Waterloo House Rest Home Limited

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 29 April 2015 and was unannounced. We carried out a second visit to the home announced on 1 May 2015 to complete the inspection.

We carried out an inspection in September 2014 where we found the provider was in breach of two regulations relating to the safety and suitability of the premises and assessing and monitoring the quality of service provision. We issued a warning notice in relation to the premises. We carried out an inspection in December 2014 and found that improvements had been made regarding the safety of the premises. We did not check the regulation relating to assessing and monitoring the quality of service provision which meant they were still in breach of this regulation at the time of this inspection.

Waterloo House Rest Home Limited accommodates up to 45 older people, most of whom are living with dementia. There were 23 people living at the home at the time of the inspection.

Summary of findings

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. The registered manager was on a period of extended leave at the time of the inspection. We spoke with her following the inspection, after her return to work.

We spent time looking around the premises and saw that certain areas of the home were in need of redecoration and some of the furniture looked worn and shabby. In addition, some areas were not clean. We found the design and decoration of the premises did not fully meet the needs of people who had a dementia related condition. We have made a recommendation about the design and décor of the premises to ensure that it meets the needs of people who were living with dementia.

We checked medicines management. We found some issues with the recording of medicines administration. We have made a recommendation about medicines management to ensure that effective systems are in place with regards to the recording of medicines.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. One staff member stated that she had raised a concern which was not connected with people's care and support. There was no written evidence however, that this concern had been dealt with appropriately.

Safe recruitment procedures were followed. We found that sufficient staff were employed and deployed to meet people's needs. Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the service had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law. There was no evidence however, that "decision specific" mental capacity assessments had been completed and best interests decisions made. We have made a recommendation to ensure that the service was following the relevant requirements of the MCA.

People and relatives were complimentary about the meals served at Waterloo House. One person said, "This place is canny [good]. The food is good. Just look around and you will see for yourself."

We observed that staff supported people with their dietary requirements.

Staff had an in depth appreciation of people's needs and spoke with pride about ensuring that people's needs were at the forefront of everything they did. One care worker told us, "The staff join in with everything that the residents do. I treat them no differently as to how I would treat my own mum and dad." People, relatives and health and social care professionals spoke positively about the caring nature of staff. A GP said, "They score very high on the caring side, they go above and beyond. It passes the family and friends test – very caring."

An activities coordinator was employed to help meet the social needs of people who lived there. She spoke passionately about ensuring people's social needs were met. People were supported to access the local community and regular activities and events took place.

The registered manager carried out a number of audits and checks to monitor the quality of the care provided. These included checks on care plans, medicines and health and safety. We found however, that these did not always highlight the concerns which we had found during the inspection.

We requested that the provider complete a provider information return (PIR) prior to our inspection which we did not receive. We contacted our inspection planning team who deal with the submission of PIR's. They told us that the PIR had not been completed or submitted. We have taken this into account when we made our judgement in this section of the report. The registered manager confirmed that a PIR was not completed due to time constraints.

We found one breach in relation to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)

Summary of findings

Regulations 2014. This related to the cleanliness and maintenance of the premises and equipment. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Not all aspects of the service were safe.

We spent time looking around the premises and saw that certain areas of the home were in need of redecoration and some of the furniture looked worn and shabby. In addition, certain areas were not as clean as expected. We found that improvements were required regarding the recording of medicines.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. It was unclear however, what action had been taken in response to one staff member's concerns.

Safe recruitment procedures were followed. We found that sufficient staff were employed and deployed to meet people's needs.

Requires improvement

Is the service effective?
Not all aspects of the service were effective.

There was a lack of documented evidence to demonstrate that care and treatment was sought in line with the Mental Capacity Act 2005. We found the design and decoration of the premises did not fully meet the needs of people who lived with dementia.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there such as dementia care.

People were complimentary about meals at the home. The cook was knowledgeable about people's dietary needs.

Requires improvement

Is the service caring?
The service was caring.

