

## Ash Cottage Residential Home Ltd

# Ash Cottage

### Inspection report

26-28 Crow Woods  
Edenfield  
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Website:

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

## Overall summary

We carried out an unannounced inspection of Ash Cottage on 22 July 2015. Ash Cottage is registered to provide accommodation and personal care for up to 20 older people. The service does not provide nursing care. At the time of the inspection there were 11 people accommodated in the home.

Ash Cottage is located on a quiet lane in Edenfield, Rossendale. It is an older type property providing accommodation on four floors. There is a passenger lift and a number of stair lifts. Six bedrooms have en-suite

facilities with suitably equipped bathroom and toilet facilities on all floors. There are three shared rooms available. The gardens are well maintained with a small car park for visitors at the front of the house.

There was a registered manager in day to day charge of the home who was also the owner. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

At the previous inspection on 7 May 2014 we found the service was not meeting all the regulations. We asked the registered provider to take action to make improvements in respect of maintaining accurate and appropriate records and having an effective system to identify, assess and manage risks to the health, safety and welfare of people.

During this inspection visit we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to management of people's medicines, policies and procedures and the training and development of staff. You can see what action we told the registered provider to take at the back of the full version of the report.

We found staff who administered medicines had not received appropriate training and regular checks on their practice had not been undertaken to ensure they were competent to manage people's medicines.

We noted staff had not been provided with ongoing safety training which would give them the skills and knowledge to care for people safely. One to one staff supervision sessions had recently commenced and would help to identify the need for any additional training and support. However staff were not provided with a number of policies and procedures that they needed to support them with their work.

Staff had an understanding of abuse but had not received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. This meant staff may not recognise when people were being deprived of their liberty and may not make appropriate referrals to ensure people were safe and to ensure their best interests considered.

People told us they were happy with the home and with the approach taken by staff. They said, "I've known the staff a lot of years; they are like my family. I'm very comfortable here", "It's a lovely place to live" and "I feel safe here; I am treated very kindly." Visitors told us, "I have no worries about my relative at all" and "It's very relaxed here; staff are friendly and approachable". A healthcare professional said, "People are looked after very well."

We observed good relationships between people living in the home and staff. Throughout the day we heard laughter and friendly banter. We noted staff spending time to sit and chat with people in a relaxed and friendly way. People were supported to take part in a range of suitable activities of their choice.

People told us they were happy with the staff team and there were sufficient numbers of staff to look after them properly. One person said, "Staff are very good; there is always someone around if I need them." A visitor said, "There seems to be enough staff; people get lots of attention." A member of staff told us, "I love working here; we are like a big family."

Each person had a care plan that was personal to them which included information about the care and support they needed. The care plans included information about people's preferred routines and preferences which helped ensure they received the care and support they wanted and needed. People had been involved in decisions about care and support.

People told us they enjoyed the meals. They told us, "The meals are good; if you don't like what is on the menu you can ask for something different" and "I enjoy my meals and they will make me something else if I ask." A visitor said, "The meals always look very appetising."

People told us they had no complaints about the service and said they could raise any concerns during day to day discussions with staff and also as part of the annual survey. One person said, "We all know each other really well and chat about all sorts of things; I suppose that's how we deal with things."

We found the home was clean and odour free. A visiting healthcare professional said, "The cleaner works really hard; the place is always lovely and clean." We found some areas were well maintained, bright and comfortable whilst other were in need of refurbishment. People told us they were happy with their bedrooms and most had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments.

Checks on systems and practices had been completed which would help the registered manager to identify matters needing attention.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe

Staff were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they did not have any concerns about the way they were cared for.

People's medicines were not always managed safely and checks on staff practice had not been undertaken to ensure they were competent.

People told us they were happy with the staff team and there were sufficient numbers of staff to look after them properly. Safe and robust recruitment processes had not been followed.

Requires Improvement



### Is the service effective?

The service was not consistently effective

Staff had not received a range of appropriate training which would give them the necessary skills and knowledge to help them look after people properly.

People told us they were happy with their bedrooms and most had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments.

Staff did not have access to training or to policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS.

People told us they enjoyed the meals and we observed them being given appropriate support and encouragement.

Requires Improvement



### Is the service caring?

The service was caring

People told us they were happy with the home and with the approach taken by staff. Staff responded to people in a friendly, caring and considerate manner.

We observed good relationships between people living in the home and staff. Staff took time to chat with and listen to people

People and their relatives had been involved in ongoing decisions about care and support and information about preferred routines had been recorded.

