

NA SS Care Limited

# Stanmore 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 21 April 2016 and was unannounced. Stanmore Residential Home is a care home and provides care and support to 27 older people who may be living with dementia. It does not provide nursing care. There were 25 people using the service at the time of our inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

At the last inspection on the 10 December 2014 we found the registered manager was not meeting one regulation in relation to people not being protected against the risks associated with unsafe or unsuitable premises because fire doors were not closed and items that may be hazardous to health were not stored safely.

Following the inspection the registered manager sent us an action plan telling us how they were going to address the concerns identified. During this inspection we found that the registered manager had taken some action. However, we found some concerns about the maintenance of the premises and risks to people's safety that had not been identified and actioned effectively.

People and their relatives informed us that they were satisfied with the care and services provided. On the day of our inspection we observed that people were well cared for and appropriately dressed. People who used the service said that they felt safe in the home and around staff.

Relatives of people who used the service and care professionals we spoke with told us that they were confident that people were safe in the home.

Systems and processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Comprehensive risk assessments had been carried out and staff were aware of potential risks to people and how to protect people from harm.

People's care needs and potential risks to them were assessed. Staff prepared appropriate care plans to ensure that people received safe and appropriate care. Their healthcare needs were closely monitored and attended to. Staff were caring and knowledgeable regarding the individual choices and preferences of people.

On the day of the inspection we observed that there were sufficient numbers of staff to meet people's individual care needs. Staff did not appear to be rushed and were able to complete their tasks.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

We found the premises were clean and tidy. There was a record of essential inspections and maintenance carried out at the home. The service had an infection control policy and measures were in place for infection control.

Staff had been carefully recruited and provided with induction and training to enable them to support people effectively. They had the necessary support, supervision and appraisals from management.

People's health and social care needs had been appropriately assessed. Care plans were person-centred, detailed and specific to each person and their needs. Care preferences were documented and staff we spoke with were aware of people's likes and dislikes.

People told us that they received care, support and treatment when they required it. Care plans were reviewed monthly and were updated when people's needs changed.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had made necessary applications for DoLS as it was recognised that there were areas of the person's care in which the person's liberties were being deprived. Records showed that some authorisations had been granted and some were awaiting approval from the local authority.

There were suitable arrangements for the provision of food to ensure that people's dietary needs were met. People were mostly satisfied with the meals provided. Food looked appetising and was freshly prepared and well presented. Details of special diets people required either as a result of a clinical need or a cultural preference were clearly documented.

People and relatives spoke positively about the atmosphere in the home. Bedrooms had been personalised with people's belongings to assist people to feel at home.

People and relatives told us that there were sufficient activities available. There was an activities co-ordinator that came to the home five days a week. On the day of the inspection we saw people taking part in playing with a ball and doing gentle exercises. People were also participating in singing songs of their choice. Later during the day, a hairdresser came to the home and styled people's hair as they wished.

Staff were informed of changes occurring within the home through daily handovers and staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

An annual relative's satisfaction survey had been carried out in 2015 and the results from the survey were positive.

There was a management structure in place with a team of, care workers, deputy manager, registered manager and the provider. Staff told us that the morale within the home was good and that staff worked well with one another. Staff spoke positively about working at the home. They told us management was approachable and the service had an open and transparent culture. They said that they did not hesitate

about bringing any concerns to the registered manager.

Relatives spoke positively about management in the home and staff. They said that the registered manager was approachable and willing to listen. Complaints had been appropriately responded to in accordance to their policy.

We found the provider did undertake a range of checks to ensure the service was running efficiently covering areas such water temperatures, maintenance checks, electrical and boiler checks. However, there were no quality audits to effectively assess, monitor and improve the quality and safety of the services provided in the home.

We made one recommendation about seeking advice and guidance from a reputable source about adjustments required to meet the needs of people living with dementia.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered manager to take at the back of the full version of this report.

We are considering what action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. There were some parts of the premises that were not properly maintained and equipment was not appropriately stored.

People who used the service and relatives we spoke with said that they were confident the home was safe.

Staff were aware of different types of abuse and what steps they would take to protect people. Risks to people were identified and managed so that people were safe and their freedom supported and protected.

We saw that appropriate arrangements were in place in relation to the management and administration of medicines.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff had completed training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and the registered manager.

