

Twinglobe Care Homes Limited

Aspray House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This inspection took place on the 16 and 17 January 2019.

At our last inspection on 10 November 2017 we found five breaches of the regulations in relation to person centred care, consent, safe care and treatment, good governance and staffing.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. We found the service had made improvements in the key questions of safe, effective, caring and responsive. However, the service was still in breach of the regulations for the key question well led. This is the third time the service has been rated as overall requires improvement.

Aspray House 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.

Aspray House accommodates 64 people in one adapted building. Care is spread over four separate units each of which have adapted facilities. Many of the people at Aspray House were living with dementia. At the time of our inspection there were 63 people using the service.

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

People had risk assessments in place and in the majority of the files we looked at information on mitigation of identified risks was present. However, where this information was not clear this put people at risk of unsafe care. Information was sent after the inspection to show how this had been rectified but this indicated quality assurance systems needed to be further embedded to improve the quality of risk assessments.

Medicines at the service were managed safely. The service had systems in place to respond to and manage accidents and incidents.

Staff were recruited safely at the service and there was a robust checking process to ensure new staff and current staff were safe to work with vulnerable people.

Staff understood their safeguarding responsibilities and how to raise concerns. All staff knew how to whistleblow if they thought their initial concerns had not been acted upon by the service.

People at the home told us they felt safe and that staff attended to their needs. Relatives felt there were not

enough staff in particular at weekends. We viewed records which showed staffing levels were maintained during the weekend and that the use of agency staff had reduced.

The service was very clean and there was no malodour throughout the home. Staff minimised the risk of infection and contamination by following good hand hygiene and by wearing appropriate protective equipment.

Effective care was given to people from staff who had been well trained. Staff received regular supervision and training specific to their role which was up to date. People and their relatives commented on how well staff had been trained and noticed if a new member of staff was currently being trained.

People received an assessment of need before they moved into the service which involved the person and their families where appropriate.

People were offered a varied menu and able to choose alternatives if they wanted something different to eat. We observed positive dining experiences and where people were supported to eat this was done in a calm and dignified way. We received mixed feedback on the food. People expressed that the food was not warm by the time it reached them and there were issues around the consistency of the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had good access to healthcare services and staff ensured people were referred promptly.

People were cared for by kind and compassionate staff who took the time to get to know people.

People's privacy, dignity and confidentiality was respected.

The service still had not fully incorporated how to ensure people who may identify as lesbian, gay, bi-sexual or transgender would feel welcome at the home through their assessment process but had commenced work in this area to achieve this. Staff showed an awareness of the need to respect people's individuality and to not discriminate against them.

Care plans were more personalised and contained people's preferences, life histories and their goals for care. Care plans were reviewed and relatives and health professionals were involved in reviewing care.

People were supported to attend a number of different activities which were enjoyed.

People and their relatives knew how to make a complaint about the service and had their concerns acknowledged and responded to in a timely manner.

People's end of life wishes were respected and the service supported people and their relatives during this time.

Feedback was sought informally from people when staff spoke to them and formally from staff and relatives.

Quality assurance systems were in place to drive improvement. However, they had not addressed issues identified during the inspection in relation to ensuring care records were fully completed as required, which

included food, fluid and repositioning charts. There were also issues regarding the accuracy of paperwork such as incorrect date of births and the legibility of paperwork. The provider took action to remind staff of their responsibilities regarding accurate paperwork.

We have made two recommendations which we will follow up at our next inspection and found one breach of the regulations relating to good governance.

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.

People had risk assessments which reduced their known risks.

Staffing levels had improved but relatives felt visibility of staff was low at weekends.

Staff were recruited safely to the service. Staff demonstrated sound knowledge in safeguarding procedures.

Medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received an assessment of need before they started to use the service.

People had positive dining experiences and could choose the food they wanted to eat. People's feedback about the food was mixed.

