

Mr B Brown

Adelphi Residential Care Home

Inspection report

35 Queens Road
Chorley
Lancashire
PR7 1LA

Tel: 01257271361

Date of inspection visit:
13 September 2018
14 September 2018

Date of publication:
04 December 2018

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

We carried out a comprehensive inspection of Adelphi Residential Home on 13 and 14 September 2018. The first day was unannounced.

Adelphi Residential Home is registered to provide accommodation and personal care for up to 27 older people. Accommodation is provided over three floors. At the time of our inspection there were 23 people living at the home.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

At the last inspection on 6 and 7 June 2017, we found one breach of the regulations. This related to the provider's failure to complete audits and checks to ensure the service was effective. We also made a recommendation about activities at the home. Following our inspection, the provider sent us an action plan and told us all actions would be completed by 4 July 2017.

At this inspection we found that the necessary improvements had not been made and the provider remained in breach of the regulation. The provider had not completed sufficient audits or checks of the service, to ensure that people were receiving safe, effective care. We also found a breach of the regulations relating to the safety and cleanliness of the premises. In addition, we have made recommendations about the need for legionella bacteria monitoring to be carried out at the home and for a programme of improvements to be put in place to update the home environment.

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.

People living at the home and their relatives were happy with staffing levels and told us staff were available to support them when needed. Risks to people's health and wellbeing were managed appropriately.

We saw evidence that improvements had been made to activities at the home and most people were happy with the activities available.

Records showed that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

Staff received an effective induction and their training was updated regularly. People who lived at the service and their relatives felt that staff had the knowledge and skills to meet people's needs.

People told us staff were kind and compassionate and respected their right to privacy and dignity. We

observed staff encouraging people to be independent.

People received support with nutrition and hydration and their healthcare needs were met. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how they liked to be supported.

Staff communicated effectively with people. People's communication needs were identified and appropriate support was provided. Staff supported people sensitively and did not rush them when providing care.

The registered manager regularly sought feedback from people living at the home and their relatives about the support provided. We saw evidence that the feedback received was used to develop and improve the service.

People living at the service, relatives and staff were happy with how the service was being managed. They found the registered manager and staff approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found that the lower ground floor area was unsafe, with equipment and substances that could cause harm not being stored securely. This area was also unclean.

A legionella risk assessment had not been completed and regular monitoring for legionella bacteria was not being completed.

Most people living at the home and relatives were happy with staffing levels. People's risks were managed appropriately and their care documentation was updated when their needs or risks changed.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported appropriately with their nutrition, hydration and healthcare needs. They were referred appropriately to community healthcare professionals

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. People's relatives had been involved in making best interests decisions.

Staff received an appropriate induction, effective training and regular supervision. People felt that staff had the knowledge and skills to meet their needs.

The home environment was dated in places and needed improvement.

Good 

Is the service caring?

The service was caring.

People liked the staff who supported them. They told us staff were kind and compassionate. We observed staff treating people

Good 

with respect and kindness.

People told us staff respected their right to privacy and dignity. We saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent. Staff told us they encouraged people to do what they could for themselves and we saw evidence of this during our inspection.

Is the service responsive?

Good ●

The service was responsive.

Improvements had been made to activities at the home and most people were happy with the activities available.

People received individualised care that reflected their needs and preferences. Staff knew the people they supported well.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not completed any checks or audits of the service to ensure that people received safe, effective care. The registered manager regularly audited and reviewed many aspects of the service. However, the audits completed had not identified or addressed the issues we found during the inspection.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home, relatives and staff felt the home was managed well.

We saw evidence that the registered manager sought people's views about the service and acted upon them.

Adelphi Residential Care 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 checked whether the provider was 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 was a comprehensive inspection.

The inspection took place on 13 and 14 September 2018 and the first day was unannounced. The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the provider is required to send us by law. We contacted four community healthcare professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

During the inspection we spoke with six people who lived at the service and three visiting relatives. We also spoke with two care staff, the cook, the deputy manager and the registered manager. The provider was not available during our inspection. We looked in detail at the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Is the service safe?

Our findings

During a tour of the home we found that the lower ground floor was unsafe. The laundry area had unlocked cupboards containing power tools, paint and insecticide powder and the boiler room door was open, with the key left in the door. In addition, a number of hair products, including aerosols, had been left in the room used for hairdressing. This meant that people had access to substances and equipment which could cause them harm.

