Denville Hall

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 30 and 31 May 2018 and was unannounced.

Denville Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is registered to accommodate up to 40 older adults. At the time of our inspection 30 people were living at the service, with one person in hospital. Accommodation was provided on two floors and there was a separate unit which specialised in providing care for up to 15 people living with dementia.

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

The last inspection of the service was on 5 and 11 September 2017 when we rated the service Requires Improvement for the key questions, 'Is the service safe, effective, responsive and well led?' and we rated the service overall as Requires Improvement. At the last inspection, we had found four breaches of Regulations which related to safe care and treatment, staffing, person centred care and good governance. We asked the provider to complete an action plan to tell us what improvements they would make at the service to improve the key questions to at least good. They told us they would make the necessary improvements by 31 January 2018.

At this inspection on 30 and 31 May 2018 we found that there had been some improvements. However, the service remained Requires Improvement in two key questions, 'Is the service safe and well led?' and overall.

We saw many improvements with how medicines were being managed. However, staff needed to be more vigilant in ensuring they recorded when they applied prescribed creams to people during personal care. The provider did not also have effective arrangements to review and address safety alerts that are communicated to care services via the national patient safety alerts. Where the provider had noted that appropriate window restrictors were not in place to help reduce the risk of falling from height, they had not always acted in a prompt manner to resolve the issue. We saw food items in the fridge with no dates of opening to help protect people from the risk of eating unsafe food. The registered manager addressed these issues promptly after we pointed these out to them.

The registered manager had introduced a number of audits and checks on various aspects of the service. We saw for the most part action was taken when areas for improvement were identified. However, when quality assurance processes were not robust enough which led to issues not being dealt with in a timely manner. Although people and relatives could give feedback about the quality of the service, there was no evidence that a formal satisfaction survey had recently been carried out.

Feedback on the service from people using the service, relatives and professionals was positive. We observed staff were caring and treated people with dignity, compassion and respect. Staff were knowledgeable about people's interests and needs.

People's care records had improved and, other than one detail which was inconsistent for one person and was addressed during the inspection, the information about people was up to date. Risks had been identified and ways to minimise harm to people had been recorded. Where possible people contributed their views on the service and gave feedback on how they wanted to be supported.

The staff told us they felt well supported. They had the information and training they needed to care for people. The staff felt the service was well managed and had opportunities to discuss their work and any concerns they had with the registered manager. There was an open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

People and relatives were aware of their right to make a complaint if they had any concerns.

The service continued to have an accreditation from Dementia Care Matters who had set up the 'Butterfly project'. This had been introduced and implemented the unit where people living with dementia resided. This project encouraged staff to help people using the service to express themselves and for staff to reflect on how to support people and see them as an individual.

The provider was acting in accordance with the Mental Capacity Act 2005. People's mental capacity was assessed when their care was planned. People had been asked to consent to their care and treatment and the staff understood their responsibilities under the Act. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

People were protected by the provider's arrangements in relation to the prevention and control of infection. The environment was clean and free of hazards and staff had specific training in this area.

People's health and nutritional needs had been assessed, recorded and were being monitored. People had access to healthcare professionals as they needed, and their visits were recorded in people's care plans.

People had access to a range of social and leisure activities. There were a range of organised events and people had opportunities to participate in these as well as individual and small group activities. Visitors were welcome at the home at any time and told us they were kept
informed about changes to their family member's health or wellbeing.

There were enough staff to meet people's needs and keep them safe, and they had been recruited in a suitable way.

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.

People safely received their medicines, although, staff did not always record when they had applied prescribed creams to people during personal care.

There were health and safety checks in place and action was usually taken when problems were identified but not always in a timely manner.

The provider had systems in place to manage incidents and accidents and took appropriate action where required to minimise the risk of reoccurrence.

Staff recruitment files contained the required information about employment checks, to show that only suitable staff had been recruited to work at the service.

There were systems designed to protect people by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and these were regularly reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People had regular access to healthcare professionals.

Is the service caring?

Good

The service was caring.

Feedback from people and relatives was positive about both the staff and the management team.

People and relatives said the care workers were kind, caring and respectful. Our observations showed that staff supported people in a patient way.

People and their relatives were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to the information in people's care plans. They included more person -centred details.