People were able to make their own choices and decisions. Staff and the registered manager were aware of the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the implications for people living in the home.

People were provided with choices of food and drink. People's nutrition was monitored and dietary needs were accounted for.

People had access to healthcare professionals to make sure they received appropriate care and treatment

**Good** 

### Is the service caring?

The service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people who used service. The atmosphere in the home was

**Good** 

calm and relaxed.

People were treated with respect and dignity. Staff respected people's privacy and dignity and were able to give examples of how they achieved this.

Wherever possible, people were involved in making decisions about their care. Care plans provided details about people's needs and preferences. Staff had a good understanding of people's care and support needs.

### Is the service responsive?

Good ●

The service was responsive. Care plans were person-centred, detailed and specific to each person's individual needs. People's care preferences were noted in the care plans.

There were activities available to people. People and relatives spoke positively about the activities.

A formal satisfaction survey had been carried out in 2015 and the results were positive.

The home had a complaints policy in place and there were procedures for receiving, handling and responding to comments and complaints.

### Is the service well-led?

Requires Improvement ●

Some aspect of the service was not well led. There were no effective quality audits to effectively assess, monitor and improve the quality and safety of the services provided in the home.

People and relatives told us that the registered manager was approachable and they were satisfied with the management of the home.

The home had a clear management structure in place with a team of care workers, deputy manager, the registered manager and the provider.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with her.

# Stanmore 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 provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector, a specialist advisor and 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 care service

Before we visited the home we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. No concerns had been raised.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this, we spent time at the home observing the experience of the people and their care, how the staff interacted with people and how they supported people during the day and meal times.

We spoke with eleven people using the service and three relatives. We also spoke with the provider, registered manager, deputy manager, activities co-ordinator, one healthcare professional and seven care workers

We reviewed six people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

# Is the service safe?

## Our findings

People using the service told us they felt safe in the home. One person told us "I do yeah. Nothing to be afraid of." Relatives also told us they felt people were safe and told us "It is totally safe here. They have my number if they need it. I feel at ease leaving [person] here. We have not had any problems."

At our last inspection on the 10 December 2014, we found people using the service were not protected against the risks associated with unsafe or unsuitable premises because fire doors were not closed and held open by a wedge and items that may be hazardous to health were not stored safely. This meant the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which is equivalent to Regulation 12 HSCA 2008(Regulated Activities) Regulations 2014.

An action plan was received from the provider to show what actions would be taken to resolve the issues raised at the last inspection. During this inspection we found some action had been taken. The laundry room door was kept closed and any chemical products that were hazardous to people's health were locked away safely in a cupboard and fire door were kept closed.

However during this inspection, we found some concerns about risks to people's health and safety had not been identified and actioned effectively.

The home had a fire risk assessment and a general evacuation plan in place. Personal emergency and evacuation plans (PEEP) had been prepared for people using the service and highlighted the support people may need in the event of a fire. The last fire drill was carried out on 21 September 2015. The fire alarm was tested monthly to ensure it was in working condition.

Although fire routes and exits had been labelled around the home, there was one fire door downstairs which when we opened there was another emergency exit door to the outside but this was not clearly displayed. People would not be aware of the emergency exit door which could compromise people's safety in an emergency.

In front of a fire door on the ground floor, there was a chair hoist obstructing access to the fire escape and a resident's bedroom. This could compromise people's safety as one of fire escape's was blocked so people may not be able to get out of the building safely or quickly in an emergency.

There was a notice on a door on the upstairs floor which stated that evacuation sledges were stored there in case of fire. However the room only contained two unused medicines trolleys. When we asked where the evacuation sledges were, staff and the registered manager were unaware. Eventually we were told, they were in the loft area and after the inspection, we were told the evacuation sledges were now located on the ground and first floor. This placed people using the service at risk in the event of a fire as staff were not aware of where to locate the sledges as they had not been appropriately stored.

Fire doors were closed, however we noted the doors on the ground floor and upstairs floors that staff used



to access different parts of the premises would slam shut very loudly. This caused considerable discomfort to people. This could also mean that due to not being properly adjusted and slamming quickly, there is a risk of causing injury such as trapped fingers. People using the service told us "I'm well treated but they slam the doors when you are asleep and it is annoying, "Major complaint is the door slamming, it is very nasty" and "I am fixated on the door slamming, it gives me the creeps."

