Heath Cottage Care Home Ltd

Heath Cottage

Inspection report

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Date of inspection visit: 04 September 2015
Date of publication: 09/10/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This was an unannounced inspection carried out on the 04 September 2015.

Heath Cottage is a large detached property and provides care and accommodation for up to 28 people. There were 19 people staying at the home at the time of our visit.

At the time of our visit, the manager was in the process of registering with the Care Quality Commission as the registered manager. 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.

At our last inspection on the 09 December 2014, we found that the registered person had not protected people from the risks associated with the safe administration of medication. This was in breach of Regulation 13 of the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

As part of this inspection, we checked to see what improvements had been made. We found that medicines were not always given as prescribed by the doctor. One person was prescribed pain control that should have been administered every twelve hours to help relieve pain during the whole day. We found the time interval between each dose was only seven hours rather than twelve.

We checked the quantity levels recorded by the home for medicines belonging to three people. The quantities recorded for medicines belonging to two people were different to the stock at the home, which meant that these medicines could not be fully accounted for.

Controlled drugs, which are prescription medicines that are controlled under the Misuse of Drugs legislation, were not stored as per legislation. Other medicines were generally stored safely.

A person who was self-medicating did not have a lockable drawer or cupboard for their medicines and their room was unlocked when we visited. This was contrary to current national guidance and their current policy.

We found current fridge temperatures were recorded, but most of the results since July 2015 had been outside the recommended fridge temperatures for storage of medicines. The inside of the fridge was wet, which could increase the risk of contamination.

Medicines audits had been completed, but no action had taken place where concerns had been identified. For example, the audit had not identified the non-compliant controlled drugs cupboard and the lack of records of stock checks. Fridge temperatures had been recorded, but no action had been taken about temperatures outside the recommended range.

We found that the registered person had not protected people against the risk of associated with the safe management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

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

People who lived at the home told us that on the whole they did feel safe living at Heath Cottage.

During the inspection we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at a sample of seven care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe.

On the whole during our visit, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, we saw several instances of staff members talking in group in corridors leaving people unattended in lounges. People we spoke with told us that at times they did not think that there was enough staff on duty to deal with their needs or their loved ones needs.

We found that staff received regular supervision and training to enable them to carry out their duties effectively.

We found that before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans. During our inspection, we observed staff seeking consent from people before undertaking any tasks. This included when supporting people eating, mobilising or when attending the toilet.

During our last inspection in December 2014, we found the environment at Heath Cottage had not been adequately adapted to meet the needs of people who were living with dementia. At that time we made a recommendation for the service to explore relevant guidance on how to make environments used by people with dementia more 'dementia friendly'. As part of this visit, we looked to see what improvements had been made by the service. We found that the environment at Heath Cottage had largely remained unchanged since our last visit.

Summary of findings

We have made a further a recommendation for the service to explore relevant guidance on more 'dementia friendly' environments.

People's views on the quality and enjoyment of the food were mixed. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service, which detailed any risks and level of support required.

People who lived at the home told us they were well cared for by the staff.

Throughout the day we observed many lost opportunities by staff to engage with people who used the service. We observed residents sitting for long periods of time without being spoken to by staff.

People we spoke with said that they were happy that staff knew what care they needed. One person told us the home had been very responsive in ensuring they had a shower each day. However, some people told us that staff did not always have time to sit and chat to them about what was important to them or how they wished to be cared for.

We looked at a sample of seven care files of people who used the service. Care plans were comprehensive, person centred and of a good standard.

During our inspection, we checked to see how people were supported with interests and social activities. We saw that people were involved in group activities like cake making and other games that took place during our visit.

Relatives we spoke with told us that they knew who the manager was and felt they could approach them with any problem they had. Staff told us the manager was approachable and supportive.

During our last inspection we identified concerns regarding the effectiveness of quality assurance auditing undertaken by the service. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. During this inspection, we found the provider was now meeting the requirements of regulations, however some audits such as medication were not effective in addressing concerns.

We found that the service had recently implemented a comprehensive system of auditing and governance to ensure different aspects of the service were meeting the required standards. These were undertaken by both the manager and 'head office.'