There continued to be a wide range of activities on offer for people. There was a designated staff member who had made positive steps in improving people's lives, offering them the chance to engage in activities that interested them.

People using the service and their relatives knew how to raise concerns.

People's wishes and plans for their end of life care were respected and their needs were met in accordance with their preferences.

Is the service well-led?

Requires Improvement

Some aspects of the service were not always well led.

Whilst there had been improvements in recording audits on the various aspects of the service, these had not always been effective in addressing issues in a timely way.

People, their relatives and staff team found the management team to be approachable and supportive.

The provider worked with other agencies, including the local authority to monitor standards in the service.

Denville Hall

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 30 and 31 May 2018 and the first day was unannounced.

The inspection team included two inspectors, a member of the medicines inspection team 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.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report, the provider's action plan in response to this, notifications from the provider and information from external sources (such as people using our share your experience web forms). Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We spoke with representatives from the London Borough of Hillingdon who visited the service to undertake quality checks.

During the inspection visit we spoke with ten people who used the service and visiting relatives of six people. We observed how people were being cared for and supported. Our observations included using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not speak with us. We spoke with the registered manager and other staff on duty, who included nurses, care workers, the activities co-ordinator, catering staff and an administrator.

Our inspection included observations of the environment. We also looked at the care records in detail for four people who used the service and part of the care records for a further three people, the staff recruitment records for three members of staff, records of staff supervisions and training and other records used by the provider, for example meeting minutes and audits. We inspected how medicines were being managed.

At the end of the inspection we gave feedback about our findings to the registered manager.

Following on from the inspection we emailed and received responses from three health and social care professionals with their views on the service.

Requires Improvement

Is the service safe?

Our findings

At the inspection of 5 and 11 September 2017, we found that there needed to be improvements in the management of medicines. There were some people prescribed 'as required' (PRN) medicines and protocols had not been in place regarding when and why to give these medicines to people. There were some gaps on the Medicines Administration Records (MARS) where staff should have signed if they had given people their medicines. For people who might find it difficult to express if they were in pain and required pain relief there were not always pain assessment documents in place. There had been a lack of medicines training and competency assessments of nurses to ensure they continued to support people to receive their medicines safely. There had also been limited medicine audits that were carried out to check that people were safely receiving their medicines.

One person using the service told us, "I am given medication on a regular basis and it all seems organised but I am taking a lot of pills and have discussed it with the doctor to see if they are all necessary." A second person confirmed, "They give me my daily medication on time."

At this inspection we found there had been improvements in the management of medicines. Protocols were in place to guide staff on prescribed and homely remedies to be given as needed. One person was not able to say when they were in pain, so the protocol for paracetamol for occasional pain included the need to monitor their facial expressions. Nursing staff had undertaken training on medicines management, and the registered manager had carried out competency assessments to ensure nurses supported people with their medicines appropriately.

We saw medicine audits were in place, and according to the action plan submitted to the Care Quality Commission (CQC), these would be carried out daily, monthly and quarterly to monitor the safe management of medicines. However, the registered manager informed us that daily checks had not been implemented as they deemed the weekly, monthly and quarterly checks were sufficient. The in-house monthly audits had also not always been carried out but the manager explained that on these occasions there were medicines audits that were carried out by the community pharmacy attached to the service and a pharmacist working for the Clinical Commissioning Group (CCG). The registered manager had implemented a weekly check of a sample of medicines and any issues were noted. They confirmed the findings of these checks were fed back to all staff so that they could learn from any problems found.

During the first day of the inspection there was no evidence that the provider had a process in place to receive and act on national patient safety alerts, these are issued by NHS Improvement to warn the healthcare system and services of risks. For example the alert issued by NHS England in 2015 on thickening powders used for people with swallowing difficulties. Services were advised to put processes in place to manage the risk of asphyxiation if the dry powder is accidentally swallowed. Staff were not aware of the risk and did not have processes in place to protect people from the risk of accidental ingestion, as tins of powder had been left in bedrooms and in the kitchen area. The thickening powders were stored more safely during the inspection visit and were not out and available on the second day of the inspection. The registered manager told us nurses were informed of the safety alerts but that they would ensure copies of these were

more clearly available on both floors.