People and relatives told us that staff were extremely caring. We saw positive interactions between people and staff. Staff spent time talking with people on a one to one basis. Staff had an in depth appreciation of people's needs and spoke with pride about ensuring that people's needs were at the forefront of everything they did.

People and relatives told us, and our own observations confirmed that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Outstanding

Is the service responsive?
The service was responsive.

People and relatives told us that staff were responsive to people's needs.

Good

Summary of findings

There was an activities coordinator employed to meet the social needs of people who lived there. A varied activities programme was in place.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. "Residents and relatives" meetings were held and surveys carried out.

Is the service well-led?

Requires improvement

Not all aspects of the service were well led.

The registered manager carried out a number of audits and checks to assess certain aspects of the service such as medicines, care plans, infection control and health and safety. We found however, that these did not always highlight the concerns which we had found during this inspection.

The provider did not return information that we asked for prior to the inspection.

Staff informed us that they enjoyed working at the home and morale was generally good. A health and social care professional told us that they considered that the service was "transparent and very open."

Waterloo House Rest Home Limited

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.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 29 April 2015 and was unannounced. We carried out a second visit to the home announced on 1 May 2015 to complete the inspection.

We spoke with 11 people and three relatives who were visiting on the days of our inspection. We also spoke with three relatives by phone. We conferred with a reviewing officer from the local NHS trust; a GP; a member of the district nursing team; a care home support technician from the North of England Commissioning Support medicines optimisation team and a social worker. We also spoke with a local authority safeguarding officer and a local authority contracts officer. An infection control practitioner from the local NHS trust was present during our inspection.

The registered manager was not present on the days of our inspection. She was on a period of extended leave. We spoke with her following our inspection, after her return to work. The deputy manager and provider's representative assisted us with our information requests on both days of the inspection. We also spoke with four care workers; activities coordinator; laundry assistant; housekeeper; maintenance man; cook and kitchen assistant. We read three people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We requested that the provider complete a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We did not receive a copy of this PIR. The registered manager informed us that the PIR was not returned because of time constraints.

Requires improvement

Is the service safe?

Our findings

We spent time looking around the home and found some concerns with the premises and cleanliness. Dust was evident in some of the bedrooms we visited. There was a strong smell of drains in the downstairs bathroom and underneath the bath chair and bath hoist in the ground floor bathroom were unclean. There were cleaning schedules in place which were completed by domestic staff. We noticed however, that equipment such as bath hoists were not included on these schedules. Care staff informed us that domestic staff cleaned this equipment and domestic staff told us that care staff completed this task. .

We spoke with the infection control practitioner from the local NHS trust. She said, "I went with the owner to look at the sluice, and highlighted the problems with the sluice" and "It's an old home which brings with it the shortfalls such as the carpets and standards of décor which affect infection control."

We checked the sluice room which was used for the disposal of bodily waste. We noticed there was a sluice machine for the cleaning of continence equipment. We saw however, that there was no rack to dry and store the continence equipment. In addition, there were no hand towels for staff to dry their hands. We considered that this was an infection control risk. The deputy manager informed us that this would be addressed immediately.

We spoke with the deputy manager who told us that they did not have an infection control champion since the home's current champion was on long term leave. This meant that there was no designated staff member to oversee infection control procedures at the home. Following our inspection, we spoke with the registered manager who told us that a new infection control champion had been identified.

We saw that some areas were in need of redecoration. In addition, some of the furniture looked worn and shabby. There was a large smoking room which opened out into the garden. The walls were stained and the carpet was damaged in places. The provider's representative told us that they were considering turning this room into a café for people with a dementia related condition who lived in the local community. He said that they were in the process of identifying another room which would be suitable as a smoking room since having a designated area was important for those who smoked.

We saw that a number of checks and tests were carried out to ensure the safety of the premises.

We checked fire safety and saw that the weekly fire alarm tests had lapsed and had not been carried out since 27 March 2015. The maintenance man stated that he been unable to carry out these tests because he had been away from the home. The deputy manager told us that she was undertaking fire warden training the day after our inspection and would now be carrying out fire safety checks. We spoke with the registered manager following our inspection. She told us that all fire safety checks and tests were up to date.

