MyMil Limited

Scraptoft Court Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 7 and 8 April 2015 and was unannounced.

Scraptoft Court Care Home is a care home that provides residential and nursing care for up to 34 people. The home specialises in caring for older people including those with physical disabilities, people living with dementia or those who require end of life care. At the time of our inspection there were 29 people in residence.

A registered manager was 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.

We found the premises had not been well maintained, or secured. Damaged equipment, environmental risks and faults had not always been assessed, repaired or replaced in a timely manner. Improvements were needed to ensure people lived in a clean and safe place which protected their health and welfare.

Summary of findings

The provider's quality governance and assurance systems were not used effectively and consistently to ensure people's health, safety and welfare. People had limited opportunity to share their views about the service and make suggestions on how the service could be improved.

People we spoke with told us that their care and support needs were provided safely. People were protected from harm and abuse. Staff were knowledgeable about meeting people's needs and their responsibilities in reporting any concerns about a person's safety including protecting people from harm and abuse. Medicines were stored safely and people said they received their medicines at the right time.

Staff were recruited in accordance with the provider's recruitment procedures. This ensured staff were qualified and suitable to work with people at the home. The service continues to use agency staff to ensure people were supported in a timely and their care needs were met.

Staff received an induction when they commenced work. Although on-going training was not monitored plans had been put into place to ensure staff received the relevant training for their job role in a timely manner. Staff were knowledgeable about people's needs and could refer to people's care records. Staff received support through meetings and staff appraisals. We observed the staff supported people safely when using equipment to support people.

People were protected under the Mental Capacity Act and Deprivation of Liberty Safeguards. The registered manager and staff understood their role in supporting people to maintain control and make decisions which affected their daily lives. Referrals, where appropriate, had been made to supervisory bodies where people did not have capacity to make decisions to were made in the individual's best interest.

People were provided with a choice of meals that met their dietary needs. Drinks and snacks were readily available. People at risk of poor nutrition had assessments and plans of care in place for the promotion of their health.

People's social needs were met. People received visitors and spent time with them as they chose. There were a range of opportunities for people to take part in hobbies and activities that were of interest to them, including meeting people's religious and spiritual needs.

People's health needs were met by the nurses and health care professionals. Staff sought appropriate medical advice and support form health care professionals when people's health was of concern and were supported to attend routine health checks.

People told us that they were treated with care and that staff were helpful. We observed staff respected people's dignity when they needed assistance. Some shared bedrooms had privacy screens and new screens had been ordered to promote people's privacy and dignity.

People were involved in making decisions about their care and in the development of their plans of care. Where appropriate their relatives or representatives and relevant health care professionals were also consulted to ensure people received person centred care.

People were confident to raise any issues, concerns or to make complaints, which would be listened to and acted on appropriately. Records showed complaints received had been documented and included the outcome and response to the complainant.

Staff knew they could make comments or raise concerns with the management team about the way the service was run and knew it would be acted on.

The registered manager understood their responsibilities and demonstrated a commitment to provide quality care. Throughout our inspection visit the registered manager took action when issues and shortfalls were identified.

The registered manager worked with the local authority commissioners that monitor the service for people they funded to ensure people received care that was appropriate and safe.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People told us that they received the care and support they needed and felt safe with the staff that supported them. People received their medicines at the right time and their medicines were stored safely.

Risks to people's health and wellbeing had been assessed and measures had been put into place. However, the premises and equipment were not adequately maintained to ensure people's health, wellbeing and safety was protected.

Safe recruitment procedures were followed. Staff were trained and aware of their responsibilities on how to keep people safe and report concerns. There were sufficient numbers of staff available to meet people's care needs.

Requires Improvement

Is the service effective?
The service was not consistently effective.

The management team put plans in place to ensure staff received timely individual support, supervisions and appraisals. Staff's on going training was not always kept up to date to ensure the care provided was safe and appropriate.

Staff obtained people's consent before supporting them. They understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, which had been put into practice to ensure people's human and legal rights, were respected.

People's nutritional and health care needs were met.

Requires Improvement

Is the service caring?
The service was caring.