Prescribed creams, such as emollients for dry skin were stored in people's rooms and applied by care staff while supporting the person to wash or dress. Staff had access to written instructions on how to apply the creams but did not always record when it was done. We saw three gaps relating to one person on the cream charts for May 2018. This issue had been identified during an external audit and an additional check by a second staff member had been introduced. We fed back the findings to registered manager who confirmed all staff would be reminded to record when any creams had been applied.

There was good communication with the GP and the community pharmacy to make sure that prescriptions were reviewed regularly and medicines were available as needed. Some people had medicines given covertly and assessments had been carried out in discussion with relatives and health professionals to make sure the decision was in the person's best interests. When medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink, it is described as covert administration.

We saw a nurse supporting a person to check their blood glucose levels and administer their own insulin. Although the person knew the dose of insulin they needed, we saw that the nurse checked the current prescription and explained to the person that they needed to be sure because of the risks associated with this medicine.

There were procedures in place to make sure that people received their prescribed medicines which were correctly followed. The Medicines Administration Records Sheets (MARS) we looked at included information about allergies and a photograph of the person to make sure they were correctly identified. Details of how the person liked to take their medicines, for example on a spoon or with orange juice, had been recorded. Other than the recording issue with the creams being applied, staff had completed the MARS to show that medicines were administered as prescribed. Medicines with frequent dose adjustments such as warfarin were correctly recorded in line with instructions from the doctor.

We asked people if they felt safe living in the service. Comments from people included, "Yes, I feel safe here" and "For sure I feel safe here." One professional told us, "The carers were very positive and showed a proactive attitude towards patient's care and prevention of harm."

All the staff we spoke with confirmed they received training in safeguarding and whistleblowing and this was kept up to date. They understood the processes to follow to report any concerns. Staff confirmed, "I would report physical and verbal abuse, financial abuse and potential sexual abuse. If there was a grade three pressure ulcer I would send a notification to the CQC," "If someone was abused I would report to the manager straight away." [If it was not dealt with] "I would call the Care Quality Commission (CQC) or social services" and "If something happened I would report to the manager, if it was something that needed immediate action I would report to the Police. If nothing was done I would report to the CQC." There had been no safeguarding concerns since the last inspection in September 2017.

Assessments had been completed to identify areas of risk to an individual so action could be taken to mitigate them. These included assessments of risks related to moving and handling, nutrition, falls and developing pressure sore ulcers. We saw that for one person the care records noted they needed to be re-positioned every four hours and in other documents it was noted as every two to three hours to minimise the risks of pressure ulcers developing. Staff we asked all stated it was every four hours and the nurse reviewed the records and showed us on the second day of the inspection that information had been updated to be accurate and consistent. The service used an electronic system to record risks which enabled

them to update records quickly if people's needs changed.

There continued to be arrangements to protect people in the event of a fire. These included individual emergency evacuation plans detailing the type of support the person required and the number of staff needed to assist them. There was a fire risk assessment for the whole service available with recommendations being addressed. Checks were carried out on the fire safety equipment. There were also other checks on the environment, equipment used, health and safety and cleanliness. We identified that during May 2018 health and safety checks it was found that there were window restrictors missing or not working in five of the bedrooms, which the registered manager told us they had not been made aware of.

On the 4 June 2018 we contacted the maintenance manager who confirmed that all windows had been fitted with the necessary restrictors to minimise the risks of falling from a height. We saw evidence sent to us that checks had been carried out on all windows following on from the inspection with no issues identified. We talked with the registered manager about making sure faults were fixed in a timely manner to prevent people being placed at risk of harm. They confirmed they would meet with the maintenance staff members each week to look in more detail at the results of the health and safety checks so that issues could be acted on quicker.

People were protected by the prevention and control of infection. A member of staff told us, "I monitor the housekeeping, print the cleaning schedule and monitor the staff" and "I tell staff, cleaning is very important. Everything is colour coded mops, clothes and buckets. If someone has an infection we clean their room last and use a yellow equipment only for that person." Staff had been trained on this subject to understand the importance of good hand hygiene, cleanliness and supporting people with infections. The staff wore protective clothing, such as aprons and gloves, when supporting people and these were appropriately disposed of. The massage therapist who visits the service on a weekly basis was complimentary about the standard of cleanliness in the service. They described, "I spend most of my time in client's bedrooms which I note are always immaculate. Beds are always nicely made, clean bin liners in bins and even when I pull the beds out to work from both sides I am always impressed how clean it is under the beds."

