

## Bupa Care Homes (CFHCare) Limited

# Gallions View Nursing Home

### Inspection report

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Date of inspection visit: 23 October 2014

Date of publication: 19/03/2015

### 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

The inspection took place on the 23 and 24 of October 2014 and was unannounced. At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Gallions View Nursing Home provides accommodation and nursing care for up to 120 older people. It is located

in the London borough of Greenwich and provides residential and nursing care and also specialises in dementia care. At the time of our inspection there were 114 people using the service.

During our inspection we found that the provider had breached a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of the full version of this report. We have also made recommendations to the provider where improvements to the service should be made.

# Summary of findings

People's safety was not always assured or maintained in some areas. Risk assessments were not always kept up to date in line with the provider policy and did not always appropriately identify risks associated with people's needs and behaviours.

People's Personal Emergency Evacuation Plan's lacked detail and did not always refer to additional factors that might be relevant to evacuation such as someone with dementia or a physical disability. Fire drills whilst carried out by the provider recorded concerns raised by the responsible person about staff response times and training.

Medicines were not always stored and refrigerated appropriately in line with current guidance. We have made a recommendation to the provider in respect of medicines refrigeration storage.

People's capacity was not always assessed in line with the Mental Capacity Act 2005. The service was not always effective in meeting the needs of people using it and a review of care plans and records showed documents were not always conducive for service user involvement.

People were supported by staff that had appropriate skills and knowledge to meet their needs. Staff members new to the home completed a detailed induction programme. This included mandatory training and practical experience tasks.

People were supported to maintain good physical and mental health. People had access to health and social care services when required. People's care plans demonstrated their health was monitored and referrals were made to health and social care professionals when required.

People who required special diets for example pureed foods, diabetic and halal foods were catered for. Kitchen staff were knowledgeable about people's special diets and worked to accommodate these needs successfully.

The service was caring. People using the service, their relatives and friends we spoke with were happy and satisfied with the care they received. People spoke positively about their relationships with staff and told us they felt safe and supported.

The service was not always responsive to people's needs. There were systems and processes in place for assessing, evaluating and reviewing people's care needs. Although most care plans we looked at were reviewed in line with the provider's policy we noted that some had several sections that were overdue for review.

People were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being. The home developed a weekly activities schedule.

A copy of the provider's complaints policy and procedure was on display at the home. This was produced in a format that met people's needs.

The service was not always well led. The home demonstrated some elements of good management and leadership. The home had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider. The provider produced a welcome pack for new residents and relatives to the home. This provided people with information from spiritual and cultural needs to catering arrangements.

The provider monitored and evaluated the quality of care and support people received. Quality assurance audits were conducted on a regular basis within the home.

There were processes in place for reporting incidents and accidents and we saw that these were being followed. All incident and accident reports included details of the incident or accident and any follow up action required by staff or other professionals was recorded.

# 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?

The service was not always safe.

Risk assessments were not always kept up to date in line with the provider policy. Risks to people were not always appropriately identified.

People's personal emergency evacuation plans were not always reflective of people's needs. Fire drills whilst carried out recorded concerns raised about staff response times and training.

Medicines were not always stored and refrigerated appropriately in line with current guidance. We have made a recommendation to the provider in respect of medicines refrigeration storage.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Care plans did not always allow for people to sign to demonstrate their consent and agreement with regards to their care.

Care plans did not always contain a MCA or best interests record to state if someone had mental capacity to consent to their prescribed care and treatment or if it was being carried out in their best interests, or if a relative had a Lasting Power of Attorney (LPA) to act lawfully on their behalf.

Staff supported people to eat and drink sufficient quantities to meet their needs. People were provided with menu choices that met their nutritional needs and preferences.

**Requires Improvement**



### Is the service caring?

The service was caring.

People using the service, their relatives and friends we spoke with were happy with the care they received. People spoke positively about their relationships with staff and told us they felt safe and supported.