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

People and relatives with whom we spoke did not raise any concerns about safety. One person said, "They [staff] are always nice." This was confirmed by health and social care professionals. A GP said, "We've been coming for 11 years. There's nine doctors in our practice and Waterloo House has never been on our radar because of any concerns." We spoke with an external trainer who said, "It's safe, I have observed them carrying out moving and handling and it is done how it should be. They think about everyone's safety."

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected. We asked staff if they had raised any whistle blowing concerns. One member of staff said that she had raised a concern regarding one staff member's conduct. This concern was not connected to people's care and support. We asked the deputy manager for details about what actions had been taken in relation to this concern. She told us that the manager had spoken informally to the staff member in question, but had not documented this conversation. We considered that it was not always clear that appropriate action had been taken when concerns were raised.

We looked at medicines management. We spoke with a care home support technician. She had been working with

Requires improvement

Is the service safe?

the home since they had been involved in a "Care Home Medication Review Project." She said that she had identified some issues with the recording of medicines administration; however improvements had been made.

We checked whether medicines which staff had signed to state had been administered, tallied with the amount of medicines left in stock. We tried to reconcile three people's medicines; however the number of tablets was not carried forward at the beginning of the month which meant it was difficult to ascertain how many tablets were in stock. In addition, staff used a separate book to record the receipt of medicines instead of documenting this information on the medicines administration record (MAR). This meant we had to keep referring to this record book when checking how many medicines had been received.

We checked how staff recorded the administration of medicines. We noticed that one person's weekly dose of medicine had not been recorded as being administered from 15 April – 1 May 2015. We asked the deputy manager about this issue. She told us the medicine had been administered and it was a recording error. Another person was prescribed antibiotic eye drops. Staff had not signed to state that these had been administered. The deputy manager told us that this was a repeat prescription since the person suffered frequent eye infections. She said the eye drops were not currently required. There were no instructions however, on the MAR about this issue. We noticed that staff used two different methods to record the administration of Warfarin. Warfarin is a type of medicine which thins the blood; special precautions need to be taken. We considered that the different recording systems could lead to confusion. We spoke with the deputy manager about our findings and she informed us that she would address these issues immediately and would contact the care homes support technician for further advice and guidance.

We checked staffing levels. There were five care staff on in the morning, four in the afternoon and three at night to look after 23 people.

People, relatives and staff told us that there were sufficient staff to look after people. One member of staff said, "There's no rush, what we don't do through the day, night staff do and vice versa. It's all based on the residents and everything just rolls on." A social worker told us, "The staffing levels are good." The GP said, "You can always find a member of staff. They know why you've come and are helpful." The duty rotas for the four weeks preceding the inspection were examined. These reflected the staffing levels described by the deputy manager. We saw that staff carried out their duties in a calm, unhurried manner and even had time to help to look after one person's dog.

We looked at domestic staffing hours. There was one domestic staff member on duty through the day. She worked from 8am – 3pm. It was not clear however, whether sufficient domestic staff were deployed to ensure that relevant standards such as those relating to infection control and the environment were met because of the issues which we found with infection control. Following our inspection, we spoke with the registered manager who told us that domestic staffing levels were going to be increased.

Staff told us that correct recruitment procedures were carried out before they started work. We checked one staff member's recruitment records who had recently started. We saw that a Disclosure and Barring Service check had been obtained and two written references had been received.

We checked people's care files and noted that risk assessments were in place which covered a range of risks such as malnutrition, falls, accessing the local community and smoking. Information was available to advise staff what actions to take in order to reduce these risks from occurring.

The deputy manager was unable to locate the accidents and incidents analysis file during the inspection. She told us that these were analysed to ascertain if there were any themes or trends so immediate action could be taken to reduce the likelihood of the event happening again. Following our inspection, the registered manager sent us this information which showed that a weekly and monthly analysis was undertaken.

