Portsmouth City Council

Edinburgh House

Inspection report

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Ratings

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

Overall summary

This inspection was carried out on the 9 December 2014. Edinburgh House is a service that is registered to provide accommodation for 32 older people living with dementia. They also provide respite care. (Respite care is a service giving carers a break by providing short term care for a person with care needs). The registered provider is Portsmouth City Council. Accommodation is provided over two floors and is divided into four separate units, two on each floor. Each unit can accommodate a maximum of eight people and has a small lounge, dining area and a small kitchen. There were a total of 45 members of staff employed plus the registered manager. On the day of our visit 29 people lived at the home.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At this visit we found the service did not have suitable arrangements in place to establish, and act in accordance with people's best interests if they did not have capacity to consent to their care and support.

People's plans provided information for staff on how people should be supported. However not all plans of care gave staff the information they needed to respond to people effectively. One person had a pressure relieving air mattresses to help prevent the development of pressure ulcers. Staff were not aware of the pressure settings required. There was also an incident when a person was choking on a piece of food, although staff responded promptly it was only after a prompt from an inspector that the obstruction was cleared.

People told us they felt safe. Relative's told us they had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People and staff told us there were enough staff on duty.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas. All staff had completed training to a minimum of (NVQ) level two or equivalent. Staff said they were well supported

People were satisfied with the food provided and said there was always enough to eat. People had a choice at meal times and were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and people were encouraged to make healthy choices.

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with health care professions

People told us the staff were kind and caring. Relatives had no concerns and said they were happy with care and support their relatives received. Staff respected people's privacy and dignity and staff had a caring attitude towards people.

Before anyone moved into the home a needs assessment was carried out. Relatives knew a care plan had been prepared for their relative and said they were included in their development. They confirmed they were invited to attend reviews of their relatives care.

We observed very little stimulation or activities for people other than watching TV or listening to the radio. We observed staff trying to engage with people but as staff were always very busy there was little time for social interaction. During our visit there was a hairdresser attending to people, which appeared to be very popular.

People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. The manager operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, people and relatives.

The provider had a policy and procedure for quality assurance. The manager carried out weekly and monthly checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out to people, relatives and staff in January and February 2014. However responses had not been collated or analysed.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Good

The service was safe. People felt safe. There were sufficient staff to support people safely.

Staff had received training on the safeguarding of adults and this helped to keep people safe. Risk assessments were in place together to reduce risk to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

Is the service effective?

Requires Improvement

The service was not always effective. The manager and staff did not fully understand and demonstrate their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported by suitably skilled staff who had received a thorough induction and ongoing training.

People had enough to eat and drink. People were involved in planning the week's menus. Staff supported people to maintain a healthy diet.

People were supported to access health care services when needed.

Is the service caring?

Good

The service was caring. People told us staff were kind and caring. Relatives said they were very happy with the care and support provided at Edinburgh House.

We observed care staff talking with people throughout our visit. We saw people's privacy and dignity was respected. People and staff got on well together and the atmosphere was warm and friendly.

Staff understood people's needs and preferences. However care records did not always reflect the respectful approach observed in practice.

Is the service responsive?

Requires Improvement

The service was not always responsive. People had a plan of care but staff were not always given appropriate information to enable them to respond to people effectively. Staff did not respond to an emergency situation in the most appropriate way.

People were supported to maintain relationships with their family and relatives spoke positively about the support provided by staff.

Staff communicated effectively with people and involved them to make decisions about the support they wanted. There was a clear complaints procedure in place and copies were kept in each person's room.

Summary of findings

Is the service well-led?

The service was not always well led. There was a registered manager in post who promoted an open culture. Staff confirmed the manager was approachable and open to new ideas.

People told us the manager and staff were approachable and relatives said they could speak with the manager or staff at any time and they would take time to listen to their view's.

The provider sought the views of people, families and staff about the standard of care provided. There were systems in place to monitor the quality of service provision. However response were not analysed to establish what if any improvements were needed.

Requires Improvement

Edinburgh House

Detailed findings

Background to this inspection

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

This inspection took place on 9 December 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. Two inspectors carried out the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We also looked at notifications sent to us by the provider. (A notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern.

