Bupa Care Homes (GL) Limited

Airedale Residential Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on the 6 July 2015. At the last inspection in January 2014 we found the provider met the regulations we looked at.

Airedale Residential Home provides accommodation for a maximum of 40 people, on three floors. It is situated near to the town of Pudsey and local shops and amenities. There is ample parking at the front of the property. There are pleasant views across a small public park.

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

We looked around the premises and found there were safety concerns regarding the premises and equipment. A toilet was also used as a hairdressing room and storage area for wheelchairs. We found some window restrictors had been left unlocked which meant windows could be opened wider than the recommended 100mm which is not safe practice in falls prevention. Some of the home's carpets and furnishings were tired and worn and giving rise to malodours. A stair lift had been identified by the home as not fit for purpose as it did not meet the needs

Summary of findings

of the person who used it. However, no action had been taken to rectify this. This was a breach of Regulation 15, Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

People who used the service told us they were happy living at the service. They said they felt safe and staff treated them well. We saw care practices were good. Staff respected people's choices and treated them with dignity and respect.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Staff said they felt well supported in their role, however, we noted that staff supervision meetings were behind schedule. The registered manager was aware of the need to make sure these were brought up to date.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. People were encouraged to maintain good health and received the support they needed to do this.

There were enough staff to keep people safe and staff training provided staff with the knowledge and skills to support people safely. However, some relatives of people who used the service and some staff said they thought the home would benefit from additional staff at busy times.

Overall, robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work to prepare them for their role.

People's care plans contained appropriate mental capacity assessments. At the time of our inspection there was no-one subject to a Deprivation of Liberty Safeguard (DoLS) authorisation. People's care plans contained sufficient and relevant information to provide consistent, care and support.

Overall people said they enjoyed the food in the home and people had a good mealtime experience; they received the support they needed. We saw people received regular drinks and snacks to make sure their nutrition and hydration needs were met. There was opportunity for people to be involved in a range of activities within the home and the local community.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were overall, effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

There were safety concerns relating to the premises and equipment. Premises and equipment were not always clean or suitable for the purpose for which they were being used. Medicines were overall, managed safely for people.

Staffing levels were provided as planned by the home. However, some relatives and staff said the home would benefit from more staff at busy times.

Staff knew how to recognise and respond to abuse appropriately. They could describe the different types of abuse and had received training on safeguarding vulnerable adults.

Requires improvement

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

People were asked to give consent to their care, treatment and support and the support plans we looked at contained appropriate mental capacity assessments.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

Health, care and support needs were assessed and met by regular contact with health professionals.

Requires improvement

Is the service caring?
The service was caring.

Staff understood how to treat people with dignity and respect and were confident people received good quality care.

People told us they were well cared for and that staff treated them with kindness.

Good

Is the service responsive?
The service was responsive.

People's care and support needs were assessed and care plans identified how care should be delivered.

People had access to a wide range of activities.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Good

Is the service well-led?
The service was not consistently well- led.

Requires improvement

Summary of findings

Systems in place to assess and monitor the quality and safety of the service were not fully effective. Records showed that people who used the service were asked for their views on the quality of care provided.

Staff said they felt well supported and found the manager approachable.

The provider had informed CQC about some significant events that had occurred but they had failed to inform CQC about all reportable events.

Airedale Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2015 and was unannounced.

At the time of our inspection there were 33 people living at the service. During our visit we spoke with eight people who used the service, four relatives, two visiting health professionals, seven staff which included a kitchen assistant, a housekeeper and the registered manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked in detail at three people's support plans.

The inspection was carried out by two adult social care inspectors, a specialist advisor in nursing and governance and an expert-by-experience who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

People who used the service or their relatives told us they or their relative was safe at the home. A person who used the service said, “I feel safe, my family are pleased.” Another person said, “I feel safe, they are ever so good, you couldn’t get a better place.” We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff.

We looked around several areas of the home; this included communal areas, bathrooms and toilets and people’s bedrooms. We saw the home was, in the main, tidy and homely. However, we noted there was a lack of storage space in the home. We saw one of the downstairs toilets was also used as a hairdressing area and storage for at least six wheelchairs. This was unhygienic and was not a comfortable or pleasant place to have hairdressing carried out. It was also hazardous with the numbers of wheelchairs in the room when the room was being used as a toilet. There was a risk people could trip or catch themselves on the wheelchairs.