Consent to care and treatment was sought in line with legislation and Mental Capacity Act 2005. People were encouraged to make their own choices.

Staff received appropriate training specific to their role and supervision.

People had access to healthcare professionals as they needed.

Is the service caring?

Good 

The service was caring.

People were cared for by kind and compassionate staff who knew their likes and dislikes.

We observed positive interactions between care staff and people at the service.

People's privacy and dignity was respected.

The service had started to do some work to become a visibly welcoming service of people who identified as lesbian, gay, bi-sexual or transgender.

Is the service responsive?

Good ●

The service was responsive.

Care plans were more personalised and people's preferences were recorded.

Care plan reviews were taking place and involved people's relatives and health professionals.

A number of meaningful activities were available and facilitated by an enthusiastic team.

People and their relatives knew how to make a complaint about the service.

People's end of life wishes were respected and documented.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Improvements had been made to assess the quality of the service but this was not embedded as quality issues were identified within care files.

People, their relatives and staff spoke positively about the management of the service.

Information sharing regularly took place within the service to drive improvement.

Aspray 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 16 and 17 January 2019 and was unannounced.

The inspection was carried out by three inspectors, a specialist nurse advisor 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. The expert by experience had experience in caring for older people and people living with dementia.

Before we visited the service, we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care within the service, looked at 10 care files and their associated risk assessments. We also viewed six recruitment files for three nurses and three care staff, medicines information, quality assurance documentation, policies and procedures associated with the running of the service.

We spoke with the registered manager, head of operations, quality assurance manager, assistant general manager, training and development manager, two nurses, senior carer, seven carers, nine people who used the service, six relatives, head of housekeeping, maintenance manager and the chef.

After the inspection we sought feedback from the commissioner from the local authority.

Is the service safe?

Our findings

At our last inspection risk assessments were not always robust in explaining how to support people safely. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found risk assessments had been reviewed and some improvements to the mitigation of specific risks had been identified, such as addressing the risk of pressure wounds. We viewed risk assessments for call bell use, bed rails, manual handling, skin integrity, choking, behaviours that challenged, falls, fire and evacuation. However, there were still inconsistencies in details provided on how to mitigate risks related to people unable to use the call bell. For example, in one person's risk assessment it stated that staff completed hourly comfort checks throughout the day where the person was unable to use their call bell to ensure they were safe. This was in contrast to another person who did not have a risk assessment for call bells, despite the fact that they were not able to use their call bell.

After the inspection we were sent further risk assessments for people unable to use their call bell and how the service kept them safe in this instance with regular checks.

Where it was previously identified that restraint was being used where people who had behaviours that challenged the service were resistant to personal care, staff now received guidance on the techniques to use, such as offering a cup of tea and showing items in readiness for personal care. However, this did not provide staff with information on what action to take should the person resist this support. We contacted the provider for further information regarding this and they sent an updated assessment which provided details for staff action should the person display a behaviour that challenged. This included to play the person's favourite music and to leave them to calm down in their room.

We noted improvements in risk assessments where people were at risk of pressure wounds as there were now details on the frequency of repositioning and the equipment to use to safely support people. We also viewed a risk assessment to minimise the risk of choking, where food was administered by a percutaneous endoscopic gastrostomy (PEG) tube (a feeding tube passed into a person's stomach through the abdominal wall). It stated 'the person must remain in upright (sitting) position for one hour after feed administered. To minimise the risks of aspiration the person should be fed while sitting at 45 degree (upright). Staff were to observe the person's facial expression and if any changes to stop feeding and report to GP for advice.' This showed people were protected from the risks of choking where a PEG feed was used.

To further protect people from the risks associated with choking the service had clear internal guidance and information from St John's Ambulance Service. This was to ensure food brought by people's relatives, friends or other visitors was safe for them to eat. Feedback from a relative showed this was effective as one said, "[Person] has swallowing and eating issues. I check with staff before then feed [person] fruit that is enjoyed."

