Mr & Mrs C Thomlinson

Tweedmouth House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 October 2016 and was unannounced. A previous inspection, undertaken in 8 and 9 July 2015 found one breach of legal requirements. This related to safe care and treatment and was with regard to window restrictors at the home not meeting current guidance.

Tweedmouth House is registered to provide accommodation for up to 55 people. At the time of the inspection there were 48 older people using the service, some of whom were living with dementia. 41 People had been assessed as needing nursing care and support.

The home had a registered manager in place, who was also the registered provider, and our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the 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.

At the previous inspection we had noted windows in some areas did not have window restrictors in place that met current Health and Safety Executive guidance. At this inspection we saw devices had been fitted to those windows where there was a potential risk of falls. People told us they were safe living at the home and staff understood safeguarding issues and how to recognise and report them. There was regular maintenance of the premises and fire risk and other safety checks were carried out on a regular basis. Accidents and incidents were monitored and reviewed to identify any issues or concerns.

Suitable recruitment procedures and checks continued to be in place, to ensure staff had the right skills. Checks were carried out to ensure nurses were appropriately registered. Medicines were managed effectively and stored appropriately. Some plans to support people with "as required" medicines needed to be put in place.

People were happy with the quality and range of meals and drinks provided at the home. People told us they could request alternative items, if they wished, and special diets were catered for. Kitchen staff had knowledge of people's individual dietary requirements and likes and dislikes.

Staff confirmed they had access to a range of training and updating. The home had a dedicated training co-ordinator, who oversaw all training delivery and carried out checks and supervision to ensure that learning was put into practice. Staff told us, and records confirmed that regular supervision took place and they received annual appraisals.

People's health and wellbeing was monitored, with regular access to general practitioners, dentists, district nurses and other specialist health staff. There was evidence staff had responded appropriately to any health concerns.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The deputy manager confirmed that action had been taken to make applications to the local authority safeguarding adults team, where people may have their liberty restricted. At the previous inspection it was not always clear from records that decisions about people's care and health had been taken in line with best interests guidance. At this inspection we found records relating to this matter still lacked clarity to demonstrate they met the legal requirements of the MCA.

Some improvements had been made to the environment on the Orchard Unit, which supported people living with dementia. The deputy manager told us she was looking at ways to further improve the homely feel of the unit.

People told us they were happy with the care provided. We observed staff treated people patiently and with appropriate care and consideration. Staff demonstrated an understanding of people's individual needs, preferences and personalities. People said they were treated with respect and dignity.

Care plans reflected people's individual needs, although some aspects of the plans were less personal and relied on standard type plans. Reviews reflected changes in people's care although were often lacking fuller detail. A range of activities were offered for people to participate in. The home had recently acquired a puppy to be the home's own pet. Relatives told us there were activities although we did not witness any taking place on the Orchard Unit on the day of the inspection. People and relatives told us they had not made any recent formal complaints and would speak to the registered manager if they had any concerns.

The registered manager and deputy manager told us they carried out regular checks on people's care and the environment of the home. However, the checks had failed to note the lack of clarity around the best interest documentation. Staff felt well supported by management, who they said were approachable and responsive. People and their relatives told us there were regular meetings at which they could express their views. The provider had sought people's views through the use of questionnaires, which were overwhelmingly positive. Records were well maintained and up to date.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the Need for consent. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Window restrictors previously missing at the last inspection had been fitted to windows where there was a risk of falls. People told us they felt safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues.

Care plans reflected people's particular needs and the risks associated with delivering care. Medicines were handled securely and there were appropriate systems for administration, safe ordering and storage of items.

Suitable recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. People told us they felt there were sufficient staff on duty to support their care needs. The home was clean and infection risks managed appropriately.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and formal applications and assessments under the Deprivation of Liberty Safeguards had been made. It was not always clear that full consideration to MCA guidance had been adhered to where people were unable to make decisions.

People told us food and drink at the home was good and special dietary requirements or personal preferences were catered for.

People said staff had the right skills to support them. A range of training had been provided and staff received regular supervision and annual appraisals. Some improvements had been made to the environment on the Orchard Unit to aid people living with dementia.

Is the service caring?

Good

The service was caring.

People said they were happy with the care they received and were well supported by staff. We observed staff supported people appropriately and recognised their needs, likes and dislikes. Relatives were kept informed of any changes to people's care or condition.