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?

Not all aspects of the service were safe. We found that the registered person had not protected people from the risks associated with the safe administration of medication.

During the inspection we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

On the whole, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, we saw several instances of staff members talking in group in corridors leaving people unattended in lounges.

Requires improvement

Is the service effective?

Not all aspects of the service were effective. We found that staff received regular supervision and training to enable them to carry out their duties effectively.

We found that before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans.

We have made a further a recommendation for the service to explore relevant guidance on more 'dementia friendly' environments.

Requires improvement

Is the service caring?

Not all aspects of the service were caring. People who lived at the home told us they were well cared for by the staff.

Throughout the day we observed many lost opportunities by staff to engage with people who used the service. We observed residents sitting for long periods of time without being spoken to by staff or asleep in chairs.

A person living at the home had become incontinent during the inspection. Shortly after this incident, a member of staff placed a 'Wet floor' sign next to this person with the result it drew attention to the fact that this person had become incontinent, which was in the lounge full of other people.

Requires improvement

Is the service responsive?

Not all aspects of the service were responsive. People we spoke with said that they were happy that the staff knew what care they needed. However, some people told us that staff did not always have time to sit and chat to them about what was important to them or how they wished to be cared for.

Requires improvement

Summary of findings

We looked at a sample of seven care files of people who used the service. Care plans were comprehensive, person centred and of a good standard.

We saw that people were involved in group activities like cake making and other games that took place during our visit.

Is the service well-led?

Not all aspects of the service were well-led. Relatives we spoke with told us that they knew who the manager was and felt they could approach them with any problem they had. Staff told us the manager was approachable and supportive.

We found that the service had recently implemented a comprehensive system of auditing and governance to ensure different aspects of the service were meeting the required standards. However, not all audits were effective.

We looked at a variety of minutes from staff meetings that had taken place. Issues addressed included care plans, weight monitoring, training and menus.

Requires improvement

Heath Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008, as part of our regulatory functions. This inspection 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 04 September 2015 and was unannounced. The inspection was carried out by two adult social care inspectors and a pharmacist inspector. The inspection team also included an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and infection control teams. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 19 people who were living at the home. We spoke with six people who lived at the home, three visiting relatives and one visiting health care professional. We also spoke with seven members of care staff that included the cook. We also spoke to the manager, the Assistant Director of the home and the provider.

We used 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 talk with us.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Requires improvement

Is the service safe?

Our findings

People who lived at the home told us that on the whole they did feel safe living at Heath Cottage. One person who used the service told us; "I feel very safe I don't know why I just do." Another person who used the said "I like my door open I can see people passing all the time."

Other comments included; "They are very skilful at their job I feel safe in their hands." However, some people raised concerns about other people entering their rooms. One person who used the service told us; "The door to my room is left open and that makes me feel safe, but sometimes a resident comes in, in their wheelchair. They can be very abusive and their language is terrible. I don't like it that they make me feel uneasy." One visiting relative of a person who used the service said "My relative has been left on the toilet many times for long periods. This person in a wheelchair has gone into the toilet while my relative was in there and was very abusive. That's not keeping people safe."

At our last inspection on the 09 December 2014, we found that the registered person had not protected people from the risks associated with the safe administration of medication. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. As part of this inspection, we checked to see what improvements had been made.

At this inspection we checked the medicines and records for five people. We spoke with the manager of the home and one of member of senior care staff with responsibility for medicines. We found that all the medication records we looked at had photographs and people's allergies recorded, which reduced the risk of medicines being given to the wrong person or to someone with an allergy and was in line with current guidance.

We found that medicines were not always given as prescribed by the doctor. One person was prescribed pain control that should have been administered every twelve hours to help relieve pain during the whole day. We found the time interval between each dose was only seven hours rather than twelve. This meant that this person's pain relief medicine might not have been fully effective.

The MAR (Medicines Administration Record) charts were handwritten with instructions from the pharmacist on how medicines should be taken and all were written clearly. The handwritten charts had been checked by another member of staff for accuracy to reduce errors, which was evidence of good practice. One person was taking a pain killer to be taken 'when required' with variable doses (one or two tablets). The MAR chart had the number of tablets administered recorded to make it clear what the person had taken.

