Mr & Mrs D Sessford

Manor House

Inspection report

Manor House Residential Home
London Road
Morden
Surrey
SM4 5QT

Tel: 02086483571

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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**

Summary of findings

Overall summary

This inspection took place on 3 December and 14 December 2015 and was unannounced. At the last inspection of the service in April 2014 we found the provider was meeting the regulations we checked.

Manor House provides accommodation for up to 23 people who require personal care and support on a daily basis. People using the service have a wide range of healthcare needs and many are living with dementia. At the time of our inspection there were 17 people living at the home.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The service is required to have a registered manager in post. At the time of this inspection the current registered manager was on leave from the service until June 2016. The provider had appointed an acting manager, to assume the registered manager's responsibilities during the period of their absence.

Prior to our inspection of Manor House we received information from the service notifying us of a serious injury that had occurred to one of the people living at the home. We are carrying out a separate investigation in to the circumstances surrounding this incident. Once we have concluded our investigation we will notify the provider of what action we intend to take, if any, as a result of our findings.

During this inspection we found the provider in breach of their legal requirement with regard safe care and treatment. For example the provider had not assessed the risk to people from bedrails where these were in use. This meant there was no information or guidance for staff working in the home to make them aware of the risks posed by bed rails to ensure people were sufficiently protected from these.

We also found the provider in breach of their legal requirement with regard staffing. They did not have in place a formal programme of one to one meetings (supervision) with staff to ensure they were supported to fulfil their roles and responsibilities.

You can see what action we told the provider to take at the back of the full version of the report.

We were not assured the systems the provider had in place to audit and check the service were entirely effective. Issues we identified during our inspection around lack of formal staff supervision, the accuracy of care records and the management of risks to people had not been picked up by the provider or acting manager.

Despite these issues people and relatives said people were safe at Manor House. Staff had been trained to identify signs that could indicate people may be at risk of abuse or harm. They knew what action to take to ensure people at risk were protected. They had also been trained to ensure people were not harmed by

discriminatory behaviour or practices.

The provider had systems in place to identify and assess risks to people's health, safety and welfare. Staff were instructed on the actions to take to ensure people were protected from injury or harm from identified risks. The provider had arrangements in place to ensure there was regular service and maintenance of equipment and the premises. The home was clean and hygienic. Staff kept the home free from obstacles and trip hazards so people could move around safely. There were enough staff on duty to support people in the home and to meet their needs. The provider had carried out appropriate checks to ensure they were suitable and fit to support people using the service.

Staff received training that was appropriate to their role. They had a good understanding of people's needs and how these should be met. People and relatives said staff looked after people in a way which was kind, caring and respectful. Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much control and independence as possible, when carrying out activities and tasks.

Staff encouraged people to stay healthy and well. Relatives told us they were kept informed and updated about any changes to their family member's health and wellbeing. People were supported to eat and drink sufficient amounts to reduce the risk to them of malnutrition and dehydration. Staff regularly monitored people's general health and wellbeing. Where there were any issues or concerns about a person's health, staff ensured they received prompt care and attention from appropriate healthcare professionals such as the GP. People received their medicines as prescribed and these were stored safely in the home.

People were appropriately supported by staff to make decisions about their care and support needs. Care plans had been developed which reflected people's needs and their individual choices and preferences for how they received care. People's care and support needs were reviewed with them regularly.

Staff were welcoming to visitors and relatives and encouraged people to maintain relationships that were important to them. People were supported to undertake activities and outings of their choosing. The provider had developed good links with organisations and charities in the community to increase the range of activities people could participate in.

People and relatives said the service was well managed. People and relatives were satisfied with the way the provider dealt with their concerns or issues and said senior staff were approachable and willing to listen. The provider sought people's views about how the care and support people received could be improved. They made improvements and changes when these were needed.

The provider had procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training to understand when an application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the authorisation.

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 as safe as it should be. Risk management systems in place to protect people and others from the risks of harm were not always effective. For example we found that risks to people from bed rails were not assessed by the provider. There were no risk management plans in place to guides staff about the action they needed to take to mitigate the risks posed by bedrails.