We recommend that current best practice guidelines are followed regarding the recording of medicines to ensure that people are protected against the risks associated with medicines.

Requires improvement

Is the service effective?

Our findings

People and relatives told us that they considered that staff were trained and knew how to look after people.

Staff told us that there was training available. This included training in safe working practices such as moving and handling. Training had also been carried out to meet the specific needs of people who lived at the home such as dementia care. We spoke with the activities coordinator who said, "I'm learning to play the Ukulele, so that they [people] can join in and sing songs like, 'By the light of the silvery moon.' I've also done a dance course."

The deputy manager provided evidence that staff received regular supervision. All staff confirmed they received supervision individually. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom and the local authority authorises applications to deprive people of their liberty. We found that the service had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law.

We observed staff ask for people's consent before carrying out any care or support and it was clear that they were following the 'best interests' principle when people lacked the capacity to make specific decisions. We noticed however, that there was no evidence that mental capacity assessments had been carried out for these specific decisions. We read that one person lacked capacity to vote. However, a mental capacity assessment had not been carried out to assess this decision. Following our inspection, we spoke with the registered manager about this issue. She told us that she would address this immediately.

People and relatives were complimentary about the meals provided. One person said, "The food is first class. You have a choice of two meals and at night I like a pint of milk." Other comments included, "The food is well cooked and I get enough" and "The food is lovely. It is great in here."

Comments from relatives included, "My husband has put on weight since he came in here. I am well pleased. The food is very good. You could not improve on it" and "The food is excellent."

We spoke with the cook who was very knowledgeable about people's needs. She had worked at the home for 22 years. She said, "[Name of person] likes his apple pies so I always make sure we have plenty of apple pies for him. We also have an alcohol cupboard. [name of person] likes a glass of wine with his meal each day and [name of person] has whisky and [name of person] has Baileys." She said that they sometimes had 'nibble nights' and "They like to watch a film and have nibble bags, we get what they would like to eat like crisps and the men like their cans [of beer]."

She told us there was an emphasis on home baking. She said, "We change the menus according to what's in season. Everything is home baked like this carrot cake, nothing is bought in. We have free reign on the budget." She also said, "We always go out and see what has gone down well, you can always tell. We took liver off the menu, because they weren't enjoying it. You have to review things. If anyone wants anything in particular we go to the shops and get it, they can have whatever they like." She explained that some people required a pureed meal. She said, "We always make it look like a meal with everything blended separately. We even do that with the cooked breakfasts and do blended fried egg, bacon and tomatoes."

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; dentist, optician and podiatrist. This was confirmed by the GP, district nurse and social worker with whom we spoke.

We checked how the adaptation, design and decoration of the premises met people's needs. The deputy manager told us that many of the people who lived at the home had a dementia related condition.

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation."[NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that not all of the premises were "enabling" and helped aid orientation. We ourselves got lost around the building. Signposting of important areas was limited. The deputy manager told us that she

Requires improvement

Is the service effective?

was aware of this issue and staff had ideas on how to make the environment more "dementia friendly." One relative told us, "It would be good if there was a safe place in the garden which could be fenced off. [Name of person] can't go out safely." Following our inspection, we spoke with the registered manager about this comment. She told us that they were aware of this issue and were looking at how they could fence off part of the garden area so that people could access the garden independently. She said in the meantime, they were looking at turning one of the upstairs rooms into an indoor garden.

We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.

Outstanding ☆

Is the service caring?

Our findings

When we arrived at the home we noticed a large poster which stated, "Our home is a happy house ours is." Underneath the heading were various pictures of people and staff

enjoying various events both within and outside the home. People, relatives and health and social care professionals told us about the happy atmosphere at the home and the caring nature of staff. This was confirmed by our own observations.

People were complimentary about the care. One person said, “It’s first class.” Other comments included, “The staff are lovely;” “It is absolutely brilliant, so caring and so friendly;” “I would rate them as outstanding…They look after you if you’re not well;” “It’s first class, you wouldn’t find a nicer place” and “All the staff speak nicely.”