We also saw that some of the furnishings such as dining room chairs and carpets were looking tired and worn and giving rise to malodours. We saw documentary evidence that a quote had been obtained for a new lounge carpet. The registered manager told us they were aware new dining room chairs were needed as they were 'grubby'. People who used the service and their relatives said the home needed some attention. One said, “It could smell better downstairs, not upstairs.” Another said, “It needs brightening up for the residents.”

In some of the upstairs bedrooms we found that window restrictors had been unlocked which meant the windows opened wider than 100mm. We were told this was to ‘air’ the bedrooms. Health and Safety Executive guidance states that ‘where assessment identifies that people using care services are at risk from falling from windows or balconies at a height likely to cause harm, suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. The opening should be restricted to 100 mm or less. Window restrictors should only be able to be disengaged using a special tool or key’. We also found that one of the lounges which had windows that looked out onto a glass greenhouse did not have tamper proof disengagement. This meant that by pressing buttons which said ‘press here’ the restrictor could be disengaged. This did not protect people from the risk of falls from windows. There were no risk assessments in place to show how this type of risk had been considered. Following the inspection the registered manager told us that some temporary restrictors had been fitted where needed and a company had been contacted to advise on new tamper proof disengagement restrictors.

We saw that some of the bedrooms had been arranged so that the beds had gaps between the bed and the wall. There was a risk that people could fall down the gap and become trapped or injure themselves. No risk assessments had been carried out to see if the bedroom layout was safe.

There was a stair lift to assist people with restricted mobility to ascend the stairs. The registered manager said this chair lift had been identified as unfit for purpose as the chair did not swivel to enable safe disembarkment from it. We were unable to ascertain when this was identified as unfit for purpose; however, we were told that no action had yet been taken to remedy the situation. A person who used the service was still using the stair lift with staff assisting them to get off the seat. There were no risk assessments or management plans in place to show how this was done safely.

All the above evidence regarding the premises and equipment showed a breach of Regulation 15, Premises and equipment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

The registered manager provided all maintenance certificates, which were up to date.

We spoke to staff members about protection of people from abuse. They were able to tell us types of abuse and how they protected people. A staff member told us “We have to be their eyes and ears”, and said that they would feel able to report any matter and that it would be dealt with. They told us that they had received training in safeguarding and we saw records that confirmed that this was carried out annually.

Incidents in the home were logged using an ‘Accident/ Adverse Incident’ form and details were also put in the daily notes of people involved. Staff told us that the forms were then passed to the registered manager for action. However, we found that an incident involving two people who used the service which had occurred ten days prior to

Requires improvement

Is the service safe?

the inspection had not at the time of our visit been reported to the local safeguarding authority or CQC as required. During the inspection we saw evidence that the registered manager had commenced their report to the local authority and were told that the CQC notification would be sent in.

We looked at three people's care plans and saw that risk was assessed across a number of areas including nutrition, moving and handling and falls. Standard supporting tools such as the Waterlow Pressure UIcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were routinely used in the completion of individual risk assessments. A personal care plan for each area was written using the results of the risk assessment and we saw that these were regularly reviewed to ensure people's needs were met. However, when we looked at environmental risk assessments in the home we saw the documentation had been completed incorrectly. The registered manager was not aware of this and agreed they needed to be rectified to show how environmental risks in the home were managed.

We received mixed feedback on staffing levels from people who used the service and their relatives. One person said, when asked about buzzer response times, "They come soon, they are very nice girls." Another said, "What you need, they see it before you tell them, they never get cross." A relative said, "I've never noticed it being short-staffed. There is always someone in each room. They write their reports in the lounges, you know, in their books, so they can chat to people." However, other people thought the home would benefit from more staff. One person said their relative had been incontinent while waiting for staff to assist them, another said they had to wait at weekends for up to half an hour to gain access to the building if staff were busy. A person who used the service said staff were busy and described them as' run off their feet.' People were pleased at the lack of staff turnover in the home. One person said, "The staff are stable; not many new faces."