Staff displayed kindness, compassion, dignity and respect towards people. We saw positive interactions between staff and people using the service.

Records we looked at demonstrated that resident and relatives meetings were held on a frequent basis and people were provided with the opportunity to discuss issues regarding the care provided.

There were arrangements in place to meet people's end of life care needs and care plans showed that people had documented their wishes and preferences.

**Good**



### Is the service responsive?

The service was not always responsive.

**Requires Improvement**



# Summary of findings

Systems and processes were in place for assessing, evaluating and reviewing people's care needs. However some care plans were not reviewed in line with the provider's policy.

People were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being.

There was a complaints policy and procedure in place. People using the service and their relatives were confident they could raise concerns and they would be addressed.

## Is the service well-led?

The service was not always well led.

There were elements of good management and leadership. The home had a registered manager in post at the time of our inspection. The provider produced appropriate information for people and their relatives.

The provider had effective systems in place to monitor and evaluate the quality of care and support people received and quality assurance audits were conducted on a regular basis however they did not always identify areas requiring improvements.

There were processes in place for reporting incidents and accidents and we saw that these were being followed. Action plans were put in place if appropriate to monitor outcomes and any key areas of learning.

**Requires Improvement**



# Gallions View Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Prior to the inspection we reviewed information we had about the service. This included reviewing previous inspection reports, statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We also spoke with a local authority who are commissioners of the service and the local safeguarding team to obtain their views.

The inspection was unannounced and consisted of a team of five people including three inspectors, a specialist nurse and a specialist advisor. There were 114 people using the service on the day of our inspection. We spoke with 17 people using the service and eight visiting relatives. We

looked at the care plans and records of 15 people using the service and five staff records. We spoke with the registered manager, head of units, registered nurses, maintenance workers, chef and kitchen staff, domestic workers, and activity co-ordinators.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the provider and manager. We looked at audits and incidents logs, service user and relative meeting minutes, staff meeting minutes and staff records including the provider's policies and procedures. We also looked at areas of the building including all communal areas and outside grounds and observed how people were being supported with activities of daily living.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included, “I absolutely love living here, the staff are fantastic and I feel safe.” and “There are enough staff, it always seems reasonable and I don’t have to wait too long for help.” A person said “The staff are nice and they treat me well.” One person told us, “All the staff are very pleasant and nothing is too much bother.”

Comments from relatives were positive and people told us they felt their relatives were safe and well cared for. One person said “I am very happy with the home, the staff are great and they take good care of my relative. I would put my own name down on the list to come when I need help.” Another person told us “The current staff are great. I know my relative is safe and feel confident that they are treated well.” However our findings did not always support these views.

Care plans included risk assessments which detailed how staff should support people in order to minimise any risks to them. Staff carried out a variety of risk assessments which were dependent on the needs of the people using the service. We saw examples of risk assessments for falls, bed rails, moving and handling, nutritional status (MUST) and skin integrity (Waterlow). We saw examples where staff had acted appropriately to prevent or minimise the risk of incidents or injuries to people. However we noted that one person’s MUST assessment had not been calculated correctly although in this case it did not affect the overall score or care the person received. We looked at the wound care risk assessment for another person and noted they required turning in bed every four hours to prevent pressure to the wound. Turning charts revealed that there were only two entries for the 10 October 2014 and 11 October 2014 and no turning charts were available for the 18 October 2014 and the 20 October 2014. We noted that recordings stopped on the 21 October 2014. This could pose a risk to the recovery of the individual if care and treatment was not delivered by staff as required.

Risk assessments did not always appropriately identify risks associated with people’s behaviour. During the inspection we observed one person presented behaviours which compromised their dignity and at times posed risks to them and others. We noted that these risks were not recorded within their risk assessment. We spoke with the deputy manager who told us they would review the risk

assessment immediately. Risk assessments had not always been reviewed monthly in line with the provider’s policy. One person’s care plan and risk assessments had not been reviewed for four months. This meant that people using the service may be at risk of inappropriate care and support and may not be protected from any potential harm.

