Mrs Agatha Annin-Adjei

Roseview Care Homes - New Southgate

Inspection report

17 The Limes Avenue
New Southgate
London
N11 1RE

Tel: 02083689195
Website: www.roseviewcarehomes.co.uk

Date of inspection visit:
06 September 2018

Date of publication:
26 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of Roseview Care Homes –New Southgate took place on 6 September 2018 and was unannounced.

Roseview Care Homes –New Southgate is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Roseview Care Homes –New Southgate provides care and support for up to 14 older people some of whom live with dementia and/or mental health needs. At the time of our inspection 14 people were using the service. People have access to safe outdoor space and the home is located close to shops and public transport.

The service has a registered manager. A registered manager is a person who has registered with the CQC 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 previous inspection on the 9 and 11 June 2015 we rated the service as Good. The provider had met legal requirements. During this inspection we found there were two breaches of the regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014, and we rated the service overall as Requires Improvement.

People received their prescribed medicines at the right time but we found some shortfalls in the management and administration of people's medicines.

There were some systems in place for monitoring the quality and safety of the service provided to people, but these were not always sufficiently robust in identifying deficiencies and demonstrating that improvements had been made when needed.

All the people using the service told us that they were satisfied with the service including the care and support that they received from staff. People using the service told us that staff were kind and they felt safe. Staff engaged with people in a respectful manner. They knew the importance of treating people with dignity, protecting people's privacy and respecting their differences and human rights.

Staff knew people well. Staff received a range of training relevant to their roles and responsibilities and received the support that they needed.

Arrangements were in place to protect people from abuse. Risks to people were identified and measures were in place to lessen the risk of people being harmed.

Staff understood their obligations regarding the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were personalised. They included details about people's individual needs and preferences and guidance for staff to follow so people received personalised care and support.

People had the opportunity to choose, plan and take part in activities that met their preferences and needs. People's independence was supported.

Appropriate staff recruitment procedures were in place so that only suitable staff were employed. Staffing levels and skill mix provided people with the assistance and care that they needed.

People knew how to make a complaint and there was a system for recording and responding to complaints.

People were supported to access the healthcare services they needed. Staff liaised closely with healthcare professionals to ensure that people's health and medical needs were identified and met.

People told us that they enjoyed the meals. Their dietary needs and preferences were accommodated by the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were shortfalls in the management of people's medicines.

Safeguarding systems, processes and training were in place to keep people safe from the risk of abuse.

Risks to people were identified and measures were in place to lessen the risk of people being harmed.

Is the service effective?

Good

The service was effective.

People's dietary needs and preferences were understood and accommodated by the service.

People received support from staff who were competent in carrying out their roles and responsibilities.

People were provided with support to access the healthcare services they needed.

The premises including the garden were accessible to each person using the service.

Is the service caring?

Good

The service was caring.

People were treated with kindness from staff who knew them well and understood their individual needs. However, staff engagement with people was at times observed to be tasked based.

People had the opportunity to express their views about the service. People's independence was supported.

People's privacy and dignity were supported. Relationships with those important to people were supported by the service.

Is the service responsive?

Requires Improvement

The service was not always responsive

People's weight was monitored but records did not show that the service had been responsive to changes in two people's weight.

People's needs were assessed and understood. Care records were detailed for staff to have full knowledge of people's care needs.

People had the opportunity to take part in some meaningful activities of their choice.

Systems were in place to record and respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The atmosphere at the service was open and inclusive. Staff were provided with the support and direction that they needed to meet the needs of people using the service.

There were some processes in place to monitor systems and some aspects of the service, but the provider did not show they were effective and responsive in driving improvement. The quality monitoring arrangements had not identified the shortfalls that we found during the inspection.

Roseview Care Homes - New Southgate

Detailed findings

Background to this inspection

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

This inspection took place on 6 September 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at information we held about the service. This information included notifications that the provider had sent to us to do with incidents that affect the health, safety and welfare of people who used the service.

The provider had not completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The date that the PIR needed to be returned to us was the day after our visit to the service. We discussed the PIR with the senior manager. They told us that they had not been aware that PIR information had been sent to them. They promptly requested an extension of the timescale to complete it, which was granted by us.