Other risks to people's health, safety and welfare had been assessed and staff received guidance on how to keep them safe from injury and harm. The home was clean and kept free from obstacles so that it was safe to move around.

There were enough staff on duty to meet people's needs. The provider had carried out appropriate checks to ensure they were suitable to work in the home. Staff knew how to recognise if people may be at risk of abuse and harm and how to report any concerns they had to protect them. They had been trained to ensure people were not harmed by discriminatory behaviour or practices.

People received their prescribed medicines when they needed them and all medicines were stored safely in the home.

Is the service effective?

Requires Improvement

The service was not as effective as it should be. The provider had not planned a formal programme of staff supervisions to ensure staff were supported to fulfil their roles and responsibilities.

However staff received training that was appropriate to their roles. They had a good understanding of the needs of people they cared for.

We found the location to be meeting the requirements of the MCA and DoLS. Staff had received appropriate training, and had a good understanding of the MCA and DoLS.

People were supported by staff to stay healthy and well. They were encouraged to eat and drink sufficient amounts. When people needed support from other healthcare professionals, staff

ensured they received this promptly.

Is the service caring?

Good

The service was caring. People said staff were caring, kind and respectful. Staff ensured that people's dignity and right to privacy was maintained, particularly when they received care.

People's person information was held confidentially. Staff were discreet when discussing people's care and support needs and made sure they could not be overheard.

Relatives were encouraged to visit their family members and staff were warm and welcoming to visitors.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were developed which set out how these should be met by staff. Plans reflected people's individual choices and preferences. These were reviewed regularly.

People were encouraged to take part in social activities in the home and community. The provider had developed good links with organisations and charities in the community to increase the range of activities people could participate in.

People and relatives were satisfied with the way the provider dealt with their concerns or issues. The provider had appropriate arrangements in place to deal with and respond to people's concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not as well led as it should be. The systems in place to audit and check the service were not entirely effective as issues we found had not been identified by the provider.

However people and relatives said the service was well managed. The registered manager was on extended leave and the provider had appointed a deputy manager to assume their responsibilities. The provider supported the deputy manager to ensure the service met legal requirements such as notifying CQC about events and incidents that had occurred in the home.

People's views on how the service could be improved were sought and acted on. The provider made improvements and changes to the environment when these were needed.

Manor House

Detailed findings

Background to this inspection

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

This inspection took place on 3 December 2015 and 14 December 2015 and was unannounced. Prior to our inspection of Manor House we received information from the service notifying us of a serious injury that had occurred to one of the people living at the home. We are carrying out a separate investigation in to the circumstances surrounding this incident. Once we have concluded our investigation we will notify the provider of what action we intend to take, if any, as a result of our findings.

The inspection team consisted of a single inspector. Before the inspection we reviewed information we had about the service such as notifications they are required to submit to CQC about incidents and events that have occurred in the home.

We were able to speak with three people using the service and two visiting relatives. We observed care to help us understand people's experiences of using the service because many could not communicate with us due to their complex needs. We also spoke with the acting manager, the provider, three care workers and the member of staff responsible for day to day maintenance in the home. We looked at records which included five people's care records, four staff files and other records relating to the management of the service.

After our inspection we spoke with four relatives by telephone and asked them for their views and experiences of the service.

Requires Improvement

Is the service safe?

Our findings

The provider had risk management systems in place to protect people and others from the risks of harm but these were not always effective. For example we found that risks to people from bed rails were not assessed by the provider. Bedrails are used to reduce the risk of people falling from their beds but they also posed risks to them of becoming trapped or injured by them.

During our first visit to the home the acting manager told us five beds had been fitted with bed rails but the provider had not carried out an assessment of the specific risks posed to people. The provider and acting manager told us as district nurses were responsible for ordering this equipment they assumed nurses were responsible for ensuring these were correctly fitted so that these did not pose a risk. They said nurses carried out their own independent checks of these to ensure these were correctly fitted, each time they visited. Records of these checks were maintained separately by district nurses and not kept at the home. However, staff at the home constantly used the bedrails whilst providing care to people and was responsible for monitoring people's safety. There were no risks management plans in place to guide them about the action they needed to take to mitigate the risks posed by bedrails.