We visited one person who had recently come to live at Waterloo House. She had brought her dog to live with her at the home. She said, “You could not want any better lasses than here…They think the world of [name of dog]” and ”The lasses are very good to the dog. They spoil it” We saw staff attending to the person throughout the day as well as taking the dog out for a walk. When the person needed a rest from the dog, staff brought the dog along to the office where he enjoyed having a nap!

Relatives were complimentary about the care provided. One relative commented, “The staff here don’t just care, they are compassionate and loving in their caring.” Other comments included, “The carers are superb” and “It’s just like a family.”

Health and social care professionals were also positive about the staff. The reviewing officer said, “They go above and beyond” and “I would say it’s outstanding for the care. They know the residents so well. It’s like if someone isn’t eating, they’ll go and get what they fancy from the shops. They just do whatever it takes without being reminded by me.” A social worker said, “They are so tolerant” and “They go the extra mile.” A member of the district nursing team said, “They’re absolutely fantastic, they’re so caring…They are really, really good – outstanding.” A GP said, “They’re very caring…The care is very personalised,” “It’s not swish and glamorous but it’s a caring home” and “They score very high on the caring side, they go above and beyond. It passes the family and friends test – very caring.” The external trainer said, “They genuinely care. Everything is done for the service users - it’s their home…For the caring, it is outstanding, I have never seen anything other than outstanding during all my observations, it’s all about the service users.”

Staff had an in depth appreciation of people’s needs and spoke with pride about ensuring that people’s needs were at the forefront of everything they did. One care worker told us, “There’s no them and us.” Another said, “The staff join in with everything that the residents do. I treat them no differently as to how I would treat my own mum and dad.” Other comments included, “The atmosphere in here is the best. We sit and talk to the residents” and “We are like an extended family. If my family member needed to be in a home I would want it to be like here.”

We noticed positive interactions, not only between care workers and people, but also other members of the staff team. We saw the cook, housekeeper and laundry assistant spending time talking to people which people appeared to appreciate and enjoy. Communication by staff was observed to be genuine and staff displayed warmth. Staff were very tactile in a well-controlled and non-threatening manner. Staff sat and talked with people at every available opportunity, holding their hands and showing interest in them. They answered their questions regardless of the context of their questions since many people had a dementia related condition. We heard one person say to a member of staff, “You’re a lovely lady,” the staff member smiled and gave the person a hug. One relative told us, “The staff are excellent. They spend time with them on a one to one, talking and holding their hands – look, just like [name of care worker] is doing over there.”

Health and social care professionals spoke positively about how staff provided end of life care. The GP said, “They do palliative care very well. They were very caring not only to the patient but also to their extended family.” One member of staff said, “We’d finished our shift but we wanted to stay on, we wanted to be there with her [until she died]. Not just for her, but for her family too.”

Staff told us and our own observations confirmed, that one relative whose wife had recently died still visited the home to have his meals. A staff member told us, “I think it helps him to come here, he feels a connection with his wife. We would never stop him from coming.”

Outstanding ☆

Is the service caring?

At our last inspection one person proudly showed us the garden which he helped to maintain. We were sad to learn at this inspection that he had recently died. Staff told us and our own observations confirmed, that a memorial service had been held. We read the minutes of a recent "residents and relatives' meeting." These stated, "Everyone was really moved by the service we had in the garden. A plaque was erected in the name of [name of person's] garden." We spoke with a councillor who had been involved with the home and attended the memorial service. She told us that organising the memorial service was an example of the caring nature of staff.

Staff promoted people's privacy and dignity. We saw that staff knocked on people's doors before they entered. The GP said, "They always try and make sure that I see patients in their rooms which is good"

People and relatives told us that they were involved in decisions about care. There were a number of feedback mechanisms in place. "Residents and relatives' meetings were held and surveys carried out. No concerns were raised during these meetings. Social activities and planned events were discussed. Positive comments about the care provided were noted on completed questionnaires. The reviewing officer told us that relatives informed her that they were always kept informed of any concerns or issues.