During the inspection we spoke with four people. However due to the nature of people living with dementia they were not always able to tell us about the care and support they received. Therefore we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with five relatives, a health and social care professional and three GP's. We also spoke with four care staff, two domestic staff, the duty manager and the registered manager.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for six people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as records of activities, menus, accidents and complaints as well as quality audits and policies and procedures.

The last inspection of this home was in August 2013 where we found our standards were being met and no concerns were identified.

Good

Is the service safe?

Our findings

People felt safe at the home and they said staff gave them any help they needed. Relatives said they felt their family member was safe. Comments included. "It's a lovely place and I feel my family member is much safer here that they were at home". Another relative said. "It gives me peace of mind to know he/she is safe at Edinburgh House". A health and social care professional told us they had supported a number people who have had either a permanent placement or respite care and said they had no concerns about their safety at Edinburgh House.

The provider had an up to date copy of the local authority safeguarding procedures. The manager knew what actions to take in the event that any safeguarding concerns were brought to their attention. Five staff said they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they may witness or be told of and knew what action to take. However one member of staff was not fully aware of the procedure to follow. We reported this back to the manager who said they would organise updated safeguarding training for that member of staff.

Risk assessments were contained in people's plans of care and these gave staff the guidance they needed to help keep people safe. For example one person had a risk assessment in place as this person could at times present behaviour which was challenging to others. The risk assessment explained the behaviours this person exhibited and provided staff with information on measures to reduce risk for this person. Each person had a personal evacuation plan which recorded any specific actions required in the event of an evacuation and there were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe.

The manager told us that regular maintenance checks of the building were carried out. There was a maintenance person based at the home and they carried out day to day maintenance tasks. If staff identified any defects they were recorded in a log and reported to the maintenance person who signed these off as each defect was rectified. The manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview with a senior staff member and the manager. Following a successful interview Criminal Record Bureau (CRB) checks or Disclosure and Baring Service (DBS) checks were carried out. CRB and DBS checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who may be at risk. These recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

The manager told us about the staffing levels at the home. There was a duty manager and a minimum of four members of care staff on duty between the hours of 7.30 am and 9.30pm. In addition to care staff there were two domestic staff, two laundry staff, a cook and a kitchen assistant. The manager said they normally employed an additional member of care staff to work across the four accommodation units to provide additional support, but currently due to staff sickness and leave they were not able to provide the extra member of staff. They said this was a temporary measure and staffing levels would be back to normal as soon as possible. At night there was a Night Shift Leader and two members of staff on duty who were awake throughout the night. The staffing rota for the previous four weeks confirmed these staffing levels were maintained. Staff said the staffing levels were sufficient to meet people needs but said the lack of the fifth staff member meant they were rushed at times and did not have the time to interact with people as much as they would like to. We observed there were sufficient staff on duty to meet peoples needs. Relatives said whenever they visited the home there were always enough staff on duty.

The home kept an accident book where any accidents were recorded. The manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

Good

Is the service safe?

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Medicines were stored in locked cabinets in each of the four accommodation units. Only a dedicated staff member held the keys. Medicine storage cabinets were clean and well organised and in line with appropriate guielines. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. We observed the lunchtime medicines being administered and this was carried out in a calm, unhurried manner. People were offered a drink with their medicines and we saw that time specific medicine routines such as 'after food' medicines were adhered to.

Requires Improvement

Is the service effective?

Our findings

The manager and staff did not fully understand their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS concern decisions about depriving people of their liberty, so that they get the care and treatment they need, where there is no less restrictive way of achieving this. The manager told us that training was being arranged on the MCA and DoLS in the new year and this information was also contained within the information the provider sent to us before the inspection. Staff understood the basic principle that people should be assumed to have capacity unless assessed otherwise but were unsure how this was established or implemented. The manager told us people had capacity to make day to day decisions regarding their care and support. They understood that for other decisions capacity assessments may need to be undertaken. They knew that if it was deemed the person lacked capacity best interests meetings should take place and that decisions would need to be recorded. It was recorded in two people's cares file that the person 'may lack capacity to make decisions'. However no capacity assessment had been carried out so it was unclear about their ability to make decisions or what was in their best interests. In another person's care plan a person had recently been admitted to a hospital for assessment. The report from the hospital indicated that the person did not have capacity to make informed decisions regarding their day to day life. No mental capacity assessment had been carried out for this person, therefore there were no best interest decisions recorded. At the time of the visit there were four individuals who were subject to a DoLS. There was evidence of the DoLS documentation contained within their personal files and recorded on the DoLS Application Grid.