At the time of our second visit to the home the acting manager had taken some action to liaise with district nurses and to begin the process of carrying out a separate risk assessment of these rails where they were in use. However until these assessments have been completed there was no information or guidance accessible to staff working in the home to make them aware of the risks posed by bed rails to ensure people were sufficiently protected from these.

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

There were arrangements in place at the time of our inspection to ensure measures were in place to manage other risks to people's safety to reduce the risk of injury or harm. Records showed risks posed by the environment and equipment (with the exception of bed rails) had been assessed and there were plans in place for how these should be managed. Our checks found measures in place to reduce some of these risks. For example the provider had fitted restrictors on windows to reduce the risk of people falling from them. The temperature of water was regulated to reduce the risk of scalding from hot water. Every two weeks the staff member responsible for maintenance checked all hot water taps in the home to ensure these did not exceed the maximum specified temperature (43 degrees). These checks had been documented. From a random check of hot water taps including those located in people's bedrooms, we found the temperature of the hot water did not exceed 43 degrees. We checked a sample of radiators and noted that these were covered to reduce the risks these posed to people from burns if they accidentally come into prolonged contact with these. We also observed the environment was kept clear of obstacles or hazards to minimise the risks of people slipping, tripping or falling. Harmful substances or chemicals were properly stored to reduce the risks these might pose to people should they gain access to these.

Risks that were specific to people based on their individual needs had also been assessed. Staff were given

guidance on how to minimise these risks. For example, for people who needed help to mobilise and transfer from their chair or bed there was guidance and equipment available to staff to support them to do this safely. To minimise the risk of falls to people who did not have capacity to ask for assistance or help when moving, where this was agreed, the provider had placed sensor mats in their rooms. This was done to warn staff when people were moving so that staff could attend and observe that people were safe. Call bells were placed by people's beds and pull cords were in evidence in toilets so people that could use these could call for help if needed.

Risks to people in case of emergencies, for example a fire within the home, were also assessed. The provider had a plan for how people would be evacuated safely in the event of such an emergency. Records showed fire alarms systems and equipment were regularly checked and serviced. Staff periodically carried out a fire drill to check that people could be evacuated quickly and safely in the event of a fire.

Records also showed there were regular checks and inspections of the premises and equipment in the home. These included checks of electrical equipment, the call bell systems, hoists, slings, wheelchairs, gas and heating systems and the home's lift. Where any faults were identified with the environment or equipment these were dealt with promptly.

Incidents or accidents involving people in the home were recorded and reviewed by senior staff who then took appropriate action to protect people from further risks. For example one person using the service had suffered a number of falls, which were documented by staff. These had been reviewed by the acting manager who had then requested support from the individual's GP to determine the cause of the falls, which resulted in the person being referred to a falls prevention clinic.

People and relatives told us they felt people were safe at Manor House. One person said, "Staff are very nice…feel very safe with them." A relative told us, "Completely safe. I've never had a sense [family member] is not." Staff had received training in safeguarding adults at risk. This training helped them to identify signs they should look for to indicate that someone may be at risk of abuse or harm. The provider had a policy and procedures which set out staff's responsibilities for safeguarding people and how they should report any concerns they had. Staff explained to us the actions they would take to protect any individual they thought could be at risk which included reporting their concerns to the manager. Staff had also received training in equality and diversity to help them ensure people were protected from harm that could arise from discrimination.

There were sufficient numbers of staff on duty to meet people's needs. One relative said, "I've never felt anyone was ignored or left unattended." Another told us, "The staff are always there to help and support." The staffing rota for the service was planned in advance and took account of the level of care and support each person required each day. From our own observations we noted staff were visible throughout the home on both days of our inspection particularly in communal areas. We noted the atmosphere of the home was calm and people and staff did not appear rushed or hurried. When people needed help, staff responded promptly. During busy periods such as mealtimes, people did not wait long to be served their meals or get assistance from staff when they needed this.
Checks were undertaken by the provider to ensure staff were suitable and fit to work at the home. Records showed pre-employment checks had been carried out prior to staff starting work. Evidence had been obtained such as of their identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers.