Staff demonstrated they knew people's risks and how to keep them safe when using equipment at the service to minimise the risk of harm.

People told us they felt safe at the home. One person said, "I feel very safe. The staff help me. I have a call bell pinned to my clothes but I can shout." Another person said, "I feel quite safe here. There is a door that can be closed." A third person said, "I feel safe but would feel safer at home."

Previous feedback on the safety of people in the service was mixed from relatives. During this inspection relatives felt their family member was safe. A relative said, "Oh, its improved immensely, definitely [person] safe and he's kept safe. Another relative said, "I feel my relative is safe. The staff are very good." A third relative said, "There are no worries about safety."

Relative feedback concerning staffing levels was mixed, where some found there were enough staff, and levels were uplifted by regular agency staff, but others felt there were not enough, in particular on weekends. We viewed staff rotas and found the staffing complement of one nurse and four care staff for the week was the same at the weekends. The registered manager told us there was an ongoing recruitment drive for care staff and the use of agency staff had reduced. This meant that people were supported by staff they were familiar with. Feedback from the local authority stated they thought more staff were needed. The people we spoke to felt there was enough staff, only one person thought there was not but they explained they did not need to wait for staff support to go to the toilet.

The service followed safe recruitment practices. Records confirmed the presence of proof of identification, completed application form with no gaps in work history, pre-employment health check, verified references, criminal record checks, an up to date registration for nurses from the Nursing and Midwifery Council and right to work documentation where applicable. Criminal record checks were up to date and ensured that prospective staff were safe to work with vulnerable adults. This showed the service carried out a thorough check before staff commenced employment with the service.

All the staff we spoke with understood their safeguarding responsibilities and could tell us the different types of abuse. The senior housekeeper said, "This resident is like my grandmother and grandfather I need to protect them. I'm not scared to report it [abuse], I'm like a shadow." The estate manager said, "Everyone is someone's mum or dad, I'd report abuse to [registered manager] and [head of operations]." A member of care staff said, "Its physical, mental, sexual, institutional. I need to report it to the manager cos [because] we are not here to abuse residents. We are here to do our best to look after them [people using the service]. I'd make a statement to make sure that it's [abuse] going to be dealt with." The same member of staff told us they would whistleblow to the local authority or the CQC if their concerns were not being taken seriously. Staff had received safeguarding training. The service had a safeguarding and whistleblowing policy and staff told us they could locate a copy of this from the nurses' station.

People's medicines were managed safely. Nurses' were responsible for administering medicines. We observed nurses on a medicine round wore an apron which stated they were administering medicine and not to be disturbed. This was to minimise distractions and errors while giving people their medicine. We viewed medicine administration records (MAR) for six people. In five of those records the MAR had been completed correctly and people received their medicine as prescribed. We noted only one error in the recording and this was addressed directly with the nurse who had administered the medication and the quality manager. Where people refused medicine a nurse said, "If it [medicine] was for epilepsy, blood pressure or diabetes I would report to GP. If I'm worried I would still report to GP." Controlled drugs were stored safely and records confirmed the remaining stocks matched what was in the controlled drugs cabinet. Appropriate "as and when required" (PRN) protocols were in place and clearly stated when these medicines should be administered to people in the service.

Staff told us how they would respond in the event of an emergency or if someone had a fall at the service.

They explained they would check the person, contact someone senior or the emergency services if needed and then complete an incident report afterwards. This ensured there was a record of what action had been taken and learning from incidents took place.

On entering the service there was no malodour throughout the building and the service was very clean. There was a dedicated team of cleaners headed by the senior housekeeper and they maintained the cleanliness of the service. People were protected from the risk of infection as staff wore appropriate personal protective equipment and followed good hygiene practices.

Is the service effective?

