necessary information. People using the service benefitted from the good working relationships developed with external professional which benefitted people using the service.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: The registered person did not have suitable arrangements in place to maintain people's welfare and promote their wellbeing by taking account of daytime activity.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: People were at risk because the provider did not have an effective system to regularly assess and monitor the quality of service that people receive.