People told us that the staff were kind and caring. We observed staff supported people's decisions and helped to maintain people's privacy and dignity.

People were encouraged to be involved in decisions about their care. Their plans of care had sufficient information about how they wished to be cared for.

Good

Is the service responsive?
The service was responsive.

People received care and support that reflected their assessed needs. Staff were aware of individual preferences in the delivery of care and responded quickly to any change of care needs.

Good

Summary of findings

People were encouraged to pursue their interests and hobbies, which included observing their faith. People received visitors and were supported to maintain contact with family and friends which promoted their wellbeing.

People were encouraged to make comments about the quality of service provided. Complaints were managed well and people felt confident that their concerns were listened to and acted upon.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

There was a registered manager in post and they had a good understanding of their management responsibility. The registered manager and staff had a clear and consistent view as to the service they wished to provide which focused on providing person centred care.

People found the management team was approachable. However, they and their relatives and healthcare professionals had limited opportunities to share their views about the care provided or contribute to the development of the service.

The provider had assurance and governance systems in place but these were not used consistently to assess and monitor the quality and safety of care provided.

Scraptoft Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place over two days. We arrived unannounced on 7 April 2015 and returned announced on 8 April 2015.

The inspection was carried by two inspectors and an expert-by-experience on 7 April 2015 and by one inspector on 8 April 2015. 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 for this inspection had experience of caring for older people living with dementia, physical disabilities and nursing needs.

Before the inspection, we asked the provider to complete 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. The provider had returned the PIR.

We read the provider's statement of purpose sent to us when the service was registered, which sets out the range of services people can expect to receive including the management and staff's qualifications and procedures such as the complaints procedure amongst others. We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service or the relatives of people who used the service and health and social care professionals.

We contacted health care professionals and commissioners for health and social care, responsible for funding some of the people that live at the home and asked them for their views about the service.

During the inspection visit we spoke with 12 people who used the service. We spoke with eight relatives and friends who were visiting their family member or friend. We also spoke with two visiting health care professionals and an external volunteer who supported people with arts and crafts activities.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, residential care manager, two nurses, and eight care staff, which included agency staff. We also spoke with the administrator, cook, house-keeping and the maintenance staff.

We pathway tracked the care and support of three people, which included looking at their care records. We looked at staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment, complaints and the quality assurance and governance.

During the inspection we requested additional information from the provider in relation to staff training and competency checks, the staff rota and the provider's updated action plan to include issues we had raised at the inspection. We received this information in a timely manner.

Requires Improvement

Is the service safe?

Our findings

We found steps were not taken consistently to maintain people's safety. When we asked people for their views about the premises and decoration, one person told us that the repairs to the bedroom wall had not been done for some time. We saw parts of the premises were not safe and posed risks to people using the service, staff and visitors. These included the keys were not kept securely for the storeroom door where hazardous cleaning products were kept; some had holes and patches on the walls, damaged paintwork and woodwork to skirting boards and architrave. These could cause harm or injury to people with fragile skin if people accidently brush against them. There were cracks in the bedrooms where the walls met the ceiling.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The lounge and dining room were cluttered and made it difficult for staff to assist people and when meals were being served. We saw hot surface protection was fitted to radiators in the bedrooms and communal area. These were made from rough sawn timber slats where the gaps between radiator and the cover was not always consistent so that the radiators could be touched through the covers. The surface temperatures on some radiators in the bedrooms and lounges were very hot, which posed the risk of scalding if touched accidently. There was a risk of entrapment if people got their fingers stuck between the radiator cover and the radiator.

The registered manager had responsibility to manage the maintenance staff to ensure that the premises and equipment were safe for people and that servicing and repairs were carried out in a timely manner. It was evident that this had not been done at the time of our visit. Following our inspection the registered manager sent us information confirming that risk assessments had been undertaken in relation to the radiators and that actions were being taken to make them safe.

All the bedrooms were lockable and had secure storage to keep people's valuables safe. There was level access to the outdoor space, where seating area was provided for people to use, This meant that people's independence, safety and security was promoted. On the second day of our visit the lounge and dining room had been de-cluttered and people and staff were able to move around safely.