Throughout the day we observed call bells were answered promptly and most were placed appropriately in people’s rooms within reach should they require support. However we observed that one person’s call bell was hooked on the wall, out of reach. They told us they had it next to them at night, but called out for support during the day. We checked the person’s care plan and found no completed risk assessment for call bell use. This meant that people using the service may be placed at risk if unable to access the call bell system for support when required.

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

There were inadequate procedures in place to deal with foreseeable emergencies. Care plans and records we looked at had a Personal Emergency Evacuation Plan (PEEP) in place. These directed staff and emergency services on how to support people to safely evacuate the premises in an emergency. However these were not always kept up to date and did not contain detailed information. For example they did not always refer to additional factors that might be relevant to a safe evacuation such as someone with dementia or a physical disability. On one unit we found that two out of six care plans we looked at had no recorded evacuation plan at all. On another unit we found that three people had not had their evacuation plan reviewed since June 2014 and another did not refer to someone’s epilepsy. This meant that people may be at risk of inappropriate support or care in the event of an emergency due to unreflective and detailed evacuation plans.

Fire drills were carried out by the provider. However records showed concerns had been raised about staff response times and training. Records showed it was documented on the 19 February 2014 that staff should refresh their fire training however this was identified again on 6 August 2014 at the next fire drill. We also noted that night staff had completed a fire drill on the 3 October 2014 and it was recorded that staff were slow to react and were unsure of the procedure.

## Is the service safe?

This was a breach of Regulation 9 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they received their medicines at the correct times and they were not aware of their prescribed medicines being out of stock. They also told us they felt confident that they received the correct medicines. One person we spoke with using the service said they understood the medicines they were prescribed, and they had consented to take their medicines when required.

Medicines were administered safely. We observed a medicines round on one unit, and saw the nurse checked the identity of the person and the dose of the medicines they were administering. We reviewed a sample of 10 Medication Administration Record Sheet (MAR) and found these were completed correctly. MAR sheets had stickers in place to identify people's known allergies to medicines. MAR sheets had photographs of the person on the front which ensured that staff were able to correctly identify the person when administering medicines.

MAR sheets contained a checklist to alert staff administering medication to any special instructions such as the medication being given to people requiring specialist feeding techniques and referred staff to the person's care plan for detailed information. In one case the care plan was missing from the person's main file and there was a risk staff would not follow the instructions. However other care plans we looked at gave clear instructions about how medication should be administered and reminded staff to monitor for side effects and the action to take if they were present. Homely remedies such as paracetamol and rehydrating sachets were available and there were records to monitor the use of these medicines.

We looked at a sample of medicines on each of the four units. All the medicines we saw were within their expiry date, and labelled with the date they were opened as appropriate. We saw temperature recording systems in place to monitor the temperature of the medication rooms and medicine fridges. On a small number of occasions the fridge temperatures were recorded as being slightly outside the safe range for up to two days in a row and we did not see a record of any action taken to ensure medication could be stored at the correct temperature. This meant that staff maybe uncertain if recommended temperatures were being maintained to ensure medicines remained safe and fit for use.

We noted that portable oxygen was being stored incorrectly as they were not secured within the medicine room on one of the units. This posed a risk to people using the service and staff. We spoke with the registered manager who immediately addressed the risk and ensured that the cylinders were appropriately stored and secured which we observed this to be the case on the second day of the inspection.

We recommend that the service refers to the provider's policy on the safe storage of medicines and to NICE guidelines of current best practice, in relation to the safe recording and refrigeration storage of medicines.

There were signature lists available on all units containing sample signatures of all qualified nursing staff. This ensured staff were easily identifiable when signing medication records. There were information leaflets about the medicines used within the home for staff to refer to and staff members we spoke with said they could also access the British National Formulary (BNF) reference book which contains information and advice on prescribing and details about medicines.