Our findings

During our last inspection people's preferences, in particular dietary preferences, were not being documented during the assessment process. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities). During this inspection we spoke with the chef who advised they met with new admissions to find out their dietary preferences. The nurse was also involved to ensure any dietary requirements were known. The registered manager informed us the chef had a list of people's likes and dislikes, records in the main kitchen and servery kitchens confirmed this. Nutrition care plans detailed people's preference of food and advised staff to offer people choices of what they would like to eat. For example, in a care plan it stated, "[Person] is able to choose daily menu options, staff should go and ask [person] every day for preference. Staff confirmed people were offered choices for food, as one said, "We have got a menu. We ask them what they want. We know who doesn't like fish and who doesn't like chicken."

We observed people had positive dining experiences at lunch and people ate their food either in the dining room or in their bedroom which was their choice. Some people chose to sit on their own to eat their meal and where staff were supporting people to eat their food this was done in calm and dignified manner with staff interacting with people.

People we spoke to gave mixed feedback about the food but in these cases, it was due to people not enjoying having their food pureed. However, this was done to ensure their safety during eating. One person told us, "I do like the food but I want to eat rice and peas." Another person said, "I am awkward about food, I have dislikes so, when those items are on the menu, I get something different." A third person told us, "I do get a choice of food." This showed people were being offered choice. Where people required a soft diet, this was pureed in accordance with guidelines from the relevant health professional and each item of food was pureed so that it looked visually appetising and people could enjoy the taste of each food.

The service ensured people with diabetes were supported to eat a healthy and balanced diet low in sugar. The chef showed us the variety of low sugar foods people could have from the pantry. Care staff and other staff such as the activities coordinator showed an awareness of people's dietary needs. We overheard the activities coordinator tell staff to ensure certain people were given less sugar and smaller portions due to their diabetes. This showed staff awareness in maintaining people's health.

People's cultural and religious beliefs in relation to food were respected. The chef and a member of care staff told us they offered people vegetarian, halal and cultural foods of people's choice.

People received an assessment of need before they started to use the service. The registered manager told us they would visit people in their previous setting which tended to be the hospital to complete the pre-assessment. This included assessing people's main risks such as the need for rails on the bed. Initial assessments also included; communication, medicines, mobility, falls, night/sleeping and nutrition. Care files had colour key codes to clearly indicate people's health conditions for example the colour purple for diabetes and blue for people prescribed warfarin (a blood thinning medicine). This helped staff to

immediately know what health conditions people faced, which meant people were supported by staff who knew them well.

At our last inspection staff were not receiving role specific training and outcomes from supervisions were not providing sufficient guidance to staff. This was identified as a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were seen in this area and the service was no longer in breach. Training matrix records confirmed staff completed role specific courses as part of the training programme. This included positive behaviour support and dementia awareness training. Supervision records showed staff were receiving them in line with the provider's policy. During supervision nursing and care staff were given the opportunity to discuss the people they supported and concerns they may have regarding their health.

Staff felt their induction and training gave them the confidence to start providing effective care. A member of staff said, "Oh yes. They put me with an experienced staff to watch [shadowing] and training for the safety of the residents. Shadowing three days, [and] training for a week." Another member of staff said, "Training is quite good. [Trainer] explains what is right and what is not right."

All staff who joined the service completed a 12-week induction programme which included completing the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Staff had received mandatory training in moving and handling, basic life support, infection control, safeguarding, medicines, dementia, positive behaviour support and the positive dining experience.

People thought staff were well trained, listened to their needs and gave good care. One person said, "The staff seem well trained. I am asked what I would like to wear." Another person said, "Some staff are trained. Others are obviously still in training." A third person said, "As far as I am concerned, the staff are well trained. I am encouraged to get back on my feet." A relative also spoke of how well they thought staff were trained at the service and said, "The staff all seem confident and competent."

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. Records confirmed appropriate authorisations were in place.

Consent to care was sought from people who were able to provide it. Where people were not able to, the service had the relevant documentation, such as lasting power of attorney from relatives who were able to consent on the behalf of their relative for health and welfare decisions. Best interest decisions were made on behalf of people and involved a multidisciplinary team who were able to make decisions in order to maintain people's health. For example, a best interest decision was made for someone to be admitted to the service.