People had access to a range of health and social care professionals for health assessments and checks.
Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed, although some review details were limited. Staff used a reviewing tool make appropriate decisions where there were concerns about people's health.

A range of activities were provided for people to participate in. People told us they were able to make choices about their care, including what they ate, whether they wished to remain in their rooms and what activities they engaged in.

People were aware of how to raise complaints or concerns and said any issues raised were dealt with appropriately.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The registered manager regularly undertook checks to ensure people's care and the environment of the home were effectively monitored. However, these checks had not identified the short fall in best interests decision recording.

Staff were positive about the support they received from management. People and their relatives described the registered manager and deputy manager as responsive and approachable.

There were meetings with people who used the service and their relatives and questionnaires had been used to gain people's views.

Tweedmouth House

Detailed findings

Background to this inspection

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

This inspection took place on 19 October 2016 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with three people who used the service to obtain their views on the care and support they received. We also spoke with two relatives. Additionally, we spoke with the registered manager, deputy manager, three care workers, one domestic assistant, the cook and the home's training co-ordinator.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, six medicine administration records (MARs), four records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the service or their relatives and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

At the previous inspection of the home we had found a breach of regulations regarding safety at the home, in that some windows were not fitted with window restrictors that met current Health and Safety Executive guidance. At this inspection we found windows that posed a safety risk had been fitted with restrictive devices. This meant people who lived at the home were protected from the risk of a potential fall from a window.

At the last inspection the provider had in place risk assessments and regular checks on the safety of the environment of the home. At this inspection we saw these checks had been maintained over the last year. There were regular checks on fire safety systems and equipment and checks on water temperatures, along with a legionella assessment for the premises. Regular fire drills had been undertaken at the home, although we noted there was limited detail in the recording of how these had been undertaken and any issues from the drills. We spoke with the deputy manager about this. She said she would ensure more detailed recording was undertaken in the future. Personal evacuation plans (PEEPs) were available to support people should they need to leave or be supported to move around the building in an emergency. Small electrical items had been subject to a recent Portable Appliance Test (PAT), there were electrical and gas safety certificates available and lifting equipment in use at the home had been subject to Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks, to ensure the items were safe to use. This meant people were protected from risks related to the environment because the provider carried out appropriate checks and assessments. People's care plans contained risk assessments related to the delivery of care. For example, one person was noted to be at a higher risk of falls. Actions points included that staff should limit "clutter" in their bedroom, that the person should be observed when mobilising and that they should be encouraged to wear their glasses to ensure their vision was a good as possible.

At the last inspection of the home in July 2015 people told us they felt safe living at the home and the provider dealt with any safeguarding issues appropriately. At this inspection we found safeguarding issue continued to be monitored, recorded and reported appropriately by the provider. People and relatives told us they felt they or their relations were safe living at the home. One person told us, "Yes, I feel safe here. I can't think of any reason I would not." A relative commented, "There are no problems here. I think they are definitely safe." Staff told us, and records confirmed they had received training in relation to the safeguarding of vulnerable adults. Staff said they would report any concerns to the manager, deputy manager or one of the nurses on duty. They said they were confident any issues raised would be dealt with appropriately. We had been contacted by the provider a few days prior to the inspection over a potential safeguarding matter. The provider had taken all appropriate steps, contacted the appropriate authorities and had followed the advice given.

The deputy manager demonstrated how she continued to monitor accidents and incidents at the home and carried out reviews of the number of falls within each month and any action taken. Accidents and falls were recorded individually, to help monitor the number of individual events to help identify any issues related to people's health. This meant the home continued to record and monitor accidents and incidents to ensure appropriate action was taken, where necessary.

The deputy manager told us the home currently had 48 people living there, 41 of whom were identified as having some form of nursing needs. She said two people had particularly high nursing needs and were generally cared for in bed. Each shift was covered by 3 nursing staff and eight care workers. Two nursing staff worked on the general nursing unit and a further nursing staff member worked supporting people on the Orchard Unit, which supported people living with dementia. In additional there were a range of other staff members including domestic and laundry staff, kitchen staff, a designated trainer, activities worker and an administrator. The deputy manager told us she and the registered manager were at the home on most days throughout the week. People and relatives told us they felt there were enough staff at the home to support people with their needs. One person told us, "One the whole it is okay. You could do with more when people let them down at short notice; but you get that all over the place." Some staff stated they could be rushed at busy times but overall they felt there were sufficient staff on duty. We observed there were always staff around the home and that they regularly checked on lounge areas to ensure people were safe. This meant there were effective numbers of staff available to support people's needs.