On the upstairs floor, we observed a person using the service trying to open one of the doors to get to their bedroom. The person was unable to open the door themselves as the door was heavy and the person also had a walking frame. We had to assist the person through the door.

We discussed this with the registered manager. She showed us dorguard devices that had been ordered which would keep the doors open but would automatically release the doors when a fire alarm sounds. The dorguard devices had not yet been fitted. The registered manager told us they were in the process of getting them fitted onto the doors.

We observed other parts of the home which could also compromise people's safety. The outlet drainage hole for the downstairs shower was missing its cover and had the potential for a person or care worker to easily place their foot in this and cause potential harm

There were three points of access to the garden from the dining room and lounge which provided easy access. However the third entrance was on the side of the house but had a large drop without handrails. This could place people at risk of falling as there were people who need support with their mobility.

There was an unlocked utility cupboard at the foot of the stairs which upon opening the door, we found was the master area for gas and electricity switches. When we enquired about this, we found it had been left open although there was a lock on the cupboard.

In the garden at the back of the house we found metal pipes snapped in half and protruding from the ground for about two metres, near the boundary fence. This could cause significant harm to anyone who accessed the garden.

The registered manager also told us and records showed that the registered manager would conduct daily checks of the home and if anything needed attention or needed to be fixed this was reported to the provider. The provider told us they did have maintenance people they could call upon if they had any maintenance issues. However actions to rectify issues were not taken promptly. There was no environmental risk assessment in place which identified any potential health and safety risks to people using the service.

Although checks were being conducted in the home and a fire risk assessment was in place, the above evidence demonstrates the risks to the health and safety of people using the service were not being assessed or identified effectively. The checks failed to identify the concerns found during this inspection and there was no environmental risk assessment of the home in place. This could place people at risk of being unsafe especially in an emergency situation.

This is a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we observed a lack of maintenance of the property and a lack of storage space in the home which could present potential risks to people using the service.

Some people's bedrooms had en suite bathrooms. There was also a separate bathroom with a toilet and a separate shower room on the downstairs floor. We observed the shower room was in need of attention as the base of the tiles were discoloured and chipped. The standalone bathroom was in a much better condition than the shower room. The bathrooms and shower rooms were adequately clean however they were stuffy and there was a musty smell.

The front of the house was tired looking with little in the way of planned or groomed shrubbery to make the home look nicer from the outside. At the back of the home, there was a large garden with some shrubs and trees. The outside tables and chairs were unclean and the wooden ones were in a fragile condition.

There were broken pots and paving stones near the patio and at the rear of the property. An area at the back of the garden was also used as a general dumping ground for bits of concrete, tin roofing sheets and wood. These and the other items posed a significant safety issue for people using the service should they want to use the garden. The bits of concrete, roofing sheets and wood we observed were removed on the second day of the inspection.

We observed equipment were randomly placed around the home and not appropriately stored. We saw an empty medicines trolley and vacuum cleaner were placed near the foot of the stairs. We also observed hoists stored in the downstairs bathroom

In the dining room, there was a fridge freezer and chest freezer. The chest freezer had a broken handle. Although temperatures of the freezers were taken, both freezer compartments were heavily iced and in need of cleaning.

We raised these matters with the registered manager and she told us that they did have a problem with storage space at the home. She told us that she would review what they had at the home and clear out anything they were able to for appropriate storage room to be made. She also told us one side of the home had been recently refurbished and the other part was due to be redecorated by the provider.

We observed the recently refurbished part of the house during the inspection and the registered manager told us they had joined two buildings together that's why one part of the house was older and the other new. However, there were parts of the home that were not properly maintained and due to the lack of storage space, equipment was not being appropriately stored.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a policy and procedure for infection control. We observed that the home was adequately clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists, lifts, gas boiler and electrical installations. The hot water temperatures had been checked weekly and recorded. The registered manager told us the water temperature was controlled to ensure the water temperature did not exceed the recommended safe water temperatures.

There were suitable arrangements in place to manage medicines safely and appropriately. People told us they received their medicines on time. One person told us "Yes, always on time." The medicines were stored in a locked cupboard in the registered manager's office. We looked at a sample of the Medicines

Administration Records (MAR) sheets and saw they had been signed with no gaps in recording when medicines were given to a person, which showed people had received their medicines at the prescribed time. We observed a lunchtime medication round and noted the hygienic technique of blister packs, small single-use plastic cups and avoidance of touching the medication. We also noted that the staff ensured that people had swallowed the medicine before moving on to the next person.