We checked the quantity levels recorded by the home for medicines belonging to three people. The quantities recorded for medicines belonging to two people were different to the stock at the home, which meant that these medicines could not be fully accounted for.

Controlled drug, which are prescription medicines that are controlled under the Misuse of Drugs legislation, were not stored as per legislation. They were stored in a locked case within the medication room. The manager told us that action would be taken immediately to address this concern to ensure controlled drugs were stored safety in line with legislation. Other medicines were generally stored safely.

A person who was self-medicating did not have a lockable drawer or cupboard for their medicines and their room was unlocked when we visited. This is contrary to current national guidance and the home's medicines policy. The manager said that action would be taken immediately to address this concern.

We found current fridge temperatures were recorded, but most of the results since July 2015 had been outside the recommended fridge temperatures for storage of medicines. The inside of the fridge was wet, which could increase the risk of contamination.

Medicines audits had been completed, but no action had taken place where concerns had been identified. For example, the audit had not identified the non-compliant controlled drugs cupboard and the lack of records of stock checks. Fridge temperatures had been recorded, but no action had been taken about temperatures outside the recommended range.

We found that the registered person had not protected people against the risk of associated with the safe

Is the service safe?

management of medication. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

During the inspection we checked to see how people who lived at the home were protected against abuse. We found the home had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service's safeguarding adult's policy and procedure, which described the procedure staff could follow if they suspected abuse had taken place.

During the inspection we spoke with the six members of staff about their understanding of Safeguarding Vulnerable Adults. Each member of staff was able to describe the process they would follow if they had concerns about people living at the home. One member of staff said; "I have never had to report anything but would speak with my manager straight away. I would also speak with CQC, Social Services or even the Police. Things I may look for would be bruising or changes in behaviour. They are obvious ones." Another member of staff said "I have gotten to know the people living here quite well so would notice any changes in their behaviour around certain people perhaps."

Other comments from staff included; "Depending on what the incident was I would initially try and keep the resident as safe as possible first. Then I would speak to my manager." "If I suspected the managers of abuse, I would contact the local safeguarding team or CQC, depending on what the issue was. I certainly wouldn't let it go."

We found people were protected against the risks of abuse because the home had an appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at five staff personnel files. Each file contained job application forms, proof of identification, two references and evidence of either a CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) checks having been undertaken. Staff had been given the opportunity to declare if they had any criminal convictions. By undertaking these checks, the service had demonstrated that staff employed were suitable to work with vulnerable adults.

We looked at a sample of seven care files to understand how the service managed risk. We found the service undertook a range of risk assessments to ensure people remained safe. These included mobility and transfers, nutritional, pressure sore, personal emergency evacuation plans in the event of an emergency, falls and dependency. We found that risk assessments provided detailed guidance to staff as to what action to take to ensure people remained safe. Where risks were identified, we looked at action plans that had been devised to mitigate the risks. Other risk assessments we looked at included Legionnaires and water temperatures, staircase and lift, electrical and gas equipment, spills and wet floors and wheel chairs.

During our inspection of the service, we found uneven surfaces on corridors and ramps leading into the communal areas. We observed two people who used the service, had chosen not to wear shoes or socks due to medical conditions. One of these individuals had torn lino on the floor of their room that could have easily injured their feet. The other person who walked around the home barefooted told us they had to be very careful as the ramp leading into the lounge was broken where it joined the carpet. We observed that the carpet in the lounge was joined with a metal strip and that the nailed fixing was protruding and presented a potential hazard. We spoke to the manager and provider about these concerns who assured us immediate steps would be taken to address these matters.

We looked at how the service ensured there were sufficient numbers of staff on duty to meet people's needs and keep them safe. We looked at staffing rotas and spoke to the manager and staff about how staffing numbers were determined. During the day, there were four members of care staff working including a senior care staff member. Additionally, there was the manager, domestic cleaners and a cook. A handy man was also present during our visit. At night time, two members of staff were deployed. We were told by the Assistant Director of the service that each person who used the service underwent a dependency assessment resulting in a dependency score. This in turn informed the numbers of staff required to support people effectively.