We also found that the laundry area was not clean. There was a soiled cat litter tray on the floor, creating a strong odour in the laundry area where people's clean clothes were stored, and throughout the lower ground floor. It was clear that the laundry floor had not been cleaned for some time, with dust, lint and bits of plastic packaging present. The laundry floor also had paint splashes on it, which would make it difficult to assess if cleaning was effective. This meant that people were exposed to bacteria and were not being protected from the risks associated with poor infection prevention and control.

The provider had failed to ensure that the premises were safe, clean and suitable for the purpose for which they were being used. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager. She took action to ensure that the boiler room was locked and only accessible to staff, and arranged for the cupboards containing the tools, paint and insecticide to be made secure. The cat litter tray was removed and the registered manager assured us that the area would be cleaned. She told us she had previously spoken with the provider about replacing the flooring in the laundry area but this had not yet been completed. We noted that the laundry area was not included in the infection control audits completed at the home. The registered manager told us the audits would be amended to include this specific area, so that it would be monitored more closely in future.

We looked at the arrangements for keeping the home clean. A member of domestic staff was on duty on both days of our inspection and we observed cleaning being carried out. We noted that cleaning schedules were only in place for the kitchen area and domestic staff did not document when other areas of the home had been cleaned. This meant that it was difficult for the registered manager to be assured that cleaning was being carried out appropriately. We raised this with the registered manager, who assured us that the issue would be addressed. Most people living at the home and relatives we spoke with told us it was clean. Comments included, "They always wear pinnies and gloves when carrying out personal care. I consider the home to be clean and tidy" and "The one thing they're red hot on is cleanliness and hygiene". However, one relative commented, "The bedrooms could perhaps be better vacuumed". We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in October 2017.

We looked at how risks to people's health and wellbeing were managed at the home. We found that risk assessments were in place including those relating to falls, skin condition, moving and handling, the use of equipment and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Changes in

people's risks or needs were documented and communicated between staff during shift changes. This meant that staff were able to support people effectively.

Records were kept about accidents that had taken place at the service, including falls. We found that appropriate action had been taken to manage people's risks, including referrals to their GP and the local falls prevention service. Sensor mats were in place to alert staff if people who were at a high risk of falls tried to move independently. A monthly falls log was kept and reviewed by the registered manager to identify any patterns or trends and to ensure that appropriate action had been taken. We noted that people's care plans and risk assessments had been updated appropriately following a fall. This helped to ensure that people's risk of falling was managed appropriately.

People we spoke with told us they felt safe at the home. Comments included, "Yes, I feel safe. My button in my room is always answered promptly, you're not hanging on. If I need help, they are there. When they move me they are very careful", "I feel quite safe. I get on with everybody. My buzzer is close at hand and answered promptly" and "They always accompany you in the lift if you use a zimmer". Relatives also felt that people received safe care. One relative told us, "It's safe in here, absolutely. They always check and make sure [relative's] buzzer is handy".

Most people were happy with staffing arrangements at the service. Comments included, "There are enough staff on duty all the time" and "They come when you need them. Everything is pretty good, you can't fault them". Two people commented that they felt the home would benefit from more staff. However, everyone we spoke with told us that staff always came quickly when they needed support and they were never left waiting. One relative told us, "There's always enough staff on duty".

We reviewed the staffing rotas for three weeks, including the week of our inspection and found that the staffing levels set by the service were met on all occasions. The registered manager told us that agency staff were used when annual leave or sickness could not be covered by the home's staff. She told us that regular agency staff were used, so that they were familiar with people's needs and risks and we saw evidence of this in the rotas we reviewed. The registered manager told us she was considering recruiting some bank staff to reduce the need to use agency staff.

The staff we spoke with felt that the staffing levels set by the home were appropriate to meet people's needs and told us people did not wait long for support. One staff member commented, "Staffing's fine. We're not understaffed, we cover each other. Sometimes we have to use agency staff at night".

We looked at how people's medicines were being managed at the home. People told us they received their medicines when they should. Comments included, "I get my tablets at the right time" and "They're always on time with my medication". One relative told us, "[Relative] has never complained about being left in pain". A medicines policy was available which included information about administration, storage, disposal, refusals and errors. We found that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed.

We observed a member of staff administering people's medicines on the second day of our inspection and found that this was done in a safe and sensitive way. We reviewed people's Medication Administration Records (MARs) and found that staff had signed to demonstrate when people had received their medicines or had documented why medicines had not been given. Records showed that medicines documentation and stock was audited regularly by the registered manager and compliance levels were high. We noted that

the home's pharmacist had visited the home in May 2018 and completed an audit. Some minor areas for improvement had been identified and we saw evidence that these were being addressed.

