Care Quality Commission

Parkside Care Limited

Cedar House Care 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?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 27 April 2015 and 1 May 2015. This was an unannounced inspection. We last inspected Cedar House Care Home in November 2013. At that inspection we found the home was meeting all the regulations that we inspected.

Cedar House Care Home provides residential care for up to 31 people, some of whom are living with dementia. At the time of our inspection there were 23 people living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have accurate records to support and evidence the safe administration of medicines. We saw staff were signing to

Summary of findings

confirm medicines had been given at times of the day when the medicine wasn't due. We also found gaps in medicines administration records (MARs) for 11 out of the 23 people who used the service. This was where medicines had not been signed for to confirm whether they had been given or not. You can see what action we told the provider to take at the back of the full version of the report.

People and family members told us the home was safe. One person said, "Staff are always popping in and out." They also said, "I feel at ease with the staff." One family member said, "[My relative] being here, has given us peace of mind." They only gave us positive feedback about the care at the home. One person said the care was, "Brilliant, the staff are so caring." They went on to say it was, "Like home from home." One family member said they were, "Happy with the care. [My relative] is fine. Any concerns they [staff] let us know." Another family member said, "[The] care is great."

Prior to our inspection we received an anonymous complaint. This alleged staff members were frightened to 'whistle blow'; that people's toileting needs were not met in a timely manner; the manner in which a senior staff member talked to residents and insisting staff must start to get people up from 4am on a morning. We found staff we spoke with did not feel uncomfortable to raise concerns without the fear of reprisal. They also had a good understanding of safeguarding adults. We found people had their needs met quickly. Family members commented, "Enough staff, they are always available if we need anything", "Staff see to [my relative] straightaway", "Very good, [staff are] always on hand when we shout for them." People and family members only gave us positive feedback about the staff working at the home. One person said, "They [staff] are so courteous and nice. They are nice set of people." One family member said, "Lovely lasses, kind." They went on to say the staff were, "Genuinely caring and it's natural. You never see a miserable face, they are always smiling." We carried out our inspection at 6am and found some people were already up and dressed. We were unable to confirm with people whether this had been their choice. Staff were considerate and ensured people were comfortable.

Staff told us there were enough staff on duty during the night. One staff member said staffing levels were, "Alright during the night. A few [people] like a lie in and they go to bed at different times." Another staff member said, "Generally fine. Depends on what kind of night." The provider undertook regular assessments of staffing levels. However, we found the analysis did not take account of particular pressure points throughout the day, such as meal-times and getting people in and out of bed. The provider had recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults. People using the service had been given the opportunity to take part in recruiting new staff.

We found from viewing care records that people were assessed against a range of potential risks, such as falls, mobility, oral health and skin damage. Where required action was taken to help keep people safe.

People and family members were happy with the home's environment. One family member commented, "Beautiful home, the cleanliness is spot on." They also said the home was, "Always clean, [my relative's] room is done every day." The provider undertook a range of checks to ensure the home and equipment were safe for people using the service. The provider had procedures in place to deal with emergency situations. People's care and support needs in an emergency had been assessed. The provider had made adaptations to the service to make it suitable for people living with dementia. There were systems to log and investigate incidents and accidents. Incidents and accidents were analysed and action taken to keep people safe.

People were happy with the staff delivering their care. One person said, "Lovely set of staff here. Nothing is a problem", and, "I honestly couldn't praise them enough, all staff." Staff received regular supervision and appraisal. They also received the training they needed to fulfil their caring role.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been approved for all people requiring authorisation. Applications had been made in the person's best interest with input from various professionals and in some cases an advocate.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about their

Summary of findings

responsibilities under MCA. They were also able to tell us about the capacity of people living in the home and support they needed to make decisions. People who were able to make their own decisions were asked to give their consent before receiving care. One family member said, "Staff always ask first." Staff were clear about the individual strategies in place to support people who displayed behaviours that challenged the service.

