Care Quality Commission

Excel Care Homes Limited

Aniska Lodge

Inspection report

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Date of inspection visit: 12 and 14 May 2015
Date of publication: 07/08/2015

Ratings

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

Overall summary

This inspection took place on 12 and 14 May 2015 and was unannounced.

Aniska Lodge is a nursing home for up to 49 people. It provides care and support to adults but predominantly older people with nursing care needs, dementia or a physical disability. At the time of our inspection there were 39 people living at the service. The service is purpose built , arranged over three floors accessed by two passenger lifts, and situated in the village of Warninglid just off the A23. The ground and top floor was used to provide people with nursing care, support and treatment while the middle floor was used to provide care for people living with dementia. Long term care and respite care was provided.

There was a registered manager for the service. There was a new registered manager since the last inspection who had commenced working in the service in August 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 was carried out on 30 April 2014. We found a number of breaches to the Regulations. This was in relation to personalised care, privacy and dignity, people not being able to participate fully in the decisions about their care and treatment, the design of the building and the completion of records. The provider provided the CQC with an action plan as to they would address these issues. We looked at the improvements made as part of this inspection.

People were cared for by staff who had not been recruited through safe procedures. Recruitment checks such as a criminal records check and two written references had not always been received prior to new staff working in the service. This is an area of practice which requires improvement.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had policies and procedures to follow and demonstrated an awareness of where to get support and guidance when making a DoLS application. Although a number of applications had been made we found that people could not all freely move around the service when they wished to. They were reliant on care staff to support them around the service. For example people living with dementia were restricted how freely they could move around the middle floor due to the physical layout of the building. Individuals had not had a risk assessment completed to look at if they could safely use the stairs independently, and people's rights had not been considered as to if this was a deprivation of individual peoples liberty. This is an area of practice which requires improvement.

Medicines were stored correctly and there were systems to manage medicine safely regular audits and stock checks were completed to ensure people received their medicines as prescribed. However, where PRN 'as and when' medicines were given guidance was not fully in place to protect people and ensure safe administration. Records did not in all instances fully detail the stock levels in the service. The instructions for where topical creams should be applied had not all been completed. This is an area of practice which requires improvement.

Where people had been assessed at risk or developing pressure sores, or from falling out of bed, the equipment identified to be used had not been regularly checked to ensure it remained suitable for individual peoples use, and for bedrails the covering in some instances it was not being used to fully protect people. This as an area of practice that requires improvement.

There was a maintenance programme in place which ensured repairs were carried out in a timely way. However, there were areas where the décor was in need of updating to improve the environment people lived in.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. People told us they had felt involved in making decisions about their care and treatment and felt listened to. Peoples healthcare needs were monitored and they had access to health care professionals when they needed to.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner.

People told us they felt safe. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to.

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences.

Senior staff monitored peoples dependency in relation to the level of staffing needed to ensure people's care and support needs were met. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Summary of findings

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People and their representatives were asked to complete a satisfaction questionnaire, and people had the opportunity to attend residents meetings. We could see the actions which had been completed following the comments received. The registered manager told us that senior staff carried out a range of internal audits, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people living in the service, staff and visitors could discuss any issues they may have.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we have asked the provider to take at the back 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?

Requires improvement

The service was not consistently safe. People were cared for by staff who had not always been recruited through safe procedures.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed. However, equipment identified to be used had not been checked for people's individual requirements or used to fully protect people.

There were areas where the décor was in need of updating to improve the environment people lived in

Medicines were stored appropriately, however, guidance for care staff to follow when administering PRN medication was limited and recording of the application of topical creams had not been fully completed.

There were sufficient staff numbers to meet people's personal care needs.

Is the service effective?

Requires improvement

The service was not consistently effective. Staff were aware of the deprivation of Liberty Safeguards (DoLS.) However, there were areas of people's care which had been omitted to be considered as a potential deprivation of people's liberty.