There were arrangements in place with the local pharmacy in relation to obtaining and disposing of medicines appropriately. However, there was no record of a pharmacist's audit in the home. The deputy manager said that the home manager had spoken to the pharmacist about this and that an audit would be done in the near future.

Records showed that care workers had received regular medicines training and policies and procedures were in place. The registered manager showed us a competency assessment that had been conducted for care workers who administered medicines to ensure they were capable to do so safely. The assessments were comprehensive and included areas such as observing administration, training, record keeping, stock control and storage. The registered manager told us they were still in the process of doing the competency assessments to ensure all staff who administered medicines had been assessed.

People's care needs had been carefully assessed. Care plans we reviewed included relevant risk assessments which included preventative actions that needed to be taken to minimise risks as well as measures for staff on how to support people safely. Risk assessments were reviewed monthly and we saw documented evidence that these were updated when there was a change in a person's condition. The assessments covered many areas of people's care needs such as moving and handling, nutritional needs, medicines and falls.

We also found the skin integrity of people using the service was managed effectively. Care workers checked skin integrity for everyone at the home. Nobody at the home was bedbound however the registered manager showed awareness of the principle of two hourly turning of bedbound residents. She also told us that pressure ulcers had not been an issue at the home as the care workers did regular skin checks and called the GP if there was any sign of skin redness.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. We found care workers had worked at the home for a number of years which ensured a good level of consistency in the care being provided and familiarity to people who used the service. People using the service told us "There is always staff on here 24 hours a day", "Oh yeah plenty of staff" and "They have been the same ones here since I have been here." The registered manager told us they did not use agency staff and some of the care workers had been at the home since it opened. She told us getting cover was not an issue and "The staff are very good and ring each other to sort things out. They are like a family and help each other." Care workers told us there was always enough staff and everybody helped each other where it was needed. However, we were told by staff that it would get busy during the mornings and with mealtimes but generally things were okay.

There were safeguarding and whistleblowing policies in place and records showed care workers had received training in how to safeguard adults and were aware of actions to take in response to a suspected abuse. When speaking to care workers, they were able to explain the different types of the abuse and the steps they would take if they suspected any potential abuse.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for five care

workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

## Is the service effective?

### Our findings

People and relatives spoke positively about the staff. They told us "They are very nice I will say that for them, all are very good", "Yes they do the job" and "Very knowledgeable. If there are any problems they call the doctor."

Staff told us that they felt supported by their colleagues and management. They spoke positively about working at the home. Care workers told us "I am very happy here. To me it's like my own home", "It's nice. There's no stress. Staff are great and residents are really nice", "I very much enjoy it here. I love to work with people" and "We have a very good team here. We work together. It's very nice here. We are all friends here."

Staff had the knowledge and skills to enable them to support people effectively. We saw evidence that staff had undertaken an induction when they started working at the service. There was on-going training to ensure that staff had the skills and knowledge to effectively meet people's needs. Records showed that staff had also obtained national vocational qualifications (NVQ) in health and social care.

Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included infection control, safe handling of medicines, fire training, moving and handling, safeguarding, DoLS and mental capacity. Staff spoke positively about the training they had received and were able to explain what they had covered during the training sessions.

Records showed that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We noted that care plans contained mental capacity assessments including information about people's mental state and cognition. Areas in which a person was unable to give verbal consent, records showed the person's next of kin or court of protection deputies were involved to ensure decisions were made in the person's best interest.

We also found that, where people were unable to leave the home because they would not be safe leaving on their own, the home had made applications for the relevant authorisations called Deprivation of Liberty Safeguards (DoLS) and these were in place.

The arrangements for the provision of meals were satisfactory. The food for the home was supplied by a specialist catering company for care homes. The registered manager told us the menu was planned in advance and people were asked what they wanted. Some of the people using the service are Hindu and Gujarati and we found the home catered for their cultural needs as well. There were care workers who were Hindu and Gujarati and prepared traditional dishes according to their culture. One person told us "Everybody is good here. I like it here. They speak well here. We get our food here like rice and daal." We did note that staff had not received any training in food hygiene. The registered manager told she would ensure staff received this training.