We found that the fridge on the ground floor had unlabelled food items. There were three bowls of sauces and chutney that were covered with cling film and not dated. There were also undated jars of jams. Whilst we were with the staff member they realised there was a problem as they opened the door and threw the items in the bin. They said they always reminded their colleagues to date and label food containers and we fed this back to the registered manager for them to also monitor this to minimise this occurring again.

We viewed the staff rota for the downstairs unit. There were occasions when an agency staff member worked on shift, usually to cover annual leave or sickness, but these staff had worked in the service before and were familiar with it. People confirmed if they used the call bell staff came quickly. Comments included, "If I press the call bell the staff come straight away" and "I've never had need to the call bell but I am sure the staff would come if I pushed the button." During the inspection we heard the call bell going off for only short periods of time indicating staff attended to the person quickly. A relative confirmed to us that "The ratio of staff is good most of the time." A professional told us, "There is always enough staff to meet people's needs whenever we were at the home."

Most staff said there were enough staff, although two staff members said they felt another member of staff working with them on shift would help as some people required one to one support. We fed this back to the registered manager who confirmed they regularly checked people's dependency levels and that most of the people living in the service did not require much assistance to mobilise, prepare themselves for the day or with eating their meals.

The records of staff who had been employed showed that the provider undertook appropriate checks on their suitability, which included checks on their identity and eligibility to work in the United Kingdom, a full employment history, where possible, references from previous employers and checks on any criminal records from the Disclosure and Barring Service. There was evidence of the interviews that had taken place and the registered manager confirmed they checked on applicant's literacy skills as part of the interview process. The registered manager also received a profile of any agency staff used so they could see what training the person had completed and that they had a current DBS check.

There was some evidence that lessons were learnt when things went wrong. The registered manager reviewed incidents and accidents every month to see if there were any trends that they needed to investigate and where necessary make improvements for people using the service. We saw no patterns had been identified so far with the incidents and accidents that had occurred. The registered manager had to feedback to the local authority on the number of falls they had each month and no issues had been flagged up via them.

The registered manager held regular meetings with the heads of each department at the service where they discussed any concerns and shared ideas about how improvements could be made. We were aware that following on from the CQC inspection, the registered manager produced an action plan so that they could see where improvements needed to be made. Considering the above findings, we talked with the registered manager about ensuring they have documented what is discussed with the nominated individual so that there is clearer evidence on what has been talked about and what steps are going to be taken to ensure areas requiring improvement are addressed in a quicker way.

Good

Is the service effective?

Our findings

At the inspection of 5 and 11 September 2017, we found a lack of evidence that new staff had received an induction to work in the service. Staff had also not received regular one to one or group support and supervision or an annual appraisal of their work. At this inspection we saw there had been significant improvements with the support all staff received. Staff had an in- house induction to the service when they started and shadowed experienced staff to get to know how the service operated. One staff member told us, "There was an induction workbook, it covered everything." Staff also received regular one to one and group supervision where they could discuss any problems and share good practice. Finally, we saw annual appraisals had taken place. "A staff member confirmed, "I have supervision every two months, [Registered manager] is very supportive, very nice. She supports me very much. I go to her and she listens to me."

We saw training had improved for the staff team. Training was now offered throughout the year on different topics. We saw from the staff training matrix and from viewing a sample of staff training certificates that staff had received training on a variety of subjects, such as fire safety, moving and handling and basic life support. The majority of this was face to face training enabling staff to share ideas and to directly ask questions to the trainer. A healthcare professional explained they had visited the service as part of the 'Stop the pressure campaign' looking at informing staff how to minimise people developing pressure ulcers. They told us, "Teaching sessions were facilitated by us and [the registered manager] was very proactive in arranging the sessions to meet the needs of staff." The registered manager had also arranged for the local authority's Deprivation of Liberty co-ordinator to visit the service to talk about the Deprivation of Liberty Safeguards (DOLS) and the Mental Capacity Act (MCA). This was to inform the staff team of current good practice and enabled them to ask any questions on these subjects. Therefore, there were continuous opportunities for all staff to develop their skills and knowledge with the support of external professionals where possible.