Staff at the service told us they asked for people's consent before delivering care. A member of staff said, "We knock on the door, ask what they want, shower or personal wash in bed." Another member of staff said, "We ask them [people using the service]. When I'm here [person] just wants me to wash them."

People were supported to maintain good health. The local GP visited the service twice a week to check the current health status of people living at the service and to follow up on any concerns. People were supported to receive an annual flu jab and to have health screening to detect other health conditions. People were also supported to see the continence nurse, older adult's mental health team, dentist, chiropodist and optician.

People's rooms were personalised and contained personal effects to make them feel more at home. People had photos and displays of artwork they had created.

The service was adapted so that it was fully accessible to people living at the service. However, we noted the decoration at the service did not support people living with dementia as there were no contrasting colours to assist with navigation and orientation.

We recommend that the service seeks advice and guidance from a reputable source, about suitable environments for people living with dementia.

Is the service caring?

Our findings

During our last inspection in November 2017 we observed less positive interactions between people and care staff. This was mainly due to a high number of agency staff working at the service. At our current inspection the registered manager told us they had reduced the number of agency staff used and where agency staff did attend the service, they had previously worked at Aspray House. This helped ensure continuity of care for people and helped people get to know staff so that caring relationships could be formed. Staff told us it was important to spend time with people.

During our current inspection we observed many warm and caring interactions between staff and people. The general atmosphere in the home was cheerful and we saw staff and people laughing together and dancing during activities. We observed that staff knew the people they supported well. There was also evidence of staff comforting people through hand massages while they were sitting in lounges, which people enjoyed. The registered manager carried out a daily walk around the service and would greet people at the service to see how they were. A relative using the service said, 'I know [registered manager]. He is quite friendly, always asks 'how are you?'"

Feedback from people who used the service about the caring nature of staff was good, one person said, "The staff are good to me, they do a lot." Another person said, "The staff are nice. I get on well with them. I like the different nationalities, I talk to the staff about where they come from. My plants are flowering & staff lifted the curtain so that I can see them properly." A third person said, "I love the carers."

Relative feedback about the caring nature of staff had improved as well. A relative said, "Staff are as good as gold, I have no problems with them [staff]." Another relative said, "[Nurse] is such lovely man, he comes and gives [relative] a hug."

The domestic staff and maintenance staff spoke fondly of the people living at the service. The head housekeeper said, "When I have break I talk with residents, we are like family in this place." The maintenance manager said, "We never go into a room without having a chat with them [people using the service]. They enjoy the conversation, leave them with a smile."

The carers demonstrated they were aware of people's likes, dislikes and their feelings. Care staff also took proactive steps for people who appeared sad during staff observations. A carer said, "Carers look after everybody. If a person was upset, I would comfort them and ask why they are upset. I would ask if they would like to speak to someone, would they like to speak on the phone."

A relative said, "We were contacted to bring in something [person] would like to wear for Christmas." This showed the service considered people's preferences and items that would make people happy.

People's privacy was respected. Staff were observed knocking on people's doors before they entered. All the people we spoke to confirmed that staff knocked before coming into their rooms. One person said, "They knock when they come in, very polite." During personal care people's dignity was respected. A member of staff told us they spoke to people to let them know what they were doing while giving personal care,

ensured people were covered and that windows and doors were closed in their rooms.

People's cultural and spiritual beliefs were met. People could eat their favourite foods as advised by the chef. The service had also built links with local churches and worship groups who would come to visit and sing to people if they wished.

Information about people's sexual orientation was still not clear in their care plans and assessments we viewed. We viewed historical information from an older care plan that briefly discussed a person's sexuality but newer files did not contain any information to show how this was approached at the pre- assessment or care planning stage. We saw evidence that the service had approached other organisations specialising in helping services to welcome people who may identify as LGBT to move in the right direction. Join lines
The head of operations said, "It's about having understanding and respect." The registered manager said, "It would not be an issue if someone identified as LGBT."