Nurses were aware of people's right to refuse medicines and staff we spoke with knew what to do if a person refused their medicines. We observed that people receiving particular medicines which required blood sugar or other blood tests results were monitored and the results stored within people's MAR sheet. This enabled staff to work out the correct dose of medicines for the person depending on their needs at the time.

There were arrangements in place to ensure medicines were checked on delivery and disposed of safely. The home had a contract with an external clinical waste company to collect unused or expired medication and staff we spoke with were able to explain the procedures.

The premises appeared clean and well maintained. Records demonstrated that if maintenance issues were identified action plans were put into place to resolve any issue quickly. There were systems in place to monitor the safety of equipment used within the home. Staff we spoke with told us that maintenance response times were very good as was any response from external contractors. Maintenance books recorded work carried out on equipment which were up to date. Monthly checks on wheelchairs, heated serving trolleys and manual handling equipment such as hoist were conducted. Maintenance

## Is the service safe?

checks on services such as water, heating and electrical items were completed and recorded appropriately. Legionella, pest control and fire equipment checks were routinely conducted. Fire alarms, panels, emergency lighting and smoke detectors were tested weekly by maintenance staff on all units within the home.

Treatment rooms where oxygen cylinders were stored had appropriate warning and hazard signs displayed. We noted that windows on the dementia unit had full restrictors on them minimising any risk posed to people using the service.

There was a rolling redecoration programme within the home and one of the units was in the process of having the hallway repainted during the night by external contractors. We also observed Wi-Fi being installed on one of the units for residents and family members to use.

People told us that staff were available when they needed support. One person said “There is always someone around to help. I never have to wait long.” We spoke with visiting relatives in all units of the home. Comments were positive. One person told us “I visit most days and there are always staff around offering people support.” Another person said “Staffing levels seem OK. I have never had to wait any length of time to get support for my relative.” During our inspection we tested several call bells at different locations including in people’s rooms with their permission and noted the response times were quick.

Comments we received from staff about staffing levels within the home were mixed. One staff member told us that there were staffing shortages within the home but this did

not affect the care delivered to people. They said “Good enough for my family here.” Other staff told us they were not always able to accommodate people’s choices with regards to when they preferred their support and often had to work with a member of staff short. We spoke with the registered manager who told us that staffing levels were determined by the number of people using the service and their needs. We observed there were sufficient numbers of staff available to keep people safe. We looked at the staff rotas covering a period of three weeks which confirmed this.

Safe recruitment procedures were in place that ensured staff were suitable to work with people who used the service. We looked at five staff files which contained disclosure and barring checks, references, evidence of the right to work in the UK, proof of identity, employment history and evidence they were physically and mentally fit for work.

The home had policies and procedures in place for the safeguarding of adults from the risk of abuse including how to recognise types of abuse and what action to take. Staff we spoke with knew how to recognise and respond to incidents, accidents and allegations of abuse. Staff were aware of the provider’s safeguarding policies and procedures and how to report their concerns appropriately. This meant that staff had the necessary skills and knowledge to ensure people using the service were kept safe. Staff were also aware of the home’s whistleblowing policy, CQC and how to raise a concern or refer to external agencies where appropriate.

# Is the service effective?

## Our findings

People were supported by staff that had appropriate skills and knowledge to meet their needs. One person using the service told us, “Staff are very nice. They listen and take note of what I say.” Another person said “Staff are fantastic. They are always respectful of my wishes.” Comments we received from visiting relatives were also positive. One person said “I am satisfied with the staffing arrangements at the home. Staff know how to support my relative well.”