A safeguarding policy was available and records showed that staff had completed safeguarding training. The staff we spoke with understood how to safeguard adults at risk and how to report any concerns. No safeguarding concerns had been raised about the service in the previous 12 months. We reviewed historic safeguarding records and saw evidence that concerns had been managed appropriately. The registered manager told us that if any safeguarding concerns were raised about the home, the outcome and any recommendations would be shared with staff to ensure that lessons were learned.

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff, and they felt confident that appropriate action would be taken.

We found that records were managed appropriately at the home. People's care records were stored in a locked room, with the keys held by the person in charge. Staff members' personal information was stored securely in a locked cabinet in the registered manager's office and was only accessible to authorised staff. This helped to ensure that people's personal information was protected and remained confidential.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Proof of identification and two references had also been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home. We noted that there was an unexplained gap in one person's employment history. The registered manager was aware of the reason for the gap and updated the documentation.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including the lift, portable appliances, hoists and people's wheelchairs. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety checks had also been completed. We noted that a legionella risk assessment had not been completed and monitoring for legionella bacteria was not being completed at the home. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. This meant that the provider could not be sure that people were being protected from the risks associated with legionella bacteria.

We recommend that the service seeks advice and guidance from a reputable source, about completing a legionella risk assessment and regular monitoring.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity management plan in place, which provided guidance for staff in the event that the service experienced severe weather, flooding or a loss of amenities such as gas, electricity or water. This helped to ensure that people continued to receive support if the service experienced difficulties.

Is the service effective?

Our findings

People living at the home and their relatives were happy with the care they received and felt staff had the knowledge and skills to meet their needs. One person commented included, "You're well looked after in here. They are all well trained. They know what they're doing". Relatives told us they felt staff were able to meet their family members' needs. One relative commented, "A lot of the staff have worked here a while. They appear to know what they're doing". Another told us, "The staff seem knowledgeable". One person felt that the agency staff who worked at the home were not as skilled as the permanent staff. We discussed this with the registered manager, who acknowledged that agency staff did not know people as well as the permanent staff but explained that they tried to use regular agency staff whenever possible, to ensure they were familiar with the needs of people living at the home.

The 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 make 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS).

We looked at whether the service was complying with the MCA. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Records showed that staff had completed MCA/DoLS training and the staff we spoke with understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. We noted that documentation was in place to demonstrate that people had consented to staff providing them with support, for example in relation to managing their medicines. Where people were unable to consent to their care, we saw evidence that their relatives had been consulted.

Records showed that staff received a thorough induction when they joined the service and completed mandatory training which was updated regularly. This included fire safety, moving and handling, first aid, food hygiene, infection control and safeguarding. Additional training completed by staff included dementia, diabetes, equality and diversity, nutrition, effective communication, eye care and allergens. This helped to ensure that people were supported by staff who had the skills and knowledge to meet their needs.

Staff told us they received regular supervision and yearly appraisals. We reviewed some supervision records and noted that the issues addressed included working practices, training and development, policies and procedures and any concerns. Staff received feedback about their practice and any areas for improvement were addressed. One staff member told us, "We have regular supervision and we can talk to the manager at

any time". The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision sessions, staff meetings, handovers and training updates.

Records showed that a detailed assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs before they came to live at the home.

We looked at how people were supported with eating and drinking. Each person had a dietary assessment and care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, increased monitoring was in place and appropriate referrals had been made to community healthcare professionals. The cook and the care staff we spoke with were aware of people's dietary requirements. The cook told us staff kept her up to date regarding any changes in people's risks or needs, to ensure that people received appropriate meals and drinks.

People we spoke with were happy with the meals available at the home. Comments included, "The food is good and there's choice. You can have sandwiches or something cooked. I've never felt hungry. They bring biscuits for supper at night. It's quite suitable", "You can eat in the dining room or they will bring it up on a tray. The food is good quality, I can't grumble" and "I find the meals are good quality. I think they do well to keep it varied". One relative commented, "The food? Oh, he loves it. He's put weight on. He always goes on about how good it is".