People were supported to meet their nutritional needs. One person said the, "Food is fabulous." They also told us there was variety in the meals available. People's care records we viewed contained information about their food preferences, including likes, dislikes and any allergies people had. We observed over a lunch-time that people received the care and support they needed with eating and drinking.

People were supported to meet their healthcare needs. Care records confirmed people had regular access from a range of health professionals. These included GPs, community nurses, chiropodists.

We observed people received regular interaction from staff who were kind, caring and considerate. We saw staff members asked people if they needed anything and offered them drinks and biscuits. One family member said staff had, "Reminiscence chats, they sit and talk to people." They also said, "Staff seem to know people well." People were treated with dignity and respect. One person said, "[Staff] show you the most respect. They are careful not to embarrass you. This is right across the board." One family member said staff "always" treated their relative with dignity and respect. Staff described how they delivered care in order to maintain a person's dignity.

On admission staff gathered information about people to help them provide the care people wanted. This included developing bespoke 'life histories' about people. People had their needs assessed on admission into the home.

The assessment and other information gathered about preferences were used to develop personalised care plans. One family member said, "Yes, we told them everything about [my relative]." They also said they had, "Been involved in reviews about [my relative's] care." Care plans were reviewed regularly. However, the record of the review was often brief and did not provide meaningful information about people.

Family members said people were able to take part in activities such as watching TV, listening to music, bingo and entertainment. Another family member said, "In summer they take them [people using the service] out." They also said, "There is always something going on." One person said, "There is lots to do. Staff will say, let's have a game of this." Staff said people could take part in activities, such as playing dominoes and bingo, watching TV or reading the paper. However, not all activities we observed were positive and appropriate for people living with dementia. We have made a recommendation about this.

People and family members knew how to complain if they were unhappy. Nobody raised any concerns with us during the inspection. One family member said they, "Know about the complaints procedure." They also told us they had, "Not used it [complaints procedure]", and had, "No concerns." There was an agreed system in place to log and investigate complaints. There were opportunities for people and family members to give their views about the care delivered at the home. This included a regular 'Resident and relative forum meeting' and questionnaires.

The provider undertook a range of audits to check on the quality of care provided. Medicines audits were infrequent and had not been successful in identifying gaps in medicines records in a timely manner.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Medicines records did not evidence the safe administration of medication. They had not been completed in line with the provider's policy on medication and some records were inaccurate.

People and family members told us the home was safe. There were enough staff to meet people's needs in a timely manner. People and family members said staff responded quickly when people needed help. There were also systems in place to ensure that new staff were suitable to work with vulnerable adults.

Staff felt able to raise concerns without the fear of reprisal. They also had a good understanding of safeguarding adults.

There were procedures in place to check the premises and equipment were safe for people to use.

Is the service effective?

Good

The service was effective. Staff told us they were well supported to carry out the role. They said they received the training they needed to fulfil their caring role. Staff followed the requirements of Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People were asked to give permission before receiving any care.

People told us that the food provided was good. We saw people were supported to meet their nutritional needs. The provider had systems in place to identify and support people at risk of poor nutrition.

People were supported to maintain their healthcare needs. They had access to a range of health professionals when required.

The provider had made adaptations to the service to make it suitable for people living with dementia.

Is the service caring?

Good

The service was caring. People and family members were happy with the care they received. People and family members we spoke with gave us only positive comments.

We carried out an observation in the communal lounge. We saw staff were present at all times to provide people with the support they needed. Staff interaction with people was kind, considerate and caring. They took time to ensure people were up early were comfortable.

People told us they were treated with dignity and respect. Staff gave us examples of how they adapted their practice to ensure people maintained their dignity.

Summary of findings

Is the service responsive?

Requires improvement

The service was not always responsive. People were able to take part in activities such as watching TV, listening to music, bingo and entertainment. However, not all activities we observed were positive and appropriate.