Staff members new to the home completed a detailed induction programme. This was conducted over several weeks and included a mandatory training programme and practical experience tasks. Training records demonstrated that staff had completed their induction programme and all areas of mandatory training in line with the provider’s policy. We noted that some members of staff had also received specific training on dementia care and were awarded Alzheimer’s Society dementia champions. Staff members also had the opportunity to further develop their knowledge and skills with a vast majority of staff having completed National Vocational Qualifications (NVQ) in Health and Social Care. A computer based training matrix was used to identify training completed by staff and when they required their training updated ensuring staff had appropriate skills and knowledge to meet people’s needs effectively.

Staff were supported appropriately through regular supervision and annual appraisals to meet the needs of people effectively. We spoke with the registered manager who told us that staff received supervision every eight weeks in line with the provider’s policy. We looked at the supervision matrix for two of the units. This showed that all staff members working on those units had received supervision on a regular basis. Staff files we looked at demonstrated that supervision records were kept and appropriate clinical supervision was given to nursing staff. Staff we spoke with were positive about the support they received. One person said “I have frequent supervision and always feel I am able to speak with a senior member of staff or the manager.” Another person told us “We are a great team and work well together. I have supervision on a regular basis and team meetings are supportive.”

Mental capacity assessments were completed where people’s capacity to consent to make decisions was in doubt. Applications for Deprivation of Liberty Safeguards

(DoLS) were being made in accordance with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards to deprive people of their liberty where necessary for their safety. At the time of our inspection we noted that two authorisations for DoLS were in place and a further seven applications had been made to the local authority. We found that several people using the service were also referred to and in receipt of support from an Independent Mental Capacity Advocate (IMCA) to ensure their rights were upheld. All staff had received MCA and DoLS training and the staff training matrix we looked at confirmed this. The registered manager was the lead for MCA and DoLS within the home. Staff we spoke with were aware of people’s capacity and needs including the use of best interest tools and meetings to make decisions for people who were independently unable to. Staff we spoke with told us they would ask people’s permission before giving any care. One staff member said “I always support people to choose and communicate their choices. I have done dementia training with the manager and mental capacity training. People have a map of life within their care plans and we talk to their family if we can’t talk to them to identify any preferences they have. We involve people and their families all the time.”

Documents did not always demonstrate people were in agreement with their plan of care although some of the care plans and records we looked at did contain a MCA or best interests record. Three care plans we looked at did not state if the person had mental capacity to consent to their prescribed care and treatment or if it was being carried out in their best interests, or if a relative had a Lasting Power of Attorney (LPA) to act lawfully on their behalf. This meant that people’s rights may not be protected in line with the MCA 2005.

We recommend that the service refers to the provider’s policy on the Mental Capacity Act 2005 and DoLS and to the Code of Practice for MCA and DoLS which provides a guide to the regulations, in relation to meeting the specialist needs of people living with dementia or fluctuating capacity within the home.

People were supported to maintain good physical and mental health and have access to health and social care services when required. People’s care plans and records demonstrated their health was monitored and referrals were made to health and social care professionals when required including doctors, district nurses, social workers,

## Is the service effective?

physiotherapists, dentists, advocates, chiropodists, speech and language therapists and best interest assessors. People using the service told us they had had requested and seen health and social care professionals when they needed. One person told us “The doctors visit often and sometimes when I need them my social worker visits.” Records were kept of appointments attended and visiting health and social care professional’s involvement. This ensured that staff were aware of any support or treatment people required.

People told us they were generally satisfied with the quality and quantity of food served. One person said “The menu has improved a lot. I can choose something I like and I get it. They know that I like carrots with my meal.” Another person told us “I like the food very much. I don’t think there has ever been a time that I haven’t.” During our inspection we observed people requested different types of drinks and snacks. Staff were quick to respond to requests and offered people drinks and snacks during the course of the day. People needs were considered with drinks offered and served in either lidded cups, mugs with two handles and straws available, so people who required support could drink independently with ease. We noted that drinking water was available in people’s rooms and drinks were placed within easy reach. Snacks such as biscuits and fruit were also available.