We saw people having lunch on both days of the inspection. The food looked well presented and portions were appropriate. We found that the atmosphere was relaxed and people were given the time they needed to have their meal. Where people needed support, this was provided sensitively by staff. Adapted crockery and cutlery was available to promote people's independence. We noted that people could have their meals in their room or in one of the lounges if they wished to. One person told us, "Staff don't rush people, they coax people to eat. You have to have patience to do that". We noticed that there was only one option on the menu at lunchtime. The cook told us she knew people's likes and dislikes and advised that people could have something different if they did not like what was on the menu. However, people were not asked in advance if they were happy to have the planned meal. They were only asked as lunch was being served. We were concerned that this may have meant people felt pressured to have what was being served. We discussed this with the registered manager and the cook and on the second day of the inspection, a second option was offered. Six people chose the second option. The registered manager advised that in future, a second option would always be offered and people would be asked in advance what they would like.

Each person's care file contained information about their medical history, allergies and healthcare needs. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, speech and language therapists, physiotherapists, podiatrists and opticians. People living at the home and their relatives told us medical attention was sought when needed. One relative commented, "They got the doctor quickly when [relative] had shingles". One community health professional who visited the service regularly told us, "I have always found all staff caring and professional. I visit frequently and there are never any concerns. The staff always seem knowledgeable and are always helpful".

We noted that the service operated the 'red bag scheme' when people were transferred to hospital. The scheme aims to provide a better care experience for people by improving communication between care homes and hospitals. It involves staff packing a dedicated red bag that includes the person's standardised paperwork and their medication, as well as clothes for discharge and other personal items. This helped to

ensure that people received effective care and treatment and that relevant information was shared when people moved between different services. Hospital passports were also used, which provided information about people's needs, risks and what was important to them.

We found that aids and adaptations were available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff and hoists and a lift were available for people with restricted mobility. Adapted cutlery and crockery was also available to people at mealtimes to promote their independence.

We found that some areas of the home were tired and needed improving, such as torn wallpaper in the dining room and a cracked sink and chipped cupboard in one person's room. There was also a leak in the conservatory. We noted that the log of maintenance issues had not been completed since April 2018. This made it difficult to know whether requests for repairs and improvements had been made or completed.

We recommend that the provider implements a programme of improvements at the service, including timescales for completion.

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were kind and caring. Comments included, "Yes, I do like the staff who look after us. I've no quarrel with them, they've always been alright with me. They do treat you with respect. We have banter with them" and "Yes, I would say they are kind and compassionate and they always treat you with respect".

Relatives commented, "Yes, [relative] likes the staff. Talks endlessly about them. I think in the main he's treated with respect" and "[Relative] likes most of the staff. I would say she's treated with kindness and compassion".

One community healthcare professional who visited the service told us, "I feel that in general the staff appear to be caring and aim to make the residents feel that it is their home. The staff appear to be friendly towards the residents and when I have been there they have shown humour and good nature when dealing with the people who live there".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way. People told us their care needs had been discussed with them and we saw staff involving people in everyday decisions about their care.

Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. One staff member commented, "It's important to reassure people and explain what we're doing when we're supporting them". This helped to ensure that communication was effective and that staff were able to meet people's needs.

People told us they were encouraged to be independent. We observed staff encouraging people to be as independent as possible, for example at mealtimes or when they were moving around the home. One staff member told us, "We try to encourage people to do what they can, for example when they are having a wash. At mealtimes we have raised plates and special cutlery to help people stay independent". One relative told us, "They encourage [relative] to do what she can do for herself".

People told us staff respected their right to privacy and dignity. One person commented, "They respect your privacy, they always knock on your door". One relative commented, "They always speak to [relative] politely and respectfully. The door is closed when they're helping her and the staff listen to her decisions." We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name.

People's right to confidentiality was protected. People's private information was only accessible to authorised staff. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. One staff member

told us, "Personal information is kept out of sight and we always have our handovers in private".

The service user guide issued to people when they came to live at the home included information about meals, medical care, laundry, care planning, activities and how to make a complaint. The registered manager told us the guide could be provided in other formats, such as large print or braille if necessary.

We found that people's relationships were respected. People told us their friends and relatives could visit anytime, with the only exception being at mealtimes, unless relatives were supporting people with their meal. A notice in the entrance area advised that protected mealtimes were in place at the home. Protected mealtimes can help to reduce people's risk of malnutrition by creating a quiet, relaxed atmosphere for people to enjoy their meal, free from interruptions. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed in the entrance area of the home. People can use advocacy services when they do not have friends or relatives to support them or if they want support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

People told us that staff knew them and they received care that reflected their individual needs and preferences. Comments included, "They will do anything for you. Nothing's too much trouble for them" and "Everything's fine really, we get looked after. I don't need a lot of help but staff come when I need them. I've had no issues". One relative commented, "Staff are getting to know [relative] and her sense of humour. They have a bit of banter. She likes that".