During the inspection we observed interactions between staff and people using the service in the communal areas. We also looked around most areas of the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment that was effective in promoting their well-being and independence.

We spoke to the six people who used the service, one visitor and spoke on the phone with four people's relatives. We also spoke with, the senior manager, the registered manager and two care workers. Following the inspection, we spoke with two community healthcare professionals.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff records, audits and some policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. A person using the service told us, "I feel safe. No threats at all."
We asked people's relatives if they felt that people were safe living in the home. A person's relative told us, "I visit regularly and [person] is safe here." Another person's relative told us that they thought the person was "definitely" safe.

The provider had a written medicines policy. This was not dated so it was not evident when it had been last reviewed to show that it included up to date information about the medicine's management and administration practices that staff should follow so people received their medicines safely.

On the day of the inspection when checking medicines administration records (MAR), we found that two people had received a pain relieving medicine that they had not been prescribed. The medicines policy did not include guidance about the administration of homely remedies (non-prescription medicines and over-the-counter products). A member of staff told us that both people had been prescribed this medicine in the past. The senior manager informed us and records showed these medicines had been prescribed by a GP following the inspection.

A person using the service told us, "I get pain and ask for painkillers". MAR showed that some people had been prescribed a pain relieving medicine to have 'when required' (PRN). There were no individual personalised PRN protocols for staff to follow when administering those medicines, to ensure that the medicine is given as intended so that each person's PRN medicines needs were understood and met.

We also noted that a running total of the stock of a PRN medicine and other medicines that were administered from the original packet was not carried out so that there was not a clear audit trail to show that each medicine tablet was accounted for.

A care worker spoke of having received medicines training. They told us that their competency to administer people's medicines had been assessed by management. However, there were no records available to validate that these competency assessments had been carried out and were regularly reviewed to show that staff were fit to administer medicines safely.

The date of opening of two bottles of liquid medicines and the expiry dates following opening the medicine bottles were not recorded so it was not evident that the risk of people receiving medicines that were ineffective and/or not safe was minimised.

The service had a medicines reference guide that staff could access to gain information about medicines prescribed to people. However, it was in a condition that indicated that it was not up to date or complete. A member of staff told us that they would ensure a new medicines reference book would be obtained.

We found the names of each person's medicines were recorded in people's care records but there was little information about the reason the medicines had been prescribed to help staff have a better understanding

of people's individual medicines needs.

Records showed that people using the service received the medicines that they were prescribed and that regular checks of the MARs were carried out. However, no records were available that showed regular comprehensive medicines audits were carried out to check that medicines were always managed safely and effectively and to show that improvements were made when any shortfalls were found.

The above issues are a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems to safeguard people from abuse were in place. Records showed that staff had received training about safeguarding adults. Staff knew about different types of abuse. They told us that they would report any concerns about people's well-being or safety to the senior manager. They also knew that they could report allegations and suspicion of abuse to the police and the CQC. Two staff required prompting before informing us that they would need to report safeguarding issues to the host local authority if management did not do. Following the inspection, the senior manager told us that she had a discussion with staff regarding the safeguarding policy and had 'reinforced the steps to take if any sort of abuse is suspected.'

Arrangements were in place to provide the support people needed with the management of their day to day finances. The senior manager told us that some people managed their own monies; others received support with their monies from relatives or by the commissioning local authority. Up to date records of income and expenditure by people using the service were maintained. The senior manager told us that when applicable receipts of people's expenditure were provided to the local authorities which also carried out checks of some people's finances.

Staff understood their responsibilities to report and record all accidents and incidents. Accidents were recorded. These records showed that appropriate action had been taken by staff when accidents had occurred.

Risks to people were identified and managed so that people were safe. Risk assessments included preventative actions that needed to be taken to minimise risks to people's safety. They were regularly reviewed and related to a range of areas to do with people's care and safety. They included risks of people falling, mobility, smoking, bathing, making hot drinks, self-neglect and risks associated with personal care. A person had signed to show that they were aware of their mobility risk assessment.