There was a central kitchen which prepared the main meals for lunch and supper. The provider had produced a handbook containing recipes, which had been evaluated for their nutritional content, for chefs to prepare. Menus rotated on a four weekly basis and there were different menus for the summer and winter months to provide people with choice. People using the service were presented with a choice of two main meals at lunch and

supper. Staff in each unit asked people what they wanted to eat and the chef received a list of people’s choices and any special requests. Care plans were effective in identifying people’s dietary requirements, monitoring people’s weight, caring out nutritional risk assessments (MUST) and noted changes in people’s risk status which were followed up through monitoring and consultations with healthcare professionals.

Kitchen staff were knowledgeable about people’s special diets or cultural needs and worked to accommodate these needs successfully. Care plans we reviewed contained records about people’s dietary needs and demonstrated that appropriate health care professionals such as GP, dieticians and speech and language therapists had been consulted.

We observed staff supported people appropriately to eat and drink sufficient quantities to meet their needs. Staff knew people’s needs and who required support with eating. The atmosphere was calm, relaxed and jovial. Some people used non-verbal communication to let staff know when they had eaten enough, and staff picked up on these cues. People had their drinks regularly refilled. Staff supporting people explained what they were doing and were patient assisting at people’s own pace.

We observed a member of kitchen staff supported one person with their lunch on the dementia unit. They told us that some people on the unit required extra support because of the nature of their dementia. We observed they modelled good eating behaviour and knew people’s food preferences in greater depth. This meant kitchen staff could tailor meals to the needs of people living on the unit ensuring their diet and nutrition could be better maintained.

# Is the service caring?

## Our findings

People using the service, their relatives and friends we spoke with were happy and satisfied with the care they received. People spoke positively about their relationships with staff and told us they felt safe and supported within the home. Comments included “It’s very nice here. Anything I want they do for me. They know what I like. The staff are all very nice.” and “I know them [staff] well. They are nice, everybody is ok.” Another person commented “It is nice. The staff right now are all good. I know my relative is well cared for, clean and tidy.”

We saw staff displayed kindness, compassion, dignity and respect towards people. We saw positive interactions between staff and people using the service. Communal areas were warm and inviting and we noted there was a good jovial rapport between people. We saw one member of staff tell a person “Your favourite entertainer is visiting after lunch so I’ll help you into your favourite seat if you like.” We observed another member of staff being sociable with one person, sharing a joke and singing which they both enjoyed. Another member of staff was helping a person to complete a puzzle which they found difficult. One visiting relative to the home always brought their dog. This was welcomed and encouraged by the home and we observed people using the service pleased to see the dog.

People appeared well presented and we saw staff assisted people to adjust their clothing to maintain their dignity. We observed staff knocked on people’s doors before entering their rooms and asked permission to enter. We noted one unit which supported people with dementia displayed large picture signs on doors and in hallways. This assisted people to find their way around the building and to orientate themselves to the environment. We also noted people’s rooms had a ‘memory box’ displayed outside their doors. These were filled with people’s personal pictures and objects. Again this promoted people’s orientation and awareness of their surroundings and when locating their rooms. Staff were attentive to people’s needs and sought consent before offering support with personal care. Communication between staff and individuals was good with staff addressing people by their preferred names.

People and their relatives told us that staff took account of their individual needs and they felt listened to. One person told us “They know how I like things and we always have a laugh and a joke.” People’s care plans and records detailed individual needs including people’s likes and dislikes. Staff we spoke with were aware of people’s individual needs and demonstrated good knowledge of people’s individual preferences. Staff made efforts to promote good communication. For example one person spoke limited English and staff members supporting the person had spent time learning some basic words in the person’s first language, which they had been taught by the person’s family. We saw a list of words which were recorded within the person care plan promoting better communication.