People were supported by staff to take their prescribed medicines when they needed them. Each person

had their own medicines administration record (MAR sheet) and staff signed these records each time medicines had been given. We found no gaps or omissions in these records. Our own checks of medicines in stock confirmed people were receiving their medicines as prescribed. Medicines had been stored safely in the home. Audits were regularly carried out by senior staff. The dispensing pharmacist that supplied the service with people's medicines also carried out their own audit of medicines at the home. The pharmacist provided support and guidance to staff when this was sought or needed. All staff with responsibility for administering medicines had received training to do so. Their competency was regularly checked by senior staff.

The home was clean which reduced the risk to people of acquiring infections. The provider employed specific staff responsible for cleaning the home. On days of our inspection we observed staff cleaning communal areas and people's individual rooms. Cleaning tools and materials, such as mops, buckets and cloths, were not used in multiple areas in the home. This reduced the risk of cross-infection. Staff wore personal protective equipment (PPE) such as gloves and aprons, when carrying out personal care or general cleaning tasks around the home. Guidance for people, staff and visitors was displayed in bathrooms and toilets to promote good hand hygiene. Records showed staff had received training in infection control.

Requires Improvement

Is the service effective?

Our findings

Staff did not receive regular supervision to ensure they were fully supported to care for people. The provider had not planned a formal programme of one to one meetings (supervision) with staff to ensure they maintained the skills and competence needed to carry out their duties. The acting manager and provider told us they met with staff informally to discuss their work based practice. However they acknowledged this was on an ad hoc basis rather than planned as part of an on-going check of staff's skills and competence. The outcomes from these informal discussions were not documented. We saw in two staff files evidence that these members of staff had received an annual appraisal of their work performance within the last 12 months. But in the file of another member of staff, who had worked at the home for a number of years, there was no evidence an annual appraisal had been undertaken with them. The acting manager and provider told us they made themselves open and accessible to all staff if they needed advice or support and our conversations with staff did confirm this. One member of staff said they could speak to senior staff at any time, if they ever had any concerns. However the lack of a formal programme of supervision meant the provider had not sufficiently reduced the risk to people of being cared for by staff who were not being supported to fulfil their roles and responsibilities.

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

Despite the lack of formal supervision meetings, staff received regular training to enable them to meet the needs of people using the service. A relative told us, "The younger staff are brilliant and look after people so well." Records showed staff attended courses regularly in topics and areas relevant to their work and role. As many people living in the home were living with dementia, training was provided to staff in this area to enable them to support people effectively. Training was regularly monitored by the acting manager to identify when staff were due to receive refresher updates to keep their knowledge and skills up to date. Staff confirmed they received training to help them in their roles.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's records showed their capacity to consent to care and treatment was assessed prior to them moving in to the home. Where people lacked capacity to make specific decisions we saw people involved in their care, such as family members and healthcare professionals were involved by staff in making decisions that were in people's best interests. Staff had received training in relation to the MCA and DoLS.

The acting manager had a good understanding and awareness of their role and responsibilities in respect of the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the authorisation.

People were supported to eat and drink sufficient amounts to meet their needs. Records showed people's food and drink intake was monitored by staff to ensure people were eating and drinking enough. People's weights were also monitored monthly to identify any significant weight gain or loss which could indicate an underlying health issue. People on a specialist diet had their needs catered for. For example soft or pureed food was provided for people who had difficulty swallowing when eating according to their needs.

We observed the lunchtime meal being served in the home. The day's menu was displayed in the dining room. There were two different options for both the main meal and dessert which people could choose from. If people did not want either of these options they could choose to eat an alternative. People did not wait long to have their meals brought to them. Before placing food on the table staff explained to people what they were about to eat and checked that this was what they wanted. Food appeared hot and freshly made. Staff were on hand to provide support if this was needed and checked that people had eaten and drank enough and were offered more to eat and drink if they wanted this. People who remained in their rooms were served their meals at the appropriate time. We noted in people's rooms, jugs of water and juice were available and placed in easy reach of people. When people asked for a drink and snack this was brought to them. At various points throughout the day staff served people tea, coffee and biscuits.