We checked the temperature of washbasin hot water taps located in two bathrooms. The hot water tap from the shower room felt very hot when run for approximately two minutes. Following the inspection the senior manager told us that she had arranged for a plumber to check the hot water outlet. We noted that the hot water checks that had been carried out each week for the four weeks prior to the inspection indicated that the temperature of the hot water from each outlet was uncommonly the same during each weekly check. There was no written guidance that staff should follow when testing the temperature of the hot water outlets, which could indicate why the recordings were possibly inaccurate. The senior manager told us that she would ensure there was clear guidance in place for ensuring that staff carried out these checks in an effective consistent way.

There were effective recruitment and selection procedures in place to ensure people were safe and not supported by unsuitable staff. We checked four staffs' records, which showed appropriate checks had been carried out. These included criminal record checks, employment history and references.

We looked at the arrangements in place to ensure there were sufficient staff on duty so people received the care and support that they needed and were safe. One person using the service told us that they felt that there was enough staff. Another person told us, "There are enough of them [staff], always two at least and they are here at night." However, one person using the service commented, "Need more staff. Only two on."

Staff we spoke with told us that although they were busy at times they felt that there were sufficient numbers of staff on duty to provide continuity of care and ensure people's needs were met. On the day of the inspection, the cook was not on duty. The registered manager told us that they had been informed that morning that the cook would not be on duty, so needed to carry out cooking and some care duties during the inspection. The senior manager told us that due to the short notice of the cook's absence they had been unable to obtain a replacement. They informed us that in response to our unannounced inspection it had been agreed with the registered manager that the senior manager would support us with the inspection whilst the registered manager carried out cooking duties. There was no indication during the inspection that people's needs were not being met by the service. The atmosphere was calm and people were not observed to have been rushed by staff.

Records showed necessary checks such as gas checks, fire checks and electrical checks were carried out. The service had an up to date fire risk assessment and fire action guidance was displayed. Routine fire safety checks and fire drills took place. People had personal emergency and evacuation plans (PEEP) which detailed the support people would need if the building needed to be evacuated in an emergency. A check by the London Fire service in 2017 found no fire safety concerns.

We reviewed the systems that the service had to help ensure people were protected from the risk of infection. The home was clean. Guidance in written and picture format about effective hand washing was displayed in bathrooms. The provider employed a cleaner. A member of staff told us that care staff also carried out cleaning tasks when needed. To minimise the risk of cross infection protective clothing including disposable gloves and aprons were used by staff when assisting people with personal care and for some other tasks. A member of staff told us that they always had access to protective clothing. Records of cleaning tasks were maintained. We noted that a shower room light switch cord was not very clean. The senior manager told us that it would be replaced.

Good

Is the service effective?

Our findings

People spoke in a positive way about the staff and told us that they received the care that they needed. A person's relative told us, "Each time I come [person] is always well looked after and eats well."

We noted that when we arrived soon after 8 am at the home most people using the service were up and dressed, sitting in the dining area waiting for their breakfast. Some people due to their needs were unable to tell us if they had chosen the time to get up. However, two people told us that they were happy to get up early. A person had signed their care plan which showed that the person preferred to get up at 5.30 am. The senior manager told us that people did have the opportunity to have a lie in if they wished. A person using the service told us, "Breakfast is at 8 and I get up at 7. I choose when to go to bed, 6 hours is enough for me." Another person when asked about choice on getting up and going to bed said "I am awake by 6 am and go to bed by 11 pm." Another person told us, "I get up when I like and get myself to bed."

The menu was accessible to people, and included a choice of meals. It was displayed in picture format on a notice board in the communal dining room. We saw a person look at the menu. People confirmed that they had chosen the meals They told us that they wanted to know what was for lunch and said, "We can choose what we want."

During breakfast we heard staff ask people what they wanted to eat and drink. One person told us that that made their own hot drinks. As part of monitoring people's nutritional needs the food people ate was recorded

Staff were aware of people's food preferences and dietary needs. They told us that people's cultural food preferences were accommodated. Comments from people using the service about the food included, "There is a set menu and its varied," "I did enjoy lunch. It was a lovely dinner. Food always good," "I get vegetarian food" and "Food is good. If you don't like what's on the menu you can have a sandwich." Records showed that a person enjoyed cooking West Indian food and had their own food cupboard in the kitchen.