People told us staff gave them choices and they were able to make their own everyday decisions, such as when they went to bed, where they spent their time and what they had at mealtimes. During our inspection we observed staff offering people choices and encouraging them to make decisions when they were able to.

At our last inspection we found that the activities available at the home were mainly suitable for people with a cognitive impairment. We recommended that the provider ensure that activities were available that were suitable for everyone living at the home. At this inspection we found that improvements had been made and most people were happy with what was provided. Comments included, "There's something going on every day but I don't go down much. I watch TV and do crosswords", "We make birthday cards to sell for charity, book marks as well. Some people paint and an artist came in. They have quizzes and play dominoes. They have a DJ who gets people singing" and "I watch TV, we have an entertainer that comes at Christmas and they will take you out shopping". However, one person told us, "There are not many [activities] to be honest. Occasionally I play dominoes. I would dearly love to get a choir going, then we could have a sing song and I wish we could get a brass band". We discussed this with the registered manager who advised that the activities co-ordinator was looking into the possibility of arranging this. Relatives commented, "[Relative] is not one for joining in. We take him out" and "I've seen an activities board". One staff member commented, "Activities have really improved since the last inspection. We celebrate things like the World Cup and activities for the week are on the board". During the inspection we observed people knitting and taking part in chair exercises. We reviewed activities records and saw that recent activities included arts and crafts, knitting, music, dancing, pamper sessions, movie afternoons and reminiscence sessions.

The care files we reviewed included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care files were personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that information was included about people's religion but not their ethnic origin, sexual orientation or gender. This meant that staff may not have an awareness of people's diversity and what was important to them. We discussed this with the registered manager who told us that home's documentation would be amended to include this information.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found that although not all

aspects of the Standard were being met, people's communication needs had been assessed and documented and people were receiving appropriate support. The registered manager was not aware of the Standard. She told us she would implement it following our inspection.

We looked at how technology was used to support people living at the service. We found that where people were at risk of falling, sensor mats were in place to monitor their movements and keep them safe. Pressure relieving equipment was used to support people at risk of pressure sores and skin damage, such as pressure cushions and mattresses.

No-one was receiving end of life care at the time of our inspection. However, we noted that information was available in people's care files about their end of life wishes, such as whether they wished to stay at the home and their funeral arrangements. One staff member told us, "We don't have anyone on end of life care at the moment. When we do, we get support from GPs and district nurses and listen to the person and their family's wishes". Records showed that all staff had completed end of life care training earlier in the year. This meant that staff had information about how people wanted to receive care at the end of their life and had the knowledge and skills to meet their needs.

A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Contact details for the Local Government Ombudsman (LGO) were also included. People can contact the LGO if they are unhappy with how a complaint has been managed. Information about how to make a complaint was also available in the service user guide. The registered manager told us that no formal complaints had been received since the last inspection. People told us they knew how to make a complaint and would feel able to. One relative commented, "There haven't been any issues but I would feel able to raise anything with the manager and feel confident something would be done".

Is the service well-led?

Our findings

At the last inspection in June 2017, we found that the provider was not completing any audits or checks of the service, to ensure that people were receiving safe, effective care. This was a continuing breach from the previous inspection which took place on 5 February 2016, when we found a lack of management oversight of care and support. Following our inspection in September 2018, the provider sent us an action plan detailing the improvements that would be made and told us that all actions would be completed by 4 July 2017. These actions included regular audits of the registered manager and senior staff, regular spot checks of the home and regular review of the audits completed by the registered manager. At this inspection we found that the necessary improvements had not been made.

The provider was not available during our inspection. However, we discussed the provider's monitoring of the service with the registered manager, who was responsible for the day to day running of the home. She informed us that the provider had not completed any checks or audits of the service since our last inspection. This meant that the provider did not have oversight of the service and could not be assured that people were receiving safe, effective care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was the third time in succession that the provider had breached this regulation.