New staff to care work undertook training in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. More experienced staff had the chance to study for a nationally recognised qualification in social care and eleven staff so far had obtained various levels of this type of qualification and seven staff were studying to obtain this.

People's needs were assessed prior to their admission into the service. This was usually carried out by the registered manager so that they could determine if the service and staff team could meet the person's needs. A relative told us, "Yes, they [registered manager] assessed when [person using the service] was in hospital. I was involved but they also wanted talk with the person on their own." The assessment identified if people required assistance to live safely in the service, such as providing a sensor mat if the person was at risk of falling out of bed or wandering around the service.

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 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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

Where people lacked capacity, and were being deprived of their liberty, the provider had made applications under DoLS for thirteen people who used the service. They had a system to track when DoLS needed reviewing. Information from DoLS authorisations were incorporated into care plans and staff were aware of the two people who had conditions linked with the DoLS agreement. The provider had consulted with people's representatives if they did not have the mental capacity to make decisions about their own lives. People were supported to take part in reviews of their care plans and the registered manager informed us that they planned to hold formal review meetings for people and the people involved in their lives. This was being introduced so that there was a clear process for checking that the person's needs were being met and that any decisions made about the person's life involved them and the people who could legally be a part of the decision- making process. The registered manager had a record of whether people had Lasting Power of Attorney (LPA) for health and welfare which identified other people who could legally make certain decisions on their behalf.

Some of the people who lived at the service had dementia. The layout and design of the building met the recommendations of best practice guidance about environments for people living with dementia. For example, some of the walls were painted in bright colours and there was information to help orientate people to find their way around the building. People had personalised their bedrooms with their own belongings and furniture. Rooms were brightly decorated and the furniture was clean and in good condition. Good practice guidelines about environments for people living with dementia refer to interactive features in the environment and items which people can use, engage with or look at. These types of features were available at the service. In the main part of the service there were pictures and photographs of people who had worked on the stage, television and theatre which many of the people using the service would recognise and be able to reminisce as they might have worked alongside these people. We saw a refurbishment plan and the registered manager confirmed that bathroom floors in some bedrooms that had been identified as needing to be updated which we were told would be addressed to ensure people lived in a welcoming and suitable environment.

We saw people's health needs were noted along with how to meet these. One person using the service told us, "I never worry about my medical needs there is always help with my health needs," We saw from the records and from the feedback from people and their relatives that they were seen by various healthcare professionals as and when required. The staff reviewed nutritional assessments each month and people were regularly weighed. Changes in people's weight had been responded to by the staff making referrals to relevant nutritional professionals. We spoke with staff and they had a clear understanding of action to take if they had concerns about changes in people's weight. Fluid charts were recorded if the person was identified as being at risk of dehydration.

The massage therapist commented on how good people's skin was due to the care they received from the staff team. They commented, "I was amazed at the excellent skin condition of all of the clients I work with. From the very mobile to a client who is totally immobile, their skin is soft, moisturised and without sores." A second professional was positive regarding how staff met people's health care needs. They said, "Skin checks and skin care provided were accurate and reflected in the person's care plan. There was quite a lot of good practice noted in relation to nutrition, continence and repositioning."

Overall people commented favourably about the meals they received. Their comments included, "The food

has always been very good and I believe we have a balanced diet all the necessary nutrients" and "I eat evening meals in my bedroom that is my preference. The kitchen staff are great and very adaptable." A relative told us, "The food is excellent." However, one person told us, "I do think that food in the evening could be a little plainer sometimes it's too rich."

The chef demonstrated they provided a varied seasonal menu. They gave us an example that on the menu on the first day of our visit was, "Roasted garlic and summer greens soup," as this was in season. In the kitchen they had a good selection of fresh vegetables and fruit. The chef explained that they were experimenting with offering different foods in a variety of ways to people who were living with dementia. They had found 'finger foods' such as spring rolls and sausages cut into pieces worked well as people liked to pick up food from their plate. They also changed how they served fruit and now offered all fruit cut into bite size pieces and took grapes off the stem and put these in the centre of the table where people could help themselves. They had found people were now eating more fruit. People could choose from the menu or ask for an alternative meal. For those people who might struggle to choose what food they wanted to eat a staff member told us "If I'm serving the lunch I plate up two different meals and offer two plates to choose from." We observed this taking place and people responded well to being able to choose which meal they wanted.