People had their needs assessed and these assessments had been used to develop individual care plans. Care plans had been evaluated each month. However, review records lacked detail.

Family members were aware of the complaints procedure and knew how to complain. None of the people or family members we spoke with had made a complaint about the care they received.

Is the service well-led?

Requires improvement

The service was not always well-led. There was an established manager in post. Staff told us the registered manager was approachable. Statutory notifications had been submitted to the Care Quality Commission.

The home had a quality assurance programme to check on the quality of care provided.

We found that medication audits had not been effective in identifying gaps in medication records. Audits were infrequent so issues with medicines records were not identified in a timely manner.

Cedar House 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 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.

This inspection took place on 27 April 2015 and 1 May 2015. The first visit was unannounced and the second visit was announced. The inspection was carried out by one adult social care inspector.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations.

We spoke with five people who used the service and seven family members. We also spoke with the director, the registered manager, the deputy manager and four other members of care staff. We observed how staff interacted with people and looked at a range of care records which included the care records for four of the 23 people who used the service, medication records for 23 people and recruitment records for five staff.

Requires improvement

Is the service safe?

Our findings

Medicines records we viewed did not support the safe management of medicines. This was because medicines were not administered in line with the provider's 'Policy on Medication' updated January 2015. We saw that this policy stated, 'Staff should carefully check the identity of each service user to ensure that the correct record is being used and that the correct medication is being given to the correct person. Staff should also check the medication name, the strength of the medication, the dosage instructions and the expiry date.'

We found staff were not always following the provider's 'policy on medication.' We viewed the MAR for one person, which gave a specific direction for staff to follow. The direction stated, 'Take two tablets at night.' The home operated a specific medicines system, where medicines were sealed together in individual compartments according to the times they should be taken. This particular medicine was included in the compartment along with other medicines to be taken on a night-time only. However, on some days we saw signatures on the person's MAR confirming administration for this medicine at breakfast as well as on a night. On two occasions staff had signed to confirm administration at breakfast only. This meant that staff did not always check the right medicine had been given to the right person at the right time.

We viewed the most recent medicines administration records (MARs) for the 23 people who used the service. We found some of these medicines records were inaccurate and incomplete. For example, we found there were gaps on the MAR for 11 people. This was because care staff had not signed to confirm that some medicines had been administered or added a non-administration code where they hadn't been given. For another person we saw staff had recorded 'R' (refused) for a future medicines round.

We found the provider did not have a regular system of checks in place to identify gaps were identified quickly and action taken to investigate them. The deputy manager told us they carried out an 'Individual audit of individual service user medication records'. We found from viewing records that this audit was done once a year for each person when their medicines were reviewed. The provider confirmed there were no other more frequent recorded checks of MARs carried out. At the time of our inspection these gaps in people's medicines records had not been identified and investigated.

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

We checked a range of other medicines related records, including those relating to the receipt and disposal of medicines. We found these had been completed accurately. We also found medicines were stored appropriately.

People told us they felt safe living at the home. One person said, "Staff are always popping in and out." They also said, "I feel at ease with the staff." Family members said they had no concerns about their relative's safety. One family member said, "[My relative] being here, has given us peace of mind."

Prior to our inspection we received an anonymous complaint about staff being frightened to whistle blow and that people's toileting needs were not met in a timely manner. All of the staff we spoke with said they had no concerns about people's safety. They were aware of the provider's whistle blowing procedure and knew how to raise concerns. One staff member said, "I have no concerns. Management would deal with anything." Another staff member said, "I have seen nothing to worry about. Concerns would be taken seriously and dealt with." Another staff member said, "I would raise concerns. They would be taken seriously and I am confident there would be no negative impact." This meant staff we spoke with felt comfortable to raise concerns without the fear of reprisal.