Some audits were provided by the provider following our inspection visits. However, the audits provided were infrequent, did not always include accurate information and had not identified the issues found during our inspection. This meant that they were not effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

Records showed that audits of the service were completed regularly by the registered manager. These included checks of medicines, infection control, health and safety, food hygiene, staffing, security, nutrition and healthcare. In addition, regular night time checks were completed by the registered manager and senior care staff. We noted that compliance levels were high and where improvements were necessary, action had been taken. For example, when trays and used crockery had been found in people's rooms, staff had been reminded to remove them. We noted that the audits completed had not identified the issues relating to the safety and cleanliness of the laundry and lower ground floor area, that we found during our inspection. This meant that they had not been effective in ensuring that appropriate levels of quality and safety were being maintained at the service. We discussed this with the registered manager. She advised that there had not previously been any issues with the safety and cleanliness of the laundry and lower ground floor area, which was why they had not been identified during previous audits. She acknowledged that these areas were not identified specifically on the audits and told us the audits would be amended to ensure that these areas could be monitored more closely in future.

The registered manager told us she did not feel supported in her role by the provider. She told us the provider had little involvement with the service and all aspects of running the home were her responsibility.

People we spoke with knew the registered manager and were happy with the way the service was being managed. They felt that the staff, deputy manager and the registered manager were approachable. Comments included, "I consider the home to be well managed. I would recommend this place, everyone gets on with everyone else" and "This place is well managed, I've no problems with them. I would recommend living here. They let you do what you want, they don't push you into anything. Yes, you can say I'm happy here". Relatives commented, "Yes, I know the manager and everything seems fine. There is a positive culture and I would recommend it. It's not the poshest place but it's homely" and "It runs well. There was a staff initiative during the hot summer months to get people out of their rooms to the cooler communal areas. Also, they could monitor any possible dehydration. As a result, [relative] is mixing more. I would recommend this place. We are very happy as a family that [relative] is here".

During our inspection we found that the home was organised and had a relaxed atmosphere. The registered manager and deputy manager were able to provide us with the information we requested quickly and easily and were familiar with the needs of people living at the home. We observed them communicating with people who lived at the home, visitors and staff in a friendly and professional manner.

Staff told us they were happy working at the home and felt well supported by the registered manager. Comments included, "The atmosphere here is nice, it's very homely and friendly. I don't have any concerns. I really think people get good care here. The manager is very approachable and I feel well supported" and "The manager is good, she'll listen. We're a good team. I'd be happy for a family member to live here".

The registered manager told us that staff meetings were not held very often, as it was difficult to get all staff together. She told us that any updates were usually communicated to staff during the handovers which took place at each shift change. We noted that the last staff meeting had taken place in February 2018. We reviewed the notes of past meetings and found that the issues discussed included medicines management, activities, documentation, tidiness at the home, training, laundry and reminders about staff responsibilities. The staff we spoke with told us that staff meetings only took place occasionally. However, they were kept up to date with any relevant information when they were on duty or during shift changes. They told us they were happy with this arrangement.

We looked at how the service sought feedback from people living at the home about the support they received. The registered manager told us that satisfaction surveys were given to people yearly to gain their feedback about the service. We reviewed the results of the questionnaires issued in February 2018, when 18 responses had been received. We saw that people had expressed a high level of satisfaction with most areas of the service, including how they were treated by staff, laundry, activities, choices, privacy and dignity and overall satisfaction with the care provided. We found evidence that action had been taken where areas for improvement had been identified. For example, staff had been reminded about the need to knock on people's doors before entering and night staff had been asked to work more quietly so that people were not disturbed. We noted that a questionnaire had also been issued specifically relating to meals at the home and found evidence that action had been taken in response to people's comments and suggestions.

The registered manager told us that people's feedback was also sought during residents' meetings. We reviewed the notes of past meetings and noted that the issues discussed included meals and activities. We saw evidence that people were encouraged to make suggestions and raise concerns and their views were listened to.

We saw evidence that the service worked in partnership with a variety of other agencies. These included community nurses, GPs, podiatrists, opticians, physiotherapists, dietitians and social workers. This helped to ensure that people received support from appropriate services and their needs were met.

The registered manager told us that some improvements had been made to the home environment since our last inspection, including new carpets in the conservatory and new radiator covers. She told us that further improvements to the home environment were planned, including new chairs in the conservatory, new dining room tables and new blinds.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.

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 Some areas of the home were unsafe and unclean.

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 17 HSCA RA Regulations 2014 Good governance The provider had not completed any audits or checks of the service, to ensure that people were receiving safe, effective care.

The enforcement action we took:

We issued a warning notice and the provider is required to be compliant by 16.11.18.