People had the choice of where to eat. During the inspection most people ate in the dining room. One person chose to eat a meal in their bedroom when they had a visitor. People were not rushed. They had time to eat their meal at the pace that they wished. One person was assisted with their breakfast in a sensitive and supportive manner.

Breakfast tables were laid with a plastic tablecloth, and for each person a place mat and a spoon. There were no napkins, one person helped herself to a tissue from a box located on another table to wipe their mouth after eating. People were served with their toast that had been buttered and spread with jam or marmalade in accordance with the person's choice. We noted from observation, talking with staff and looking at care plans that some people had a range of abilities. Supporting people's independence and improving their experience at mealtimes was discussed with the senior manager. The senior manager told us that they would consider developing more opportunities for people to do more for themselves such as buttering their own toast, helping themselves to cereal and pouring their own tea. We noted that

condiments were not available on the dining tables during breakfast and the evening meal so people could help themselves to them without asking staff. The senior manager informed us that condiments were always available and would ensure that they were put on the dining tables at every meal.

Staff knew people well and told us about how they supported people to make choices, which included, what they wanted to do, eat, drink and wear. We heard staff offer people choices about meals and activities during the inspection.

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. We checked whether the service was working within the principles of the MCA. People's care plans included information about their 'capacity and insight' in areas of their lives including their ability to manage their own finances. Staff we spoke with had some knowledge of the MCA. They knew that decisions could be made by healthcare professionals with family and staff if people did not have the capacity to make decisions about their lives. They knew to report to management if they found people's capacity to make day to day decisions about their care and treatment had changed.

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). Records showed that some people had a DoLS authorisation in place. Following the inspection, the senior manager notified us of some further DoLS authorisations. A person using the service told us that they were not restricted and commented, "I am free to go out." They told us that staff asked for their agreement before providing them with assistance.

Staff told us that when they had first started work they had received an induction. They told us that they had shadowed more experienced staff and that the induction had been useful in preparing them for carrying out their role and responsibilities. Records showed that all care staff and the registered manager had recently completed the Care Certificate induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors. Staff spoke in a positive manner about their experience of completing the Care Certificate.

Staff told us that they had received training relevant to their roles and responsibilities so that they delivered effective safe care. Additional training courses associated with the specific needs of people had also been provided, which included oral care for the elderly, mental illness, falls and DoLS. Some staff had completed a nationally recognised qualification in health and social care.

Staff told us, confirmed by records, that they received regular supervision. Supervisions were used to discuss with staff their progress, the needs of people using the service and best practice. Staff told us that they could contribute to team meetings and raise any topics that they wanted to. A member of staff told us that they had not had an appraisal this year. The senior manager told us that they would ensure staff appraisals of their performance and development would be completed.

People's care plans included information about each person's health needs. People's healthcare needs were monitored by staff and community healthcare professionals that included GPs, chiropodists, dentists, and opticians. Records showed that people attended hospital appointments and medical checks when needed. A person's relative told us that a person was, "immobile due to health problems, but it [person's health] has improved since [an] operation" and "[person] has regular check-ups." A healthcare professional

told us that they felt that staff listened to their advice and provided people with effective care.

The home was generally well maintained, but there was some paintwork in the communal areas that was chipped. There were also some paving stones in the garden area that were raised a little and could be a trip hazard. The senior manager told us that this would be addressed.

Picture signage indicated the use of each room. Toilets had raised seats and hand rails to help people maintain their independence. However, some aspects of the environment did not show that it supported people's dementia care needs. Some communal areas including passageways lacked colour and other features that could promote people's well-being and orientation and be more suitable for people living with dementia.

The garden was attractive and well-tended but there was no garden furniture for people to sit on, despite people using the service accessing the garden to smoke during the inspection. The senior manager showed us some plastic chairs located in another communal area that were available. We asked a person using the service if they ever went out into the garden and they said, "Very rarely".