Good



### Is the service responsive?

The service was responsive

People were encouraged to discuss any concerns during day to day discussions and also as part of the annual survey. They were confident their concerns would be listened to and acted upon.

Good



# Summary of findings

Each person had a care plan that was personal to them which included information about the care and support they needed. Some people were aware of their care plan and they, or their relatives, had been involved in the review of their care.

People were supported to take part in a range of suitable activities of their choice. People were able to keep in contact with families and friends.

## **Is the service well-led?**

The service was not consistently well led.

Quality assurance and auditing processes had been improved and checks on systems and practices had been completed.

Policies and procedures were under review. However, staff did not have access to clear guidance to support them in their work.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration.

**Requires Improvement**



# Ash Cottage

## Detailed findings

### Background to this inspection

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

The unannounced inspection of Ash Cottage took place on 22 July 2015. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. We contacted the local authority contract monitoring team for information.

We used a number of different methods to help us understand the experiences of people who used the

service. We spoke with four people living in the home and one visitor. We spoke with the registered manager/owner, the deputy manager and three staff. We also spoke with two relatives following the inspection visit. The registered manager was not available for the duration of our inspection so we discussed our feedback with them following the inspection. Following the inspection visit we spoke with two health and social care professionals who regularly visited the home.

We observed care and support being delivered by staff. We looked at a sample of records including two people's care plans and other associated documentation, one staff recruitment record, induction, training and supervision records, minutes from meetings, complaints records, medication records, policies and procedures and audits. We also looked at the results from the most recent customer satisfaction survey completed by people living in the home and their visitors.

# Is the service safe?

## Our findings

People living in the home told us they did not have any concerns about the way they were cared for. They said, "I've known the staff a lot of years; they are like my family. I'm very comfortable here" and "I feel safe here; I am treated very kindly." Visitors told us, "I have no worries about my relative at all", "I have never found anyone to be neglected in any way" and "My relative is safe and very well looked after by staff." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were relaxed and comfortable around staff. In all areas of the home we observed staff interaction with people was kind, caring and friendly.

We looked at how the service managed people's medicines. We found staff who administered medicines had not received training in safe management of medicines and regular checks on their practice had not been undertaken to ensure they were competent to administer people's medicines safely.

Care records did not clearly show people had consented to their medication being managed by the service on admission or whether they were able, or wished to, self-medicate. Where medicines were prescribed 'when required', guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. We were told prescriptions were not checked by staff before they were dispensed and discontinued medicines were not clearly recorded as such. This could result in errors being made. The provider had failed to manage people's medicines in line with safe procedures.

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

We found the home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. The deputy manager told us they had identified a number of recent shortfalls and a new system of medicines was being introduced next month. We were told prescriptions would be checked and policies and procedures would be reviewed at that time.

Medication was stored securely in a designated room with appropriate storage for refrigerated items. Policies and procedures were available for staff to refer to and these were being reviewed to reflect the home's current practice. We observed the lunch time medicine round was completed in a timely way and was flexible with regards to people's routines.

We found records and appropriate processes were in place for the storage and disposal of medicines. Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. The deputy manager told us regular checks on the amounts of these medicines were completed however this was not supported by the records. The deputy manager assured us this would be completed. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had been recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them.

There were records to support 'carried forward' amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. People's medicines had been reviewed by the nurse practitioner which would help ensure people were receiving the appropriate medicines. We saw checks on the medication system had been undertaken.

People told us staff had been working at the home for many years. A visitor said, "Staff have been working here a very long time; that says a lot." We were told there had been one new member of staff employed in the last five years. We looked at this person's recruitment record. We found a number of checks had been completed before staff began working for the service. These included an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, we found only one reference had been obtained and the reasons for not obtaining appropriate written employment references had not been recorded.

## Is the service safe?

People told us they were happy with the staff team and there were sufficient numbers of staff to look after them properly. People said, “Staff are very good; there is always someone around if I need them” and “The staff are lovely; I don’t have to worry they are always here.” A visitor said, “There seems to be enough staff; people get lots of attention.” A social care professional said, “Staff do an excellent job.”

We looked at the staff rotas. We found there were sufficient care and ancillary staff to meet people’s needs. Any shortfalls, due to sickness or leave, were covered by existing staff. This ensured people were looked after by staff who knew them. However, we noted the rotas were written in pencil and it was difficult to determine which staff were on duty and in what role. The deputy manager assured us the format of the rotas would be reviewed.