At the previous inspection we noted the home followed appropriate procedures and processes when recruiting staff members to the team. At this inspection we found the home continued to undertake appropriate checks on staff before they started working at the home, including the provision of a Disclosure and Barring Service (DBS) check. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. The registered manager carried out regular checks on the registration of the qualified nurses working at the home to ensure they were fully registered with the Nursing and Midwifery Council (NMC). Nurses are legally required to maintain a valid registration with the NMC in order to practice. We noted staff files did not always contain evidence of a formal interview process, through the provision of interview notes. The deputy manager said formal interviews were undertaken, but that she did not always maintain detailed notes. She said she would look to do this in the future. This meant the provider continued to undertake appropriate staff recruitment.

At the inspection in July 2015 we saw the home was supporting people with their medicines in a safe and effective way. We noted at this inspection people continued to be supported with their medicines in a manner that was safe. Where people were prescribed creams or lotions then a body map was available to indicate where the creams should be applied. We observed nursing staff dealing with medicines and saw this was undertaken effectively and in a manner that supported people. We noted not everyone had a specific care plan for receiving "as required" medicines. "As required" medicines are those given only when needed, such as for pain relief. We spoke to the deputy manager about this and she told us she would ensure this was addressed straight away. This meant people were supported to receive their medicines in a way that was safe and effectively managed.

We found the home to be generally clean and tidy, with bathrooms, toilets and en suite areas effectively cleaned. Cleanliness in the laundry and kitchen areas was maintained to an appropriate level. Domestic staff had access to a range of equipment which was colour coded to ensure it was only used in designated areas. People we spoke with told us they felt the home was kept clean and tidy. We noted there were occasional odours on the Orchard Unit. The deputy manager told us she was aware of this and was looking at how this could be addressed by domestic staff and changed cleaning routines.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The deputy manager showed us the system she had put in place to ensure appropriate applications were made to the local authority where a DoLS may be appropriate to a person's care. Any DOLS granted were recorded and reviewed and, where necessary, further applications were made to the local authority. At the previous inspection we had noted it was not always clear that, where people could not made decisions for themselves, best interest decisions, in line with the MCA guidance, were undertaken. At this inspection we noted there was still a lack of clarity around best interest decisions and the action taken. One person was receiving covert medicines. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw that whilst the decision had been discussed with the family and the person's general practitioner, it was not clear other options had been considered and the least restrictive option chosen. Another person had bed rails in place, to help keep them safe during the night. Whilst the use of bedrails was an appropriate action the consent form had been signed by a relative, which is not in line with MCA guidance. We also noted two staff discussing the need for relatives of a person, without the capacity to make the decision for themselves, to sign a consent form for a person to receive the winter flu vaccination. We spoke to the deputy manager about this. She said consent forms were in place to demonstrate families had been told that best interest decisions had been made and the consent was not for the actual treatment or action. This meant we could not be sure that decisions taken around supporting people's health and care needs were taken in line with MCA guidance, because records did not reflect this.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

At the inspection in July 2015 we made a recommendation that the provider further consider how to adapt and develop the environment on the Orchard Unit to support people who were living with dementia. At this inspection we saw some changes had been made in that bathroom and toilet doors had now been painted a different colour to other doors on the unit to help them stand out. These doors also had pictorial signs on them identifying them as bathrooms and toilets. There were also a range of pictures and items on the walls to provide stimulation and interest for people as they moved around the unit. Individual room doors had personal and family photographs on them to help people identify their rooms. We felt this unit, which had improved, was not quite as 'homely' as the remainder of the home. We spoke to the registered manager and deputy manager about this. They said they had tried a variety of ideas to improve the homeliness of the unit,

but were also conscious that loose ornaments and other items could pose a trip hazard to people. They said they were still looking into other possible changes to improve the overall ambiance of the Orchard unit.

People and relatives told us they felt staff had the right skills to support hem in the daily lives and meet their particular care needs. One relative told us, "Nothing is ever any bother for them. They know what to do to help (relative)."