Staff's lack of knowledge and the omission of relevant capacity assessments was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they got on well with staff and they were well supported. Relatives told us the staff provided effective support to people. Observations showed people received care from staff who had the practical knowledge and skills to meet people's needs. Staff were seen to engage with people in a positive way, which people responded to.

The manager told us about the training provided for each member of staff. Training was provided through a range of mediums, such as computer training (E learning), practical training and through face to face courses. These helped staff to obtain the skills and knowledge required to support people. Following any training course a certificate was awarded to evidence that the training had taken place. However E learning was recorded solely on the computer but this system was not fully functional. This meant there were two different methods for recording staff training which could be confusing. The manager told us they and the duty manager on each shift worked alongside staff and were able to observe staff practice so they could be confident that staff had the skills and knowledge to support people effectively. .

The manager had a training plan and this showed what training each staff member had completed. It also included the dates for future training and the dates when any refresher training was required. All new staff completed a structured induction in line Skills for Care Common Induction Standard (CIS) guidelines. CIS are the standards people working in adult social care need to meet before they can safely work unsupervised. New staff completed a three month probationary period and received regular support and supervision. Records showed that staff completed training in; first aid, manual handling, food hygiene, nutrition, infection control, health and safety, fire, care practices, understanding dementia and managing challenging behaviour. Staff told us they had a good induction and received regular training, supervision and an annual appraisal; this helped them to provide effective support to people.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. The home employed a total of 36 care staff, 24 held NVQ's. NVQ's are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove they have the ability or competence to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications

Requires Improvement

Is the service effective?

People had different communication needs and staff used a range of methods to ensure effective communication. Staff used pictures to remind people of the month, date and day of the week and used large writing for people, which they could read more easily. Staff said people were able to understand what was said to them but they needed to repeat things and speak clearly as some people were hard of hearing. Although people had problems remembering things staff said they were able to make their wishes known to staff. We observed staff supporting people and saw people were consulted as much as possible. Staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff respected and listened to them. One person told us, "I can't fault them".

People told us the food was good. Relatives said they were happy with the food provided. One person said "I have had a meal here with my relatives and the food was plentiful and good". Records showed people's nutritional needs and preferences had been assessed by the use of a nutritional screening tool. The kitchen had a list of people's likes and dislikes and details of people requiring special diets such as soft or pureed meals. People were given a choice of meals and on the day of our visit the choice at lunchtime was fish pie, vegetable curry or jacket potatoes with a choice of fillings. Meals were brought to the units in heated trolleys. Temperature probes were used to ensure the food was at the correct temperature and this was recorded. The food was attractively presented and looked nutritious. People chose their menu the previous day when staff went round and spoke to people and recorded what they wanted. We observed lunch in one unit and one person decided that they did not want the choice they had previously made for lunch as they liked the look of the curry that was on offer. Staff said this was not a problem as there was sufficient amounts of each meal to allow people to change their mind.

People's healthcare needs were met. People were registered with a GP of their choice and the manager and staff arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Staff said appointments with other health care professions were arranged through referrals from their GP. Following any appointment staff completed a form and this had information about what was discussed, any treatment or medicines prescribed and details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy. We spoke with three GP's who had patients who lived at Edinburgh House. They told us that they felt their patients were well supported by the staff. They said the home was proactive in asking for advice and support and had no concerns about the way people were supported to manage their health care needs.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. They told us they liked the staff and said they were really kind and they were well looked after. One person said "The staff are super, they really are alright". Relatives said they were very happy with the care and support provided and said staff were kind. One relative said "The staff are really lovely". Another said "The staff are very good and there is a lot of warmth and staff really care".

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person's care plan had a 'personal history profile'. This contained information about the person's childhood, adulthood, working and family life and detailed the person's likes and dislikes. Staff told us this was really important information and enabled them to positively engage with people. Staff spent time talking with people and encouraged them to talk about things that were important to them.