We looked at the arrangements for keeping the service clean and hygienic. We did not look at all areas but found the home was clean and odour free. However, we found dust and debris in the laundry and noted the original stone walls were difficult to keep clean which could present a risk of infection. There were audit systems in place to support good practice although they had not included laundry areas. The deputy manager assured us the audit tool would be reviewed.

Infection control policies and procedures were available but were basic and did not reflect good practice guidance from the department of health. We looked at the training records for six staff. We found staff had not received any up to date training in this area. We were told there was no designated infection control lead person who would take responsibility for conducting checks on staff infection control practice and keeping staff up to date.

A domestic person worked four days each week. Cleaning schedules gave instructions about what areas needed cleaning. However, it was difficult to determine which areas had been cleaned, when they had been cleaned and by whom. We were told sufficient cleaning products were available.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in the majority of bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons,

were available. There were contractual arrangements for the safe disposal of waste. One person living in the home told us, “They make sure my room is very clean.” A visitor said, “Everywhere is clean.” A visiting healthcare professional said, “The cleaner works really hard; the place is always lovely and clean.”

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. At our last inspection we found risks assessments had not been routinely recorded. During this inspection we found individual risks had been identified in people’s care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. However, we noted actions to be taken by staff to reduce any risks were not always clearly recorded or reflective of the care and support to be given. For example, one person was at risk of developing pressure sores. We noted the appropriate equipment was in place and daily records showed appropriate care and support was being given. However, the instructions for staff were not clearly recorded which meant the approach to pressure care may not be consistently followed.

There were safeguarding vulnerable adults procedures and ‘whistle blowing’ (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult’s procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was available in the office although was not included with the whistleblowing and safeguarding vulnerable adults procedures for staff to refer to. The deputy manager told us she would address this. Staff had not received safeguarding vulnerable adults training although had an understanding of abuse. They were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records showed the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working in co-operation with other agencies.

We saw equipment was safe and had been serviced. Visitors to the home were asked to sign in and out which would help keep people secure and safe. In December 2014

## Is the service safe?

the environmental health officer had given the service a five star rating for food safety and hygiene. A fire safety enforcement notice had been issued in April 2014. Requirements had been acted on.

**We recommend the service follows appropriate advice and guidance regarding infection prevention and control matters, provides all staff with appropriate training and identifies a lead person in this area.**

**We recommend the service follows appropriate advice and guidance regarding safe and fair recruitment of staff.**

**We recommend the service follows appropriate advice and guidance regarding the recording and acting on risks.**



# Is the service effective?

## Our findings

We looked at how the service trained and supported their staff. The service did not have an overall training matrix. This meant it was difficult to determine whether staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. We looked at six individual staff training records. We found staff had not received up to date training such as moving and handling, safeguarding vulnerable adults, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff who we spoke with confirmed they had not received recent safety training. The registered manager and deputy manager were aware of the shortfalls. We were told most staff had achieved a recognised qualification in care although records did not reflect this.

We looked at the record of the most recently employed staff. We found they had received a basic induction into the routines and practices of the home although this had been completed and signed in one day. We discussed the effectiveness of this system with the deputy manager. There was no evidence they were in the process of completing further training. The provider had failed to provide staff with the appropriate training and development to ensure they had the skills and experience to care for people safely.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed formal one to one supervision sessions had recently commenced although there was no plan available. This would help to identify the need for any additional training and support. Staff told us they were supported and were able to discuss any issues with senior staff either at meetings or as part of their one to one supervision sessions. Staff confirmed that one to one supervision sessions had re commenced. One member of staff said, "I feel I can speak up; no one takes offence and management listens."

Staff told us handover meetings, handover records and a communication diary helped keep them up to date about

people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs.

Ash Cottage is an older type property located on a quiet lane in the town of Edenfield. Accommodation was provided on four floors and could be accessed by using a passenger lift and various stair lifts. There were two lounge/dining areas on the lower two floors. The gardens were small and well maintained with a small car park for visitors. Aids and adaptations had been provided to help maintain people's safety, comfort and independence.

People told us they were happy with their bedrooms and most had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Six bedrooms had en-suite facilities. Bathrooms and toilets were located within easy access or commodes were provided where necessary.

We looked around the home and found some areas were well maintained whilst other were in need of improvement. We did not enter all areas of the home. For example, we found some bedroom furniture was in need of replacement whilst other rooms had been newly decorated and refurbished. Two dining chairs were broken and had not been removed for repair, a toilet seat was broken and a number of bedroom ceilings were stained following previous leaks from the roof. Not all bedrooms on the new extension were numbered or had appropriate signage; this may be confusing for people living in the home.