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

People told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Summary of findings

People were supported to take part in a range of recreational activities both in the service and in the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led. Quality assurance was used to monitored to help improve standards of service delivery. However, this had not identified all the areas of practice in need of improvement and ensured continuous improvement of the care provided.

The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

People were able to comment on and be involved with the service provided to influence service delivery.

Systems were in place to ensure accidents and incidents were reported and acted upon.

Aniska Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 14 May 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. This helped us to plan our inspection. We did not request the provider to complete a Provider Information Return (PIR) on this occasion. 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 telephoned the local authority commissioning team, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. From this information, following our visit, we telephoned two health care professionals to ask them about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they not all were able to tell us about their experiences due to their living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used this tool to observe the lunchtime experience on the dementia care unit. We spoke with seven people, and three visitors who were friends or relatives. We spoke with the providers, the registered manager, the deputy manager, two registered general nurses (RGN), a senior care worker and four care workers, a laundry assistant, two activity co-ordinators, a chef and a chef/maintenance person, and the receptionist. We observed medicines being administered, and the care and support provided in the communal areas, and the mealtime experience for people over lunchtime living on the ground floor.

We looked around the service in general including the communal areas, people's bedrooms, and the garden. As part of our inspection we looked in detail at the care provided to seven people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and two staff recruitment records. We also looked at the provider's own improvement plan and quality assurance audits.

Requires improvement

Is the service safe?

Our findings

People and their visitors told us they felt people were happy and were well treated in Aniska Lodge. One person told us if they felt safe in the service, "Safe, oh yes. The people make it safe."

At the last inspection in April 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because risk assessments had not all been updated and practices used in relation to moving and handling people and assisting people to eat were not all safe. During this inspection, improvements had been made and issues identified had been rectified. However, we found recruitment checks had not been fully carried out prior to staff commencing work in the service. Equipment had not always been used correctly and put people at risk The guidance staff followed for the administration of Some medicines was not fully in place and records for the application of topical creams not completed. These are areas that require improvement.

People were cared for by staff who had not all been recruited through safe recruitment procedures. Where staff had applied to work at Aniska Lodge they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. Where registered nurses were being recruited we saw that checks had been made on their pin number. This is an information system which can be accessed to ensure nursing staff were still registered to work as a nurse provided nursing care. However, not all of these checks had been received prior to the new member of staff commencing work in the service. Staff had commenced work prior to all the references and criminal records checks being received. This meant that not all the information required had been available for a decision to be made as to the suitability of a person to work with adults. This placed people at risk of receiving care from the wrong staff as appropriate checks hadn't taken place. We discussed this with senior staff in the organisation who acknowledged this was an area in need of improvement.

Recruitment checks had not been fully carried out prior to staff commencing work in the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Where risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed. People had an air mattress (inflatable mattress which could protect people from the risk of pressure damage) where they had been assessed as high risk of skin breakdown (pressure sore). At the time of the inspection we were told that one person had a pressure sore. We were informed by the registered manager that air mattresses were checked daily to ensure they were on the right setting for the individual needs of the person. However, we found that these checks had not been maintained. In one instance we found that the air mattress setting was not correct for the individual need of the person and was partially deflated. This could have potentially placed them at risk of skin damage or developing pressure sores. We discussed this with the registered manager who told us this would be rectified.

Where people had a bed rail on their bed to prevent them falling out, for two people the bed rail bumpers, which covered the rails to give people further protection and comfort had not been used. This could have potentially placed them at risk of limbs slipping through the bedrail and at discomfort. We raised this during this with staff during the inspection and this was rectified.