The deputy manager informed us that no one was currently using an advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

Good

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. One person told us, "The staff are first class. They pop in and out to check on me and I like that." Another said, "You just need to tell them owt [anything] and they attend to it for ye [you]." A third person explained that she had been at another care home prior to coming to Waterloo House. She said, "I like it better here than the other place." Other comments included, "You cannot beat it," "The staff deal with any requests" and "Everything is first class." A relative said, "The staff are absolutely brilliant with my dad. Nothing is a bother. I have no qualms about his care there." We looked at questionnaires which had been completed by relatives. One relative had written, "The seniors and staff are very good at spotting when my dad/ other residents are out of sorts."

Health and social care professionals were also complimentary about the responsiveness of staff. A social worker stated, "It's a home we always turn to when we are looking for a good place for people with challenging behaviour." A member of the district nursing team said, "We're in most days. The staff are always helpful." A GP said, "They always call us appropriately and follow instructions." The external trainer told us, "It's responsive. I've seen how people's needs change and staff adapt and they do new care plans." The care manager informed us, "I've got two residents who are nursed in bed. They have never had a pressure sore and that's down to both the staff and the district nurses who support them."

Pre-admission assessments were carried out before people came to live at the home to make sure that staff could meet their needs. The GP told us that staff always tried their best to make sure that people settled quickly. She said that they had given one person the job of maintaining the gardens. She said, "Giving him that job really helped him and helped facilitate the settling in period."

An activities coordinator was employed to help meet people's social needs. Those with whom we consulted spoke positively about her. The councillor said, "[Name of activities coordinator] is absolutely fantastic. She can't do enough for them." The external trainer told us, "I wish I could clone [name of activities coordinator] and take her around all the homes. It's her creativity that's great."

The activities coordinator spoke passionately about her role. She told us of the importance she placed on ensuring that the home was actively involved in the local community. She said, "I want that community feel." She told us the home had won silver in the Northumbria in Bloom contest last year and said, "This year we're going for gold." We spoke with a councillor who was involved in this competition. She said, "It's not all about the plants, it's about engagement and community involvement. They have done so well." A local young people's charity had been involved in helping maintain the garden. They came into the home to speak with people when they visited. The activities coordinator told us that people enjoyed seeing and talking to the younger generation.

The activities coordinator told us that she liked to introduce different activities. She said she viewed any reaction to the activities positively. She told us, "I think I've achieved something if they're asleep through the activity and wake up and sing a little and then go back to sleep." She said, "My philosophy is to try anything. If I make a fool of myself I don't care, if it's a disaster, then I just won't do it again."

We read details of activities which had been carried out. We noted that Bollywood dancers had visited recently. The activities coordinator had written, "Each resident taking part was given a Bindi [forehead decoration]. The music was really great and the residents really enjoyed it." The activities coordinator told us that people had learned the "lotus" and "busy bee" dance moves. A reminiscence group also visited the home. We read that they had brought in a DVD of Prince Charles and Lady Diana's wedding for people to watch. A local artist had also visited the home. People had been involved in painting a picture which was displayed in the foyer. The activities coordinator laughed as she pointed out what she thought was a fly on top of Alnwick Castle. She said in fact it was supposed to be Harry Potter flying over Alnwick Castle! The two people sitting in the foyer of the home having a glass of wine also laughed. Trips out to the local community were also planned. We read that a recent trip to Amble had been a great success.

One relative told us however, "Sometimes there seems to be a lack of activities." We spoke with the activities coordinator about this comment. She told us at times she carried out care duties if required.

We saw that people's independence was encouraged. A staff member told us, "This is their home; they do what they

Good

Is the service responsive?

would do at home. They're not prisoners." This was confirmed by people with whom we spoke. One person said, "They never stop me, I have a free reign to do what I want. I went to the shop this morning to get some beer and cigarettes."