We spoke to both night and day time staff about staffing levels. One member of staff told us; "Staffing levels are fine. It is usually three carers and a senior. I think that is adequate." Another member of staff said "I have no issues

Requires improvement

Is the service safe?

with the staffing levels here." Other comments from staff included; "They are fine. Four is enough to meet people's needs here." "Staffing levels are good. We are all capable of working alone or as a team." "Current numbers of staff at night are fine, people are quite independent in comparison to other homes I have worked at." "Most people are very independent, no issues with two staff, we get everything done. People will come down and watch TV, but two carers at night manage well."

People we spoke with told us that at times they did not think that there were enough staff on duty to deal with their needs and their loved ones needs. One person who used the service told us; "We are always waiting, staff just rush in and out, they are always busy you have to wait." Another person said "There is enough staff for my needs I am very independent." One visiting relative told us; "No not enough staff and I think that there should be a male carer for all parties concerned. There should be more staff available for the personal care of the residents." Another relative told us about when they brought their relative back from hospital late one night and gained entry to the home via the key pad and could not find a member of staff to help them. Other comments included; "I come every evening to sit with my wife. I can be here for over an hour and never see anyone." "No I don't feel very supported by the staff they are always in such a hurry." "Staff never just sit and chat, they do talk to us when they are dealing with other residents in the lounge."

On the whole during our visit, we found there were sufficient numbers of staff on duty during the day to support people who used the service. However, we saw several instances of staff members talking in group in corridors leaving people unattended in lounges. We spoke to the manager and Assistant Director about the concerns raised by people and discussed the need to ensure that staff were effectively deployed at all times. The manager assured us that these concerns would be addressed.

Requires improvement

Is the service effective?

Our findings

As part of this inspection we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. We found that staff received regular supervision and training to enable them to carry out their duties effectively.

We were told by the manager that new staff underwent an induction programme, which consisted of an introduction to staff and people who used the service, a tour of the building, fire escapes and procedures in the event of a fire. Moving and handling training would be provided together with other mandatory training, such as safeguarding and infection control. Shadowing and observations would be undertaken of new staff and all policies and procedures would be discussed. Comments from staff regarding their induction to the service included; "The induction was good. It was fine. I got to meet the residents and go through all the care plans to see what people's needs were." "My induction covered areas such as First Aid, Dignity, Safeguarding, Fire and Infection Control."

We found that staff received regular supervision and appraisals, which was managed by the manager and regularly audited by the company. We also looked at supervision records and the service training matrix. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff were subject of competency assessments and observations to ensure they were delivering care and support correctly and were graded with a 'confidence rating' from 'high' to 'low.' Staff received mandatory training in a number of areas including Health and Safety, Fire Safety, moving and handling, basic First Aid, infection control, safeguarding, medication, mental capacity and dementia. A number of staff had also attained National Vocational Qualifications (NVQ) in social care and levels two and three.

Comments from staff about their training and development included; "I am in the process of doing my NVQ level 4. I love doing training and there is definitely enough." "There is enough training and support and I am happy with it." "I feel really well supported. Sometimes I think we get too much training. Some is done at Heath Cottage and some is done via eLearning." "I have done quite a bit recently. There is definitely enough."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005(MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made. Both the manager and staff were able to confirm they had received training in the MCA. From reviewing the training matrix, of the 15 members of staff that delivered personal care three had not completed training in the MCA. The manager was able to confirm that the remaining members of staff would complete their training immanently.

We found that before any care and support was provided, the service had obtained written consent from the person or their representative, which we verified by looking at care plans. During our inspection, we observed staff seeking consent from people before undertaking any tasks. This included when supporting people eating, mobilising or when attending the toilet. We asked to staff to explain how they obtained consent from people who had difficulty communicating. One member of staff told us; "I would always ask people first. I wouldn't want anybody to feel uncomfortable, because we can't make them. I would try and read their body language." Another member of staff said "I often go off facial expressions or the way they present themselves. This informs me if they want to do something."