Equipment had not always been used correctly and put people at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked around the building and found the sluice rooms were not locked to protect people from potential harm. We looked at the policies and procedures for the service which detailed the sluice rooms should be locked. We discussed this with the registered manager who ensured this was addressed during the first day of the inspection. There were a number of areas in need of redecoration to improve the physical environment in which people lived. For example, on the dementia floor there were a number of cracks on the walls. There were areas in the ceiling with water marks where water had got into the building. We discussed this with the provider during the inspection who confirmed that they were aware of the work to be completed. They have provided an action plan to make improvements to the

Requires improvement

Is the service safe?

physical environment. Equipment had been regularly checked and serviced. Regular tests and checks were completed on essential safety equipment such as emergency lighting, the fire alarm system and fire extinguishers. A dedicated maintenance worker was responsible for the servicing and maintenance. Staff we spoke with confirmed that any faults were repaired promptly. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. Contingency plans were in place to respond to any emergencies, flood or fire. Staff told us they had completed health and safety training. There was an emergency on call rota of senior staff available for help and support.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines, as were some care staff. A registered nurse described how they completed the medication administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. We looked at a sample of the medications in stock. We found some instances the records of the stock were not accurate as the record of the medication remaining from the last month had not carried over into the new month. This meant staff did not have an accurate record of the medicines in stock, which they needed when re-ordering people's medicines.

People who were able to were supported to manage their own medicines through a risk management process. However, where people took medicines on an 'as and when' basis (PRN) there was limited guidance in place for staff to follow to ensure this was administered correctly. Staff could tell how and when this medication should be given. However, a lack of clear guidance as to when medicines PRN medicines should be taken, how often for how long before further guidance from a GP should be sought, potentially could put people at risk of taking their medicine inconsistently. We discussed this with the deputy manager who acknowledged this was an area highlighted to be developed through the quality assurance procedures in the service. They showed us work had started to address this. People told us they got their medicines in a timely way. One person told us, "It all comes at the right time." Where people had topical creams applied not all of the recording had been completed to evidence it had been applied and inform other care staff. Although care staff could tell us where topical creams should be applied for individual people, the body maps in people's records had not all been completed to insure all staff were clear on the required application. We spoke with a senior care staff on the day of the inspection and this was rectified. We also discussed this with the registered manager who told us they would highlight this issue with the staff to ensure records were completed.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse. One member of staff told us," If I feel the manager was not taking the proper action I would contact the local authority."

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Staff told us how staffing was managed to make sure people were kept safe. The deputy manager demonstrated she knew the people well and showed us the dependency

Requires improvement

Is the service safe?

tool they used to help ensure that there were adequate staff planned to be on duty. They regularly worked in the service to keep up-to-date with peoples care and support needs which helped them when compiling the rota. Staff told us although at times it could be busy there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained. Following a period of staff recruitment the use of agency staff in the service was now minimal, which had helped with the continuity of staff working in the service. They also spoke of good team spirit. People and visitors told us there were enough staff on duty to meet people's needs. On the day of our inspection there were sufficient staff on duty to meet people's needs. Staff had time to spend talking with people and supported them in an unrushed manner. All rooms had call bells to enable people to summon assistance. Bedrooms included an emergency call bell which people could press if they required urgent attention and a call bell to press if they required assistance. We found that call bells were answered promptly by staff on the days of the inspection. People told us when they called for assistance they received help in a timely way. A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was adhered to.

Requires improvement

Is the service effective?

Our findings

People and the visitors told us they felt the care was good. One person told us, "Staff are knowledgeable. They always ask and give opinions." At the last inspection in April 2014, the provider was in breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because risk assessments completed in relation to the Mental Capacity Act 2005 lacked sufficient guidance. There was also a breach of Regulation 17 This was because suitable arrangements had not been made to protect people's dignity at lunchtime. People were not always enabled to make or participate in decisions relating to their care or treatment. During this inspection, improvements had been made and issues identified had been rectified. However we found there were areas of people's care which had been omitted to be considered as a potential deprivation of people's liberty and that required improvement.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us they were aware how to make an application, and about the DoLS applications that had already been made for which staff were awaiting confirmation from the Local Authority if these applications had been agreed. Care staff told us they had completed or were due to complete this training and all had a good understanding of what this meant for people to have a DoLS application agreed, but they were not clear who had been put forward for a DoLS application, or if there were any actions they had to follow to support people where an application had been agreed.