Daily records were maintained by staff in which their observations and notes about people's general health and wellbeing were recorded. Where staff had concerns about a person's health and wellbeing we noted this was raised with a senior member of staff promptly so that they could seek assistance from the appropriate healthcare professional such as the GP. People's individual records contained information about all their scheduled healthcare and medical appointments and staff ensured people attended these when needed. We also noted information had been prepared which people could take with them in the event they needed to go to hospital so that hospital staff had information about them and their health.

Good

Is the service caring?

Our findings

Most people had positive experiences to share with us about the care and support provided by staff. One person said "The staff are very good to me." Another person told us, "The staff have been lovely. Very kind." A relative said, "They are absolutely amazing. Very good with [family member] and they let [them] do what [they] want." Another relative told us, "On the whole the carers do really care which is the most important thing. They genuinely care about [family member]." And another relative said, "I feel the staff have a genuinely caring approach." We also spoke with one person who told us there had been some instances when staff had not been kind or caring. They said they would be raising their concerns about this through the provider's complaints procedure

We observed a range of interactions between people and staff throughout both days of our inspection. We noted staff were patient, respectful and kind. They encouraged people to make choices about what they wanted to do and gave people the time they needed to decide. They knew people well and as a result could tell quickly what people needed or wanted. Conversations between people and staff were warm and friendly and staff listened to what people had to say without interruption or distractions. People appeared at ease and comfortable in staff's presence. When people became anxious staff acted appropriately to ease people's distress or discomfort. For example during the lunchtime meal, one person did not want to eat as they felt unwell. They were comforted by a staff member who took time to listen to them and then supported them to leave the dining room to go and sit in the main lounge. We observed staff checked on them regularly to make sure they were ok and warm. After some time the person felt better and was then encouraged to take part in an activity, which they did.

Staff treated people with dignity, respect and had a high regard for their right to privacy. A relative told us, "There are some lovely carers there. I sometimes overhear them with [family member] and they are kind and respectful." Another relative said, "I have never seen them lose their patience with anyone. They are really patient with [family member] and with everyone else." We observed staff knocked on people's doors and waited for permission before entering their rooms. Staff ensured people could not be overseen or overheard when receiving support with their personal care, for example, by keeping people's doors closed. We noted people's hair, skin and nails were kept clean, neat and tidy. A relative said, "They always try and colour coordinate [family member's] clothes. [Family member] was always keen on that. That matters a lot." People were dressed in seasonally appropriate, warm clothing that was clean and appeared well-kept. People's individual rooms were personalised with their own belongings including photographs, pictures, ornaments and small items of furniture.

People's personal records were kept securely within the home. Staff signed data protection and confidentially agreements when they started working at the home agreeing to protect people's confidential and sensitive information. We observed staff were careful when discussing information about people in the home. For example, during staff handover's this was done in a way that staff could not be overheard.

People's friends and relatives were encouraged to visit with them at the home. On both days of our inspection several relatives came to visit family members and we observed they were warmly welcomed by

staff. Relatives told us staff kept them informed and updated about their family member's health and wellbeing. One relative told us they lived quite far from the home so they relied on staff to support their family member appropriately. They said, "They do inform us about everything. [Family member] had a blood test today and we were told about it." Another relative said, "They will always call and keep in touch. I feel confident if something happened to [family member] they would call and let us know straight away."

Staff demonstrated a sensitive approach in supporting people who wanted to make decisions about what happened to them at the end of their life. Where people chose to, they were able to specify what arrangements they wanted to be made including who should be contacted and involved, and the type of service and funeral they wished to have, so that people had a choice about what happened to them. People's decisions about this were recorded on their records so that in the event of their death staff had the information they needed to ensure their final wishes would be respected.

Good

Is the service responsive?