During our last inspection in December 2014, we found the environment at Heath Cottage had not been adequately adapted to meet the needs of people who were living with dementia. We found the home did not have adequate signage features that would help to orientate people with this type of need. At that time we made a recommendation for the service to explore relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

As part of this visit, we looked to see what improvements had been made by the service. We found that the environment at Heath Cottage had largely remained unchanged since our last visit. We found photographs of people and their names were attached to their bedroom doors, however signage throughout the home remained poor. We saw limited evidence of dementia friendly resources or adaptations in any of the communal lounges,

Is the service effective?

dining room or bedrooms. The large garden area was overgrown and neglected. Trees had been pruned and the branches were piled up in a corner. The garden was also not secure and led onto a main road. This lack of resources resulted in lost opportunities to stimulate people as well as aiding individuals to orientate themselves within the building and garden.

We have further recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

During our inspection we checked to see how people's nutritional needs were met. As part of the inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. We observed the lunch time experience in the dining room. We found 12 people who used the service had their lunch in the dining room. The dining room was not large enough to accommodate everyone who lived at the home if they had all chosen to have their meal in the dining room. We saw staff constantly bumped into each other and had to ease themselves round people's chairs. Tables were laminated and laid with a knife, fork, spoon and small paper napkin. People's drinks were served in plastic beakers and mugs. Though we were told by the manager that new flooring had been laid in the dining room, this was uneven and was due to be re-laid.

Some people told us they were not given the chance to peruse a menu before deciding what they wanted to eat, but we did see staff approach people before lunch and ask what they would like. We saw that a menu was written of a board in the dining room, but was hard to read and was not accessible to all people living at the home. We saw that one person needed full support with eating their lunch. This assistance was performed in a sympathetic unhurried manner.

People's views on the quality and enjoyment of the food were mixed. One person told us; "Food is fine you just get it put in front of you no choice. My friends bring me these bottles of water. We only get drinks when they come round with them." Another person who used the service said "The food is very good. What we ask for we get." Other comments included; "It's not bad, it's not always good either." "We have a lot of chicken it's only a two weekly menu so it gets a bit samey." "I don't like waiting for up to 45 minutes in the dining room before meals are served. Staff are very kind." Some people told us that they did not receive a hot drink on waking. The first drink they would receive would be with their breakfast, which could be some house later. We did see a drinks trolley being taken round during the morning and afternoon with a selection of biscuits and fruit.

We looked at a sample of seven care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessment had been undertaken by the service, which detailed any risks and level of support required. People at risk of malnutrition had been referred to dietician services. We looked at food and fluid intake charts and saw that people's weights were regularly monitored. The cook we spoke with showed us a list of people who were on special diets or suffered from food allergies, which was kept in the kitchen.

We found that people were supported to maintain good health and saw that people were provided with access to relevant health professionals, such as GP services, district nurses and the falls team. We were told that a doctor visited the home every Wednesday and that if people felt unwell at other times a health practitioner would be called. We found that a chiropodist visited on a regular basis. If people who used the service needed to attend a hospital appointment, a member of care staff would accompany them.

One visiting health care professional told us that referrals were made through the correct channels. They told us the service was really good at raising any concerns.

Requires improvement

Is the service caring?

Our findings

People who lived at the home told us they were well cared for by the staff. Comments from people who used the service included; "They are very kind, some are a bit lackadaisical." "All the staff are lovely I feel perfectly at ease asking the staff for anything." "I am well cared for." We observed that people who lived at the home were relaxed and comfortable in the company of the staff. Relatives told us that they were always made welcome by staff. All the staff knew who they were and called them by their first names. Refreshments were always offered to relatives. Relatives also told us that they thought that all the staff were very kind and very hard working.

We saw two members of care staff supporting a person to return to the lounge from the dining room. Another person who used the service was holding up the queue of people and was refusing to move. One of the members of care staff was observed to support this person in a respectful and considerate manner. On another occasion we observed a member of care staff quietly supporting a person who had had become incontinent. The member of staff was heard reassuring the person and that they would sort them out in no time at all.