On the first day of the inspection we found parts of the home were dirty and unhygienic particularly upstairs. These included food debris, dust and incontinence stains which had not been cleaned properly. Spillages in the dining room were not cleaned up promptly after meals had been served. The crockery, water jugs and cups and glasses had old stains. The registered manager told us new items had been ordered. On the second day of our inspection we found the bathrooms and bath hoists had been steam cleaned, the plinths under each toilet had been cleaned and re-painted, taps descaled and the floors were mopped using appropriate cleaning products. We also found the arms on the toilet frame had been replaced to prevent the risk of infection. The registered manager assured us that they would monitor the hygiene and cleanliness standards and ensure house-keeping and care staff addressed issues immediately.

The premises and infection control audits carried out in March 2015 had identified issues in each bedroom, of which some had been addressed and others had timescales for completion. A lead nurse with responsibility for infection prevention and control ensured that appropriate infection control practices were followed when measures were needed to protect people with a contagious disease or infection such as MRSA. This included staff having a sufficient supply of personal protective clothing such as aprons, gloves and a suitable bin to discard the used items.

Following our visit the registered manager sent us their action plan with updates on some improvements they had made. These included decoration and repairs carried out to the bedrooms, bathrooms and toilets, deep cleaning to the premises and new crockery and utensils purchased. The registered manager assured us that steps had been taken to monitor and ensure safe standards would be sustained.

People using the service told us they felt safe. One person said, "The staff are alright here" and another told us that they felt safe and had a telephone in their room so that they could call their family member if they wished.

Staff we spoke with gave examples that demonstrated their understanding of what abuse was and described the actions they would take if they witnessed abuse. This was consistent with the provider's safeguarding policy and procedure in place.

Requires Improvement

Is the service safe?

Records showed that the service had identified one safeguarding concern in the last 12 months, which had been referred to the relevant authorities. Whilst the investigation had been concluded as partially substantiated the registered manager had reviewed their practices and procedures to further assure themselves that people using the service were safe and protected. It also showed that staff had a good understand of the reporting procedures.

People told us they were involved in discussions and decisions about how risks were managed. One person told us that equipment was provided for them to be able to shower independently and that they were confident that staff would help if requested to do so.

The care records we looked at showed that risks to individual's health and safety had not always been assessed. We found risk assessments for two out of five people were not undertaken and care plans lacked guidance for staff to ensure the person's safety. When we shared our findings with the registered manager they took action to re-assess the two people immediately and updated their risk assessments and care plans. In addition the registered manager told us that they would review everyone's risk assessments and care plans to ensure risks identified were managed and care plans provided staff with sufficient guidance to provide safe care and support.

We saw staff safely supported people when using mobility equipment to move around the service. That was done consistently with the information contained within people's plans of care and risk assessments, which supported the person in keeping safe.

The provider's business continuity plan was in place that advised staff which procedure to follow in the event of an emergency such as the lift not working or fire. Individual evacuation plans to support people in the event of an emergency were in place. Fire safety procedures were in place and records showed checks were done regularly. This meant that people could be confident that there were arrangements in place to deal with foreseeable emergencies.

People's safety was supported by the provider's recruitment practices. Staff recruitment records we looked at showed that relevant checks had been carried out before staff worked unsupervised at the service. A further check was undertaken for the nurses to ensure they were registered with the appropriate professional body as to their qualifications and suitability.

People told us there were enough staff available to support them at the times they needed them. Staff we spoke with felt there were sufficient staff to meet people's needs and they enjoyed working alongside the management team in caring for people.

On the first day of our visit we found two unplanned staff absences, which had not been covered until late morning. Staff told us that this happened often hence the use of agency staff to manage the shortages. This meant there were times when there was a delay in people receiving the support they needed in a timely manner, especially with their personal care needs. The staff rota for the month contained gaps on some shifts. We raised this with the deputy manager who assured us staffing numbers were maintained with the use of agency staff or permanent staff working additional hours. They told us that they had the authority to increase the staffing when required in order to keep people safe. On the second day of our visit there was a full complement of staff including house-keeping staff. The deputy manager provided evidence of the worked rota that confirmed the use of agency staff.