We saw there had been improvements in how dietary information was recorded in the kitchen. The chef now kept clearer records that informed the kitchen staff about people's dietary requirements. People had a profile page titled, "Advice to the chef and catering staff." These contained relevant dietary information including, food allergies, food intolerances, if there was a special diet such as a low fat or gluten free diet. Additional information included the texture of food required for example a soft or a pureed diet. The profiles stated if people required a stated amount of thickening agent with their food or with their drink to avoid them choking on thin liquids. Other information detailed what cutlery and crockery people used and their food and drink preferences.

Good

Is the service caring?

Our findings

The overwhelming feedback was that the care home was a good place to live. Both people using the service and relatives commented favourably on the staff. Their comments included, "I think it's a marvellous place. Everyone working here is really hardworking and very kind [and] caring," "I do think that the reason why people live a long life here is because it is very good" and "The staff do their best to please." We also read compliments sent into the service from people who had stayed in the service and from their relatives. Feedback included, 'I had a wonderful break away and feel restored and stronger' and 'Staff were understanding, kind and caring.' A professional told us the service was "A caring environment."

People confirmed staff were respectful of their privacy. One person said, "The staff are always respectful and knock before they enter the room." We observed staff were discreet when people needed personal care. They spoke quietly to them and supported them to go back to their room in a dignified manner.

A relative described that they are informed when their family member is unwell. "They let you know and I look on ICare [the electronic system where all care needs and support provided was recorded]. I can see how they are doing daily. They [staff] also let me know what is happening." They told us when their family member went into hospital a member of staff that knew the person well went with them. They said, "[Care staff] went with them, and would have been there all night, [staff member] is amazing, staff in general are really good."

One relative said, It's very good here." Excellent care, [person using the service] is very lucky to be here with likeminded people, we know the majority of people, it is like a family." They confirmed they could visit at any time and were made welcome by the staff. Throughout the inspection we saw people received visitors and this was encouraged by the staff team.

We observed staff acted in a kind and thoughtful manner towards people. They chatted and joked with them. They noticed when people had become withdrawn and encouraged them to talk and included them in the activities. When people called out they responded quickly and reassured them. Staff spoke in an empathetic manner about people. One member of staff told us how they showed people they cared about them. Their comments included, "I try and be myself, I genuinely do care. I go face to face and crouch down by the person. I wouldn't like it if someone stood over me."

We saw the lunchtime period taking place in both dining areas on the first day of the inspection. Staff sat beside people and supported them at their pace. There was a relaxed and pleasant atmosphere. We saw other positive interactions between staff and people using the service. One person was waiting to have a medical intervention and appeared cross at having to wait. However, the nurse supporting this person explained why there had been a delay and the person was happy with this response. The nurse managed to cheer the person up and encouraged them to sing, which they liked to do. This showed the nurse, who was an agency nurse, but had worked before at the service, knew the person well and understood what would distract them and support them to feel happier.

A professional spoke highly of the staff and the interactions they had seen between people using the service and members of staff. They told us, "As an observer I can only compliment their [staff] cheerful and willing dispositions" and "I am always very impressed with the staff and their interactions with residents. There are obvious good relations and respect from both parties."

Some people could tell us that they had been involved in planning their care or that their relatives had. We saw some evidence of consultation with people in their care plans. There was information about their preferences and when they had made specific decisions. However, we talked with the registered manager that this could be further improved and made more obvious. They agreed they would be reviewing all the electronic documents and looking to ensure information was clear and accessible.

Good

Is the service responsive?

Our findings

At the inspection of 5 and 11 September 2017, we found that not all staff were confident using the electronic system to record people's care needs, the daily records and there was some inconsistent information recorded. Overall information on people's needs had not been easy to locate.

At this inspection staff told us they liked the electronic system as it was legible and easy to update information which we saw staff doing throughout the inspection. Overall, we found staff had completed records better than the previous inspection and were regularly writing updates during the inspection.