Throughout the day we observed many lost opportunities by staff to engage with people who used the service. We observed residents sitting for long periods of time without being spoken to by staff to or asleep in chairs.

As part of the inspection we checked to see that people living at the home were treated with privacy, dignity and respect. People who used the service told us that their dignity and privacy was always respected. One person told us; "When they give me a shower I get undressed in the bath room and two carers help, it's all very easy and without fuss, I like that. They always knock on my door before entering."

We observed a toilet on the ground floor of the home was dirty, with splashes of faeces on the seat. We observed that at 09.15am, 11.50am and 13.30pm the toilet had not been cleaned. During this period we saw two people who were able to toilet themselves independently coming out from the toilet and appeared unaware it was dirty. The cleaning checklist on the back of the door was last completed on 03 September at 11pm, the evening beforehand. We spoke with the manager about this concern, who told us that the domestic was on leave. We found that the toilet had been subsequently cleaned in the early afternoon, however the service had failed to maintain the dignity and respect of people who used the toilet during this period.

We observed staff cleaning a chair of a person who had previously been incontinent. Shortly after this incident, a member of staff placed a 'Wet floor' sign next to their chair, which as a result, drew attention to the fact that this person had been incontinent. The floor was carpeted and did not present a slip hazard. Another person who lived at the home had a picture of them whilst they were asleep on the front of their care plan, which did not show them to be well presented. This did not show respect for these people or allowed them to maintain their dignity.

As part of the inspection we checked to how people's independence was promoted within the home and spent time observing care to see how this was done. During the inspection we saw one person being escorted to the dining room for breakfast by two members of staff. We did not see staff asking this person if this person would to try and walk by themselves. We read this persons care plan, which said 'I mobilise very well at present, unaided and safely. I walk freely around Heath Cottage and always have done.' The risk section of the care plan stated 'I have very good mobility skills at present.' The outcomes and objectives part of the care plan stated 'To continue independently mobilising around the home.' In this instance staff had not promoted this person's independence in line with their needs identified in their care plan.

We asked staff how they aimed to promote people's independence. One member of staff said "Give people choices. Don't stop people doing what they want to do." Another member of staff told us; "Always encourage people to do things for themselves. For instance one person would like us to assist them with their food, but we know they can do it themselves."

Requires improvement

Is the service responsive?

Our findings

People we spoke with said that they were happy that the staff knew what care they needed and that their relatives also made sure that their needs were met. One person told us the home had been very responsive in ensuring they had a shower each day. However, some people told us that staff did not always have time to sit and chat to them about what was important to them or how they wished to be cared for.

One person who used the service told us; "I would love to go to the church across the road. I have asked them to take me, but they said it was too far for me to go. I was always a big church goer three times on a Sunday and through the week I do miss it." Another person who used the service said "I have told staff my bed is not long enough, my legs stick out at the bottom. I can't have my sheets tucked in at night, It's because I am very tall, but nothing has been done about it." Another person who used the service told us they loved gardening and said "The garden is very overgrown It makes me weep to see what a state it is in. I would die of boredom if I didn't have the garden."

One visiting health care professional told us that the home had improved. Staff appeared to be knowledgeable about residents and provided support during any visits. They said they had no concerns about the quality of care delivered.

During the inspection we saw several examples of where staff at the home had been responsive to people's needs. For example, where people were required to be weighed weekly or monthly, there were records to suggest this had taken place. Another person had been assessed as being at risk of falling and needed a wheeled walking frame with them at all times. Again, through observations we saw this was near them during the inspection. Another person's care plan stated that they wanted two cushions to be placed behind their back to make them comfy in their chair and we saw this was provided for them.

We looked at a sample of seven care files of people who used the service. Care plans were comprehensive, person centred and of a good standard. All care plans provided clear instructions to staff of the level of care and support required for each person. This included information on people's background, likes and dislikes and when they preferred to get up/ go to bed. In addition to individual care plans, files contained records of falls and accidents, referrals to specialist services and visitors by health care professionals. We found that care plans were reviewed on a monthly basis.