The home had a dedicated training co-ordinator who undertook all training or sourcing of outside training for staff at the home. They told us they really enjoyed their role and enjoyed finding out about new or different available training. They said they were well supported by the registered manager and deputy manager to ensure a full programme of training was established each year. They showed us a copy of the training programme that she had devised for the current year and said this was in addition to any mandatory training that was required, although the programme also included when mandatory training was provided. In addition to areas such as fire and moving and handling training we noted training had occurred, or was planned, for areas such as skin care, communications, person centred thinking and supporting people with Parkinson's. The co-ordinator told us they carried out checks and quizzes at the end of training to ensure staff had updated their knowledge through the training. They said they also did observations to check they were putting into practice the skills and knowledge provided. They said they also accessed some of the training provided through the local Learning and Development Unit and used outside professionals , such as the infection control team, to provide more specialist updating. Staff told us, and records confirmed they had undertaken a range of training and updating courses.

The training co-ordinator also told us all new staff were now completing the full Care Certificate. The Care Certificate is a national set of standards that care workers are expected to meet before fully providing support and care. Personnel records from recently employed staff contained documents showing all areas of the Care Certificate had been covered as part of an induction process. At the previous inspection we had seen staff were supported through the use of a supervision process and annual appraisals. At this inspection staff told us, and records confirmed staff continued to have access to regular supervision and annual appraisals. Supervision occurred approximately every two months and included observed practice sessions. This meant staff were supported to update their skills through access to regular training and frequent use of supervision sessions with senior staff.

At the previous in section we noted people were supported to maintain their health and wellbeing. At this inspection we saw this continued to be the case. On the morning of the inspection we saw the home had been visited by a local dentist. The deputy manager told us they the dentist visited the home regularly and carried out checks and treatment, or arranged for new dentures to be provided and fitted. People's care records showed they had been supported to attend local hospital or out-patient appointments, or that a local general practitioner had been consulted. For example, we saw there had been a concern about how the person was reacting to a particular medicine and a general practitioner had been contacted for advice and the medicine temporarily stopped. One relative told us, "If (relative) needs a doctor, they get one in straight away. They are very good like that."

People and relatives told us they were generally happy with the range and quality of the food provided. Comments from people included, "I have a fried breakfast some mornings. I really enjoy that" and "If there is anything that you don't like they will get you something else. I've had omelette, fried eggs and baked potatoes. They get it for you no problem." One relative, whose relation required specialist help with nutrition, told us staff supported them well and they had no concerns about the help they received. We spoke with the chef who was working in the kitchen on the day of the inspection. He told us he received information about people's dietary needs. He said he also knew individuals and so had a good

understanding of people's particular likes and dislikes. People's care plans contained an assessment of their dietary needs and likes and dislikes. Personal information, such as preferring tea with one sugar, was also covered in facts about the individual. Care plans also contained a Malnutrition Universal Screen Tool (MUST) assessment and, where necessary, people had their weight checked. MUST is a nationally recognised system for monitoring and reviewing people's nutrition intake and any risks associated with nutrition. This meant people were supported to maintain a health intake of food and fluids.

Good

Is the service caring?

Our findings

People and their relatives told us they were well cared for whilst living at the home. Comments from people included, "The girls keep us cheery. They are always happy and keep us going" and "You get looked after well here. There are very good staff here." A relative told us, "The carers are nice; like a family. They look after me as well. They are all very kind."

We spent time observing care and saw staff approached people in a respectful, patient and friendly manner. Staff took time to speak with people as they were passing and we noted several conversations between people and staff about their family or visits out that had occurred recently. Domestic staff chatted with people whilst cleaning their rooms and enquired if they were alright. Staff working on the Orchard Unit, which supported people living with dementia, were patient and took time to assist people who were sometimes disorientated, speaking slowly and clearly to them and leading them gently when looking to support them with personal care.

The deputy manager told us all the people living at the home had a range of particular and personal needs, but no one had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied namely; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. People we spoke with told us the home supported them to continue to celebrate their religious beliefs with access to outside services or through a religious event held at the home. Records showed the topic of equality and diversity and its implications for care at the home had been discussed in staff meetings. This meant people's right and freedoms related to equality and diversity were respected.

People and relatives told us staff supported and respected their dignity and privacy. We saw staff always knocked when entering people's rooms, including domestic staff when they were looking to tidy people's rooms. One relative spoke with us about the personal care their relation received and that staff took time to ensure it was delivered both appropriately and with due respect for the dignity of the individual.