Care was provided to people living with dementia on the middle floor of the service. People were not able to move around the middle floor freely because a wooden gate restricted them from going to their bedrooms and to the patio garden. The wooden gate was placed in front of three steep steps and its purpose was a safety feature to prevent people from falling. To open and close the gate a key code was required which meant people were reliant upon care staff opening and closing the gate. The wooden gate was found to impact upon people's ability to move freely, but we saw that once people asked to be supported through the wooden gate, staff provided assistance immediately.

We discussed this with the registered manager, as there were no specific risk assessments within care plans about people's ability to use steps safely and the support they needed. They acknowledged that people had not been fully protected as there had not been individual assessments for people living on the middle floor as to if it was a deprivation of their liberty.

It was observed throughout the inspection that many people had bed rails in place. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety but do restrict movement. Bed rail risk assessments were in place for all people where bed rails were used. However, the bed rail risk assessment did not document whether the person consented to the bed rails or if the bed rails were implemented in their best interest. For people who could not consent to bed rails, mental capacity assessments had not been completed. Assessment of capacity should be undertaken to ascertain if the person could consent to the restriction of their freedom (bed rails). If not, it must be explained why the bed rails were implemented in their best interest and if other options were explored.

One person sitting in their wheelchair was being supported with the use of a lap belt to help keep them in a comfortable position. This practice had no evidence that a risk assessment had been completed, there was no record as to if this person had consented to the use of the belt, or it was being used in their best interest.

There were areas of people's care which had been omitted to be considered as a potential deprivation of people's liberty. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. Some people had food and fluid intake charts. They relied on care staff to ensure they had enough to eat and drink throughout the day. We found that these had been completed, however had not been totalled at the end of the day. This did not ensure care staff a clear and full picture of if people had received an adequate fluids during the day to maintain their wellbeing. People's weights were

Is the service effective?

monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example, where a person had lost weight more frequent checks of their weight had been carried out and their diet reviewed and a fortified diet considered. One staff member told us, "If people are not eating well, we weigh them weekly to see if any weight has been gained. We feed or encourage them to eat and there are snacks available if losing weight."

People generally spoke well of the food provided and staff came around the day before to ask them what they would like to eat. One person told us, "Excellent food." Another person told us, "The food is usually fine. They usually know what I like." We observed the lunchtime experience for people. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

The cooks told us there was a seasonally changed rotating menu, which was based on people's likes and dislikes. They met any new people living in the service to discuss with them their likes and dislikes. Two options were always available, and we found that people could also make additional requests if there was nothing on the menu that they liked. This information was then fed back to the cook. The cook showed us they had information available on the dietary requirements and likes and dislikes of each person. For example, whether a pureed or soft diet was required. One person on a special diet told us, "They manage the diet very well." This showed us that staff were aware of individual's preferences, needs and nutritional requirements.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA 2005 is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for them. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the health and social care professionals to ensure appropriate capacity assessments. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. Care staff told us they had completed or were due to complete this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. We asked care staff what they did if a person did not want the care and support they were due to provide. One member staff told us, "We talk to them, ask them if it's ok to give them a wash. For people who are unable to communicate we use body language to see if they have consented."

People were supported by care staff that had the knowledge and skills to carry out their role and meet individual peoples care and support needs. The registered manager told us all care staff completed an induction before they supported people. This had recently been reviewed to incorporate the requirements of the new care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. New members of the care staff told us they had recently been on an induction. This had provided them with all the information and support they needed when moving into a new job role.