People told us that they were happy with their bedrooms. Some bedrooms were very personalised, including one that included many books that a person had brought from their home.

Good

Is the service caring?

Our findings

People's relatives told us that they had no concerns about the way people were cared for and that staff kept them informed of any changes in people's needs. A person's relative told us, "The staff are kind. They keep in touch." Another person's relative told us, "The carers treat [person] well," and that "[person] seems very happy."

People told us that staff were caring. People commented, "Staff are alright. Yes, everything is ok" and "I am very happy here. I was in another place but had to move as I did not like it; [I am] much happier here. They look after us. Staff are very nice." A person using the service spoke in a particularly positive way about one care worker.

When we asked people if they liked living in the home. They commented, "It's not bad," and "It is good. I have a TV in my room that I can watch any time." A person spoke in a positive way about the laundry service. They told us, "They have only lost one pair of socks in 4 years. I don't know how they do it."

During general observation and at meal times staff interacted with people in a kind manner but much of their engagement with people was task orientated such as asking people what they wanted to eat and if they wanted to go to sit in the communal lounge. There were not many occasions when we heard staff have more than a few words conversation with people or chat with people in a relaxed chatty manner. During breakfast and lunch time we did not hear people using the service speaking with each other and one person dozed. The senior manager told us that they monitored staff engagement with people to ensure that staff engaged in a positive way with people. They told us that they found staff generally engaged well with people and felt that staff were less relaxed due to the inspection. We noted that towards the end of lunch when people were being helped from the dining room to lounge there was more interaction between staff and people, and later when some people using the service were playing cards, one care worker sat with them and chatted and joked with them.

People using the service looked well-dressed and cared for. A person told us that they had recently been to the hairdresser. Staff had a good understanding of what privacy and dignity meant in relation to supporting people with their care. Staff respected people's dignity. They asked people in a discreet way if they required assistance with their personal care. Staff knew that they should knocked on people's bedroom doors and wait for permission before entering the room. A person told us, "Staff treat me with respect, they always knock on the door." Another person using the service told us, "Staff are very human and respect all of us."

Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely.

The service has an equality and diversity policy. Staff were aware of the importance of respecting people's diversity and human rights. Comments from staff about equality and diversity included, "Everyone has their own ways. Respect comes first then everything follows" and described it as, "Acceptance of everyone's

rights, culture and religion." Details of people's religious and cultural needs were included in their care plans but there was no information about people's sexuality needs. The senior manager told us that this would be addressed. Staff told us that they provided people with emotional support when they needed it.

People and staff confirmed that festive occasions and people's birthdays were celebrated by the service. A representative of a place of worship regularly visited the home and some people attended church regularly.

People were supported to maintain relationships with family and friends and to keep doing activities and following routines that they had enjoyed before moving into the home. The home operates an open-door policy where people's family members, friends and representatives were encouraged to visit the service, and speak with management about any issues to do with the service. A person's relative told us, "Staff say hello, make a fuss of me and make a cup of tea when I visit".

People's independence was supported. Staff told us that they encouraged people to do things for themselves but always provided people with the assistance when they needed it. A person using the service helped clear the tables after breakfast. The person told us that they enjoyed doing the task. A person's care plan included guidance about encouraging the person to wash themselves and clean their teeth independently.

Most people mobilised independently. Wheelchairs and walking frames were available to support people to move about within and outside of the home. We saw people walking within the home and garden freely. Some people went out to shops, post office and other community facilities independently. A member of staff told us that it was important to, "make people feel that it [the home] is their home."

Requires Improvement

Is the service responsive?

Our findings

A person's relative told us, "Staff check that [person] is ok. If there are any concerns they get in touch." Another person's relative told us, "[Person] is doing very well. [Person] is in a good place. Before [person] was wandering. [Person] is happy.". A third person's relative told us, "They contact me, keep me informed if there are incidents. [Staff] always update me."

A person using the service told us, "I have a care plan and I have signed it."