People had a named key worker and a named nurse. We asked a member of staff what it meant to be a key worker. They told us they had extra responsibility for working with that person and carried out additional tasks with them. For example keeping their room tidy, checking that they have the little things they like toiletries and liaising with their family and relatives. We spoke with a nurse who told us they were a ‘named nurse’ and it was their responsibility to review the care plan and keep it up to date.

There were arrangements in place to meet people’s end of life care needs. Care plans we looked at showed that where people had wished too details of their end of life care was documented. Staff we spoke with told us that end of life care plans were completed with individuals and their family where appropriate. Do Not Attempt Resuscitation forms (DNAR) were completed with individuals, their GPs and families.

Records we looked at demonstrated that resident and relatives meetings were held on a frequent basis providing people with the opportunity to discuss any issues regarding the care and support they received. Minutes of meetings held were written in a way that supported people who used the service to understand and participate in.

# Is the service responsive?

## Our findings

People spoke positively about the care they received. Comments included “It’s pretty good”, “The staff are nice”, “They can’t do enough for you”, “All the staff are very pleasant and nothing is too much bother” and “Staff are always checking with me to make sure I’m ok.” People we spoke with were aware they had care plans in place to meet their needs but not everyone we spoke with could recall being involved in the reviewing of their care plan. Visiting relatives we spoke with confirmed that reviews of care plans were conducted and where appropriate they were involved. One person told us “Staff always ask me if I want to be involved in my relative’s review. We often sit down and review its contents and make any necessary changes.”

There were processes in place for assessing and reviewing people’s care needs and care plans. We noted that each month every section of the care plan was evaluated, signed and dated by a member of staff. Every three months each section received a fuller review and very six months a nurse carried out a new assessment to review any changes required. Most care plans we looked at were reviewed in line with the provider’s policy however we noted that of the 15 care plans we looked at three reviews were overdue. For example one care plan had communication and pain needs last reviewed in July 2014, but all other sections had been more recently reviewed in September 2014.

We recommend that the service refers to the provider’s policy and current best practice, in relation to reviewing all care plans and the specialist needs of people living at the home.

Most people received personalised care responsive to their needs. Daily notes kept by staff recorded the care and support offered that day and activities people engaged in. These were completed throughout the day and were up to date. We found that people’s preferences with regards to their personal care were recorded within their care plan. Care plans also included sections on people’s biographical details, daily life, lifestyle and cultural needs and a section called ‘who am I’. These detailed people’s life events,

choices, cultural, religious needs and social activities. On the day of our inspection we observed several people were visited by a local vicar. This met their religious and cultural needs.

People we spoke with were happy with activities within the home. One person told us “The staff are great. They really make the day fun.” Another person said “The activities are all usually really good. Sometimes I just want to sit and watch and that’s ok.” People were supported to engage in meaningful activities that reflected their interests and supported their physical and mental well-being. The home developed a weekly activities schedule for each unit which were displayed on a notice board within the home. Varied activities were available such as music and movement, reminiscence group, let’s dance, pub afternoon and music, hair, hand and nail care and garden fun amongst others. External performers and activities were provided on a regular basis. There was also a ‘night owl’ club for people who wished to stay up later in the evenings and participate in activities with staff members.

We spoke with the activities co-ordinator who told us the activity schedules were developed with the participation of people using the service and staff. They said the schedules were flexible and changed dependent on people’s needs and moods of the day. They also told us that one to one activities were conducted on a regular basis for people who were unable to join in with group activities.

A copy of the provider’s complaints policy and procedure was on display at the home. This was produced in a format that met people’s needs. There were also suggestion and compliment slips available. Staff we spoke with were able to tell us the process if someone wanted to raise a complaint. They also told us they would advise people to speak with the manager so any issues could be addressed promptly. People using the service and their relatives were confident they could raise any concerns they had and they would be addressed. One person said, “I am very happy with care my relative receives but if I did have any problems I would speak with the manager who I know would sort it out.” Records we looked at showed that concerns and complaints were recorded and appropriate action taken in response to complaints raised.

