Castle Hill House Limited

Castle Hill House Care Home with Nursing

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

Summary of findings

Overall summary

We carried out this unannounced inspection on 31October and 2 November 2017. At the last inspection, in August 2015, the service was rated Good.

Castle Hill House is a 'care home' that provides nursing care for a maximum of 43 older people who have nursing and or mental health needs. The service was divided into two areas, the nursing floor and the residential floor. At the time of the inspection there were 33 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

At this inspection we found some people did not receive their care in a timely manner. On the day of the inspection there was one less member of staff on duty on the nursing floor, this was due to sickness. On the residential floor there were 10 people who needed two staff to support them to get up and to provide personal care. As there was only one team, consisting of two staff, some people were not helped to get up and dressed until 11.45 am. We also found that call bells were not always promptly answered, in four observed incidents, taking between 10-15 minutes to respond to people's needs. People told us they didn't mind waiting for assistance from staff. One person said, "Staff are very good. I don't mind waiting, I am not going anywhere." Staff prioritised who they helped, regularly checking if people needed anything, and keeping people informed of any delays. However, there were not enough staff on duty to ensure people could receive their care when they needed it.

We had concerns about inconsistent and missing records in relation to medicines administration, assessments of people's mental capacity and some people's care records. There were gaps in Medicine Administration Records (MARS). Topical creams had not been dated on opening and there were missing records of when creams were used. There were discrepancies between records of medicines given and the stock held for some people. The temperature of the medicines room was too high and there were some out of date swabs, specimen and blood bottles held by the service.

Management and staff had some understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications for DoLS authorisations had been made to the local authority appropriately. There were instances where staff had sought advice from external professionals to assist them in assessing the person's capacity. There was evidence of where best interest meetings had taken place, with families and healthcare professionals, when decisions needed to be made on a person's

behalf. However, the service had not carried out their own assessments of people's mental capacity and decision making ability in line with the legal requirements of the MCA. This meant there was no written guidance for staff about how to support people to make their own decisions.

When people had specific health needs advice and guidance was sought from healthcare professionals. However, when advice was given by professionals, staff were not always provided with written instructions to enable them to consistently follow the guidance. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored. When records indicated that people had eaten or drunk less than their assessed level it was not clear if any action had been taken to ensure people were hydrated and nourished. Where people had been assessed as being at risk of losing weight their weight was not regularly checked. When people's weight was checked records did not show if any action had not been taken when weight loss was noted.

There were assessing and monitoring systems in place and audits of all aspects of the service were carried out. However, when audits identified areas for improvement there was no clear action plan put in place, with a timescale, of when the improvements would be carried out. For example, some of the areas for improvement we found at this inspection had been identified through the service's own auditing system but action had not been taken to make the necessary improvements.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Castle Hill House. Any risks in relation to people's care and support were identified and mostly appropriately managed. Some people's care plans had not been updated to reflect the care they received. We have made a recommendation about care plans.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe because when I was ill a staff member stayed with me", "There is always someone around if you need help", "I feel safe because of their kindness", "If I want anything, I only have to say" and "I know my relative feels safe because they are not in any pain or discomfort."

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us staff were kind to them and respected their wishes. Comments from people and relatives included, "They are like a family to me", "One of the staff goes out shopping with me", "They show me lots of respect", "My relative likes to think of her carers as friends", "All the staff are so friendly" and "The staff are always popping in to see mum."

Staff were supported by a system of induction training, one-to-one supervision and appraisals. People were supported by staff who knew how to recognise abuse and how to respond to concerns. Staff received training relevant for their role and there were good opportunities for on-going training and support and development.

People were able to take part in a range of group and individual activities. A full time activity coordinator was in post who arranged regular events for people. These included board games, jigsaws, baking, craft work, and bingo as well as external entertainers and religious services.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking, laughing and singing with people. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible. People and their relatives told us, "The meal I had today was lovely", "They serve lovely food", "You

get a good choice of food", "The food on the whole is not too bad", "The chef made me Lasagne especially just for me" and "Mum does well with her eating, especially as she is on a soft diet."

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and told us they felt supported by the management team. Comments from staff included, "Pretty good working here" and "The manager has been helpful and listens to us."

People and relatives all described the management of the home as open and approachable. Comments included, "The manager is brilliant" and "I wouldn't move anywhere else." There were regular meetings for people and their families, which meant they could share their views about the running of the service. People and their families were given information about how to complain.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. There were not enough staff on duty to ensure people received their care and support in a timely manner.