Observations showed staff were knowledgeable and understood people's needs. Each unit had a dedicated member of staff allocated to provide care and support and they interacted well with people. Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. We saw one person wanted to read a magazine, staff asked if they wanted any support but the person told them they were quite happy doing this on their own. When speaking to people staff got down to the same level as them and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them.

All staff were concerned about people's welfare. Staff said they enjoyed supporting people and observations showed they had a caring attitude towards people and a commitment to providing a good standard of care. There was a good rapport between staff and people and they got on well, they laughed and joked together and the atmosphere in the home throughout our visit was warm and friendly. Staff knocked on people's doors and waited for a response before entering. Staff ensured people's privacy and dignity was respected and said they enjoyed supporting people. Staff recorded the support that had been given to people in daily care notes. There was information regarding daily care tasks, meals, activities and personal care tasks and the records provided evidence of care delivery. Although in practice staff spoke to people respectfully this was not always reflected in written daily notes. We saw recording in some daily reports, such as 'very grumpy this morning', 'very miserable and moody' and 'in a strange mood'. We spoke to the manager about this who told us they would speak to staff and arrange further training in best practice and report writing.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People had regular group meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved in planning activities, meals and decoration of the home. The manager and staff said people could discuss issues individualy with them at any time.

People were supported to dress in their personal style. We saw that everyone was well groomed and dressed appropriately for the time of year. A relative told us there were always lots of smiles and laughter whenever they visited. They said "Overall the staff are very good and there is a lot of warmth and care. They keep me involved in my relative's care and if you need to speak with the duty manager, they never rush you and are very helpful".

A health and social care professional said "Edinburgh House provides an excellent service, the staff go above and beyond to meet people's needs. They ensure people are happy, settled and comfortable regardless of the duration of their stay. They provide a high standard of care for all clients and understand the importance of families being involved and encourage this support".

Requires Improvement

Is the service responsive?

Our findings

People said staff were good and met their needs. However as people were living with dementia we were not always abot to ask some of them questions about their plans of care. Relatives knew a care plan had been prepared and said they were included in developing the care plans for their relations. They confirmed they were invited to attend reviews of their relatives care plans. People were supported to maintain relationships with their family. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file. A relative told us they were in regular contact with the home and were kept informed of any issues regarding their relative. They said whenever they visited they could talk to the manager or staff and they would inform them of how their relative was progressing.

Before moving into the home a pre admission assessment was carried out. This assessment enabled the provider to assess people's needs so that a plan of care could be put in place. This plan of care then enabled staff to offer the support people needed. However staff were not always given appropriate information to enable them to respond to people effectively. For example the care plan for one person explained the person could display behaviours that could be challenging to others when they were receiving any personal support. There were no clear guidelines for staff on how they should support this person. There was information in a separate care plan about how staff should communicate with the person, but this was general information and not specific to meet the persons needs when staff were delivering personal care. Staff told us the person could be aggressive and threatening and one staff member said "We don't know how to deal with it and it makes you feel a failure because you can't respond properly". Staff said they had received some training to enable them to manage difficult behaviours but this did not cover the issues involved with this person. The manager told us that training was booked for staff in January 2015. Staff had been asked to put forward specific scenarios so that the training could be tailored to meet staffs training needs.

Two people were being cared for in bed on pressure relieving air mattresses to help prevent the development of pressure ulcers. The staff member on one unit told us they changed the position of the person 'every couple of hours' as detailed in their plan of care. However there were no turning charts in place so this could not be monitored. Staff were also unaware of what the pressure on the mattresses should be. We were told that it was set by the district nurses but it was not recorded in the care plan what pressure the mattresses should be set at. Therefore staff would not know how to respond if the pressure was changed in error. This meant people may not be fully protected from the risk of developing pressure ulcers.

Failure to assess and develop a plan of care to ensure that staff can meet people's pressure area care and behavioural support needs was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activates) Regulations 2010.