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. Nursing staff had been supported and provided with information on courses they could attend at a local hospital to keep their clinical skills updated and current. These included courses on catheter care or pressure area care. The training completed was given through a mixture of E learning packages or practical sessions. Care staff spoke of training they had attended to help them understand and support people living with dementia. Staff told us that further dementia care training was to be provided particularly for new care staff who had recently joined the service. Two members of care staff had recently completed dementia mapping training. This

Requires improvement

Is the service effective?

approach prepares staff to take the perspective of the person with dementia in assessing the quality of the care they provide. It supports staff teams to engage in an evidence-based critical reflection in order to improve the quality of care for people living with dementia. One of the staff members told us they were looking forward to sharing what they had learnt with the staff team.

Staff told us that the team worked well together and that communication was good. They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's care. Not everyone told us they had received supervision from their manager, however, they told us they felt well supported and could always go to a senior member of staff for support. One member of staff told us, "Supervision is helpful. We can express our needs and what the company should be doing." We discussed this with the registered manager and deputy manager. They told us they provided individual supervision and appraisal for staff. This was through one-to-one meetings. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. They acknowledged that not all staff had received individual supervision, but most staff had. There was a supervision and appraisal plan in place which the registered manager and deputy manager were following to ensure staff had regular supervision and appraisal. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, social workers, nurses or dieticians and when referrals had been made. Feedback from the healthcare professionals we spoke with supported this. Care staff told us that they knew the people well and if they found a person was poorly they should report this to the manager. People were supported to maintain good health and received ongoing healthcare support.

Good

Is the service caring?

Our findings

People and their visitors told us people were treated with kindness and compassion in their day-to-day care. They told us they were satisfied with the care and support people received. They were happy and they liked the staff. One person told us, "You can't speak too highly of the way they look after us. They are extremely good people." One visitor commented when asked if staff were caring told us, "Staff are very pleasant. I have been quite surprised how friendly it is. I would not complain if I had to be here." Another visitor told us, There is a happy atmosphere here, a good team spirit and a good friendly ethic here." During our inspection we spent time in the communal areas with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation.

At the last inspection in April 2014, the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because not all areas of the service were of a suitable design and layout to promote people's well-being. People living with dementia were not able to move around the service freely on the middle floor because a wooden gate restricted them from going to their bedrooms and to the patio garden. The wooden gate was placed in front of three steep steps and its purpose was a safety feature to prevent people from falling. Following our last inspection of the service, the provider has told us they have looked into the possibility of removing the stairs and building a ramp which people could then access independently. However, professional advice given was that there was not enough space and a ramp would be too steep for people to use safely. They had also considered the use of a stair lift and were currently looking into the possibility of providing a floor lift.

People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, best interest meetings were held with relatives, staff and other professionals, to agree the care and support needed. People were listened to and enabled to make choices about their care and treatment. Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed the activities staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people, and there was a close and supportive relationship between them.

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. Care provided was personal and met peoples individual needs. A key worker system was being introduced, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person the keyworker. People were addressed according to their preference and this was mostly their first name. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. One member of staff told us of the care that was provided, "I need to see they are receiving the care they require, if they are happy, living well. They are getting all the care that they need. I love my job."

People told us care staff ensured their privacy and dignity was considered when personal care was provided. One person told us, "They always ask me before they do anything. Staff are knowledgeable and they always ask and give me options." Another person told us, "Staff respect my dignity and if they didn't I would tell them." Another person told us, "They always shut the door." Visitors told us they felt care staff treated people with dignity and respect. Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they how protected people's dignity and treated them with respect. One care staff told us when they assisted people with their personal care, "I would explain at the time what I was doing. I am going to do this and I am going to do that." Another member of staff told us, "I take a

Good

Is the service caring?

person into the bathroom and close the door. When washing the top half the bottom half is covered. It's how I would like someone to treat me." Another member of staff told us, "By reassuring, and explaining why it's good for them. We give them space and then come back later and give further reassurance." We observed staff knocking on people's doors and waiting before entering.