We saw that staff promoted people's hobbies and interests. One person, who was an avid football fan, told us that he went down to the local club every week. He said, "I'm going to the services club to watch Newcastle play Leicester – it'll be lively!" Other comments included, "I'm going to Ibiza in 10 days' time - all inclusive" and "I'm going to vote soon. I've been Labour all my life, but I'm thinking of voting for the Tories now."

Staff were knowledgeable about what people enjoyed doing. One staff member said, "We know what they like and dislike. [Name of person] is a really good speller. She [person] said 'I have been reading lots so I can do well on the quizzes and spelling tests.' [Name of person] is going to Ibiza. He pootles [goes] off by himself." We checked people's care files and saw that three contained a document entitled, "My support plan at a glance." One stated, "I love snacking, t.v. cats and smoking." Another care file we looked at did not contain this detail. We spoke with the registered manager following our inspection, she told us that staff had completed personalised care planning training and all care files contained the document "My support plan at a glance." She said, "This documents everything about people's little ways."

None of the people or relatives with whom we spoke had any complaints or concerns. A complaints procedure was in place. One complaint had been received since the last inspection and records were available to document what actions had been taken to resolve the complaint.

Requires improvement

Is the service well-led?

Our findings

The home had been open for over 25 years and had been owned by the same provider. There was a registered manager in place. She had worked at the home for 14 years. She had previously been the deputy manager and was promoted when the previous registered manager left to become manager at the provider's other care home in 2014. She was on an extended period of leave at the time of our inspection. There was a deputy manager in post. She had worked at the home for 20 years. We spoke with the registered manager after the inspection, following her return to work.

Staff spoke positively about the registered manager. One staff member said, "[Name of manager] is very supportive to us and the residents." Other comments included, "She wants what is best for everyone" and "She is very approachable. I can also go to [names of registered manager and deputy manager]." They also informed us that they enjoyed working at the home and morale was generally good. One staff member said, "I love my job."

Health and social care professionals were complimentary about the service. A social worker said, "They are transparent and very open. They don't hide anything." The external trainer said, "I've had no concerns. It's one of my favourite homes. I've been here at 11pm at night and 7am in the morning."

The provider's representative visited the home regularly. He now completed a report following his visits to the service. We read the provider's last report which stated, "Spoke with [name of person] and interviewed [name of staff member]...Roofing felt above lounge problematic – roofer arranged to repair large roof. Compliments from [name of person]." We noted that in February 2015 he had discussed support arrangements since the provider would be away for three weeks. People and staff spoke positively about him. He told us because of low occupancy levels at the home which were due in part to a number of expected deaths and more people being looked after at home; they were looking at starting a day care service and dementia care café.

Staff meetings were carried out. We looked at the latest meeting which had been carried out 20 April 2015. We read the minutes which stated, "Staff reminded to keep the building tidy." We spoke with staff and they told us that they felt able to raise any concerns or issues during these meetings. "Relatives' and residents" meetings were also held. We looked at the last meeting which was held on 21 April 2015. We read the minutes of the meeting which discussed the progress of the garden and other social events which had been discussed. No concerns were raised.

Annual surveys were carried out. We looked at the results from the previous survey which was carried out in 2014. One relative had commented, "I find the staff at all levels very helpful and supportive at all times when the need arises – keep it up."

The registered manager carried out a number of audits and checks to monitor the quality of the care provided. These included checks on care plans, medicines and health and safety. We found however, that these did not always highlight the concerns which we had found with the recording of medicines, infection control and the suitability of the premises. Following our inspection, we spoke with the registered manager. She told us that she was addressing all the issues we raised.

At our last inspection, we found the provider had not notified us of all people's deaths. At this inspection, we found that the provider was notifying us of deaths. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

We requested that the provider complete a provider information return (PIR) prior to our inspection which we did not receive. We contacted our inspection planning team who deal with the submission of PIR's. They told us that the PIR had not been completed or submitted. We have taken this into account when we made our judgement in this section of the report. The registered manager informed us that the PIR had not been completed due to time constraints.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People were cared for in an environment that was not always clean or well maintained. Regulation 15 (1)(a)(e)(2).