# Is the service well-led?

## Our findings

Although the provider had procedures and systems in place to evaluate and monitor the quality of the service provided and the manager demonstrated elements of good leadership we found that procedures were not always followed or effective. The provider did not always ensure that processes were followed to protect against key identified risks described in this report. For example, the provider had not identified risk assessments that required reviews or followed best practice with regards to the MCA 2005.

The home had a registered manager in post at the time of our inspection. The provider produced a welcome pack for new residents and relatives to the home which covered information from spiritual and cultural needs to catering arrangements. The provider's statement of purpose was also made available and was displayed in the main reception area. This identified the home's aims, objectives and provided an insight into the home's values, practice and management.

The manager promoted an open and transparent culture and steps had been taken to include and empower people, their relatives and staff. For example one member of staff told us how they had become a dementia champion to improve and enhance the support they provided to people and their families. People using the service and their relatives were asked for their views about the service. People told us they were aware of the resident and relatives meetings and participated in the providers 'resident customer satisfaction survey'. One person said "The manager and staff are all very good. I have no complaints and feel the home is run well." A visiting relative told us "I can't fault anything about the home. It's managed very well and I am happy with the care."

Staff we spoke with told us the manager and senior members of staff were accessible and approachable. They told us they felt able to raise issues or concerns with the manager and they would be addressed. One person said "I like working at the home. I have regular supervision and attend staff meetings. I have good access to the unit manager and registered manager and feel confident about raising any concerns." Records we looked at showed staff meetings were held on a regular basis which provided staff

with the opportunity to discuss the needs of people who used the service; share good practice with colleagues and raise any issues or concerns identifying areas for improvement.

The provider had systems and processes in place to monitor and evaluate the quality of care and support people received. We spoke with the registered manager about the methods and audit tools used within the home. They showed us quality assurance audits conducted on a regular basis within the home which included annual activities audit, quarterly nutritional audits, incidents and safeguarding audits, dignity, respect and involvement audits, monthly medication audits and visiting pharmacist audit conducted September 2014 which highlighted refrigeration temperature checks, monthly maintenance and care plan audits and a 'person first dementia second' audit amongst many others. Audits we looked at were up to date and records of any actions taken to address highlighted concerns were present. Monthly 'home manager quality metric reports' were also conducted by the registered manager and was designed to measure the outcomes of care delivery within the home in relation to four key themes which were quality of care, quality of life, quality of leadership and quality of the home environment. We looked at the 'quality metric report' for the month of September 2014 which showed some areas of good practice and highlighted areas of the service that required improvements.

Resident and relatives annual satisfaction surveys were sent out by the provider and completed by people who use the service and their relatives. We looked at the results for the autumn 2013 survey conducted. The results were positive showing that people using the service were 87% happy with the overall service, 98% of people were happy with the staff, 87% of people were happy with the food served within the home and 98% of people were happy with the homes environment. We also looked at the relatives satisfaction survey conducted in January 2014 for the dementia unit. Figures were also positive with 86% of relatives happy with the overall service and 100% of relatives felt they were treated with dignity and respect. The provider analysed results from surveys which were used to drive improvements.

There were processes in place for reporting incidents and accidents and we saw that these were being followed. All incident and accident reports included details of the

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incident or accident and any follow up action required by staff or other professionals was recorded. Action plans were also put in place if appropriate to monitor outcomes and learning. Records of incidents and accidents showed that

notifications to the Care Quality Commission and safeguarding authorities were being appropriately made. This meant that people using the service were protected from risks arising where possible.

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	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 (1) (i) (ii) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of service users.</p> <p>The provider did not always take proper steps to ensure that each service user was protected against the risks of receiving care or treatment that is inappropriate or unsafe.</p> <p>Regulation 9 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care and welfare of service users.</p> <p>The provider did not have appropriate procedures in place for dealing with emergencies to mitigate the risks arising from such emergencies for service users.</p>