The atmosphere in the service was calm and relaxed, but there was also a general hum of activity. People had their own bedroom and ensuite facility for comfort and privacy. They had been able to bring in items from home to make their stay more comfortable such as small pieces of furniture, pictures and ornaments. People had been supported to keep in contact with their family and friends. Visitors told us there was flexible visiting. One visitor told us they regularly took their relative out. Another visitor told us they could sit and have lunch with their friend if they wanted to. People had not required support when making decisions about their care from an advocacy service. Senior staff were able to confirm they knew how support people and had information on how to access an advocacy service should people require this service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information. One member of staff told us, "Do not discuss people outside of the building."

Good

Is the service responsive?

Our findings

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety so staff could ensure that people's care needs could be met in the service. The registered manager told us everyone was visited prior to any admission. If they felt they did not have enough information to make a decision they requested further information.

Care staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. Where people could not due to their living with dementia, family had been involved in providing important information to help care staff with the delivery of people's care. The care and support plans were detailed and contained clear instructions about the needs of the individual. They included information about the needs of each person for example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. There were instructions for care staff on how to provide support tailored and specific to the needs of each person. A nominated registered nurse had been allocated for each person to ensure care plans were reviewed and updated. These had been reviewed and audits were being completed to monitor the quality of the completed care and support plans. One member of staff told us, "Care plans are updated monthly. They are very informative. We are trying to improve the care plans to include as much personal history as possible." Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example, records confirmed that advice and support had been sought from the Parkinson's nurse. During our discussions with staff we found that they knew people and their individual needs and it was evident that they knew them well.

Staff demonstrated an understanding of non-verbal communication needs and how to interact with people who could not verbally communicate. Staff told us, when offering choice to people who could not verbally communicate; they used facial expression, body language and gestures to communicate. For example, staff could describe how they used a person's body language to describe if they were happy to have their personal care provided. This showed us that people's communication needs were met.

People and their representatives were able to comment on the care provided through regular reviews of people's care and support plans, in residents and relatives meetings and by completing quality assurance questionnaires. Minutes of the residents meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. One person told us they were waiting for the next residents meeting to put forward their ideas. These were also used to keep people up-to-date with what was happening in the service. For example, staff changes, staff training, activities and the implementation of the new key worker system in the service.

On the days of the inspections a range of activities were organised, for example indoor skittles, throwing a ball, arts and crafts, a reminiscence group and cooking cakes. One afternoon a group came in with small animals which people could see and hold. This generated a lot of fun and laughter and people were engaged in the activity. People were able to join in a range of activities which were run in the service. Activities were facilitated by two activities co-ordinators who between them worked in the service six days a week. Or external groups or entertainers were booked to come in and entertain people. The notice boards had information about activities people could attend and people were being reminded and encouraged to join in the activities on offer on the day.

One of the co-ordinators told us what was provided for people who spent most or all of their time in their bedroom. They were able to tell us depending on people's interests and what they wanted to do they listened to music, read to people, spent time talking with them. Two people we spoke with who spent most of their time in their room confirmed this. They told us that they were made aware of the activities on offer, but they preferred to follow their own activities either reading, watching the television or videos or listening to their favourite music. Staff came in to have a chat with them. One person told us, "We talk about everything in general. "Records of residents and relatives meetings and quality assurance questionnaires completed confirmed that people had been asked for their

Good

Is the service responsive?

views and ideas on activities provided. Following the last family questionnaire staff were working on the range of activities provided to ensure they met individual peoples social activity needs.

People told us they felt it was an environment they could raise any concerns. One visitor told us, “We have not had any concerns, but if we had I feel we would be listened to. We looked at how people’s concerns, comments and complaints were encouraged and responded to. People were made aware of the complaints, suggestions and feedback system which detailed how staff would deal with any complaints and the timescales for a response. It also gave details of external agencies that people could complain to. This information was contained within the service user’s guide which was available in people’s bedrooms. No one we spoke with had raised any concerns. One person told us, “No concerns. I could raise if I wanted to.“ People and their visitors told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Care staff were aware that if people or their visitors had any concerns these should be discussed with the registered manager. In addition to the compliments and complaints procedure, the registered manager told us they operated an ‘open door’ policy and people, their relatives and any other visitors were able to raise any issues or concerns.