People were supported with their medicines in a mostly safe way by staff who had been appropriately trained. Documentation in relation to people's medicines was not consistently completed.

Risks in relation to people's care and support were identified and mostly appropriately managed.

Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge to work with vulnerable people. Staff knew how to recognise and report the signs of abuse.

Is the service effective?

Requires Improvement

The service was not entirely effective. The service had not carried out assessments of people's mental capacity and decision making ability in line with the legal requirements of the Mental Capacity Act 2005.

People saw health professionals when they needed to so their health needs were met. However, guidance for staff about how to meet people's health needs was not consistently recorded. Where people were at risk of losing weight this was not always effectively monitored.

Staff received appropriate training so they had the skills and knowledge to provide effective care to people.

People were supported to maintain a balanced diet in line with their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. We have recommended that care plans are updated to accurately reflect the care provided for people.

People were supported to take part in social activities and develop interests.

People and their families told us if they had a complaint they would be happy to speak with the manager and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not entirely well-led. Where systems to monitor the quality of the service provided had identified areas for improvement action had not always been taken to make the necessary improvements.

The management provided staff with appropriate support. There was a positive culture within the staff team and with an emphasis on providing a good service for people.

Castle Hill House Care Home with Nursing

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 unannounced inspection took place on 31 October and 2 November.2017. The first day was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. The second day was carried out by one adult social care inspector. The specialist advisor had a background in nursing care for older people. An expert by experience is a person who has experience of using or caring for someone who uses this type of service. Their area of expertise was in older people's care.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with ten people living at Castle Hill House and three visiting relatives. We looked around the premises and observed care practices on the day of our visit. We also spoke with the registered manager, the deputy manager, the clinical lead and four care staff. We looked at five records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the number of staff on duty and how staff were allocated to support people. The service was on two floors and most people who lived on the first floor (called the residential floor) needed help with personal care and mobilising but not nursing care. People who lived on the ground floor needed their care to be overseen by a qualified nurse. The staffing structure had been reviewed since the last inspection and instead of two nurses on the day shift there was one. Previously a nurse was allocated to oversee each floor and now there was a senior care worker managing the residential floor and a nurse managing the nursing floor. However, the senior care worker was part of the care staff numbers and because they gave people their medicines they were not always available to provide care for people, especially in the morning. This meant there were less staff available to provide care for people.

On the day of the inspection there was one less member of staff on duty on the nursing floor, due to sickness. On the residential floor there were 10 people who needed two staff to support them to get up and to provide personal care. As there was only one team, consisting of two staff, some people were not helped to get up and dressed until 11.45 am. Call bells were not always promptly answered. We observed four incidents were it took between 10-15 minutes for staff to respond. Although, staff told us when call bells were ringing they knew the people who might be in need of urgent help and prioritised assisting these people. People told us they didn't mind waiting for assistance from staff. One person said, "Staff are very good. I don't mind waiting, I am not going anywhere." We saw that staff regularly checked if people needed anything and kept people informed of any delays. However, we found there were not enough staff on duty to ensure people could receive their care when they needed it.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found medicines were administered in a timely and considerate manner by staff who had been trained and assessed as competent to manage medicines. There were suitable arrangements in place for the use of homely remedies (medicines that can be bought over the counter). These medicines had been reviewed and had been checked with an appropriate healthcare professional to establish that they were suitable to use for people in the service.

However, we had some concerns about inconsistent recording when staff administered and managed people's medicines. We checked the medicine administration records (MAR) and found there were gaps in the records when people had been given some of their medicines. There were discrepancies between records of medicines given and the stock held for some people. For example, one person's records showed that at the start of the medicines cycle they had a stock of 84 tablets of one of their medicines. Records showed that 35 had been given which would mean that there should be 49 left. However, when we checked the stock there were 69 left. The clinical lead told us some medicines had not been signed into the service when additional medicines were received after the main order had been signed in. We also found instances of where there were medicines in stock that had not been recorded on a MAR chart.

Some people had been prescribed creams and these had not always been dated when first opened. This meant staff were not always aware of the expiration of the item when the cream would no longer be safe to use. Records of when staff applied creams for people were kept in their bedrooms. Staff did not always record when these prescribed creams were applied. Some people had medicines that were prescribed to be taken when required (PRN). MAR charts were inconsistently completed so it was unclear if people had always been offered their PRN medicines.

We found some items held by the service were out of date. There were specimen bottles that had expired in 2001 and 2014 and blood bottles that had expired in September 2017. There were also some wound swabs that had gone beyond their expiry date.

Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. However, the cabinet used to store these medicines contained other items such as jewellery and batteries. This was despite the service's medicines policy stating, 'The CD cupboard must at all times be used solely for the storage of CDs and not for money, jewellery or alcohol.'

Arrangements were in place for the monitoring of medicines that required temperature controlled storage. Appropriate action was taken when the medicine refrigerator temperatures were found to be outside of the required range. However, the room where the medicines were stored was hot and the records show it was regularly reached 25 and 26.degrees Celsius.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People, and their relatives, told us they were happy with the care they received and believed it was a safe environment. Comments included, "I feel safe because when I was ill a staff member stayed with me", "There is always someone around if you need help", "I feel safe because of their kindness", "If I want anything, I only have to say" and "I know my relative feels safe because they are not in any pain or discomfort."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

The service had an equality and diversity policy and staff received training on equality and diversity. Staff demonstrated that they were aware of their responsibility to help protect people from any type of discrimination and ensure people's rights were protected.

Some people had agreed for the service to hold amounts of personal money for them. The money was managed by the registered manager and administrator. People were able to easily access this money for outings, hairdressing, toiletries and items they may wish to purchase. We checked a sample and the monies held tallied with the records.

Each person's care file had individual risk assessments in place which identified any risks to the person and gave instructions for staff to help manage the risks. These risk assessments covered areas such as nutrition, pressure sores, falls and how staff should support people when using equipment. However, as detailed in the effective section of the report guidance for staff about how to support people who were at risk of choking was not always recorded. Staff had been suitably trained in safe moving and handling procedures.

Staff were provided with information about how to support people who could sometimes display behaviour that was challenging for staff to manage. For example, one person could become disorientated, about where they were in the building, and sometimes went into other people's rooms. As well as the intrusion on other people's privacy, the person could become upset because other people told them to leave their room. There was guidance and instructions for staff about how to distract the person from going into other's rooms and how to calm them if they became upset. People's individual risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

Incidents and accidents were recorded in the service. Appropriate action had been taken and where necessary changes made to learn from the events or seek specialist advice from external professionals. For example, if people had frequent falls staff made a referral to the occupational therapy (OT) team. This meant people could be assessed for equipment such as walking aids to help reduce their risk of falling.

Care records were either stored securely in locked cabinets in the care offices situated on each floor or held electronically. Computer stations for staff to use were situated around the building and access was password protected. Each member of staff had an appropriate level of access for the role they were performing.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

The environment was clean, well maintained and there were no unpleasant odours. Hand gel dispensers were available throughout the building. Personal protective equipment (PPE) such as aprons and gloves were available for staff and used appropriately to reduce cross infection risks.

There was an on-going programme to re-decorate people's rooms and make other upgrades to the premises when needed. All necessary safety checks and tests had been completed by appropriately skilled contractors. There was a system of health and safety risk assessment for the building. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked. Records showed there were regular fire drills.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Management and staff had some understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management recognised when people did not have the mental capacity to consent to the restrictions put in place for their safety. Seven DoLS applications had been made to the local authority and the service was waiting for these to be authorised. However, despite staff knowledge about people's mental capacity, capacity assessments had not been carried out and documented in line with the MCA. Some people living at the service had a diagnosis of dementia or other health conditions that might affect their mental capacity. There were instances where staff had sought advice from external professionals to assist them in assessing the person's capacity. Best interest meetings had taken place, with families and healthcare professionals, when decisions needed to be made on a person's behalf.

However, as decision makers, the service needed to undertake their own assessments of capacity for those living at the service. Care records did not contain any details about whether people had capacity and what type of decisions people might be able to make and those people would not be able to make. This meant there was a risk that people's rights might not be protected as there was no guidance for staff about how to support people to make their own decisions.

Care records did not contain any formal consent from people, or their legal representatives, to show they had consented to the care provided for them. However, we observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

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

Where people had specific health needs advice and guidance was sought from external healthcare professionals. For example, some people had difficulty swallowing and were at risk of choking. We saw instances where referrals had been made to speech and language therapists (SALT) to obtain guidance about how to provide appropriate care for people who were at risk of choking. However, when advice was

given by professionals, staff were not always provided with written instructions to enable them to consistently follow the guidance. For example, the daily notes for one person recorded that a SALT referral was made on 20 July 2017. Subsequent entries described how the person had continued to have difficulty swallowing and a healthcare professional visited in October 2017 to carry out an assessment. However, the person's care plan had not been updated to reflect the change in the person's needs, in relation to the risk of choking, or to record guidance for staff to follow. This meant there was a risk that the person might not receive care appropriate for their needs.