One person told us staff met their needs quickly. They said, "Staff always have time to have a bit crack [chat] with you. They are friendly." They went on to say that on one occasion they had said to staff, "I couldn't half do with a cup of tea, and a cup of tea came up just the way I like it." This person also said, "I pressed the buzzer, staff were here in a crack. It was like the charge of the light brigade." Family members confirmed there were enough staff to meet people's needs. One family member told us there were, "Enough staff, they are always available if we need anything." They went on to say, "Staff see to [my relative]

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Is the service safe?

straightaway." Another family member said staffing levels were, "Very good, [staff are] always on hand when we shout for them." Another family member said staff were, "There straightaway when people needed to go to the toilet."

Staff members we spoke with confirmed there were enough staff to meet people's needs. One staff member said, "Staffing levels are fine, there are enough staff on, [there are] extra on four to nine [4pm to 9pm] now." Another staff member said, "We can see to people quickly." Another staff member said staffing levels were, "Quite good." Another staff member told us "Residents fluctuate, [staff member's name] puts extra staff on if we get respite in." Staff also told us there was a consistent staff team. One staff member said, "[The] girls have been here for a long time. Staff are flexible so there is no bank or agency." Another staff member said it was, "Always the same staff."

We spoke with staff about night-time staffing levels. They told us there were enough staff. One staff member said staffing levels were, "Alright during the night. A few [people] like a lie in and they go to bed at different times." Another staff member said, "Generally fine. Depends on what kind of night."

Staffing levels were assessed monthly. These showed actual care hours delivered were always in excess of the 'model' care hours as determined by the staffing tools the provider used. The director also carried out a detailed analysis of staffing levels. We viewed the latest analysis which was carried out in November 2014. We found the analysis considered people's dependency, complaints, comments, accidents, falls and staff views on staffing levels. However, we found the analysis did not take account of particular pressure points throughout the day, such as meal-times and getting people in and out of bed.

We found from viewing care records that people were assessed against a range of potential risks, such as falls, mobility, oral health and skin damage. We saw that these had been completed and maintained for each person. Control measures had been implemented to help maintain people's safety and wellbeing. For example, we found specialist equipment had been provided for one person who had been assessed as at a high risk of falling. We saw from records that there had been no recorded falls for this person. This meant the provider took action to help keep people safe.

Staff had a good understanding of safeguarding adults. There knew about various types of abuse, signs to look out for and how to report concerns. They gave us examples of potential warning signs, such as a person becoming agitated or withdrawn, unexplained bruising or marks, people suddenly going quiet and changes in people's behaviour. Staff told us they would report concerns to the registered manager or deputy.

The provider had recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records for five staff. We found the provider had requested and received references, including one from their most recent employment. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people. We saw from viewing recruitment records that people using the service had been involved in the recruitment of new staff. People had been given the opportunity to rate prospective new staff and to give and contribute to the decision as to whether they should be employed.

People and family members were happy with the home's environment. One family member commented, "Beautiful home, the cleanliness is spot on." They also said the home was, "Always clean, [my relative's] room is done every day." One family member said they had brought things from their relative's own home to personalise their room, such as photos. The provider undertook a range of health and safety checks to ensure the home and equipment were safe for people using the service. These included checks of fire, gas and electrical safety, water temperature checks and checks on window restrictors. Checks we viewed were up to date at the time of our inspection.

The provider had procedures in place to deal with emergency situations. These were detailed in the business continuity plan which was made available to us. People's care and support needs in an emergency had been assessed. Each person had a personal emergency evacuation plan (PEEP) in place. These detailed the assistance they needed to remain safe in an emergency. For example, the number of staff they needed to assist them and any moving and handling equipment needed.

There were systems to log and investigate incidents and accidents. We found incidents and accidents were analysed

Requires improvement

Is the service safe?

and discussed at a monthly health and safety review meeting. We viewed the minutes from the most recent meeting in March 2015. We saw incidents and accidents had been discussed including the action taken to keep people safe. There had been eight accidents discussed at the meeting, five of which related to one person. We found this person had been provided with specialist monitoring equipment and had been referred to the 'falls team' for advice and guidance.