Regular checks of people's weight were carried out. We noted that two people had lost weight since January 2018. One person had lost 5.3kg since January 2018 and another person who weighed 49.6 kg in January had lost 3.7kg by July 2018. Records of care plan reviews did not show that this weight loss had been acknowledged by staff and that people's care plans had been updated to show whether this was a concern and indicated a change in the person's needs, which required advice from a healthcare professional. The senior manager told us that one person had been overweight so a loss of weight was of no concern. They told us that they would examine the other person's weight loss and would address with staff the issue of reporting and updating records.

People's care documentation showed that people had received an initial assessment of their needs and preferences before moving into the home so the service could determine whether the needs of the person could be met by the service. Records showed that people and where applicable family members had participated in these assessments. The assessments included details of people's medical history, medicines, dietary and personal care needs.

People's care plans were personalised and included some information about people's backgrounds so staff had a better understanding of the people that they cared for. Care plans included specific information about people's needs and preferences including mental health, personal care, continence, mobility, finances, nutritional needs social and religious needs. Care plans contained guidance for staff to follow on the support and care people needed. Records showed people had been involved in the monthly review of their needs. In July 2018 a person's monthly care review record included the person's feedback, "I am still independent with my personal care." However, it was not always evident that people had always been spoken with and asked for their feedback during the monthly review of their care needs, some people's monthly reviews just recorded 'no changes'. The senior manager told us that people were spoken with during the reviews and that they would ensure that this was documented.

People's care included information about their needs and preferences, and guidance about how they should be cared for by staff. A person's care plan included detailed information about how staff should support them with their mental health needs and minimise the risk of them becoming agitated. Staff had signed that they had read people's care plans and risk assessments. Staff knew the importance of following guidance to ensure they were consistent and responsive in the way that they cared for people.

Staff told us that they were kept updated about people's needs by the management and care staff during

'handover' meetings, ongoing communication with staff and by reading people's care records. A member of staff told us, "We know people well and can spot things when they are wrong." Care staff completed 'daily' monitoring records about the care people had received during each shift. This helped ensure that staff shared information about people using the service so they could provide the care that people needed.

We discussed the Accessible Information Standard [AIS] with the manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. The senior manager told us that they would always do their best to ensure information was accessible as possible to people using the service. Signage within the home was in picture and written format which supported people orientation and independence. The menu was in written and picture format. Staff used a pen and paper to help them communicate with one person. Pictures were also available to support people to make meal choices. Information about the service including the service user guide was mainly in written format, which may not be accessible to every person using the service.

People's interests were included in their care plan. Staff told us that they supported people's activity preferences, such as regular attendance at a place of worship and going to pubs and local shops. A person using the service told us, "I go out when I like. I go to church every Sunday." The senior manager told us that they encouraged people to participate in activities rather than watching television all day. People played board games, read newspapers and books, listened to music, played cards and went out in the community during the inspection.

Views about the activities were varied. A person using the service told us, "I go out every day for a newspaper. There are enough activities, board games every day. I like the disco as he [music person] does classical music as well as the other." Another person told us, "A music man comes in. We used to have exercises but that finished; I liked the exercise class. During the day I read my Bible. On Saturday I go to the hairdresser." A third person using the service told us, "I used to go to the theatre, [but] not been recently." When we asked a fourth person if there was much to do during the day they said, "No", but another person said, "Yes." Although, one person's relative said, "They don't do activities. People there have specific needs", people using the service were positive in their views of the activities provided.

The home had a system for recording and dealing with complaints appropriately. A person's relative told us, "I have no complaints at all." Records indicated that there had been no complaints during the last twelve months. A person using the service told us, "I have nothing to complain about, I am happy, happy, happy." Another person told us, "If I had a complaint would go to senior staff. I have been here a long time and there is nothing I don't like and nothing I would like to change."

At the time of the inspection no one using the service was receiving end of life care. Incorporating information in people's care plans about people's end of life wishes such as their preferred place of care if their condition significantly deteriorated was discussed with the senior manager.

Requires Improvement

Is the service well-led?

Our findings

A person told us, "I am treated as if I am at home. It's clean. Manager checks to see we are nurtured".