Where people were assessed as being at risk of losing weight their food and fluid intake was monitored. When records indicated that people had eaten or drunk less than their assessed level it was not clear if any action had been taken to ensure people were hydrated and nourished adequately. Where people had been assessed as being at risk of losing weight their weight was not regularly checked. When people's weight was checked records did not show if any action had not been taken when weight loss was noted.

This contributed to the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia and Parkinson's awareness. The management encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

Newly employed staff completed an induction which included training in areas identified as necessary for the service such as fire, infection control, health and safety, equality and diversity, mental capacity and safeguarding. They also spent time familiarising themselves with the service's policies and procedures and shadowing experienced staff so they could understand the needs of the people living at the service. The induction was in line with the Care Certificate, which is an industry recognised induction to give care staff, that are new to working in care, an understanding of good working practice within the care sector.

We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking, laughing and singing with people. Conversation flowed freely between people and staff. People told us they enjoyed their meals and they were able to choose what they wanted each day. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. People were given plates and cutlery suitable for their needs and to enable them to eat independently wherever possible.

People were offered cold drinks before meal and an alcoholic drink of their choice with their meal such as wine, sherry or beer. One person liked to have a particular liqueur and this was available for them to have. Comments from people and their relatives included, "The meal I had today was lovely", "They serve lovely

food", "You get a good choice of food", "The food on the whole is not too bad", "The chef made me Lasagne especially just for me" and "Mum does well with her eating, especially as she is on a soft diet."

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. The service was on two floors and the second floor was accessed by a passenger lift. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were plenty of safe and secure outside spaces that people could access independently or with assistance from staff.

Good

Is the service caring?

Our findings

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us staff were kind to them and respected their wishes. Comments from people and relatives included, "They are like a family to me", "One of the staff goes out shopping with me", "They show me lots of respect", "My relative likes to think of her carers as friends", "All the staff are so friendly" and "The staff are always popping in to see mum."

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing and respected their dignity. For example, during the lunch time meal we observed one person being helped by a staff member to eat their meal. As the person was partially sighted, the staff member explained what was on the plate and when they were going to put the food towards their mouth. This was carried out in a dignified and respectful manner.

The family member of one person told us their relative had not been sleeping well. A member of the night staff regularly came in the person's room to sit with them, while doing paperwork, to chat with them and keep them company. Another person had difficulty orientating around the premises and needed additional support to find their room. Signs had been placed on the wall between their room and the lounge where they liked to sit. This showed the service provided support to people in a personalised way that promoted their independence.

Staff supported people to make choices about their daily lives. Care plans recorded people's individual choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in a shared lounge or their own rooms. Staff asked people where they wanted to spend their time and what they wanted to eat and drink.

Some people living at Castle Hill House had a diagnosis of dementia or memory difficulties. The service had worked with relatives to develop life histories to understand about people's past lives and interests. Life histories were documented in most people's care plans. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People told us staff respected their privacy. Doors and curtains were closed when staff supported them with personal care. We saw staff knocked on people's bedroom doors and waited to be invited to enter before going in. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People's relatives were made welcome at the service and there were no restrictions on visiting times. We observed staff taking time to speak with relatives and to keep them updated about what people had been

doing. One relative told us, "I am always made welcome by the staff."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. There were regular meetings for people and their families, which meant they could share their views about the service.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Castle Hill House. People and their families told us staff knew how to care for them. One relative said, "I have peace of mind that [person] is well looked after."

Staff spoke knowledgably about the needs of people living at the service. They told us daily handovers were informative and gave them the information they needed to know how to provide the right care for people. Daily notes were very detailed and we could see these notes reflected the care being provided for people. Daily notes were recorded on an electronic system and each entry was identified as a particular activity such as personal care, meals, professional visit or social activity. This meant is was possible for staff to filter the notes for a person so they could read about a specific task or activity that had taken place over a specified time period. Staff told us this was useful as it meant they could keep updated about people's changing needs.

Care plans were personalised to the individual and mostly gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. People told us they knew about their care plans and managers would regularly talk to them about their care. However, some people's care plans had not been updated to reflect the care they received. For example, the daily notes for one person stated, in September 2017, that they needed to use a cup with a lid due to the risk of scalding from spilling a hot drink. We saw that the person was using a cup with a lid so this change to their needs had been communicated to staff. However, it had not been updated in their care plan. Some people living at the service had been assessed as being at risk of choking and, as detailed in the effective section of the report, care plans were not always updated to reflect this change.