Our observations on the day of inspection showed that staff were deployed well and organised. They worked well together as a team to provide the support needed. People were attended to promptly when they needed assistance and were supervised as needed.

Most of the staff we spoke with said they felt there were overall enough staff to enable them to meet people's needs. However, all the staff we spoke with said that they felt at times more staff were needed due to the dependency of people who used the service. One staff member said, "Needs are met but we have less time with people and people have to wait longer to get up. We don't have as much time for chatting at those times." Another staff member said they would like to see more staff available up to 10am so that people could always get up at their preferred time. They said there were a number of people in the home who were 'early risers'.

A visiting health professional said there always seemed plenty of staff available in the home and there was always a staff member available to assist them if needed. They said the staff were busy but 'jolly' and did not complain about being short staffed. They said. "I only have to press the buzzer if I need their assistance and they are there."

We discussed staffing levels with the registered manager. They told us there should be one senior care worker and four care workers on duty throughout the day and one senior care worker and two care workers at night. In addition to this a head of care (who took the role of deputy manager) was available five days out of seven and the registered manager worked through the days Monday to Friday. We were also told there were housekeeping, maintenance and kitchen staff and an activity coordinator who worked 30 hours per week. Our review of the rotas over a four week period showed staffing levels were provided as planned. We saw instances of staff sickness were covered.

We asked the registered manager if they reviewed the staffing arrangements against the dependency of people who used the service. They said that in the main they worked staffing levels out according to occupancy in the home. They said they would look in to the use of a dependency tool to ensure staffing requirements were based on people's needs rather than numbers in residence.

We looked at recruitment records for three members of staff. We saw that written references had been sought prior to employment and that these evidenced their work experience and previous good conduct. We saw that appropriate evidence proving identity had been provided. Two staff files had evidence of an up to date Disclosure and Barring Service (DBS) check. A DBS check provides information on an individual's suitability to work with vulnerable adults. One staff file did not contain evidence of such a check, although the person was working at the home on the day of the inspection, meaning that the

Requires improvement

Is the service safe?

service could not demonstrate that people were adequately protected from being cared for by suitable staff. The registered manager told us that she believed this to have been an administrative error but confirmed that they had not seen the DBS forms herself. She told us that the DBS reference number for that employee could be provided the next day. Following our inspection we were provided with information demonstrating this staff member had a DBS check.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We observed medicines administration and we saw staff explain to people what medicine they were taking and why. Staff also supported people to take their medicines and provided them with drinks, as appropriate, to ensure they were comfortable in taking their medication. We reviewed the home's medicine management policies and procedures and found them to be comprehensive and appropriate.

The registered manager told us that relevant staff had undertaken relevant medicines training. The registered manager told us that they and a senior member of staff conducted 12 monthly observations to assess staff's competency when dealing with medication. This ensured that staff consistently managed medicines in a safe way.

A sample of Medicines Administration Record (MAR) forms were looked at. Overall, MARs were correctly completed. We identified one missing signature on the MARs we looked at. Staff said they had already identified this and were addressing it with the relevant staff member. A stock check revealed there were no discrepancies which meant people had received their medication as prescribed. There was written guidance for the use of 'when required' medicines which meant staff were provided with a consistent approach to the administration of this type of medicine.

Staff showed us the systems in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. Staff showed us how unwanted or out-of date medicines were disposed of and records confirmed this. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines that require extra checks and special storage arrangements because of their potential for misuse. The controlled drugs book was in good order and medicines were clearly recorded.

Requires improvement

Is the service effective?

Our findings

We saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, people were asked where they wanted to sit, where to eat their meals and what to eat or drink. In addition we saw staff sought consent to help people with their needs.

We saw that peoples' care plans included detailed assessments of their mental capacity to make decisions and information about their choices and decisions regarding their care. We saw that where people liked to have support of family members in making their decisions this was well documented. Staff told us that they had received training in the Mental Capacity Act 2005 and we saw records that confirmed this. Staff we spoke with were able to tell us about peoples' capacity to make decisions and understood that there was a process to be undertaken to establish when other people might need to make decisions on behalf of people who used the service and who those people might be.

Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care records that we looked at contained valid Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms, and showed that decisions had been made on the basis of individual assessment, in line with General Medical Council guidelines. For example it was recorded on one DNACPR form that to attempt such a procedure was against the person's wishes and that they had capacity to make such a decision. There was information as to any communication with relatives and the names of the healthcare professionals involved in completing the form.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager informed us they had not identified anyone in the home as at risk of having their liberty deprived. The registered manager was aware of the procedures to follow should they need to make any applications.

Records showed that arrangements were in place that made sure people's health needs were met and that people had access to external health professionals and were supported to maintain a good status of health. Each person's care plan file contained a log of when they had been seen by a visiting health professional. We saw records that showed that people's care involved input from District Nurses, Community Dieticians, Opticians, Physiotherapists and a Consultant Psychiatrist. A visiting health professional said the service was very prompt in gaining medical support for people when they needed it. They said the staff worked well with them and always carried out any instructions regarding people's health well. People who used the service spoke positively about the health care support they received.

Staff undertook a full induction programme before commencing work in the service including training in supporting people with dementias, managing challenging behaviours, and moving and handling. This was a mixture of face to face learning with online assessments to test what had been learnt. The registered manager told us that new staff were shadowed for three days by more experienced staff before being put on the rota. Over a period of six months new staff were observed and supported by more experienced staff, and could have refresher training where required or requested. We saw records that confirmed that there was a rolling programme of refresher training which ensured that mandatory training was undertaken annually, and that the electronic record highlighted when training was due. Both the registered manager and staff to whom we spoke said that they could ask for additional training at any time.

Staff said they were satisfied with their training and it prepared them well for their job. The registered manager told us that staff supervision meetings should be carried out every two months. However, they told us that none had been carried out during the current calendar year. They were not able to tell us why this had happened. There had been a system of delegation for supervision meetings in place and communication around this had not been effective. The registered manager was aware of the need to get supervision meetings back on schedule and assured us this would happen. They also told us that appraisals were due in the current month. We spoke to staff who told us that they had not had supervision or an appraisal for some

Is the service effective?

time, although they felt that these were useful when they happened. Staff said they felt well supported in their role and that there was always a senior staff member available to provide direction.

We asked people who used the service and their relatives if they thought staff were appropriately trained. One relative said, "I think so. One lady has asked me to be involved in an Alzheimer support group, she is doing a course. She is going to improve people's understanding of Alzheimer's. There was a speaker here from the Alzheimer's Society."

We spoke to the chef's assistant about the food provided in the home. They were able to speak in detail about individual needs and how food was adapted to meet individual preference or dietary requirements. We were told about one person who used the service who was not eating well that had cream added to appropriate foods to assist with their weight management and that one person needed a powdered thickener to be added to their meals and drinks to assist with safe swallowing.

New four-weekly menus were about to be introduced into the home, with two sections; Spring/Summer and Autumn/Winter. There was also a large menu of 'always available' alternatives from which people could choose if they wished. We sat with people who used the service when they were having lunch in the dining room from midday. The tables were set with knives and forks and there was a menu card on the table with at least two choices for each course at lunchtime and choices at tea time. The food served was a choice of meat dish, mashed potato and vegetables. People were offered alternatives if they rejected anything and one person had a taste of three different desserts to assist them in making their choice. The atmosphere was enjoyable and there were staff available to support people with tasks such as cutting their food up.

Comments from people who used the service and their relatives were overall positive about the meals and menus. Comments included: "Her weight has gone up since coming here", "Dad has put weight on and he's more mobile, he likes the meals" and "If you want something, they would get it for you. Generally it's excellent for food." One person we spoke with said they thought the meals could be better.

Nutrition and hydration records were kept with each person's care plan, and these showed that peoples' weight was regularly measured and assessed according to the MUST scales. Where there was concern this was noted and action taken. We saw that one person's record showed that a dietician had been consulted and made recommendations which were reflected in the person's care plan. Health professionals told us they were satisfied with the documentation and records maintained in the home regarding food, fluids, nutrition, pressure area care and pain management.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with all told us that they felt the staff were caring and supported them or their family member well. Comments we received included: "Yes, it's friendly here; all round, the staff are nice, they sit and talk and they are good staff", "They are very good to me and I want for nothing. They are very caring, if you want anything, you only have to ask", "I'm quite happy with what they do. They take me to bed. I wouldn't leave here, I'm quite settled and I'm not going back to the flat" and "I do think [relative] is well cared for physically and mentally."