Our findings

The provider ensured people and their relatives were involved, as much as they could be, in the planning of their care and support needs. Records showed senior staff met with people and their relatives, prior to people using the service, to assess what these needs were. Where people could, they were encouraged to express their views and state their particular preferences for how care and support should be provided. Where this was not possible senior staff took account of the views of relatives and professionals involved in people's lives, such as social workers or care managers. Following these assessments we saw senior staff had developed care plans which reflected the discussions had and people's specific preferences for how they should be supported. For example people's preferences for their daily routines were documented within their plans which set out how they wished to be supported in activities such as waking up in the morning, getting washed and dressed and being supported to eat breakfast. Staff were instructed through these plans how to support people to meet these needs. They were prompted to encourage people to retain as much control and independence as possible when receiving care and support. For example staff were encouraged to only step in and support people with aspects of their personal care and hygiene where people could not complete these themselves.

People's specific lifestyle choices and beliefs were taken into account and people were asked how these could be met and supported by staff. For example people who wished to practice their faith were encouraged and supported to do so by attending services in the neighbouring church. On the second day of our inspection we saw some people who were unable to attend services in the community were visited by a sister from the catholic faith. Staff demonstrated a good understanding of people's individual care and support needs. They told us they kept up to date and informed about people's care and support needs by reading people's care plans and through sharing information with other staff through handover and staff meetings, communication books and daily records.

People's care and support needs were reviewed monthly by senior staff. Records showed staff evaluated people's health and wellbeing and checked that the care and support planned for them continued to meet their needs. We noted in all but one record, where people's health care needs had changed their care plans were updated to reflect this. For example, the level of observation and support one person required was increased due to deterioration in their health which increased the risk to them of falling. However we found a discrepancy on one person's records where it had been recorded on two separate reviews there had been no change to their care and support needs since moving into the home. Their current level of support, as specified in their care plan had clearly been reassessed and reduced from the level that had been identified when they moved in to the home. We discussed this with the acting manager who confirmed the person's current care plan was reflective of their current needs but could not say why they had recorded there had been no change to these needs since they moved in. They acknowledged this had been an error on their part.

Relatives said the care and support their family members had received had had a positive impact on their general health and wellbeing. One relative told us when their family member lived at home they had become reclusive. They told us since moving into Manor House their family member were spending time

with other people in the home and participating in activities in the community. They said, "I'm really glad [they] want to sit in the lounge, being surrounded by people." Another relative told us their family member had a fall which had an impact on their heath and mobility. They told us staff encouraged and supported them to recover so that they were able to regain their confidence in moving freely with minimal assistance.

People were encouraged to participate in activities both in the home and community. One person told us, "We have exercises and have entertainers visit. I find I'm kept well occupied." A relative said, "[Family member] doesn't like people or children but does love animals and likes when the cat comes and visits." A large board was displayed in the main lounge of the home which informed people what activities were taking place over the course of the month. These were arranged and delivered by two activities co-ordinators that worked at the home, six days a week. As our inspection took place during the festive period many activities over the month were focussed on celebrating the Christmas period. On the first day of our inspection children from a local school visited the home and sang carols which people clearly enjoyed. The home also hosted a Christmas party and relatives and friends were all invited to attend and join in the celebrations. In addition to the specific festive celebrations, throughout both days of our inspection a range of activities took place such as discussion about the day's news and current events, quizzes, puzzles and arts and crafts session. The hairdresser had a dedicated room in the home and on the second day of our inspection we saw some people having their hair done. We also observed staff sat with people on an individual basis and chatted with them about topics they were interested in. Staff encouraged people to participate as much as they wished to in activities. Trips and activities in the community were also planned and arranged for people who were able to take part. This included visits to the local garden centres and outings to the seaside. Some people went out individually with staff for walks in the local area, a drink in the local pub or for shopping trips out in the community.

There were good links with organisations and charities based in the community which enabled the provider to increase the range of activities that people could participate in. The home was situated next to a church and people could attend events and activities that took place there. As well as good links with local schools, the service welcomed work experience volunteers to the home, particularly students studying for a qualification in health and social care. Recent initiatives the service had participated in included a drama therapy group run by a local charity that had visited the home and engaged with people to talk about their life histories, experiences and memories. People had also recently attended a tea party in the local community organised by the local National Citizen Service - a government funded initiative that supports community engagement, social action and social mixing among young people.

