Barchester Healthcare Homes Limited

Tandridge Heights

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

Overall summary

Tandridge Heights is a purpose built care home that provides nursing and personal care for up to 75 older people. The ground and first floor provide accommodation for people who may require respite care or have a medical condition, such as a stroke. The first floor has a separate unit for eight people living with dementia and the second floor is allocated for intermediate care. This floor can accommodate up to 10 people who require a period of rehabilitation following for example, a hip operation. People living on this floor will only live in the home during their period of recuperation. All areas of the home are staffed by Barchester Healthcare staff, apart from people living on the second floor who also receive care from external community staff.

At the time of our inspection 46 people were living on the ground and first floor and 10 people were living on the second floor.

This inspection took place on 11 February 2015 and was unannounced.

The home is run by a registered manager, who was present on the day of the inspection. A registered manager is a person who has registered with the Care

Summary of findings

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.

There was a very welcoming atmosphere on the ground floor of the home with a lot of visitors and people sitting chatting with each other. However, the unit for people living with dementia was quite different. The furnishings and fittings were not as bright and there was no free access to outside space for people. The registered manager recognised this could be improved.

We found staff did not always ensure correct cleanliness and hygiene procedures were followed to ensure people were not at risk of infection.

Staff had carried out appropriate checks to make sure any risks of harm in the environment were identified and managed. People were supported to take risks within a supportive environment. For example, to walk independently. However, we found staff did not have a good understanding of how to ensure they used the correct sling for a person who required to be moved by a hoist.

Medicines were managed effectively and staff followed correct and appropriate procedures in relation to medicines. Medicines were stored in a safe way.

Staff knew how to recognise the signs of abuse and had received training in safeguarding adults. People told us they felt safe and staff had access to written information about risks to people and how to manage these.

Care was provided to people by staff who were competent to carry out their role effectively. There were enough staff in all areas of the home and the number of staff was varied to meet the needs of the people that lived there. People did not have to wait for staff to attend to them and it was evident staff had developed good relationships with people and knew them well. Staff told us they did not always receive supervision or an appraisal. We spoke with the registered manager about this who told us they were working on this.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to homes. Where restrictions were in place, staff had followed legal requirements to make sure this was done in the person's best interest. The registered manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to comply with their responsibilities. Processes in relation to the Mental Capacity Act (MCA) 2005 required some improvement by staff.

People were involved in their care and support and were encouraged by staff to do things for themselves, for example make a hot drink when they wished one. People were provided with a choice of meals and facilities were available for people or staff to make drinks or snacks throughout the day.

The GP visited the home each week and staff ensured people were referred to healthcare professionals to keep them healthy or when their health needs changed.

Care plans contained information to guide staff on how someone wished to be cared for. However, we found care plans did not always contain up to date information about people in relation to their care which meant staff may not be following the latest guidance. People did not always have personalised care responsive to their needs. For example, in relation to being checked by staff regularly.

Staff told us and we saw ways in which staff supported and enabled people to maintain their independence and take part in various activities to reduce the risk of social isolation. Staff took the time to work at people's own pace and they never hurried or rushed people. Although We observed occasions when staff did not give people consideration or the attention they required.

Complaint procedures were accessible to people. We read the registered manager had responded to complaints in a timely manner.

The provider asked relatives for their views on the service and made changes to improve the service when appropriate in response to these views.

The registered manager was involved in the day to day running of the home and had a good understanding of the aims and objectives of the service. This was supported by our observations and staff comments.

We saw evidence of regular quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live, although actions identified were not always taken, and the checks did not identify all issues.

Summary of findings

During the inspection we found some breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Staff did not always follow safe manual handling processes to move people or maintain and environment that was clean and hygienic.

Staff followed good medicines management procedures.

There were enough staff on duty to meet the needs of the people and appropriate checks where undertaken to help ensure suitable staff worked at the service.

Is the service effective?

Requires improvement

The service was not always effective.

Although staff had a good understanding of DoLS and the Mental Capacity Act, not everyone's mental capacity assessment had been reassessed when needed.

Staff were trained and supported to deliver care effectively, however they or some did not receive regular supervision or appraisals.

People were provided with enough food and drink throughout the day.

Staff ensured people had access to external healthcare professionals when they needed it. People's changing health needs were monitored by staff.

Is the service caring?

Requires improvement

The service was not always caring.