Good

Is the service effective?

Our findings

People gave us positive feedback about the skills of the staff delivering their care. One person said, "Lovely set of staff here. Nothing is a problem." They also said, "I honestly couldn't praise them enough, all staff." One family member said the, "Girls are very good, always pleasant, very friendly and very welcoming. I couldn't fault any of them."

Staff told us they felt well supported in their caring role. One staff member said the support was, "Great," They told us they had regular supervision and appraisal. Staff confirmed these took place regularly. One staff member said supervision was, "Really useful, we go over anything I am not sure of." One staff member told us the whole team was supportive of each other. They said the team was, "Tight knit, we all get along. I have been here two years and I am quite happy in my role." Staff told us the provider was supportive of them attending training. One staff member told us, "Training is up to date. All we seem to do is training." We viewed supervision and appraisal records which confirmed these took place regularly. Records showed staff had discussed training requirements with their line manager. Some supervisions had been themed in order to raise staff awareness of importance issues, such as nutrition and safeguarding.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider was following the requirements of the legislation. We found people had been assessed to establish whether a DoLS authorisation was required. Where required, applications had been submitted to the local authority for approval. We found application had been made in people's best interests following a MCA assessment. The assessment had been made with involvement from various professionals and in some cases an advocate.

Staff were knowledgeable about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were able to tell us about their responsibilities under MCA. They were also able to tell us about the capacity of people living in the home and support they needed to make decisions.

People were asked to give their consent before receiving care. Staff told us they asked people for permission before delivering any care. Staff said they would respect people's decisions. One staff member gave us an example about when people got up on a morning. They said, "It is up to them. We can't force anybody to get up." One family member said, "Staff always ask first."

Staff said some people at times displayed behaviours that challenged others. Staff were clear about the individual strategies in place to support people when they were anxious and agitated. For example, leaving people to have time on their own or offering a cup of tea. One staff member said, "We go by the person and find out what they like."

People were supported to meet their nutritional needs. One person said the, "Food is fabulous." They also told us there was variety in the meals available. They said, "It changes all the time." Another person said, "Food is good, I like the food." People told us staff knew about their preferences. For example, one person said they liked small meals and preferred not to eat potatoes. They told us staff met their preferences. They said their meals were, "The way I like things." One family member said, [My relative] likes the food, they are not a big meat eater. We gave information about likes and dislikes. Staff try to meet [my relative's] preferences."

People's care records we viewed contained information about their food preferences, including likes, dislikes and any allergies people had. On the morning of our inspection we observed that the chef spoke with each person individually to support them to make their meal choice for lunch. The chef sat with each person and ensured they had enough time to make their choice. We also saw staff offered people hot and cold drinks throughout the day of our inspection.

We observed over a lunch-time to see how staff supported people with eating and drinking. We saw people had their meal in a calm and pleasant atmosphere and received the support they needed. Tables had been set in advance with cutlery, crockery and condiments. People were offered cold drinks when they first sat down and were given their lunch

Good

Is the service effective?

in a timely manner. People were asked if they would like gravy or sauces. Staff were observant and quickly intervened with offers of help when people looked to be struggling with their food. For example, we heard staff say, "Would you like any help", and, "Would you like me to cut the sausage up." Staff were quick to respond to people's requests. For instance, one person asked if they could have some mustard. The staff member dealt with the person's request straightaway. One person gave positive comments about their meal while they were eating. They said, "The sausage is nice, everything is nice." People were not rushed and were given as long as they needed to finish their meal. Staff ensured people were finished before clearing the table.

People were supported to meet their healthcare needs. Care records confirmed people had regular access from a range of health professionals. These included GPs, community nurses, chiropodists. One family member said they weren't aware of any concerns with people accessing healthcare when they needed it. They told us the, "Out of hours doctor had been out." Another family member said their relative, "Had good healthcare. If they are poorly they send for the doctor."