In one care plan we looked at, it stated the person required 'Two hourly stands' for pressure relief and needed to be turned at regular intervals during the night. However, when we asked to see records that these tasks had been undertaken, we were told they were no longer required. We were told that the care plan had not yet been updated to reflect this change. The manager told us this would be addressed immediately following our inspection.

During our inspection, we checked to see how people were supported with interests and social activities. We saw that people were involved in group activities like cake making and other games that took place during our visit. On the day of the inspection we spoke with the member of care staff who had the additional responsibility of being the activities co-ordinator. They told us they worked 24 hours in seven days on activities. On the day of our inspection a bingo session had been organised in the dining room and in the afternoon a Karaoke singsong took place in the lounge. The activities coordinator told us that they did not have a written program of activities to show us. We were told that people from the home had been on trips to Sea World and the British Legion for a tea dance. We looked at management audits, which monitored what activities people had been involved such as arts and craft and singing and dancing.

We observed a corner of the hallway area was dedicated to displaying the various activities the residents had taken part in and some pictorial evidence of past celebrations. We were told that a hairdresser visited the home every Tuesday. These hairdressing sessions took place in the ground floor shower room.

People and relatives told us that they felt comfortable approaching the manager or a member of staff if they had a problem or a concern. We looked at minutes of a residents and relatives meeting that had taken place in July 2015. Item discussed were; wool and knitting needles to make squares for comfort blankets, an individual requesting to watch Crown Green Bowls on the television and a request for the home to put on a variety show. The service also distributed questionnaires to seek feed-back on the quality

Requires improvement

Is the service responsive?

of care provided. The manager told us that 'one to one' meetings were also undertaken with people who used the service in an effort to monitor the quality of care delivered and whether people had any concerns.

We found the provider had effective systems in place to record, respond to and investigate any complaints made about the service.

Requires improvement

Is the service well-led?

Our findings

Relatives we spoke with told us that they knew who the manager was and felt they could approach them with any problem they had. Staff told us the manager was approachable and supportive. One member of staff said "I have not got a problem with the manager. She has helped me out a lot since I have been here. We can approach here about anything and I do it regularly which helps." Another member of staff told us; "The manager is not just paperwork orientated, she is interested in the residents also and knows them well. She is supportive of staff." Other comments from staff included; "The manager lets us get on with our jobs. We can go to her with any problems." "The manager will always help us. Any problems can be taken to her." "I enjoy working here. I like all the residents and we seem to get along well".

At the time of our visit, the manager was in the process of registering with the Care Quality Commission as the registered manager. 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.

During our last inspection we identified concerns regarding the effectiveness of quality assurance auditing undertaken by the service. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. During this inspection, we found the provider was now meeting the requirements of regulations.

We found that the service had recently implemented a comprehensive system of auditing and governance to ensure different aspects of the service were meeting the required standards. These were undertaken by both the manager and 'head office.' These audits included; care plans, observations of staff delivering care, medication, consent, accidents and falls, activities log, infection control, commode, mattress and hand hygiene observations. Additionally, the service undertook mealtime observations, weight monitoring, kitchen and maintenance audits. Regular testing of fire safety equipment, gas and electric appliances were undertaken. The service monitored staff supervision, competency assessments and training. Regular review of care plans and risk assessment were also undertaken.

During our inspection we noted that fridge temperature records for the storage of medicines since July 2015 had been outside the recommended fridge temperatures for storage of medicines. Though this had been identified through internal auditing, no action had been taken to rectify the problem. Additionally, though staff observations and reviews of staff rotas were undertaken, we raised concerns about the effective deployment of staff to ensure people's need were being met appropriately.

We looked at a variety of minutes from staff meetings that had taken place. Issues addressed included care plans, weight monitoring, training and menus.

We found that accident and incidents were correctly recorded. The service monitored all incidents through its governance systems to establish any re-occurring themes.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures were comprehensive and included; activities, admission, safeguarding, dementia care, Fire Safety, whistleblowing and medication.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

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 We found that the registered person had not protected people against the risk of associated with the safe management of medication.