People who used the service said the routines in the home such as when to get up, go to bed, have a bath and have breakfast were flexible. People said; "You can go out; you can please yourself", I can go to bed when I want to, this morning, I stayed in later", "They will bath me whenever I want" and "Some stay in bed, that's ok for them. They give them their breakfast when they come down." One person said they didn't think they could have a bath other than on set days but did not want to complain about this.

People's care records contained a large amount of information about individual needs, preferences and interests, although they lacked evidence of input from the people and their relatives or friends. The registered manager told us that she was aware of this and had planned to address it by sending letters to all relatives inviting them to become more involved in care reviews. We saw evidence that personal preferences were recorded in a way that would assist staff in developing caring relationships with people. A relative told us, "They are aware of her [relative's] needs. We brought photos in and together we filled in her life history; interest and friends." Another relative said, "If I ask them anything, they know the answers. They sort things out, like tablets; they deal with it. They are on the ball, they changed his GP. I had to do it all before and they do it all now. They know Dad really well." They also said, I'm satisfied with the care. There is constant two-way communication."

We spoke with two health professionals who were very complimentary about the care provided in the home. They said they found staff "lovely", "friendly" and approachable. They said the service provided caring and well organised end of life care and said it was commendable that the service went the 'extra mile' to ensure people could spend their last days in the place of their choosing. One health professional said they thought staff were well trained, they said; "They ask very appropriate questions; end of life care is very good and advanced care planning, I've never had to move a patient, they provide very dignified end of life care." Health professionals also told us that the home had very good communication with the families of people who used the service. One also said, "Will go the extra mile to keep people here, if people have mental health issues they contact the mental health team and look at all the resources to help, they provide person-centred and holistic care."

Staff were encouraging and supportive in their communication with people. Throughout the visit, the interactions we observed between staff and people who used the service were friendly and respectful. Staff were patient, kind and polite with people who used the service and their relatives. Staff clearly demonstrated that they knew people well, their life histories and their likes and dislikes. They were able to describe people's care preferences and routines. People who used the service enjoyed the relaxed, friendly communication from staff.

Overall, people looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled. We observed that some people who used the service would benefit from a manicure of their nails.

The staff we spoke with told us they developed good relationships with people and got to know them very well. One staff member told us, "Care plans give us good information that helps us get to know people well; their history, their likes and dislikes." Staff said people who used the service were treated with dignity and respect. They gave good examples of how they did this such as maintaining privacy and confidentiality or encouraging people to be as independent as they could be. One staff member said, "It's so important to keep people going; makes them feel better about themselves." Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people. We saw staff knocked on people's

Good

Is the service caring?

bedroom doors and asked their permission to enter. A health professional, when talking about the staff told us; “No concerns, they’re very caring, professional and display dignity and respect.”

The registered manager was aware of how to assist people to obtain an advocate if needed. We also saw there was information on display in the home regarding local advocacy services that people could access.

Good

Is the service responsive?

Our findings

We looked at three people's care records in detail. These contained initial assessments which captured a large amount of detail including a person's life, lifestyle, sensory impairment, diet, mobility and mental health. There was comprehensive documentation which showed how each person's care needs were being met. For example risk assessments were kept up to date and personal care plans for a range of needs including hydration, nutrition and sleep contained regular entries and evidence of review. Although reviews were undertaken regularly there were not many that resulted in developments of or changes to peoples' care plans. Records frequently recorded that care plans 'remained effective'. They did not however, show how this decision had been reached or how the person who used the service was involved in the review.

However, relatives of people who used the service said they felt they were consulted on their family member' care needs. One relative said, "The communication is marvellous." We asked relatives if they were involved in the review of their family member's care. Those we spoke with said no but that they didn't feel they needed to be as the care was so good. One relative said, "I can't think that I have but if I ever needed anything, they would sort it." We observed during our visit that a relative asked to look through the care plans of their family member. We saw arrangements were made for this. Records showed that where people had discussed end of life wishes this was documented and we saw evidence of family involvement in this. A record was made when people did not want to discuss this.