The provider had a complaint procedure with which people and their relatives were familiar with and which they used if they were not satisfied with the quality of the service they received. The procedure for people to make a complaint was displayed in communal areas and in people's bedrooms. The procedure detailed how people could make a complaint and how this would be dealt with by the service. Where complaints had been made received we noted these had been fully investigated by the registered manager and their findings had been shared with the complainant.

The majority of people and relatives were satisfied with the way the provider dealt with their concerns or issues. A relative told us, "There have been a couple of incidents and these were dealt with properly." However one person told us the provider had not been responsive when dealing with their concerns and they would be making a formal complaint about the quality of care provided through the provider's formal complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives said the service was well managed. One relative said about the provider, "They are very hands on and seem to know what's going on. They seem very invested in the home and take pride in what they do." Another told us, "This is a family home and small and I think that helps."

At the time of our inspection the current registered manager was on leave from the service until June 2016. The provider had appointed an acting manager to assume the registered manager's responsibilities during the period of their absence.

We were not assured the systems the provider had in place to audit and check the service were entirely effective. These checks covered key aspects of the service including; medicines management, cleanliness and hygiene of the premises and equipment, the accuracy of people's records, health and safety checks including fire safety procedures, food preparation and hygiene, and staff training and recruitment. However we identified issues during our inspection which had not been picked up by the provider or acting manager around lack of formal staff supervision, the accuracy of care records and the management of risks to people which indicated these checks were not as effective as they should be.

The acting manager acknowledged the issue we identified around the lack of formal staff supervision was due to a lack of prioritisation on their part because of their current workload demands and pressures. During the inspection both the provider and acting manager responded positively to the issues we highlighted and took immediate steps to address them. We also noted with support from the provider the acting manager ensured legal obligations such as CQC registration requirements were being met, including the submission of notifications, such as for incidents that occurred within the home.

People said the provider and acting manager were approachable and willing to listen to their suggestions about how the service could be improved. One relative said, "You can always find someone to have a chat to." Another relative told us their views and ideas were valued by the provider. They said about the provider, "I find them very responsive."

People were involved in developing the service. The provider used surveys and meetings to gather people's feedback about how the service could be improved. People, their relatives, and healthcare professionals that worked closely with the home were sent a survey every year in which they were asked for their suggestions and ideas. We looked at surveys completed this year and noted where people had made suggestions, these were around improvements to the physical environment. We discussed with the provider their plans for improving the home. These included improving heating in the conservatory to make this area more accessible to people all year round, building new French doors to improve access to the outside gardens and building a new external storage facility for equipment to address the demand on storage space in the home. They also said soft furnishings in people's rooms such as bed linens and curtains would also be updated and refreshed. A staff member told us the provider responded immediately to any requests for new equipment. They had recently suggested to the provider that a new hoist was needed. This had been purchased and delivered to the home within days of them suggesting this.

People could also share their views and ideas through 'residents meetings' which took place every three months at the home. Minutes from the last meeting showed people were encouraged to discuss any improvements they would like to see for example to the food menu or new activities that people could participate in. We saw ideas that were suggested were followed through by staff. For example a tea party in the local community was arranged for people in the home to attend. Staff were provided opportunities to share their views through meetings with senior staff.

The provider had a clear set of values about the care and support people should experience. These were underpinned by specific policies which championed people's rights within the home. These were displayed in communal areas and people's individual rooms and set out what people should expect from staff and the service. This included people's rights to be treated with dignity and respect, to be treated fairly and in a non-discriminatory way, to retain control and independence, to live their chosen lifestyle and to be involved in making decisions and personal life choices. Through our discussion with staff we noted they displayed a good understanding and awareness of how to ensure these rights were protected in their day to day work.

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 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 The provider had not assessed the risk to people from bed rails where these were in use. This meant there was no information or guidance for staff working in the home to make them aware of the risks posed by bed rails to ensure people were sufficiently protected from these. Regulation 12 (2) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured a formal programme of one to one meetings (supervision) with staff was in place to ensure they were supported to fulfil their roles and responsibilities. Regulation 18 (2) (a).