People told us they received their medicines when they should. We found the medicines were stored safely, at the correct temperatures and were disposed of safely which was consistent with the provider's medicines management procedures. We observed the nurse administer medicines safely and completed the medicines records correctly. Staff followed the correct protocols for medicines administered as and when required, otherwise known as 'PRN', and recorded the quantity of PRN medicines administered, which helped to ensure the person's health continues to be monitored.

Care records detailed people's preferred way to receive their medicines including any allergies to medicines and the doctor's contact details. Where people refused their medicines the records showed the action taken by staff to ensure their health and wellbeing. Procedures were followed correctly for medicines disguised in food, otherwise known as 'covert administration'. Records showed that the administration was authorised by the doctor, the prescribing pharmacist and a best interest decision had been made with the person's representative.

Requires Improvement

Is the service safe?

The prescribing pharmacist had undertaken an audit on the management and administration procedure and found it was safe. This supported what the provider had stated in the PIR sent to us to demonstrate that the management of medicines was safe.

Requires Improvement

Is the service effective?

Our findings

People told us that they felt staff understood their needs and had the skills and knowledge needed to meet their needs. We observed staff supporting people safely and at a pace that was comfortable for the person. We observed two occasions when staff used a hoist correctly to transfer a person safely. On both occasions staff checked that the individual was comfortable throughout the manoeuvre.

A visitor told us that the staff were knowledgeable about the needs of their family member and recognised when they were unwell or their needs had changed. Another said, staff had kept them kept informed about their family member's health and when the doctor was due to visit, so that they could attend.

Staff told us they received induction training when starting their job role. This included learning about the provider's policies and procedures, training in how to use equipment, reading people's care plans and working alongside experienced staff. One staff member said, "My first day was really nice. I did training in moving and handling, safeguarding and fire. My induction was a good start and now I'm getting along." Another told us that the college training in dementia had helped them to support people using the service. A nurse told us they had been supported to maintain their professional qualification and had the lead responsibility for infection prevention and control.

Staff training records showed that staff had received on a range of topics relating to care and health and safety. However, there were gaps in the staff training records. This was the same for the nurses training records which showed that they had received additional training to meet health people's such as diabetes; peg (tube) feeding, epilepsy and urinary catheterisations but there was no record of training updates or that their competency had been assessed. We shared our concerns with the management team and following our visit the provider sent us the updated staff training matrix and confirmation of additional training scheduled for staff.

The provider's policy stated that staff appraisals would be carried out annually. This would provide staff with the opportunity to assess their work performance and training and development needs. The management team told us these were restarted in October 2014 and records showed that approximately 50% of staff currently had been appraised. The frequency of staff meetings had increased to monthly in order to address and monitor the improvements in the delivery of care and treatment. The minutes of the most recent meeting referred to the issues discussed but no timescales for improvements had been set so that actions could be taken in a timely manner. We raised this with the management team and they assured us that timescales would be set and details of the person responsible for the action would be included.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and some staff we spoke with had a good understanding of MCA and DoLS and their role to protect the rights of people using the service. Staff told us that people had various levels of capacity and understanding. They told us they sought consent before assisting people and we observed this to be the case. The management team knew the procedure to follow where they suspected a person's liberty could be deprived.

At the time of our visit eight people were subject to an authorised DoLS and that the provider was complying with the conditions. Records showed that people had either given consent to their care and treatment or a mental capacity assessment had been completed because the person did not have the mental capacity to consent. For people with a 'lasting power of attorney' for their care and welfare the records showed that their representatives such as relative and health care professionals had made best interest decisions on their behalf. That showed that the principles of the MCA and Code of Practice were followed in relation to best interest decisions.

People told us they had sufficient amounts to eat and drink. One said, "This [lunch] melts in your mouth don't it, it's tender" and another agreed. A third person said "The food was good, fresh and there was a choice" and went on to tell us they would have second helping of the main meal instead of a desert.

Staff were aware of people's nutritional and dietary needs. Staff understood the importance of reporting concerns about people's appetite or weight, to the management who would contact their doctor for advice. One staff member said, "People have soft or normal diets. Make sure

Requires Improvement

Is the service effective?

they're having adequate amounts of fluids and we do checks on this and record in the files. We have snacks on the tea trolley like yogurts, chocolate and cakes. There are sandwiches for supper before bed."