We observed occasions when people were not treated with the attention they should expect in the dementia unit

Staff support people make their own decisions about their care. Staff knew people well and welcomed visits from friends and family.

Is the service responsive?

Requires improvement

The service was not always responsive.

People did not always receive responsive care because staff sometimes failed to pick up on signs of a change in health or a request for care.

People were supported to participate in a good range of activities; however there was a lack of individualised stimulation for people living with dementia.

People were able to express their views and were given information how to raise their concerns or make a complaint.

Summary of findings

Is the service well-led?

The service was not always well-led.

Records were not kept up to date or contain relevant information for staff.

Areas identified by provider quality assurance checks were not actioned and not all issues had been identified through the audits.

People and relatives told us the registered manager was very supportive and visible in the home.

Staff were able to give feedback to the management of the service.

Requires improvement

Tandridge Heights

Detailed findings

Background to this inspection

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

This inspection took place on 11 February 2015 and was unannounced. The inspection team consisted of two inspectors and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 21 people, 11 care staff, three nurses, 12 relatives, one visitor, one volunteer, the registered manager and four healthcare professionals. We spent time in communal areas observing the interaction between staff and people and watched how people were being cared for by staff.

We reviewed a variety of documents which included 11 people's care plans, seven staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We last carried out an inspection to Tandridge Heights in September 2013 and there were no concerns noted.

Requires improvement

Is the service safe?

Our findings

One person told us, "I feel safe here, staff gave me a pendant to wear and I press it if I need help." Another said, "I've felt very safe here, I keep my door open."

However, during our inspection we found people were not always being supported by staff to be kept safe. This was because people were at risk of being moved unsafely by staff who did not know the correct procedures in relation to the use of slings when they moved people in a hoist. We also found call bells were not available in some rooms and one person who was supposed to wear one around her neck, had not done so for one week. Some staff told us there were four different sizes of hoist sling and there was guidance on which sling to use in each person's care plan. However we checked care plans and could not find evidence of this. Other staff told us they measured a person to ensure they were using the correct sling, but were not sure where this information was recorded. One member of staff told us each person had their own sling stored in their room. However, when we looked we found this was not the case. Staff said it was their responsibility to check the sling was in an appropriate condition before using it. A member of staff commented, "We're at risk on the ground floor due to the lack of experience of staff and poor manual handling." The risk to people's safety is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Staff did not always ensure people lived in an environment with the appropriate standards of cleanliness. We saw the doors to all four sluice rooms (a room where clinical items are stored or washed) were unlocked, meaning people, other than staff, could access them. One room had clinical waste in an open bag, left on the floor. In another sluice room the hand wash sink was inaccessible to staff and there were cobwebs on some equipment. We found dusty tables in the lounge area and raised wooden plinths at the base of the majority of the toilets which would be difficult to keep clean and we found unlocked clinical waste bins in an area that was accessible to people. A monthly housekeeping audit was carried out and although we read some areas had been identified as requiring action, it did not evidence this had addressed the issues we observed.

This lack of a system for ensuring cleanliness and hygiene is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "I get my medication when I expect it." Another said, "Every day they make sure I get my medication when I need them." People received their medicines in a safe way by staff who were trained and followed correct medicines management procedures. We saw staff ensured people had taken, and swallowed, their medicines before they completed the Medicine Administration Record (MAR). Each person's MAR included a photograph of the person to enable staff to check they were giving medicines to the correct person. Staff explained to people what medicines they were taking and asked people if they were in pain and required any 'as required' medicines. One person told us, "I would get pain killers if I needed them." Staff audited medicines on a regular basis and MAR charts were completed appropriately. People who took homely remedies (items you can buy from a chemist without a prescription) had a document specifying which tablets or cough linctus they could take and this had been signed and authorised by the GP. Medicines were stored in a safe way and the clinical room and trolley were clean and hygienic. We observed staff did not leave unattended medicines on display or issue medicines to more than one person at a time. Staff said people got their medicines on time and this was confirmed by people and relatives we spoke with.

We read a recent medicines audit which identified some areas requiring action in relation to medicines recording. We spoke with the registered manager about this who told us as a result staff had received additional training to ensure they followed proper procedures. This would be further reinforced as the home was transferring to an electronic medicines management system.