A person's relative told us, "[senior manager] is brilliant and [a care worker] is my contact. He WhatsApp's [electronic message service] me with photographs and really understands [person] and could not be kinder." I have no suggestions or complaints". When we asked a person's relative if they felt that the care home was well run they told us, "Yes. Excellent. It's not posh but no smell and its clean, immaculate." Another person's relative told us, "[senior manager] is a strong manager, very engaged and confident in her abilities. They promote independence." A third person's relative told us that they had, "No concern about [the] caring and I think it is well led, manager and staff keep me in the loop. Happy with the care provided. Never had a need to ask them to improve, they are on top of the care."

The service had a registered manager. The registered manager had a management qualification. She told us about how she ensured that she kept up to date with matters to do with her role. The senior manager informed us that they carried out management duties with the registered manager. Care staff were knowledgeable about the lines of accountability. They knew they needed to keep management and other staff well informed about people's needs.

Following the inspection, we discussed with the senior manager the service that they provided for people who have mental health needs and whether to include it as a specialism, for the service. The senior manager told us that people with mental health needs was a secondary need to older people rather than a specialist service.

On the day of the inspection due to a staffing issue at short notice, the registered manager carried out some caring and cooking duties, whilst the senior manager focused on providing the information and records needed for the inspection. The senior manager informed us that if there had not been an inspection she would have assisted with the care and cooking duties, whilst the registered manager managed the service.

Staff told us that they enjoyed their jobs and felt supported by management. They told us that they felt able to speak up about any issues to do with the service. Staff members had job descriptions which identified their role and who they were responsible to. The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well cared for. Staff had the opportunity to attend regular staff meetings. Minutes of staff meetings showed that management asked staff for feedback about the service. Topics discussed during staff meetings included, Mental capacity Act 2005, risk assessments and people using the service.

Minutes of meetings showed that residents meetings had taken place to inform people of changes to the service and to listen to their feedback. People were asked how they were feeling and areas to do with the service were discussed. These included, informing people about a new chiropodist, welcoming a new person using the service, maintenance, and staffing issues.

The senior manager told us that people and their relatives were provided with annual surveys to feedback about the service and that they had recently been sent out to people. One recently completed relative's feedback survey form was available. This indicated that that the person's relative was satisfied with the environment, staff and the communication arrangements. The senior manager told us that staff also received feedback from people's relatives when they visited the home and during people's care plan review meetings. There were no completed feedback surveys from people using the service. The senior manager told us feedback from people was obtained informally daily by management staff. They told us, "We ask how people are feeling and I can tell by their [people's] demeanour if they are unhappy."

The senior manager told us and records showed that the service liaised with local authority commissioning and other relevant community healthcare teams about people's care. A community professional spoke of their experience of the home. They told us that staff informed them of any health concerns that people had and were responsive to their advice.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. The service had been responsive in addressing issues found during the previous inspection such as ensuring people were provided with more meal choices and repairing the hot water system.

Some checks of the service were carried out. These included checks of, window restrictors, hot food, fridge and freezer temperatures, medicine administration records and daily security checks. In 2017 a review of infection control risks had also been carried out.

However, the most recent record of a check of the premises was November 2016. Comprehensive medicines audits, which could have identified the shortfalls that we found in the management of medicines were not available. Checks had not identified two people's weight loss and that the hot water monitoring records could possibly be inaccurate. Records showed that three people had fallen within the last ten months. Falls had been recorded but there were no records that showed the action taken by management. Accidents and incidents had not been regularly reviewed to look for any trends and show when action had been taken to minimise the risk of similar incidents recurring and where lessons were learnt.

We noted that the provider's website included details of two locations that were no longer providing a service to people and it did not include details of the current CQC rating for the overall performance in relation to the regulated activity carried out at the premises. The rating was displayed in the home. The senior manager told us that they would ensure that the website was reviewed and updated.

The above issues are a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as infection control, confidentiality and health and safety matters. Staff told us that when they started work they received a handbook that included summaries of policies relevant to their role that they needed to know about. The service user guide that provided details about the service had not been updated with the current registered manager's details. The senior manager told us that this would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not always protected by the proper and safe management of medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes had not been established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17(2)(a)(b)