Daily notes were kept for each person; however these appeared to be focused more on task completion rather than activities and interests. New care plan documentation was being introduced which included an assessment of engagement, mood and evidence of how the person had enjoyed activities including one to one sessions with staff. We saw one completed record which recorded a person's enjoyment of interaction with a 'Pets as Therapy' (PAT) dog. PAT dogs are assessed by a charity for temperament and health before making therapeutic visits to a variety of settings where care is provided. We saw that the person's care plan had information relating to their love of looking after dogs, meaning that they were able to maintain this interest whilst living at the home.

We saw that care plans had sections entitled 'Map of Life' and 'Who I am'. The first contained concise information as to family relationships, past careers, holidays, memories of school days and what the person liked to watch and listen to. 'Who am I' contained information more specific to care needs and was written using statements such as 'I like…' and 'I prefer…', meaning that plans reflected personal needs and preferences in an effective way. Care plans also included a section on 'Lifestyle Profile', which listed routines and rituals that the person preferred; covering nine time periods across the day from early morning to bed time, meaning that people were supported in maintaining routines that were important to them. We had been told that there were always a number of people up early in the morning and were able to see from their care plans that this was a routine that they had chosen. We saw that people had been asked about their preferences for gender of care worker and aspirations as to how they would like their life in the home to be.

The home had an activities co-ordinator who organised a range of activities. We saw these included; exercise classes, film afternoons, trips out, bands in the park, board games, marzipan modelling, tea dances and visiting entertainers. On the day of our visit, the activity co-ordinator was on holiday. It had been arranged for the hairdresser to visit as an activity option. Other days that week, outside activities such as the exercise class had been booked in. The registered manager agreed that when the activity co-ordinator was on leave; activity on offer in the home was reduced. A relative told us; "They normally have an energetic, lively lady (who organises the activities) but she is on holiday. What I like about her is that she deliberately involves Mum." They also said, "They have singers regularly. They had a Neil Diamond sing-a-long which went well and a 'pat' dog, one of those Pyrenean Mountain dogs came." One person who used the service said they would like to do more knitting. People who used the service said they didn't feel lonely. One person said, "They have time for me. [Name of staff member] gave me a hug."

The service had a system in place for handling complaints and concerns and we saw that the complaints policy was displayed in the entrance to the home and it was referred to in the booklet made available to each person when they came to live in the home. This meant people had written information available, to make them aware of their right to complain and they were supplied with information as to how any dispute would be handled within the organisation.

Good

Is the service responsive?

We saw there was a complaints log and the registered manager told us there had been no complaints received in the last 12 months. This was also recorded on the home's Quality Metrics report.

We saw a range of dated 'thank you cards'. Some example comments were 'Thank you to everyone who took care of [name of person], you were all so lovely with [Name of person], thank you again' and 'I cannot thank you enough for the care you gave [Name of person] in the last years of her life. You all helped me through some difficult times for which I am very grateful'. In addition we saw on the Home Manager's Quality Metrics Report dated May 2015 that 29 compliments about the service had been recorded from December 2014 to May 2015.

We saw risks and concerns were communicated in a variety of ways to bring them to the attention of staff and protect people from harm, including: Take 10 meetings which was a system in place for the person in charge to make staff aware of any changes and urgent matters for attention with regard to people's care and support needs. Information about people's health, moods, behaviour, appetites, the activities they had been engaged in, visits by the multi-disciplinary team, incidents/accident and significant changes in people's condition and concerns were shared. This meant that staff were kept up-to-date with the changing needs of people who lived there. All staff signed the log, which acknowledged that they knew and understood people's needs and their responsibilities and actions they should take.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a head of care and a team of senior care and care staff. The registered manager supervised the care given and provided support and guidance where needed. People who used the service, their relatives and health professionals spoke positively about the registered manager and how the home was run. One person's relative said, "[Name of manager] is on the ball, she has a finger on the pulse and she is very much the boss." A person who used the service said, "She's very understanding, she doesn't rush you out." People said they felt confident to raise any issues with the registered manager. A health professional said, "This manager is very caring with the residents and generally there's a nice feeling."