We recommend that the service seeks advice and guidance from a reputable source, about supporting people who may identify as LGBT.

Is the service responsive?

Our findings

During our last inspection in November 2017 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans were not personalised or explicit in describing the level of support and care people wanted.

At this inspection there had been improvements in this area and people's personal preferences had been recorded as they had been involved in care planning and their relatives had been asked. For example, we saw a night time routine where it stated, "[Person] likes their personal care given before bed, offer a hot snack before sleeping and they prefer windows and doors closed." Other information in the care plan related to tasks staff should carry out to ensure the person was safe and comfortable during the night. This included, [person] sleeps on pressure mattress and pump should be set to their weight, four hourly repositioning and bed rail and bumpers in place to prevent falls.

People's "about me" section of their care plan contained more detail around past occupations people had, hobbies they liked to do or did in the past and favourite places. This provided information about a person's life history so staff could get to know them. Care plans encouraged people to be independent where possible, we observed someone used their mobility equipment to help them stand up, as stated in their care plan to help them move around the home.

The provider was meeting their responsibilities under the Accessible Information Standard (AIS). The AIS aims to support people using the service who have information or communication needs relating to a disability, impairment or sensory loss. Where people were non-verbal, communication care plans clearly stated how to best communicate with the person. For example, in one care plan, staff were to use the person's preferred method of Makaton (a method of communication using sign language) and short words. Where this could not be used or understood, staff read the person's facial expression or body language. This ensured the service was responsive to people's needs.

Records confirmed care plans were being reviewed on time and relatives and health professionals were invited to the review. Nurses told us they reviewed and updated the care plan if a change was needed. Care staff told us they would inform the nurse of any changes or deterioration in a person's health so that the care plan could be updated. Care staff told us they would read the care plan to find out if anything had changed with a person's care and discussed this with nurse in charge. One member of staff said, "Actually, I always go to the care plan and talk to the nurse. Normally the nurse will tell us if there are any changes." Another staff member said, "Discussion with the nurse. The care plan will be changed as well. [We have] handovers when we walk in, in the morning."

We spoke to the head of activities coordinator who was very enthusiastic and passionate about their role. They showed us an activity room with lots arts and crafts and where each person had a folder which contained photos of parties and different group activities that had taken place. Each resident had their birthday celebrated and were made to feel extra special on the day. On the second day of the inspection we observed the service celebrate someone's birthday. We also observed the activities team arrange an

alternative activity after the scheduled activity failed to attend. So that people did not miss out on their activity for the day the activity coordinator quickly arranged a game of bingo. People were seen to be having a lot of fun and those who needed support to play the game had an activities coordinator sat with them. After this there was a singing session where copies of lyrics were handed out if people did not know the song so they could still participate. People thoroughly enjoyed the variety of activities with one person saying, "The activities lady is great. Quite a bit goes on and I go out in a wheelchair." Another person said, "I get my nails done and I am having physiotherapy." A third person said, "I go to the activities. I enjoy the children coming in on a Monday and the animals visit. I didn't want to handle the animals."

Where people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNAR) they had been correctly authorised by the person's GP and the review dates of the DNAR were clear on the documentation. Records confirmed end of life care was planned with the person and their relatives where applicable. The service worked with the person's GP to ensure they were free of pain and their wishes were respected. For example, one care plan stated, [Person] can express how they would wish to be looked after when they near the end of their life. Please ask if they would like any spiritual support."