The provider had made some adaptations to the service to make it suitable for people living with dementia. The home had a specific dementia strategy which was reviewed regularly. The strategy included details of the improvements already made to the home and improvements for the future. We found that the registered manager was the home's dementia lead and staff had completed specific dementia training. People were provided with aids to promote their independence, such as specialist crockery and cutlery and photo menus. Handrails and level access to all areas of the home ensured people living with dementia could move around the home independently. Information about dementia was available for family members and other visitors to access. One family member said they had been involved in developing a "memory book" for their relative. They said, "Lynn [registered manager] asked us a lot of things about what [my relative] liked to do."

Good

Is the service caring?

Our findings

People and family members only gave us positive feedback about care at the home. One person said the care was, "Brilliant, the staff are so caring." They went on to say it was, "Like home from home." One family member said they were, "Happy with the care. [My relative] is fine. Any concerns they [staff] let us know." Another family member said, "[The] care is great."

Prior to our inspection we received an anonymous complaint. This was about the manner in which a senior staff member talks to residents and insisting staff must start to get people up from 4am on a morning. The complaint alleged this was against the residents' wishes. People and family members only gave us positive feedback about the staff working at the home. One person said, "They [staff] are so courteous and nice. They are nice set of people." One family member said, "Lovely lasses, kind." They went on to say the staff were, "Genuinely caring and it's natural. You never see a miserable face, they are always smiling."

We carried out our inspection at 6am to check on and observe the home's early morning routine. When we arrived at the home we immediately walked around and viewed all of the communal areas. We found ten people were already up and sitting in the various communal lounges. Most of these people were unable to tell us whether they had chosen to get up early. We asked one person why they were up so early. The replied, "I don't know." Another person said it was, "A bit early really, about 8 o'clock is my time. It is too early for me. I don't need to be up this early. There is nothing to get up for." However, this person was unable to tell us if staff had woken them up. We discussed our findings with staff. They told us it was up to each person when they got up. One staff member said, "People get up when they want to get up. We give choice." We observed that staff were kind and considerate towards people and took action to ensure people were made comfortable. For example, staff offered people a cup of tea. We saw one staff member help another person to put their slippers back on as they had fallen off. One person said, "It is freezing in here." A staff member said, "Would you like a cardigan." We saw the staff member went straightaway to get the person a cardigan to wear.

We undertook a specific observation for forty minutes in a communal lounge using SOFI. We saw people received regular interaction from staff who were kind, caring and considerate. For example, one person asked a staff member if there was anything they could do. The staff member suggested the person could read a book. The person confirmed they would like to read. We observed the staff member suggest they could maybe go and choose a book together. The person and staff member returned with a book about the royal family. They sat together and looked at the photos in the book. We saw staff members asked people if they needed anything and offered them drinks and biscuits.

One family member said staff had, "Reminiscence chats, they sit and talk to people." They also said, "Staff seem to know people well." One family member said, "Staff help [my relative] choose their own clothes." They went on to comment that their relative, "Always looks lovely." Staff told us they tried to find time to spend one to one time people. They said they would use this time to sit with people chatting or doing their nails. One staff member said it was, "Nice to sit and chat." The provider was in the process of implementing a new 'personal discussion' form to evidence how often people received one to one time and how they spent this time.

People were treated with dignity and respect. One person said, "[Staff] show you the most respect. They are careful not to embarrass you. This is right across the board." They also said, "I don't feel embarrassed, they [staff] put you at ease." One family member said staff "always" treated their relative with dignity and respect. Staff described how they delivered care in order to maintain a person's dignity. They gave us practical examples of how they aimed to achieve this. For example, one staff member said they would always ask the person first before delivering any personal care. They also said they would explain what they were going to do. Other examples included closing people's doors and curtains when they were receiving personal care to maintain their dignity.