We were told all maintenance and repair work was completed by external contractors. The deputy manager explained the system of reporting required repairs, although without records it was difficult to determine whether they were completed in a timely way. However, staff told us they reported any needed repairs and maintenance and that the work was completed in a timely way. There was no development plan to indicate whether any ongoing improvements to the home were planned.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the deputy manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves

## Is the service effective?

and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

At the time of the inspection no one using the service was subject to a DoLS authorisation. However, staff had not received training and did not have access to clear guidance. This meant staff may not recognise when people were being deprived of their liberty and may not make appropriate referrals to ensure people were safe and their best interests considered.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people's capacity to make choices and decisions about their lives although this was not clearly recorded in the care plans. People's consent or wishes had not been obtained in areas such as information sharing, gender preferences and medicine management. This information was needed to help make sure people received the help and support they needed and wanted. One person said, "I can suit myself; I can do as I please."

We noted one person had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) instruction in place. This had been agreed with the GP and the family. However, there were no formal records to show whether this person was capable of making decisions of this nature.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "The meals are good; if you don't like what is on the menu you can ask for something different" and "I enjoy my meals and they will make me something else if I ask." A visitor said, "The meals always look very appetising." A healthcare professional told us, "People get whatever they want to eat; it's very personal." The menus and records of meals served indicated people were offered alternatives to the menu.

During our visit we observed lunch being served. The dining tables were appropriately set and condiments and drinks were made available. People were able to dine in other areas of the home if they preferred and equipment

was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. We heard lots of chatter and laughter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. We also saw staff taking their lunch breaks whilst watching TV and chatting with people and their visitors.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. Where necessary records had been made of people's dietary and fluid intake. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, speech and language therapist and the chiropodist. We were told the service had good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The deputy manager said, "We have a good relationship with the nurses and the nurse practitioner is here twice a week." A visiting healthcare professional told us, "The staff make appropriate referrals; they ring if they have any concerns." We looked at various care records in relation to positional changes and diet and fluid intake and found they had generally been completed properly although we discussed a number of gaps in recording with the deputy manager.

**We recommend that the service seeks advice and guidance from a reputable source about developing procedures to guide staff with making appropriate referrals with regards to the MCA 2005 and DoLS.**

**We recommend that the service seeks advice and guidance from a reputable source about developing procedures to guide staff with consent, capacity and best interest decisions.**

# Is the service caring?

## Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, “The staff are very nice people”, “I have been here a few years and am very comfortable and happy” and “It’s a lovely place to live.” Two visitors said, “It’s very relaxed here; staff are friendly and approachable” and “I am very happy with the care. It is a small place but everyone gets on very well.” A healthcare professional said, “People are looked after very well.”

We observed staff responding to people in a friendly, caring and considerate manner. We observed good relationships between people living in the home and staff. Staff took time to chat with and listen to people. From our observations and from our discussions with people, we found staff had a good understanding of people’s needs. We noted calls for assistance were promptly responded to.

From our discussions, observations and from looking at records we found people were able to make choices and were involved in decisions about their day and about the day to day running of the home. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. Records included life stories which would help staff to support people who were not always able to make their own

choices. One person told us, “I can do what I like, when I want; there are no rigid rules.” Another person said, “They keep us up to date with everything; I feel like I know what is going on.”

We looked at two people’s care plans and found they or their relatives had been involved in ongoing communications and decisions about care and support. Visitors said, “I am involved in the care planning and in discussions and agreements about care”, “They keep me up to date and will call if there is anything urgent” and “I am very much involved.” A person living in the home said, “I know what is in my care plan. I am involved in discussions about what I want and need.” One person told us, “I have been asked about what I like and what I used to do before I came here; it has been interesting.” The care plans included information about people’s preferred routines and preferences. This helped ensure people received the care and support they both wanted and needed.

The service had policies in place in relation to privacy, dignity, independence, choice and rights. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We observed staff speaking to people in a respectful way and we saw people were dressed smartly and appropriately in suitable clothing of their choice. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

# Is the service responsive?

## Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they could raise any concerns with the staff or managers. People said, "They ask if I am alright" and "I'm happy with everything and if I wasn't I would say so." Visitors said, "I am extremely happy and have no worries at all" and "I have no complaints but will speak up if I ever have."