General feedback about the food was positive. People using the service told us "Yes I do, the food is alright. We get steak, stew and salads most of the time. I like fish but we don't get that too often, though you can ask for it. We get a menu once a week. They come round every morning to ask what you want for lunch. I can have a sandwich too", and "I like the roast dinners, but this is only on Sundays. I would like more roast meat."

People's weights were recorded monthly so that the service was able to monitor people's nutrition and there was detailed information about people's nutritional needs in their care plans. There was also a nutritional risk plan of care which identified risks to people with particular needs with their eating and drinking. For example, there was an entry regarding a person's poor appetite and that they should be observed at mealtimes and encouraged to eat. We observed this person at lunch time and noted that they ate well with a care worker inconspicuously keeping an eye on them from a distance. The person's care plan contained a monthly weight chart which showed that their weight has been maintained. When we asked the person about the care in the home, they replied: "The carers are very good and the food is quite alright."

We asked the registered manager how they monitored what people ate to ensure they had a healthy and balanced diet. The registered manager told us that this was recorded in the daily notes and included details about what people had eaten and drank throughout each day and evening. Any concerns were also discussed amongst staff during the handover.

During the inspection we observed people having their lunch, which was unhurried. The atmosphere during lunch was relaxed. People were given the time to eat at the pace they wished. We observed care workers respected people's choices and people were able to eat where they pleased. Some people ate in the dining area and lounge area. We observed that people who chose to eat in their bedrooms received their meals promptly and did not have to wait for their meals to be served and brought to them. Staff also ensured people were attended to regularly.

We saw that drinks were always available throughout the day and people had a choice of hot and cold drinks. People were given tea and cake in the afternoon. The dining area was fully accessible to people using the service throughout the day and we noted their requests for food or drink were promptly adhered to.

People had their healthcare needs closely monitored. Care records of people were well maintained and contained important information regarding medical conditions, behaviour and any allergies people may have. There was evidence of appointments with healthcare professionals such as GPs, hospital, optician and podiatry checks. People using the service told us "The staff phone the GP and they come within 24 hours. This is what I like about it" and "The GP comes here."

Care plans showed that some aspects of end of life care had been discussed with people using the service and relatives. However the information was limited to whether the person preferred a burial or wished to be cremated. The information did not detail how and where people wished to be cared for. The registered

manager told us she would review this area and add more information for people's end of life care and requirements. There were four people using the service who had "Do not attempt cardiopulmonary resuscitation" (DNACPR) forms in place which had been signed and discussed with relatives to ensure this decision was made in the person's best interest.

We observed reasonable adjustments had been made in the home in response to people's specific needs for example there were grab rails and a lift in the home to support people with their mobility. Hoists and bath and shower equipment were available to assist with people's needs, However, there were no adjustments made to the home to ensure it was a dementia friendly environment. Overall the home was tired looking and was painted with a yellowish beige colour throughout which was also used in several of the bedrooms. There was no signage, contrasting colours and pictures that could help people with their memory but also help people to recognise and navigate around the home. There was poor lighting in home which could be of risk for people with dementia, visual and mobility needs.

We recommend that the service seek advice and guidance from a reputable source about adjustments required to meet the needs of people living with dementia.

## Is the service caring?

### Our findings

People spoke positively about the care workers and the care they received. When asked if staff were caring, they told us "Oh yes they are, I would say that", "Yes they are", "Yes they do help me" and "My bed is made every morning. The floors are mopped every morning and the bed sheets are changed every week."

During the inspection, we observed positive relationships between people and the staff. People were relaxed and at complete ease approaching the registered manager and provider. People were free to come and go as they pleased in the home. Care workers were patient when supporting people and communicated with them in a way that they understood. We observed people were comfortable with each other and care workers were very attentive towards people's needs.

We saw people being treated with respect and dignity. When speaking to care workers, they had a good understanding and were aware of the importance of treating people with dignity and respecting their privacy. They told us "You close the door, keep them covered where you can and prompt them to wash where they can" and "You talk to them. It's like a proper home here" and "The residents come first."

Relatives spoke positively about the way people were looked after. They told us "They [staff] are very patient with [person]. [Person] is always clean and spotless. We are very happy with the care" and "They have a good bedside manner. They talk to you like a person and not an object."