The registered manager told us 11 staff were usually on duty each day. This included a mixture of nursing and care staff to meet people's individual care needs. They said they determined the staffing ratio's depending on the needs of the people living in the home at the time and had recently increased staffing levels following complaints from people and relatives about people's care. Staff said they were busy, but generally felt there were enough staff on duty. Staff said more often than not there were enough staff to complete

Requires improvement

Is the service safe?

all the care required. Most people had breakfast in bed and after this people were supported to get up. We saw people up and dressed and participating in activities by mid-morning. One person said, "I think there are enough staff, sometimes you have to wait but I don't mind that." People said the response to their call bells was reasonably quick. We heard people use their call bells throughout the day and found staff responded to these in a timely manner. We saw staff available throughout the inspection to support people when they needed it. One person said, "I think there are enough staff, even at night." Another said, "Help is always there when you need it." And a further told us, "No trouble in getting hold of staff."

Staff were knowledgeable about their responsibility should they suspect abuse was taking place. There was a policy available which gave information on what they should do if they had any concerns. We saw a chart on display giving information to staff and people on how to keep safe. One member of staff said they would report anything of concern to the manager and if necessary they would use the whistleblowing procedures to raise concerns. Our observations over the course of the day confirmed staff worked in a way that matched the information available to them.

Risks to people were managed in a way to keep them safe, but also to protect their freedom. One member of staff said they carried out a visual assessment each time they entered someone's room. They checked for trip hazards, for example if the bed covers were lying on the floor. Another member of staff said one person liked to try and walk unaided even though they needed support. Staff tried to ensure they supported this person in an appropriate way, for example accompanying them when they walked, rather than 'holding' them. We saw staff follow this whilst minimising restrictions on people's freedom. This meant they could protect them but let them retain their independence. People said they had freedom to move around independently. People living in the unit on the first floor had been risk assessed as not being able to use the call bell and no call bells were in place. Instead staff said they checked on people regularly. Staff were able to give us examples of risk and safety issues and how they would deal with them.

Staff had an emergency plan in place which meant people would continue to be cared for in the event of a fire or the home not being able to be used. Each person had their own individual evacuation plan to ensure they were moved safely and appropriately in the case of an emergency.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Requires improvement

Is the service effective?

Our findings

One person told us, "The food is excellent, well cooked and good choice. We could have an alternative if not fancying the menu." Another said, "A trolley comes round several times during the day." And a further person added, "I love the food and portions are adequate. In the mornings and afternoons we get tea or coffee and wine with supper."

Where a need had been identified, staff monitored a person's fluid intake or weight, although we found this was not always consistent. Notes from a nutrition meeting held by staff that four people should have a food and fluid chart introduced but we could not find evidence of them being in place for two people We saw evidence staff had referred people to the dietician when they were concerned about their weight. For example, one person had lost weight over a three month period and another person who had lost weight had both been referred. This was confirmed by the dietician. However the dietician said referrals may not always be made in timely way and they had carried out a short training session with staff on the importance of well-timed referrals and fortified or milky drinks for people who needed to put on weight. We also read in one person's care plan they were diabetic, however this had not been referred to again and this person ate all foods. This is an area that needs to be improved upon.

Staff checked people were eating sufficient amounts of food. One person told us, "If I leave my meal staff will ask me if I want something else and will get that for me." People had a choice of eating in the dining room or their own rooms. Meal choices were displayed in an appropriate way for people which meant they could either point to the meal they wished to have or sit down and tell staff their choice. We saw a sufficient number of kitchen and catering staff available to ensure prompt serving of food, to help people who needed help to eat and to take trays to people's rooms. We observed staff were caring and supportive to people who needed assistance in eating and interacted with people in a positive way during lunch in most areas of the home. People told us, "Staff will get anything you want in between meals from the kitchen." Water or juice was available in people's rooms as well as in the lounge area. There was also a water machine available for people to use and a small kitchen area in the lobby of the home where people could make their own hot drinks.

Where people may not be able to make or understand certain decisions for themselves, the registered manager and staff followed the requirements of the Mental Capacity Act (MCA) 2005 and staff were heard to gain the consent of people before they administered care. One person told us, "Staff never tell you to do something, but ask or suggest."

The registered manager made sure that a Deprivation of Liberty Safeguard (DoLS) application was made where people's freedom was restricted. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We were shown one application which had been made.