We judged that vital information about people's needs was being communicated to staff. However, missing details in care plans, for staff to follow, meant there was a potential risk that staff would not know how to consistently provide the right care for people.

We recommend that the service ensures that people's care plans accurately reflect the care being provided for people.

Some people had been assessed as being at risk from developing skin damage due to pressure. Monitoring records were kept in people's rooms and we found these records were accurately completed. Pressure relieving mattresses were in place for these people. We found mattresses were set to the correct level.

Before moving into the service a member of the management team visited people to carry out an assessment of their needs to check if the service could both meet their needs and expectations. Copies of pre-admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

People were able to take part in a range of group and individual activities. A full time activity coordinator

was in post who arranged regular events for people. There was an activity room with items such as board games, jigsaws, colouring pencils and materials for craft work. This room was bright and inviting and opened out onto an enclosed sunny courtyard where people could sit when the weather was warm. We saw people go into this room to take part in some activities or to watch other people. In the afternoon of the inspection some people did a flower arranging activity.

The coordinator also arranged regular bingo and exercise sessions. External entertainers visited the service such as pets to stroke and singers. A hairdresser visited the home on a fortnightly basis and there were regular church services. Where people stayed in their rooms, either through their choice or because they were cared for in bed, the coordinator spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.
Comments from people included, "I enjoy it when they bring the pets in to stroke", "I used to do flower arrangements so I loved todays activity", "I don't mind just sitting in my room and watching television", "I enjoy going with my friend, who lives here, for a game of bingo" and "They know my relative loves her music so the activity co coordinator always makes sure her radio is on."

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People told us they knew how to raise a concern and they would be comfortable doing so. Relatives told us when they had raised a concern this had been dealt with appropriately.

Requires Improvement

Is the service well-led?

Our findings

There was a system in place to monitor the quality of the service provided. The management carried out audits for all aspects of the care provided such as, care plans, falls, medicines procedures and equipment used. However, when audits identified areas for improvement there was no clear action plan put in place, with a timescale, of when the improvements would be carried out.

Some of the areas for improvement we found at this inspection had been identified through the service's own auditing system but action had not been taken to make the necessary improvements. For example, notes from nurse meetings dated July and August 2017 showed that issues raised from medicines audits were discussed. In July 2017 notes stated, 'Stock books still not being used and are not accurate. In the August the meeting notes read, 'Stock books still not being kept up to date'. We found at this inspection that there were inaccuracies between the stock of medicines and the records of medicines given to people. Also, the high temperature of the medicines room had been identified but not actioned.

The registered manager carried out care plans audits, approximately every six months. Any actions needed to be taken from the audits were given to the named nurse, for the person whose care plan had been checked. The most recent audit had looked at 10 people's care plans. The audit had identified that there were no assessments of people's mental capacity recorded in any of the care plans checked. The registered manager told us action plans had been passed to nurses for completion. However, there was no evidence of a timescale for this action to be completed or of any follow up by management to ensure the necessary improvements had been made.

Monitoring and assessing processes had not identified that there were insufficient staff on duty to meet people's needs. When the staffing in the service had been re-structured the impact this might have on the care provided to people had not been assessed. Staff told us they had reported to management that there were not enough staff on duty. The registered manager confirmed they were aware of staff's concerns and were looking at how staffing levels could be improved. However, there was no evidence to show that any action had been taken or of any plans to improve staffing numbers.

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

There was a management structure in the service which provided lines of responsibility and accountability. There was a registered manager in post who was responsible for the day-to-day running of the service. The registered manager was supported by a deputy manager, a clinical lead and senior care staff. The owner visited regularly and also supported the registered manager.

Staff told us they were encouraged to make suggestions regarding how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with management, at daily handover meetings, regular staff meetings and one-to-one supervisions. Staff had a positive attitude and told us they felt supported by the management team. Comments from staff included,

"Pretty good working here" and "The manager has been helpful and listens to us."

People and relatives all described the management of the home as open and approachable. Comments included, "The manager is brilliant" and "I wouldn't move anywhere else." There were regular meetings for people and their families, which meant they could share their views about the running of the service.

The environment was clean and well maintained. The registered manager carried out an environmental checklist throughout the service every month to highlight any issues that needed addressing. There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported in a book and addressed in a timely manner.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's mental capacity and decision making ability had not been assessed in line with the Mental Capacity Act 2005. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Assessing and monitoring systems were not always effective. Where audits had identified areas for improvements these had not been actioned. Records in relation to the care and treatment provided to people were not consistently completed. Regulation 17 (1) and (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff available to ensure people could receive their care when they needed it. Regulation 18