The service had a complaints policy and we saw records that they had been responded to appropriately. Relatives told us they knew how to make a complaint and would approach management. One relative said, "There is nothing to be concerned about, everything is positive." Another relative said, "We'd go to the management and the nurses (to complain). We would ring [nurse] and they would listen." A third relative said, "I am not into finding fault, I would ask advice from the deputy manager or the registered manager to resolve an issue." Staff told us they would support people to make a complaint and would tell the nurse in charge to try and resolve it for the person. Compliments were recorded at the service from relatives and comments included; "Thanks for all the care and love given to mum during her stay with you" and "Lovely activity coordinators".

Is the service well-led?

Our findings

During our last inspection in November 2017 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). This was due to audits being completed but not identifying issues within people's care plans and risk assessment.

At this inspection the registered manager told us they had completed a full audit of care plans. Records confirmed this had taken place with appropriate action plans for the service to follow for improvement.

However, there were issues around the completeness and legibility of documents which related to people's care. For example, we could not read what care had been delivered in the sample of daily notes we were provided. We found that food and fluid charts and repositioning charts were not being completed at the correct times to show the care had been given. We informed the registered manager of these issues. After the inspection we were sent a copy of a memo sent to all staff reminding them who should complete documentation to ensure that all documentation was completed in a timely manner, that it was legible and to consider using uppercase when handwriting. Staff were also reminded to ensure all entries were signed and to check correct personal data was recorded in people's files.

After the inspection we were sent further information to show individual care plan audits took place, updated risk assessments for call bell uses, new documentation relating to a daily unit check list and new food and fluid charts for staff to complete.

There was a quality assurance system in place to audit care files but it was not fully embedded as it did not identify the above concerns found during our inspection.

The above was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People who used the service and the majority of relatives knew who the registered manager was and spoke positively about them. One person said, "The manager is a lovely guy." A relative said, "[Registered manager] is lovely and approachable as a manager. Gives peace of mind." Two relatives thought the deputy manager was in charge of the service.

After the inspection we were sent further information on how management wanted to be more visible at weekends. They advised us they had sent a memo which would be on display on the notice boards letting people at the service, their relatives and staff know that they would be available to discuss any concerns or suggestions people had.

The majority of staff thought the atmosphere and culture at the service was good and had improved. A member of staff said, "On my floor it's perfect with my staff and with the teamwork as well." Another member of staff said, "It's brilliant. It's been a while since we have needed agency." Staff told us they thought the registered manager was approachable. The registered manager operated an

open-door policy and encouraged staff to raise any issues with them or the deputy. A member of staff said, "The manager is really nice, I could go to him if I had a problem."

Other systems were in place to monitor and improve the quality of the service. These included individual care plan audits, a monthly medicine audit and reviews of skin integrity documentation, consent forms, the number of infections and observations of people at the service. Spot checks were also performed to check the nurse's competency in medicines. The service also performed an audit of the service based on the areas CQC reviewed in a CQC inspection.

Feedback was requested from staff and relatives, records confirmed this. Relative feedback on the quality of the service had improved. A relative said, "Before there were so many issues, its improved immensely." However, some relatives told us they were not aware of the opportunity to give feedback and would like to do so, so that they could give compliments. We raised concerns over the length of the questionnaire used by the service to obtain feedback from relatives. This was quite long, with 70 questions over five pages and could hinder the number of responses being returned to the service. We spoke to the head of operations regarding this and they advised the form had been changed after consultation with external stakeholders.

The registered manager met with clinical and non-clinical leads of the service during their 'Take 10' meetings. We observed this meeting on the first day of the inspection and noted it was a good opportunity to discuss any important developments at the service from each unit, any new admissions, housekeeping, maintenance issues, share best practice, updates from the kitchen and activities. This meeting happened every day and records confirmed this. This allowed staff the opportunity to bring their views on the running of the service and let other staff members know about important updates on people at the service.

The service had built links with external organisations such as the local authority for the purposes information sharing. Care staff gave examples when they had raised poor practice and were confident to raise it again as management had listened and acted on the information provided.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person must maintain an accurate, complete and contemporaneous record in respect of each service user. 17 (1) (2) (c)