Staff said and we saw evidence they received induction training before they worked on their own. This included modules such as manual handling, health & safety, food hygiene and safeguarding. Following this they shadowed an experienced member of staff. Staff said the induction was robust and they felt confident once they had completed it to carry out their role. One member of staff said they had induction for one week and shadowed staff for one week They said they were comfortable after that. Another staff member told us, "It equipped me to do my job." Staff were seen to carry out their duties without supervision and in a competent manner. A relative said staff were very good. And a further relative told us, "The staff work as a team and unsupervised." One person commented, "Everyone seems to know what to do and gets on and does it."

People received support from staff who had the necessary skills. Staff were kept up to date with training over the course of the year. Training such as fire safety, food and nutrition and infection control had been completed by staff, which kept them up to date. Some staff told us they did not receive regular supervision and others said they had not had an appraisal. We were unable to identify how many staff this applied to and so spoke with the registered manager about this who told us this was an area that was being addressed by the deputy manager. This is an area that needs to be improved upon.

Throughout the day people met together in communal areas and chatted over refreshments. We observed this particularly on the ground floor of the home. Doors were open to the majority of people's rooms and visitors came and went constantly. Staff and people told us there was a

Requires improvement

Is the service effective?

stable staff base which meant people developed relationships with staff. One person said, "There have been three or four staff I've known since I came here." Another told us, "You get changes of staff, but not very often." A further person said, "Everyone says how much better I look after the last place. I have put on weight here." One member of staff said they could see the difference in people's moods and confidence once they lived at the home for a period of time. For example, one person was now able to walk using a walking frame, whereas before they were in a wheelchair most of the time. Another person told us they had frequent stays in hospital and staff always welcomed them back to the home with a banner in their room. We saw this on the day.

One person experienced behaviour which may mean they could harm themselves or others. This person's care plan identified risks and how to minimise these. There was a plan for staff that directed them how to support the person when distressed. We spoke to staff who demonstrated their understanding of the person's needs and how to manage any challenging situations. Staff explained they would receive support from the nurse on duty if their calming strategies failed.

People were supported to remain healthy. The GP visited the home each week. Relatives and people were able to give us examples of how their health needs were met from receiving medicines regularly to regular appointments with specialist consultants. One person said, "I'm getting an appointment for the chiropodist." Another told us, "I can see the doctor when I need to see one." This was confirmed on the day of our inspection when we saw external healthcare professionals visit the home. One person had been referred to the tissue viability team as they were at risk of pressure sores and we saw evidence in care plans that recommendations by the GP had been recorded and implemented by staff. We read one person had lost a considerable amount of weight. Staff told us this person had been referred to the dietician and the person's risk assessment around nutrition had been updated. However, one healthcare professional we spoke with told us they weren't always confident staff followed their mobility guidance consistently and they were meeting with the registered manager to discuss this.

Requires improvement

Is the service caring?

Our findings

We received a lot of positive comments from people about staff in the home. These included, "Staff are really kind", "I wouldn't want to live anywhere else", "I am looked after very well" and, "Staff make me feel at home, they always have a smile on their face and brighten the day up."

Relatives reiterated this with their comments which included, "The staff are wonderful", "The staff treat people properly, respectful and as a person." A visitor told us, "The staff are so welcoming, they really want to help."

Staff had a good understanding of people's needs; they spoke quietly to people and gave time to people with communication difficulties to respond. We observed staff speaking to people in a kind compassionate way. Staff knelt down to people who were sitting in chairs. The unit for people living with dementia had memory boxes (boxes where people can place items or pictures that having meaning to them) outside people's room with pictures of their journey through life and some rooms had signposting on doors. However, we did not always observe staff giving people their full attention and we noted the feeling or environment in this unit was not as welcoming or lively as in other parts of the home, particularly in relation to the décor. For example, we heard one staff member talk to other staff over a person's head during lunch and hold a cup up to this person, who was visually impaired, with no explanation. Later the staff member came from behind the person and wheeled them out of the dining room without telling them first what they were about to do. During the lunch period in the unit for people living with dementia there was only one member of staff on duty who was observed to show little interest in people. After lunch two people were taken into a small lounge where music was playing. Other people were taken to a larger lounge with a television. Staff did not offer people a choice of television channel and left the television remote out of the reach of the people. Staff did not always respectfully involve people who were living in the dementia unit. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could make decisions about their care. A relative told us, "The staff know him really well, know his whims and ways." One person said, "Staff come in of a morning, wake me up and have a chat for a bit." Another told us, "I'm an early bird. Staff bring me a cup of tea and the newspaper first thing." We heard staff talk to people about their interests, or the television programmes they liked. It was evident staff knew people well and knew their relatives and visitors. Staff were able to describe to us individual aspects of people. One member of staff passed someone's open door and observed there was a problem and immediately went in to help. We saw one staff member give information to a person about a blood test procedure. We heard the staff member answer the person's questions fully and patiently.