Care plans set out how people should be supported to promote their independence. During the inspection, we observed care workers provided prompt assistance but also encouraged and prompted people to build and retain their independence. For example people went to the dining area and bedrooms themselves and chose what they wanted to do throughout the day.

Care plans also set out information on how people were able to communicate and for staff to ensure they were able to communicate with people effectively. For example, in one person's care plan it stated "[Person] communicates very well in English. [Person] does not engage much in conversation but if you speak with them, [Person] will speak with you and tell you about their past and family. [Person] has a good sense of humour. One care worker told us "No problems with communicating. They let me know with their hands, certain gestures. You are with the residents every day. You know them. Like [person] does not speak but I know they are listening and understand."

There were some arrangements in place to ensure people were involved in expressing their views. People signed their care plans where they were able to and records showed there was involvement from family members. Relatives confirmed this and told us "They phone us and are always in touch" and "We are immediately informed if there is anything wrong." People's plans were reviewed on a monthly basis by the registered manager so people's needs were monitored. One person using the service told us "Yes I have a care plan. I have a Social Care Co-Ordinator"

However, there had been no formal review meetings with people using the service and relatives in which



people's care was discussed and reviewed to ensure people's needs were being met effectively. The registered manager told us there was regular contact with relatives and it was more on an informal basis but she will ensure a formal review system will be in place.

## Is the service responsive?

### Our findings

Relatives spoke positively about the service and care people were receiving. They told us "[Person] is looked after very well here. Absolutely they know their needs. Everything is done on [persons] terms" and "It's all good. We have no concerns. It is quite homely here and there are friendly staff. They always keep [person] busy, they play bingo and keep them active. [Person] is very happy here."

The service provided care which was individualised and person-centred. One person using the service told us "Yes I am happy here, the way it is." Care plans were person-centred, specific to people's needs and detailed the support people needed in all areas of their care. The care plans contained a personal profile which reflected who the person was, what and who was important to them and previous occupations. They were well written and provided a good insight of each person. For example, one care plan showed the person was a former primary school teacher who enjoyed writing. Staff encouraged the person to continue to do their writing and we noted examples of their writing were on display on the notice board at the entrance to the home.

The care plans showed how people communicated and encouraged people's independence by providing prompts for staff to support people to do tasks by themselves. The care plans contained a night care plan for people which showed people's bedtime routine, their care regime before they sleep and whether they needed checking during the night. The care plans also detailed if people had any 'special routines' they enjoyed as part of their daily lives such as when they liked to smoke or enjoy a particular drink in the evening.

Care workers told us and records showed there was a handover after each of their shifts and daily records of people's progress were completed each day. We saw the notes detailed the support people received, medicines that they had received, what they had for breakfast, activities, general mood and well being of each person. Care plans were reviewed monthly by the registered manager and were updated when people's needs changed.

Records also showed that people had a transfer sheet kept with the daily records that had relevant information about a person detailing, who they were, their medical conditions, current medication and if they had any allergies. These we were told were for cases of emergencies in which information was ready to pass onto the ambulance staff immediately for example so they were promptly aware of the person's needs.

This demonstrated the provider and registered manager were aware of people's specific needs and provided appropriate information for care workers to enable them to provide the care and support effectively and safely. When speaking with care workers, they were able to tell us about people's personal and individual needs.

The care people received was responsive to their needs and any changes were communicated to them in a way they could understand. For example, with the person's permission, the provider told us about circumstances which meant the person was not able to go out on their own anymore. The person indicated

that they were aware of why they weren't able to go out alone and told us "This woman [provider] looks after me" and gave the provider a hug.

Although the information in people's care plans was person centred and very well written, we did find that the format of the reporting was long winded and would sometimes duplicate information in some areas. The care plans were also hand written which made it slightly difficult to read. We discussed this with the registered manager about stream lining the format to make it more concise and easier to follow. We also suggested that the care plans be typed up electronically so they were clearer and it would make it easier to update if there were any changes. The registered manager told us she would review the care plans and ensure the format was more straight forward. She told us this would also help her as currently reviewing care plans were taking a long time to get through.