Staff gave us positive feedback about the quality of the care provided within the home. Staff also had a very clear view about what the home did best. Their comments included, "We provide a good standard of care. I think it is a good home. One of the best I have worked in", "We give people a good level of care, good quality of life", "A good team and looking after residents really well. We have good feedback from resident's families, they seem pleased with the care given."

Requires improvement

Is the service responsive?

Our findings

On admission staff gathered information about people to help them provide the care people wanted. We saw some good examples of 'life histories' which were bespoke to each person. For example, some included personal photos to help people remember information about their past. Each person had a personal profile. This gave details of what was important to them, what other people liked and admired about them and how they wanted to be supported. For example, one person wanted company, to be made to feel part of the home and one to one chats with staff. People had their needs assessed on admission into the home. The assessment and other information gathered about preferences were used to develop personalised care plans.

One family member said, "Yes, we told them everything about [my relative]. They also said they had, "Been involved in reviews about [my relative's] care." A senior care assistant told us staff know people well. They said staff sit and have conversations with people and document people's likes and dislikes. For example, what time they liked to get up, preferred bed time, food likes and dislikes. Staff told us they also spoke with family members to help them gather important information about people. Staff told us details of people's preferences were recorded in their care plan.

Care plans we viewed were person centred with people's specific preferences highlighted. We saw they identified specific aims and objectives, including the steps needed to achieve them. For example, for one person the aim was to ensure their personal hygiene was maintained and to promote their independence. This was to be achieved through staff assisting the person with personal hygiene tasks, allowing choices and prompting the person to maintain good hand hygiene. It included information to guide staff as to the person's preferences. For example, the person wanted to have their hair done by the hairdresser each week. Another person particularly wanted a light left on in their room overnight.

Care plans were reviewed regularly. However, the record of the review was brief and did not provide a meaningful update of the continuing relevance of the support plan to the person's needs. For example, staff usually recorded a brief statement such as 'needs are unchanged at the time of the evaluation' or 'care plan remains unchanged this month.' For one person staff had recorded the same comment for eleven consecutive months. This meant it was not possible to confirm from people's records as to whether their care plan was working to ensure people achieved their identified goals.

Family members said people were able to take part in activities such as watching TV, listening to music, bingo, entertainment. Another family member said, "In summer they take them [people using the service] out." They also said, "There is always something going on." One person said, "There is lots to do. Staff will say, let's have a game of this." Staff said people could take part in activities, such as playing dominoes and bingo, watching TV or reading the paper. People had personal activity plans which identified their preferences for how they liked to spend their time.

Following our inspection the registered provider sent us further information. This was to confirm two staff members had completed specific units on activity provision for people living with dementia and therapeutic group activities as part of a social care qualification. The two staff members were part of a creative aging network. The registered provider told us they were committed to providing meaningful activities. They were a member of the National Activity Provider's Association, which provides support and guidance. We saw that one person had an interest in animals. Staff had obtained a book with photos of animals for the person which was available for the person to look through.

However, not all activities we observed were positive and appropriate. For example, we saw one person was offered the opportunity to do a jigsaw puzzle. The person said they would and was given a jigsaw puzzle. The puzzle was not appropriate to their needs as it contained lots of small pieces. We saw the person struggled to see the pieces and quickly became disengaged with the puzzle. The person said, "There are too many pieces." At one point we saw the staff member supporting the person left them to check something else. We heard the person say twice, "I don't know where she's gone." Another staff member eventually intervened. They said, "Do you want an easier one."

People and family members knew how to complain if they were unhappy. Nobody raised any concerns with us during the inspection. One family member said they, "Know about the complaints procedure." They also told us they had, "Not used it [complaints procedure]", and had, "No concerns." Another family member said, "We would just go and see

Requires improvement

Is the service responsive?

[name of senior staff]." There had been no formal complaints made in the past 12 months. However, there was an agreed system in place to log and investigate complaints.