The cook had sufficient information about people's dietary needs, food tolerances and preferences, which helped to ensure meals prepared were suitable for everyone. The menu showed that a variety of meals were offered, which were nutritionally balanced and included vegetarian choices and meals to suit people's cultural needs. The cook prepared 'soft' and 'pureed' diets for people at risk of choking or had difficulty swallowing, and meals suitable for people with a health condition such as diabetes, in order to promote people's health.

People's care records showed that an assessment of their nutritional needs and plan of care was completed which took account of their dietary needs. People's weight was monitored regularly, which was another way of assessing people's health. Records showed people had been referred to the dietician when there were any concerns about a person's nutritional needs. For instance, a person was prescribed nutritional supplements and their intake of food and drink was monitored to ensure they ate and drank sufficient amounts. The outcome of this was that the person had gained weight in order to maintain their health. The records showed that staff had followed the dietician's instructions in order to promote the person's health and wellbeing.

People told us they were supported to maintain their health and had access to health care as and when required. Staff told us that they supported people to attend health appointments when required. Care records also confirmed that they received health care support from a range of health care professionals, which included doctors, specialist nurses, an optician and outpatient appointments at the hospital.

Health care professionals we spoke with during the visit told us that staff were knowledgeable about the care needs of the people they supported.

Good

Is the service caring?

Our findings

People told us staff were kind and caring, and knew how they liked to be supported. One person said, "There's a few poorly people; some can be challenging but staff know what to say and what to do to calm them down. They [staff] sometimes spend a lot of time with them, but I don't mind that." Another person said, "Staff are good and know how to help people."

Over the two days of our inspection we observed that staff were caring when supporting people and respected their wishes. However, at lunchtime we saw that staff spoke over people about other people using the service. For example, one member of staff said, "Leave her [person using the service] there cos she's not doing anything." We shared our observations with the registered manager who assured us action would be taken and staff practices would be monitored. On the second day of our visit we saw staff listened to what people were saying or expressing and they acted accordingly. Staff approached people in a friendly and respectful manner. Staff checked that people were comfortable and asked them if they needed anything throughout the day. The atmosphere at lunchtime was more relaxed. Staff supported people to eat without rushing them. Staff were attentive and responded to requests when people wanted second helpings or assistance with eating. The registered manager assured us that they would monitor staff to ensure continued respect was shown to everyone at all times.

Health care professionals we spoke with during the visit told us that they found staff to be caring, kind and knew the needs of people they looked after.

There were four rooms that were shared by two people using the service. However, only two rooms had a privacy screen available to ensure people's dignity could be maintained. That meant people's dignity would be compromised when staff supported them with their personal care needs in a shared room. When we raised this with the registered manager they carried out an audit and ordered four new privacy screens.

We saw staff helped to maintain people's dignity. We saw staff placed a blanket over a lady's legs securely to maintain their modesty before being hoisted. Staff spoke clearly to people and explained what they were doing. We saw that staff acted quickly when someone's dignity had been compromised and encouraged them to return to their bedroom for assistance. Staff told us they encouraged people to maintain their personal hygiene.

We observed staff offered people everyday choices and respected their decisions. Staff were knowledgeable about the people they cared for. People were supported to observe their faith and staff were aware of this. They told us that they encouraged people to make decisions for themselves and knew how to support them if they became upset or displayed behaviours that challenged. We saw a staff member respected a person's wish not to be assisted until they had finished watching the television programme. They sat talking to them about things that were of interest to them. A short while later the person asked the same staff member to be assisted to return to their room, which they did.

People told us they knew about their care and support arrangements and were aware of their plans of care. Their care records showed that they or their family member or representative, where the person lacked capacity to make informed decisions about their care and support. The plans of care took account of how the person wished to be supported, which included individual preferences, observing their faith and staff spoken with were aware of this. Records showed that these were reviewed regularly and updated when changes were identified in order to ensure that any new needs could be met. The registered manager told us that they observed how staff maintained people's privacy and sought people's views about the care and support they received from staff. In addition, staff meetings were used to remind staff about their responsibility to respect and promote people's human rights, privacy and dignity.