People and relatives told us they were involved in determining their care or that of their relations. Care records showed there were at least annual reviews when people and relatives were able to offer their views on care delivery and any changes in need. One relative told us how their relation could make decisions, but this needed to be done in a particular way, but that they were involved as much as possible. One person told us, "Staff sit down and ask about my care and ask about what I like." A relative told us, "They would speak with me about (relation's) care or phone another member of the family." Relatives also told us they were kept informed if there were any changes to a person's conditions or a significant event occurred, such as a hospital appointment. The deputy manager told us no one living at the home was currently accessing an advocacy service. We noted that where applications had been made for DoLS, then people had been seen and assessed by an independent mental health assessor (IMCA) before a decision was made. An IMCA is an independent person who ensures that where DoLS or similar such applications are made there is an independent review of the person's needs and their views, if they are able to express them. They ensure that the voice and the needs of the person concerned are always paramount.

The deputy manager told us they supported people with end of life care. We saw people's care plans contained information about their end of life wishes and that these were reviewed to ensure they were still current.

Good

Is the service responsive?

Our findings

People and relatives told us staff were responsive to their needs. Comments from people included, "If you buzz there is always someone to come and help" and "Nothing would make this place better. The staff will do anything for you." A relative told us, "Nothing is any bother for them." One relative talked about how the home had helped source equipment to improve the care delivered to their relation.

One person told us about the support they had received from staff in relation to their mobility. They told us that when they first came to live at the home they had been unable to walk. They said staff had supported and encouraged them to walk during the delivery of care. They said it had taken time but they were now able to stand and take some steps, with the support of a walking aid. They said it had delighted them greatly that they were able to impress their family on one visit by standing up and walking to the door of their room.

Care records showed people's care needs had been subject to an assessment prior to them coming to live at the home. There was also clear information about people's personal preferences. Care records contained a one page personal profile which detailed important day to day information, such as people's preferred form of address, how staff could best support them and any particular likes or dislikes. We saw these one page sheets contained information about people having some hearing difficulties, what time people liked to rise in the morning and whether they had sugar in tea and coffee. One record reminded staff a person didn't like bright lights.

Assessments and care plans followed an 'Activities of daily living' programme, which included looking at people's communications needs, any breathing difficulties, capacity and end of life wishes. Risk assessments were linked to issues from the assessments, such as people needing to use bedrails when sleeping, or using frames when walking. There were also regular monthly reviews of people's skin integrity, nutrition and weight and any issues with pain or discomfort. Some care plans were highly personal and contained good detail about how staff could support the person. Care plans for people living on the Orchard Unit contained good information about how staff should support people if they became distressed. One care plan, for a person whose capacity fluctuated and was not always able to verbalise their needs contained information about the behaviours or facial expressions staff should look for to indicate a person was in pain. Other care plans were more standardised and contained less information about the person as an individual and used standard statements. We spoke with the deputy manager about care plans and she told us she would review the plans as records were reviewed and updated.

We saw that where there were any concerns or issues with people's health or care then staff used a formalised assessment tool to help determine the action that needed to be taken and record the outcome. For example, one person was noted to have had swollen legs following a recent change in medication. The nursing staff at the home had contacted the person's general practitioner and a change in medication had been prescribed. Another person had become upset prior to attending a hospital appointment. Staff had contacted the person's general practitioner and an alternative action had been taken. Situational assessment forms were used to review changes in people's demeanour, changes in appetite and where interventions such as blood tests were not always possible.

Care plans were reviewed on a regular basis, although we noted some of the review comments were often limited. We spoke with the deputy manager about this. She told us that for some people, where their health or care needs did not change rapidly or significantly, it was often difficulty to write in detail. She said some organisations involved in people's care preferred monthly reviews, even if there is little to report. She said she would look at how to make the review process more meaningful for people whose need did not fluctuate. This meant people's needs were assessed, detailed and reviewed. Where changes or action needed to be taken this was carried out and documented.

At the previous inspection we saw a range of activities were available for people to participate in. At this inspection people confirmed activities continued to be offered. One person told us, "There were eight of us playing dominoes yesterday. It was good – hilarious." People also told us that there were trips out in the home's minibus and that they had visited local towns, garden centres and beauty spots. We witnessed a group of people participating in a session of carpet bowls. The home had recently purchased a puppy that was to become the home's own pet. We saw most people were enamoured with the animal and took great delight in petting it and stroking it. The deputy manager told us a local PAT (Pets as Therapy) dog would still visit the home as it was a firm favourite with people. On the day of the inspection we did not see any activities being undertaken with people living on the Orchard Unit, although the deputy manager said individual sessions were provided. This meant there were a range of activities to help stimulate people's interest and maintain their social interactions.