There were opportunities for people and family members to give their views about the care delivered at the home. Regular 'Resident and relative forum meetings' were held. We viewed the minutes from the most recent meeting held in April 2015. We saw this was well attended with 13 residents taking part. The minutes showed that people had been involved in discussing past activities, outings and events. There were no concerns raised but people had given positive feedback about the meals the home provided.

People and relatives were sent questionnaires to provide feedback about the quality of the care delivered at the home. We saw the results of the last survey had been analysed and an action plan developed. We viewed the results from this survey. We found 92% of the twelve respondents were either 'very' or 'extremely' satisfied with the quality of the overall service and 100% were satisfied with the atmosphere in the home. People and family members had made the following specific comments, 'A very clean and well run home', 'very pleasant staff', 'very high standards', 'excellent staff', I appreciate everything staff have done for my mam', We are happy with your support', and, [My relative] loves the attention and company, thank you for looking after [my relative]. We saw the results of the consultation were displayed for people and visitors to read.

We recommend the service considers current guidance on meaningful activities for people living with dementia and takes action to update their practice accordingly.

Requires improvement

Is the service well-led?

Our findings

The home had an established registered manager. The provider had been pro-active in submitting statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Staff told us the registered manager was approachable. One staff member said they were, "Really approachable, they are good people to work for." They went on to say, "The manager goes out of her way and helps out." Another staff member said, "Any concerns I can go to them [management] anytime." People told us all of the staff and management were approachable. One person said the director had introduced himself personally. They said they then, "Sat and had a chat."

People and family members told us the there was a good atmosphere within the home. One person said the home was, "A happy environment." They said you are made to feel, "At ease from the minute you come in." One family member described the atmosphere in the home as homely. They said, "That was one of the reasons why we picked it. It felt more like a home." Another family member said, "You feel at home when you come. We always feel welcome." Another family member said the atmosphere in the home was, "Great, lovely." They went on to say they, "Feel comfortable, feels like home from home. I would like to come here to live."

Staff confirmed there was a positive atmosphere in the home. One staff member described the atmosphere as, "Really good, nice and relaxed." Another staff member said, "I haven't got a bad word to say about the place."

There were opportunities for staff to give their views about the care delivered at the home. Staff told us regular staff meetings were held. They said they felt able to raise any views or concerns they had. One staff member said staff meetings were an opportunity to have an, "Open discussion." Another staff member said staff meetings were, "Laid back, I can ask anything." We viewed the minutes from previous staff meetings. We saw these had been used to raise staff awareness of important information such as dignity and respect, person-centred care, infection control MCA and DoLS.

The provider had a planned approach to quality assurance. We viewed the audit plan for 2015 and saw this included a range of checks, such as audits of care plans, health and safety and training. The provider also carried out monthly visits to the home to check on the quality of care. This visit included speaking with people using the service. We viewed the most recent visit record and saw people had not raised any concerns about their care. The visit had identified areas for improvement including additional safeguarding training, a new night shift rota, new carpets and re-decoration of some people's bedrooms.

The provider did not have effective systems in place to assess and monitor the quality of medicines records. Checks currently undertaken of people's MARs were infrequent. This meant they had not been successful in ensuring appropriate action was taken to identify and investigate issues with medicines records. During our inspection we found inaccurate records and gaps in signatures on people's MARs which had not been identified and investigated.

Most care records we viewed contained copies of completed care plan audits. These had identified some issues with people's care records. For example, the audit had identified that one person's 'My Life Story' required completing as much as possible. However, some care plans audits we viewed had not been completed fully, in particular the section to identify actions required of staff following the audit. We also saw that people were involved in jointly reviewing their care plans with staff every six months. These were done consistently but all of the reviews we viewed did not detail any changes or improvements to people's care. This meant it was unclear how effective these audits and reviews were in improving the quality of people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records did not support the safe management of medicines. Regulation 12 (2) (g).