We found the information was person-centred and included people's individual routines and wishes. We read details such as, "Would like to have hair blow dried" and "Likes to wear nail varnish." This showed that people had contributed to how they wanted to be supported with their personal grooming. We noted there was good information about diverse needs, including their sexual preferences and people's partners, which were written in an affirming and non-judgemental manner. If people had a gender care preference for when they were being supported with their personal care this was recorded. Other details about people's health and social care needs were clearly recorded and included details such as how people expressed if they were in pain which was important for those people who might find it challenging in letting staff know when they needed assistance.

People had memory boxes on the wall by their bedroom doors which described their life, work and people they knew. We saw lots of photographs of people which was a real celebration of their achievements. This information also helped people find their bedrooms if they struggled in locating certain rooms.

We observed staff also handed over updates to each other when they changed shifts on how the people using the service had been that day. We saw a document that staff used where important information on people was recorded. This included if they had any allergies, if they used any aids to assist them to mobilise and if they were to be weighed weekly. This helped staff easily refer to a summary of information about each person which could be updated as and when people's needs changed.

A staff member gave us an example of where the staff team had made a difference to a person's life. They said the person had displayed their emotions in various ways which made it difficult to support the person. However, their medicines had been reviewed and they were taking far less than they used to and were now calmer and appeared happier. One professional told us that they had requested for a person's television to be moved to a different place as the person was having neck issues with where it had originally been located. They confirmed staff were responsive in quickly moving the television to a better place to avoid health problems.

Activities were arranged to suit people's preferences and requests. We met with the activities co-ordinator who arranged most of the activities. Everyone, except for one person, commented favourably on what was on offer for them each day. People's comments included, "There seem enough activities and I get involved what I choose to get involved in, "There are enough activities if I want to keep busy" and "There are plenty of

things for me to do I like painting and I use the art room most days." There was plenty of evidence that activities were based on people's abilities and interests. The activities co-ordinator said one of the most popular sessions was the poetry group. There had been an increase in numbers attending this group which showed this tapped into what people enjoyed. Each week people were given a brochure on what was on offer, this included noting the films being shown that week and if there was a national theatre play being shown live in the theatre room. Some sessions were run by external people, such as exercise classes, pet therapy visits and massage. The service also had a bar which was open at different times of the day for people to enjoy a drink and socialise with others. People living in the unit specialising in supporting people living with dementia held their own activities but also ensured they went out into the main part of the home to meet different people and where possible take part in some of the more general activities. Although the service did not have its own transport, people did go out of the service and access community places. The registered manager took one person swimming several times a week in the morning as this was an activity that the person really liked to do and needed support to access the local swimming pool.

We saw there had been no complaints recorded since the last inspection and the registered manager confirmed there had been no formal complaints. People were confident that they understood how to make a complaint. Their comments included, "I would have no problem complaining if needs be. The manager is quite approachable," I would have no worries about complaining if I needed to" and "I know the manager and she is very approachable I wouldn't have a problem approaching her with anything I am not happy with." A relative we spoke with said they would feel comfortable making a complaint, however they had never needed to.

The provider had records showing if there had been discussions with people using the service, their representatives and other professionals about specific wishes at the end of their lives. A relative gave positive feedback on how their family member had been cared for at the end of their life. They had sent in comments to the registered manager and had said, 'Thank you for all the wonderful things you have all done to make [family member's] last stage of life comfortable and worthwhile.' There was no-one receiving support with end of life care at the time of the inspection.

We saw that forms used to state that people should not be resuscitated in the event of their heart stopping (DNAR forms) had been completed within the last twelve months and for all bar one we saw that people or their representatives had been consulted or had agreed to this. The forms had been completed by the person's GP and in some cases instead of having a timescale to review if this agreement was still relevant to the person we saw the GP had written 'indefinite' to imply this decision did not need to be reviewed again if they felt the person's needs would not change or improve. The registered manager confirmed the GP visited weekly and had agreed to review the DNAR forms so that they always included the person's wishes and/or their representatives and where relevant the decision would be reviewed once a year.

Requires Improvement

Is the service well-led?

Our findings

At the inspection of 5 and 11 September 2017, we found that there was a lack of formal recorded checks and audits on various areas of the service, including medicine audits and accident and incident checks. The registered manager had only been in post a short time at the last inspection and had been in the process of establishing new quality assurance checks. At this inspection we found some improvements had been made but there was still room for further improvements.