People told us they were assisted to make choices about their care. They told us they could choose what meals they wanted, including alternatives to the main menu and whether they spent time in communal lounges or time in their own rooms. We saw people had been able to choose to decorate their rooms with personal items, photographs and ornaments to make the atmosphere as homely as possible.

People and relatives were aware of the complaints procedure at the home. People we spoke with told us they had not made a formal complaint, but would speak with the registered manager or senior staff if they had any concerns. One person told us, "I am happy with the care. I have not had need to complain about it. If I did I would speak with the matron." A relative told us, "I've never had to make a complaint. If I did I would see (registered manager), (deputy manager) or one of the nurses and I'm sure it would all be sorted straight away." The deputy manager said she and the registered manager were frequently available at the home and so could deal with any concerns early to try and prevent them escalating to the complaint level. We witnessed an exchange between a person and the deputy manager regarding an item of clothing that had been lost during laundering. The deputy manager readily agreed to compensate the person for the lost item and then extended the matter, saying she would arrange for the activities co-ordinator to take her on a shopping trip to purchase a new item, but also afford the opportunity to look for additional items of clothing and enjoy a trip out. This approach quickly turned a potentially negative concern into a positive and beneficial outcome for the individual. The person was very happy with this outcome. The deputy manager told us there had been no recent formal complaints. We saw that past complaints had been dealt with appropriately. This meant people were aware of home to raise a concern or complaint, if they needed to do so.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since October 2010. The registered manager was also the registered provider for the location. The registered manager/ provider and the deputy manager were present and assisted with the inspection on the day we visited the home.

The deputy manager showed us the range of quality audits and checks they had in place at the home. These included checks on medicines, care records, cleanliness and the general fabric of the environment. However, quality checks had failed to identify that decision making processes, where people did not have capacity to make decisions themselves, were not fully in line with MCA guidance.

We saw at the start of the year the registered manager and the deputy manager held a "strategic" planning meeting to help determining the priorities for improving and developing the service in the coming 12 months. The strategic review had identified a range of issues, including need to review documentation and considered the purchase a range of new equipment. The deputy manager demonstrated how the programme for new equipment had been put into practice. The plan also identified a range of improvements to the fabric of the building and we saw this programme was being followed.

People we spoke with told us they knew who the registered manager and deputy manager were and were able to speak with then if they wished. One relative told us, "The owners are top class. Nothing is too much bother for them." We saw there were regular 'residents' and relatives'' meetings. Items such as access to monthly church services and communion events had been discussed.

A 'residents'' questionnaire had been conducted in March 2016. Ten people had responded. Responses indicated people were happy living at the home and happy with the meals provided, including alternative options. A relatives' and visitors' questionnaire had been completed in February and March 2016. There had been seven returned questionnaires, all of which were overwhelmingly positive about the home. The questionnaires indicated relatives felt the staff were polite, the home clean, that they were involved in discussions about care and could visit the home at any time.

Staff we spoke with told us the registered manager and deputy manager were supportive and approachable. Comments from staff included, "(Registered manager) and (deputy manager) have been brilliant with me; I like working for them"; "(Registered manager) is firm but fair. They will always listen to both sides of the argument"; "I am well supported by (registered manager)" and "(registered manager) and (deputy manager) are nice people to work for. I like it here very much."

A range of meetings took place including a review of activities and events at the home and general staff meetings. We saw a range of issues were discussed including the importance of keeping documentation up to date, the importance of supporting people to maintain good fluid intake and the importance of infection control and cleanliness. Staff we spoke with told us they could raise issues for discussion in these meetings and there was always a full discussion about the topic, which they could contribute to. This meant there

were systems in place for people, relatives and staff to contribute to the running and monitoring of the home.

The deputy manager told us she and the registered manager continued to work together well and utilised each other's strengths. She said she concentrated on the clinical aspect of care delivery whilst the registered manager supported the business and operational elements.

With the exception of the care plans review notes sometimes being brief and limited we found records at the home contained good detail and were generally up to date.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent Systems were not in place to ensure that where people did not have the capacity to consent to care and treatment the provider acted in accordance with the Mental Capacity Act (2005). Regulation 11(1)(2)(3).