Staff addressed people by their name and spoke and treated them in a kind and respectful manner. One person said, "They don't come in without knocking and they always smile." Another person said , "They shut the door and draw my curtains when attending to me." Staff respected people's privacy by asking if they wished their doors open or closed. One person told us, "I do get the privacy I want, they leave me alone."

People said relatives and friends were able to visit without restriction and relatives confirmed they were made welcome, offered tea, and able to visit as often and whenever they wanted.. One person told us, "My brother had Christmas lunch with me."

People's individual needs were met. One person told us, "They have organised a visit from the vicar to come and give Communion." Another person said, "I like to go to bed early so I can watch my favourite programmes and staff support me to do this."

People were encouraged to be independent and make their own decisions. Three people told us they were supported to be independent and to go out from the home on a regular basis. One person said, "I like to go for a walk every day and I do get to go out." Another told us, "I can get up and go to bed as I like." A further person told us, "I can go out if I wish." We saw people leaving the home during our inspection to go out with family and heard other people make decisions about what they wished to do.

People received information about the service in the form of a regular newsletter. This contained news about new staff, what events had taken place, information about people new to the home and details of forthcoming activities.

Requires improvement

Is the service responsive?

Our findings

People felt staff responded to their needs. A relative told us, "The staff are marvellous they respond to her." One person said, "You only have to ask and staff are responsive and helpful."

Changes in people's care and support needs were discussed when new staff came on shift. A handover was given to update them on how people were and if there were any changes in their usual care needs. For example, staff were informed if someone was unwell or if there was any specific support a person needed . One relative said that as their mother's needs had started to change they had met with staff to review the care plan. They told us staff were adapting their level of care to meet these changing needs.

Despite the comments we received and what staff told us we did not always find evidence of staff responding appropriately to people's needs. For example, one person required checking every hour when they were in their room. Staff were unable to tell us if this was done. One person required weekly weighing but this had not happened for the last two weeks. A second person had been seen with rashes and broken skin on their back but staff appeared to have taken no further action in relation to this for two weeks.

We read one person had five falls during the last year but staff had not taken action to refer this person to the falls team (an external team who give advice to help prevent falls) or considered options to prevent reoccurrence.

We noted there was a lack of stimulation in the unit for people living with dementia. We did not observe any specific activities suitable for people living with this condition, although one relative did tell us activities took place. We raised this with the registered manager at the end of our inspection who told us they were aware more could be done for people living here.

The lack of evidence or observations to support staff responding to people's social or health needs is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's support needs and information about their lives were recorded in care plans however they were not always responded to. This included personal details such as the person's likes and dislikes. People were portrayed as individuals as care plans included information about their lives before moving into the home. One relative said, "He has a care plan, we see it." And people told us, "They ask if I want a bath or a shower." And, "They took my details (for the care plan) when I came in." However one person told us, "They (staff) don't give me a bath when I want."

People in most areas of the home were not socially isolated as staff ensured there was a variety of activities taking place each day. Staff told us people were asked to contribute ideas on the types of activities they would like to have. For example, people were asked for their favourite films. We saw people sitting reading the newspapers or doing crosswords. One person told us they enjoyed doing this. Activities did not start before 11:00am to ensure people were not rushed in the morning. The home had two resident dogs and during the day a visitor came in with their dog. We saw people speaking to the dogs or petting them. One person said, "I can choose to go to the activities if I want, there is a good programme."

Staff said there was always something going on and for those people who were unable to participate in group activities, one to one interaction took place. We heard staff chat with people when they were in their rooms. We also saw a volunteer greeting people in their rooms. The ground floor had a constant flow of visitors. During the afternoon there was live music from visiting musicians and the lounge was full of people and visitors. The same concert was planned for the first floor the following week for people who were unable to attend. However, we did feel this always happened in the dementia unit. This is an area that needs to be improved upon.