People using the service and relatives we spoke with told us there were activities available for them to participate in. They spoke positively about the activities available and told us "5 days a week between 11 and 12, Monday to Friday. Playing balls, Sing A Song" and "Yes I participate and I like them. Quite good really they are. I am happy with what it is"

The home employs an activities coordinator and we noted that there was some form of activity available every day during the week. On the day of inspection we observed people taking part in playing with a ball and doing gentle exercises. People were also participating in singing songs of their own choice. We observed the activities co-ordinator ensured everybody in the group was engaged and were all encouraged to take part, which they did. The activities co-ordinator was patient and engaged with people in a way that people could understand and were not rushed. Later during the day, a hairdresser came to the home and styled people's hair as they wished.

We spoke with the activities co-ordinator who told us she had been working at the home for the past three years. She produced a weekly chart of group activities, such as bingo and exercises, and engaged certain people using the service in one-to-one activities such as chess and snakes and ladders. She also mentioned that everyone's birthdays were celebrated at the home. She told us she was a professional singer and she enjoyed her work at the home.

There was a complaints policy which was displayed throughout the home. There were procedures for receiving, handling and responding to comments and complaints. The service had a system for recording complaints and we observed that complaints had been dealt with appropriately and promptly. When speaking with people, they told us they had no complaints about the service and knew who they could speak with if they had any concerns. They told us "No, nothing to complain about", Yes I know who to speak to, it would be [registered manager]" and "I would tell the Social Worker."

## Is the service well-led?

### Our findings

People and relatives spoke positively about the management in the home. They told us "[Registered manager] is a nice lady, truly" and "Yes she does talk with me. I always talk to [Registered manager]."

One care professional we spoke with stated that the home maintained good liaison with them and people were well looked after.

There was a management structure in place with a team of care workers, the deputy manager, the registered manager and the provider. Staff had a positive attitude and were of the opinion that the service was well managed and the registered manager was supportive and approachable. They indicated to us that morale was good and they had received guidance regarding their roles and responsibilities. Staff told us "The manager is good and approachable. We work together as a team", "The manager shows you what to do and speaks to you about people's needs. We are not scared to say anything. We are free to speak. She listens to you" and "They do things for you straight away. I can call them anytime."

The registered manager and some of the care workers have been working at the home since it opened which ensured a good level in the consistency of care being provided to people and familiarity which is important for helping people with dementia. The provider had been able to maintain a low staff over which indicates good and supportive management at the home.

The service had a system for ensuring effective communication among staff and this was confirmed by staff we spoke with. Records showed there were staff meetings where staff received up to date information and had an opportunity to share good practice and any other concerns. One care worker told us "The team meetings are good. The manager talks about people's needs. Tells us if there are any issues and any areas we need to improve or need extra training on" and "The manager listens to your ideas."

Care documentation was up to date and comprehensive. The home had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

There were some systems in place to monitor and improve the quality of the service. We found the service obtained feedback from relatives via questionnaires. We noted positive feedback had been received about the service. Some of the comments from people and their relatives included "My [person] is settled here and all staff are extremely helpful and kind and they are always prepared to go the extra mile", 'Staff are always courteous, respectful and kind. Also very helpful when we call on the phone', 'No worries about security at all', 'Whenever I visit [person] they are always looking neat and does not smell of incontinence. Personal care is excellent and I am grateful for it,' and 'My [person] has only been here eight weeks but has settled very well. Carers are very pleasant, kind and caring.'

Records showed the provider had reviewed the responses received to identify any areas of improvement that were needed and it stated 'Will address issues raised under negative feedback/ suggestions for improvement' but there was no action plan to show how this would be addressed and the timescale by which this should be done.

We found the provider did undertake a range of checks to ensure the service was running efficiently covering areas such as water temperatures, maintenance checks, electrical and boiler checks.

However, there were no further records which showed quality audits had been conducted to effectively assess, monitor and improve the quality of the services being provided. There were no medication audits and environmental risk assessment in place.

During this inspection, we found further concerns about the potential risks to people's health and safety especially in an emergency situation, the general maintenance of the home and the lack of storage space. This demonstrated the current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people. At the last inspection, the provider was recommended to seek advice and guidance from a reputable source about carrying out effective audits of people's care which the provider has not acted on effectively.

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

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered manager did not ensure the premises were properly maintained and equipment was not stored appropriately.  Regulation 15 (1) (e) (f)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.  Regulation 17 (1) (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not assess the risks of the safety of service users in the home.  Regulation 12 (1) (2)(a)

### **The enforcement action we took:**

We are considering what action to take. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.