Good

Is the service responsive?

Our findings

People told us that they received care that was person centred and met their individual preferences and daily needs. People we spoke with had been involved in the assessment of their needs and in the development of their plans of care so that the staff would be aware of their preferences and how they wished to be supported. For instance, one person liked to read the daily paper in the privacy of their room and we saw this to be the case.

Relatives told us that they had been involved in planning their family member's care and had attended care review meetings to ensure that new care needs could be met safely. Throughout our visit we saw staff responded to people's request for assistance and supported them safely.

Staff we spoke with demonstrated an understanding of the needs of people they looked after. For example staff were able to describe in detail the needs of two people whose care records we viewed, which included the importance of them wearing their glasses to help them with their safety and independence, assistance required with their mobility and their preferred meals. We observed this to be the case throughout our visit. Staff had additional responsibilities as a keyworker for named people who used the service. As a key worker they checked that the person had sufficient supply of toiletries and discussed their social interests or plans made to go out to the shops or visit their family. Key workers also had access to care records and received updates about any changes to people's needs at the start of each shift so that the care and support provided was appropriate.

We observed people being supported at lunch time on the first day of our visit. The tables were laid with condiments and a menu in large print, which helped to create an environment that promoted people's wellbeing and independence. We saw some people ate independently whilst others chose not to eat or needed support to eat. We saw that staff were trying to support these people at the same time including those who were in bed. We shared our observations with the registered manager. They were responsive to our feedback and following our inspection they had introduced two sittings for lunch and teatime, where staff were available to support people at a pace that suited them and at the times they chose. They found people's appetite had improved because people ate when they were hungry and staff were able to support those who needed help. People were offered a choice of drinks, second helpings or a choice of desert, which had a positive impact on people's health and welfare.

People had plans of care that provided staff with the information required in order to support people's with their care needs. These were personalised and took account of how people liked to be supported, their preferences, and included their life history, hobbies, interests and what was important for them.

The plans of care had sufficient guidance for staff to know how to respond to and manage risks associated with their needs. For example, we saw a person had been assessed as requiring one to one staff support. We observed this person received the support they had been assessed for. Another person required a specialist pressure relieving mattress, which was in place. Their plan of care contained appropriate information to inform staff of the frequency of regular checks and re-positioning to prevent the development of pressure sores. The records showed that checks were carried out regularly. These were reviewed regularly for any changes in people's health or preferences. Where changes had occurred plans of care had been amended to show this change. That meant people could be confident that staff were provided with information and were knowledgeable about people's needs and were responsive to these needs.

People looked relaxed and had visitors throughout the day. There were a range of social events, activities and religious services available for people to participate in. Over the two days of our inspection we saw people participated in social events and activities organised by the service. These included a music and movement activity, an external entertainer who sang songs which people knew and an arts group that visited the service regularly. We saw people enjoyed the crafting activity from their smiles and laughter. People were proud about their artwork, which had been displayed around the service. One person told us that had suggested ideas for activities and personally enjoyed knitting, arts and craft. People who were nursed in bed could also take part in making decorations and crafting because staff took the material to them. This showed that steps were taken to ensure anyone using the service could participate in the activities of interest to them.

People told us that they would talk to the staff or the management team if they had any concerns. One person

Good

Is the service responsive?

told us they felt comfortable raising concerns as they were dealt with promptly. Another person told us that they were happy with the service and had not needed to make a complaint. The management team told us that they had an 'open door' policy and welcomed people's feedback, which was evident during our visit.

We saw the provider ensured people had access to the complaints policy and procedure if required. This included the contact details for an independent advocacy service should they need support to make a complaint. The registered manager told us that the complaints procedure would be made available to people in different formats and languages, if required.

The provider had systems in place to record and investigate complaints. Records showed two written complaints were received in the last 12 months. These had been investigated fully. The registered manager had provided feedback to the complainant. The example shared by the registered manager related to the steps taken to support a person to maintain and manage their personal hygiene. This meant people who used the service, their relatives or friends and health care professionals could be assured that their complaints were taken seriously and acted upon.