The complaints procedure was displayed and advised people how to make a complaint to the service. However, the Care Quality Commission (CQC) information was incorrect and there were no contact details of the agencies who could be contacted, such as the local authority and the local ombudsman. We were told people were able to discuss any concerns during day to day discussions with staff and management and also as part of the annual survey.

The complaints record showed there had been no complaints or concerns raised in the last 12 months. People told us any minor issues were responded to immediately. One person said, "We all know each other really well and chat about all sorts of things; I suppose that's how we deal with things."

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff carried out a detailed assessment of their needs. Information was gathered from a variety of sources taking into account all aspects of the person's needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home. On the day of our visit we observed someone being shown around the home. The deputy manager responded to the person's queries in an open and honest way.

At our last inspection visit we were concerned that people's care plans did not always reflect the care and support they needed. The care plans had improved since our last inspection visit. Each person had a care plan that was personal to them. They included information about the care and support they needed and information included people's likes, dislikes and preferences, routines and any risks to their well-being. Processes were in place to monitor and respond to changes in people's health and well-being. The care plans had been updated by staff regularly and in line with any changing needs. It was not clear from the records whether people's preferences in respect of receiving personal care from male or female staff had been sought or about whether they were able to make safe decisions about their care and support. The deputy manager gave assurances this would be clearly recorded in each person's care plan.

From observations and discussions, we found people were supported to take part in a range of suitable activities of their choice. Activities included regular themed sing a longs, crafts, hand and nail care, church services, reading and one to one and group discussions. Each person had a record that indicated their daily routines and any activities they enjoyed. One person said, "I like to watch TV and read my books; I can join in if I want to." Another person said, "We have been planning the summer fayre."

Throughout the day we heard laughter and friendly banter. There was much chatter and conversations about the planned summer fayre. We noted staff spending time to sit and chat with people in a relaxed and friendly way. A visiting healthcare professional said, "People are very happy, staff have time to give them their full attention." People were able to keep in contact with families and friends. Visiting arrangements were flexible.

# Is the service well-led?

## Our findings

The registered manager for this service was also the owner. The registered manager was not able to participate in this inspection but was involved in feedback following the visit. We were told there had been concerns about the lack of leadership during a period of absence by the registered manager during which time the deputy manager had taken charge. We were told the registered manager now attended the home 3-4 days each week and was always available to provide support and advice.

The management of the home was described as being 'open and 'honest' and 'willing'. We were told the staff communicated well with people including health and social care professionals.

At our last inspection of 7 May 2014 we found policies and procedures were missing or had not been reviewed. During this inspection we noted some progress had been made as a number of policies and procedures had been developed and others updated. However, there were still a number outstanding including recruitment of staff, MCA and DoLS, management of medicines and infection control procedures. The provider had failed to provide staff with clear policies and procedures to support them with their work.

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

At our last inspection of 7 May 2014 we found people's records were not accurately maintained and some were not available for inspection. During this inspection we looked at various records relating to people's care and the management of the home. We found improvements had been made. We discussed this with the registered manager who told us she was aware further improvements were needed.

At our previous inspection we found there were ineffective systems to monitor the quality of the service. During this inspection we found improvements had been made.

Checks on systems and practices had been completed which would help to identify matters needing attention. We found matters needing attention in relation to medicines management, environment, staff training and induction although the service had already identified a number of shortfalls. The deputy manager was aware the systems needed to be improved further. The provider had improved the systems for assessing and monitoring the quality of the service and then acting on their findings.

Resident's and relative's meetings were not routinely held although people told us they had been kept up to date and involved in the day to day running of the home. We found people's views and opinions were sought in other ways such as through day to day conversations, during reviews of care plans and from the annual customer satisfaction surveys. This helped to monitor people's satisfaction with the service provided. The results from a recent customer satisfaction survey completed by people living in the home and their relatives, indicated people were 'very satisfied' or 'quite satisfied'.

Staff told us they had been kept up to date informally and at regular staff meetings. Staff told us, "I love working here; we are like a big family" and "I love my work, everyone gets on well with each other." Staff were provided with job descriptions, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

The service had notified the commission of notifiable incidents such as deaths, safeguarding and serious injuries in line with the current regulations. Accidents and incidents which occurred in the home were recorded and monitored to identify any patterns or areas requiring improvement.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to manage people's medicines in line with safe procedures. Regulation 12 (2)(g)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had failed to maintain appropriate policies and procedures. Regulation 17 (2) (d) (ii)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had failed to provide staff with the appropriate training and development to ensure they had the skills and experience to care for people safely. Regulation 18 (2) (a).