We saw systems and processes had been developed to review and monitor the quality of the service provided. For example, there were spreadsheets in place to record when staff had received supervision and when staff last had a Disclosure and Barring Service (DBS) check carried out. There were also audits for checking the standard of catering services and housekeeping. There were documents to monitor when Deprivation of Liberty authorisations were received and when the applications were due again. Each person's records and experience of living in the service was looked at approximately once a month to ensure the person's records were reviewed on a regular basis and that any problems with their bedrooms, meals or any other aspect of their lives was checked.

We discussed with the registered manager the need for looking more closely at how improvements would be prioritised as there had been delays in fixing some of the areas of improvements that had been identified during audits. For example, three audits, the first one in September 2017, had identified that there was a problem with the locks on two medicines cupboards and we were told via email that these had been fitted with appropriate locks, but this was only addressed shortly after the inspection. There had been issues in fixing the window restrictors as soon as the issue was picked up during an audit in May 2018. We discussed with the registered manager about making sure any problems had clear action plans in place with appropriate timescales to resolve the issues. In addition to the above, we had also found that the checks carried out in the home had not always identified that food items were not always labelled with a date of opening when stored in the fridge.

At the time of our inspection, many of the above noted audits were carried out by the registered manager. There had been for some months a clinical lead vacant post who would have assisted the registered manager in carrying out some of the quality assurance checks. The registered manager informed us that they were seeking a suitable person to fill this role who could then help them. Although several checks such as catering, housekeeping and health and safety audits were completed by members of staff, the registered manager also carried out their own checks to ensure staff were carrying out their duties and that there was effective monitoring of the service.

People contributed their views on the service through daily discussions with staff, having meetings specifically held for them to share their ideas and give feedback on the service and by making individual decisions about how they want to be supported. The registered manager told us they planned to offer another meeting for relatives in 2018 so that information could be shared in a group. A relatives meeting had been offered in 2017 but the registered manager said the numbers available to attend had been very low. The registered manager had regular contact with relatives and some did not live local to the service and

therefore received updates via email or telephone calls.

The registered manager confirmed that they had not obtained feedback on the service through satisfaction surveys. They told us these would be given to people and staff in 2018 and the results would be analysed so that they could see where the service was working well and where alterations needed to be made.

Feedback on the registered manager and the culture of the service was positive. A relative said the registered manager was "approachable". A member of staff told us, "It is a breath of fresh air, everything here runs smoothly" and confirmed they thought the management team were well organised. Another said, "I've not often had to go for support to [registered manager], but they would get the help I needed. The Trustees also, [trustee's name] has come to see me. They are very approachable as a company." One professional told us, "I find [manager] friendly, approachable and informed about the residents." Another professional said, "Home is very well managed, staff are happy and residents seem happy as well."

The registered manager had worked at the service since June 2017. They had a management in care qualification and used to be a registered nurse. They were in the process of studying for a leadership and management qualification. They kept themselves updated with best practice and changes in legislation by attending conferences and liaising closely with other organisations and subscribing to updates relating to health and social care provision. They met monthly with the trustees and saw the nominated individual on a regular basis to provide updates to them.

The Nominated Individual carried out visits and spent time talking with people using the service and the staff team. Their reports did not clearly show which records had been checked during these visits, although we were told they did on occasions looks at various records. We spoke with them about making their checks more obvious when writing up the findings of their visits. Although they did not have a background in social care we talked with them about checking that audits had been carried out and if action plans were being followed so that they were directly monitoring the service. We did note that the registered manager was not being supported by anyone with a background in adult social care and that this could be provided to ensure they received the type of support and guidance they needed to carry out their role successfully.

The service had been reviewed by Dementia Care Matters in November 2017 to see if the support and care people received still followed the ethos of the butterfly project, which stemmed from this organisation. The unit for people living with dementia had been accredited by this project and organisation. The registered manager prior to the inspection confirmed to us that the service had achieved level 1 as the service was deemed to provide exceptional person- centred dementia care of the highest quality. We saw staff were committed to the project and understood how to support people with different expectations and needs.

The registered manager and staff team worked with external professionals in people's best interests. A member of staff met with a visiting professional during the inspection to look at reviewing a person's needs. This showed staff contributed their views on the person's progress and understood people's needs well. A professional told us that the feedback on the service that they received from the people using the service and the staff team was only positive.