Staff spoke highly of the registered manager and said they found them approachable. Staff said they felt fully supported by the registered manager and head of care. One staff member said, "The home is well managed, the manager knows what's what and is very approachable." Another staff member said, "[Name of manager] is very good. Feel she has time for you and that she listens." Staff told us that senior managers from the organisation were regular visitors to the home. They said they felt these were also approachable and took the views of people who used the service and staff in to account. Staff told us the home was well led and had a positive culture. They described a home with a 'good atmosphere' where staff worked together as a well-supported team.

Staff demonstrated a pride and commitment to their work in the home. Comments we received included; "I like to care and do a good job" and "It's a lovely, homely atmosphere here I really enjoy it." Staff also said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. Staff told us there were regular staff meetings where they could openly discuss issues. They said they were kept informed of important matters that affected the home. This meant that mechanisms were in place to give staff the opportunity to contribute to the running of the home. We saw that the next meeting for staff was scheduled and advertised in the home to keep staff informed. We were not able to review any minutes of staff meetings as the registered manager told us the meeting book had been taken to another service of the provider's so that minutes could be typed.

People who used the service and their relatives were asked for their views about the care and support the service offered. There were quarterly meetings known as 'residents and relatives' meetings. The registered manager had recently changed the meeting days to Saturdays to enable more relatives to attend. The registered manager showed us the minutes from the previous meeting in April 2015 which showed a number of areas had been discussed. This included meals, with comments of 'food is lovely', 'food is the best I've ever had' and requests for buffets once a week. Also entertainment and activities were discussed. People's comments included 'we do lots of different things it's smashing' and a request to go and watch bowling in the park. We were told that in response to this the home have spoken with a local bowling club to make some arrangements for this. This meant that there were mechanisms in place to communicate with people and involve them in decision making in relation to the service. The registered manager told us there was an annual satisfaction survey, last carried out in 2014. However, the results were not available on the day of the inspection and were not provided to us after the inspection.

The registered manager told us that they directly monitored the quality of the service in a number of ways. This included speaking to people who used the service and their families to see if they were happy or had any problems, monitoring of incidents and responding to them, for example falls and dietician input, weekly walk rounds with staff and walkarounds once per quarter with maintenance and housekeeping. The registered manager said there were a number of meetings in the home where the quality and safety of the service were monitored. These included a daily meeting, known as 'Take 10' with all heads of department in the home, quarterly heads of department meetings and quarterly health and safety meetings.

Quality assurance systems were in place in the home to assess and monitor the quality of service that people received, together with systems to identify where action should be taken. These included regular in-house audits conducted by the registered manager such as home acquired pressure ulcers, nutrition, medication and care plan reviews. We saw the audits were effective and showed

Requires improvement

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evidence of the follow up action taken. The provider had a quality assurance programme which included monthly visits by the area manager to check the quality of the service. We saw detailed reports of the visits and action plans and timescales for any areas for improvements. Key themes identified from recent audits included missing signatures on medication administration sheets, staff supervisions that had slipped and home repairs and furnishings replacement.

However, we looked at records of infection control audits and whilst we saw these were carried out monthly there was a lack of clarity around the identified actions; who they were delegated to and whether these had been completed. There was no tool for analysing the results or identifying trends emerging in the home. We also saw the home had a service development plan, dated April 2015. Actions such as the establishment of a staff supervision matrix and ensure sale and marketing plan updated were identified. The registered manager told us that this plan was in progress and that the timescales for April and May 2015 had been extended, however we saw no documented progress and the registered manager acknowledged this.

There were systems in place to monitor accidents or incidents. In relation to learning from accidents and incidents, the registered manager told us that they discussed accidents and incidents at the 'Take 10 meetings' and the health and safety meetings. However, we did not see any documentary evidence demonstrating that learning from accidents/incidents was communicated to staff to ensure improvement was driven through the organisation. Staff said they were informed of the outcome of any accident/incident investigation in order to prevent re-occurrence. They said they were informed through daily handover meetings and staff meetings. We were not able to see the records of any of these staff meetings.

The registered manager had informed CQC about some events such as accidents, incidents and safeguarding matters that had occurred in the home since our last inspection. However, during our inspection we found that a recent safeguarding matter had not been reported to CQC without delay. This did not properly protect people. The registered manager agreed to send in a notification.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Premises and equipment were not always clean or suitable for the purpose for which they were being used.**