People and relatives were involved in the running of the home as residents and relatives meetings were held. We read in the minutes of the last meeting that people would like sauces on the table for their meals. We saw this had been introduced. People had also asked for more outings and the registered manager told us they had a mini bus available for shopping trips and trips out.

There was a complaints policy available to everyone. This gave information on how to make a complaint and how the service would respond to any complaint. The registered manager had a system for recording if complaints were

Requires improvement

Is the service responsive?

received, what action was taken and what the outcome was. The registered manager told us as a result of recent complaints they had increased staffing levels in the home. People were also now given a choice of the type of bed sheets they had after complaints. People told us they were able to approach staff and felt able to raise concerns if the need arose. One person said, "I did complain about something and the (registered) manager sorted it."

Requires improvement

Is the service well-led?

Our findings

People and relatives were happy with the service provided and the care they received. They told us they would recommend this home to someone needing a care home and one person said in his view, "Tandridge Heights is a star performer." One person told us, "Well run and well managed." A relatives said, "I have never regretted the choice of this home." Another relative told us, "I would recommend this home to someone needing this service." A healthcare professional was complimentary about the home and the management. Another healthcare professional told us the home was one of the best they'd seen and they felt people were looked after very well. They added they found management good with excellent communication.

Staff said that as part of their induction they learnt all about Barchester Care Homes and their ethos and aims. They told us senior staff checked they followed best practice. However, we found that care plans were not always completed properly and there was information missing. For example, some people required weekly weighing and although staff told us this happened, it had not been recorded. One person required a weekly health check which staff and the person's relative confirmed took place, but we could not find this recorded in the care plan. Other people had requested baths, but staff did not have clear records of when these took place which meant relatives could not be assured they had happened. We read reference to a person being diabetic, however this was not mentioned again and was not included in the person's dietary information, so it was unclear whether or not this person had this condition. In other care plans we read information relating to people's physical changes, but records had not been updated to reflect up to date information. The lack of proper records is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider carried out monthly quality assurance visits to the home. These included a look at the cleanliness, medicines and catering. During the visits senior managers talked to people who lived there to get their feedback. However, we noted during the most recent visit it had been identified the bathrooms were cluttered and the doors to the sluice rooms were found unlocked. As we had also seen this, this showed us staff and the manager had failed to take action.

The home was currently without a maintenance person to undertake regular safety checks. The registered manager explained they were being supported by maintenance staff from other homes. They assured us, and we read weekly fire checks were being maintained and environmental checks such as water temperatures were being done.

The registered manager carried out a number of checks to make sure people received a good service and any issues identified were resolved. For example, checks in relation to medicines, the food, the décor and the activities provided. However these checks did not identify the lack of staff understanding about the use of individual slings for people, frequent falls people had and staff not receiving regular supervisions or appraisals.

The lack of robust quality assurance processes was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager understood their responsibilities and instilled confidence in staff. Staff said that since the registered manager had been in place there had been, "Lots of changes for the better – more staff have been employed and she is making the place look better." Staff told us they felt confident to take any concerns to the (registered) manager. Staff said they enjoyed working in the home. One member of staff said, "Really, really good. Management supportive." Another said, "The manager is really supportive." And, "The manager's door is always open." The registered manager was very visible during our inspection and we heard her speaking with people, relatives and staff in a way which demonstrated she knew people individually. One person told us, "The (registered) manager is very approachable." Another said, "The (registered manager) is very good, she is kind but firm." Relatives told us they felt the registered manager, "Leads by example", "Has her finger on the pulse" and, "Is very hands on and knows what is going on."

People, relatives and staff were asked for their feedback on the service. One relative told us they had completed three surveys and another said, "I think the management would

Requires improvement

Is the service well-led?

respond to relative's suggestions." Staff told us and we read there were staff meetings during which they felt they could speak freely and openly and make suggestions of any improvements they felt that could be made.

People and their relatives were happy with the quality of the service provided. We read on the home's website several compliments which had been written by people.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider did not ensure care was always provided to meet people's individual needs.** **The provider did not ensure the welfare and safety of people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not carry out robust quality assurance checks on the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider did not ensure they maintained appropriate standards of cleanliness and hygiene.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **The provider did not ensure people were always treated with respect.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

Treatment of disease, disorder or injury	The provider did not ensure an accurate record was kept of each person.