Requires improvement

Is the service well-led?

Our findings

People were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. A member of staff told us, "The manager is friendly and there is good team work. She is available to listen. "Staff morale is very good, they pull together. A visitor told us, I can't praise the manager enough. She has been very helpful. Nothing is too much trouble."However, there were areas of practice that required improvement.

Although the breaches in the regulations found at the last inspection had been addressed, we found that further breaches had been found in the recruitment practices followed; The equipment used to help prevent pressure damage had not been checked and was not working correctly to protect people. The recording of the application of topical creams had not been completed and PRN guidance not fully completed to ensure consistency of approach when administering medicines.

We looked at the records of any complaints raised and saw the policies and procedures had been followed with issues investigated and written responses of the outcomes sent to the complainant in a timely way for some of the complaints received. However, for other complaints the information was limited. Recording did not always evidence what had been done to resolve the complaint, and any feedback given to the complainant. Senior staff had not collated the outcome of any complaints received. Complaints had not been reviewed to identify any themes or trends which could impact on the care that other people received and needed to be addressed. There was no evidence of learning or any change in practice from complaints received. This was to ensure that practice was changed to ensure improvements to the care provided and to protect people.

Although work had commenced to ensure a dementia friendly environment the provider had not ensured this work had been completed. This was to ensure to help people were supported to be as independent as possible for as long as possible. There had been use of colour and decoration; however there was no signage in place to help direct people.

A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. We recommend that further guidance is sought with regard to making the environment more user friendly and comfortable for people living with dementia.

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, progress in life skills towards independence, medication, health and safety and infection control. They were able to show us that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. The providers visited and audited the care provided. We looked at the last record of their visit which detailed they had looked at recording and the care provided. However, the audits completed had not highlighted all the areas we found in need of improvement.

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager. There was a team of registered nurses and senior care staff. The senior staff promoted an open and inclusive culture by ensuring people, their representations, and staff were able to comment on the standard of care provided and influence the care provided. Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them. One staff member told us, "The manager is friendly and a good team worker. Another staff member told us, "The manager, we can talk to her and approachable." One person told us when asked if the service was well led told us, "Everything happens that needs to happen."

The organisation's mission statement was incorporated in to the recruitment and induction of any new staff. The mission statement was detailed in the service user's guide for people, visitors and staff to read. The aim of staff working in the service was, "Our main objective is to love and care for residents placed with us, and to give them peace of mind and reassurance, ensuring that they spend the latter part of their lives comfortably and pleasurably." Staff demonstrated an understanding of the purpose of the service, with the promotion and support to develop people's life skills, the importance of people's rights, respect, diversity and an understood the importance of respecting people's privacy and dignity.

Requires improvement

Is the service well-led?

Staff meetings were held each throughout the year. These were used as an opportunity to both discuss problems arising within the service, as well as to reflect on any incident that had occurred. Staff were able to tell us about a recent incident which had been discussed and how practice had changed to ensure this did not happen again. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

Accidents and incidents were recorded and staff knew how and where to record the information. Remedial action was taken and any learning outcomes were logged. Steps were then taken to prevent similar events from happening in the future. For example, for two people after analysis of an incident the falls advisory team were contacted to provide guidance and support.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Policies and procedures were in place for staff to follow, and current guidance had been used to regularly update policies and procedures.

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 11 HSCA (RA) Regulations 2014 Need for consent **The registered person had not ensured that the care of people had been provided with the consent of the relevant person.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person had not ensured that care had been provided in a safe way for people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person had not ensured that effective recruitment and selection procedures had been followed.**