Requires Improvement

Is the service well-led?

Our findings

The provider had quality assurance and governance systems in place but these were not used consistently in order to effectively monitor the quality and safety of the service. The provider's programme of audits had not been undertaken regularly on areas such as the premises, care records and the management and training for staff. Therefore some areas for improvement had not been identified. For example, we found minor faults; repairs and cleanliness of the premises were not effectively monitored. This was not consistent with the provider's own policy and expectation of how frequent audits should be done. The registered manager showed us an action plan from the audit done prior to our visit. There were a number of issues listed about the premises that needed to be addressed, to which our findings were also added to. The registered manager and provider assured us that they would ensure that the provider's governance systems would be implemented and monitored more effectively.

People told us their views and experience of the service provided was sought through the annual satisfaction surveys. The registered manager told us surveys have been sent out to people using the service and their relatives, and staff. The results from the last survey undertaken in June 2014 were positive. There were no changes made to the service from the feedback received from the surveys to benefit people using the service and individual issues raised by people relating to their care arrangements had been addressed by the registered manager. Meeting's held for people using the service and their representatives had not taken place since May 2014. Whilst people felt able to speak with the registered manager, there was little formal opportunity whereby people's views about the service was sought or that they could make any suggestions about how the service could be developed. The registered manager told us that the previous registered manager had set up meetings but that attendance was poor as people preferred to speak with them or the provider on an individual basis.

The information we received from commissioners responsible for funding some of the people using the service prior to our visit and feedback from health and social care professionals during our visit was consistent. They all felt that the management team had responded to feedback and when required, made improvements to benefit the people using the service.

The service had a registered manager in post. The management team consisted of the registered manager was supported by the deputy manager and residential care manager.

The registered manager and the management team understood their responsibilities in providing quality care in line with the provider's vision and values. The management team acknowledged that improvements were needed in relation to staff attitudes and behaviours to ensure people's dignity was promoted steps were being taken to achieve and sustain this. They further assured us that staff meetings, supervisions and observations of practices would help to reinforce the provider's values and behaviours expected of staff towards people using the service. The registered manager and the management team kept their knowledge about health and social care up to date and knew how to access support from external health and social care professionals and organisations.

The provider monitored how the service was run and reviewed the complaints and notifications of any significant incidents that were reported to us to ensure people were safe and cared for appropriately. Notifications are changes, events or incidents that the provider must tell us about. The registered manager and provider assured us a record of the provider visit would be re-introduced and include an action plan to address the shortfalls identified. This showed that they were taking steps to assure themselves and people using the service received a quality and safe provision of care that was well-managed.

People using the service, their representatives and health care professionals we spoke with felt that the management team were available, approachable and addressed issues they raised. One person told us that the management team and staff worked hard to look after people of which some were very poorly. They said, "I can tell you they've helped me when I needed it."

All staff we spoke with shared a common understanding of the aims and objectives of the service and the importance of meeting of people's care and support needs safely. They felt they were informed of people's needs and were confident to approach the management team if they had

Requires Improvement

Is the service well-led?

concerns about people's health or needed support. One member of staff said, "I think the home wants to look after people and make sure they are fine and not neglected." Staff told us that they worked well as a team and we observed this to be the case. Staff had access to information and updates about people's needs through the daily handover meetings so that any changes to people's needs could be met safely.

Staff told us that they received opportunities to share their views about the service and that this made them feel involved. One staff member said, "I feel valued and listened to. The management are brilliant and are doing the right things. Everything just goes the right way. I have no concerns so far." Staff meetings took place regularly and the minutes showed that these were used to convey updates about changes on health and safety issues, changes in work allocation, record keeping, staff rotas and any concerns about the health of people using the service. However, any issues identified at previous meetings such as staffing levels were not always reviewed or monitored. The registered manager assured us action points and timescales would be added and reviewed for completion so that improvements could be monitored.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others' health and safety were not protected because the premises and equipment were not kept clean, safe, secure or properly maintained. Regulation 15 (1) (2).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.