During the visit an alarm bell rang and staff responded promptly. We saw that this was a medical emergency regarding a person who was at risk of choking. Staff responded quickly by trying to dislodge the piece of food by using the Heimlich manoeuvre but could not get the person to their feet. One staff member called 999 and gave them full details of the emergency. Staff placed the person in the recovery position but there was a sense of panic as the person was losing consciousness. It was only after being prompted by the inspector that any of the staff tried to dislodge the food by using their fingers. This worked and the person regained consciousness. Staff said they could not think straight as they were so concerned. We discussed this with the manager who agreed there was a need for further training and learning for the staff team from this incident.

Care plans were personalised and four of the six care plans had good information on the support people needed together with information on what the person could do for themselves. For example one care plan explained that the person liked to wash themselves but staff were required to hand the person a soapy flannel and to ensure they had dried themselves thoroughly. Care plans also contained information on people's medical history, mobility, communication, and essential care needs including: sleep routines, continence, care in the mornings, care at night, diet and nutrition, mobility and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred.

Daily records compiled by staff detailed the support people received throughout the day. Care plans were reviewed

Requires Improvement

Is the service responsive?

every month to help ensure they were kept up to date and reflected each individual's current needs. However this recording was only one or two lines and reviews did not contain an evaluation of how the plan was working for the person concerned so it was not clear how progress or lack of it could be monitored.

The duty manager for each shift received a comprehensive handover from the outgoing duty manager. This included any issues that had occurred and any appointments or specific information for individual people. The oncoming duty manager then gave a hand over to all oncoming staff and completed a planning sheet to inform staff of their responsibilities. This gave details of what staff would be supporting people in each of the four accommodation units. Staff were consulted and were able to have input to help ensure people were appropriately supported in a meaningful way.

There was a programme of activities in place. Activities were normally carried out in the main lounge area by staff. However on the day of our visit the lounge was used by a hairdresser attending to people. We observed very little stimulation and interest for people during the day apart from watching the television or listening to music. We saw staff trying to provide stimulation for people by reading a newspaper with them, playing cards and trying to engage them but staff were busy and there was little time for social interaction with people. The manager told us there was often a fifth staff member 'floating' between units to offer support but due to staff sickness this was not always happening. There were no records in place to evidence how often people went in to check on people who stayed in their rooms. However we did observe staff checking with people in their rooms to see if they needed any support. The manager told us that there had been a full time activities person in post but they had left three or four months previously. They had not been replaced due to a recruitment freeze by the provider.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff spoke to people and asked them if they wanted any assistance. People told us that the staff in the home knew the support they needed and provided this as they required it.

There was a complaints procedure in place and copies were kept in each person's room. We saw that complaints and concerns were responded to in a timely manner. There were also many cards and letters of thanks and compliments about the home in place. A family member told us that any concerns they had were listened and responded to 'very quickly'.

Requires Improvement

Is the service well-led?

Our findings

People said the manager was good and they could talk with them at any times. Relatives confirmed the manager was approachable and said they could raise any issues with a member of staff or with the manager. They told us staff kept them informed of any issues regarding their relatives and they were kept up to date by phone or whenever they visited.

The manager has been absent for a number of months, returning to work recently. During this time the provider had put alternative management arrangements in place and provided additional support for them. Staff and visitors spoke highly of the manager describing her as 'accessible' and 'friendly'.

A health and social care professional said the manager and staff worked well with them and were very helpful and supportive. They said they highlight any concerns they have and this enables them to work together to ensure people and their families are happy.

The provider's core values were displayed in the entrance hall of the home. These stated people would be supported by friendly and helpful staff, provide a homely and safe environment, treat everyone fairly, consult and listen to people's views, welcome complaints and would keep people up to date with relevant information. Observations showed that these core values were being upheld. However some recording in care records were inappropriate and highlighted a need for additional staff training with regard to completing records.

Communication between people, families and staff was encouraged in an open way. The manager told us they operated an open door policy and welcomed feedback on any aspect of the service. The manager said they had a good staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and said they were well supported by the manager and duty managers. Staff said that communication was good and they always felt able to put their views forward and felt they would be listened to.

Staff said the manager and duty managers were good leaders and they knew they could speak with them at any time. Staff confirmed they received regular one to one supervision with the manager and had an annual appraisal. This enabled the manager's to identify any training issues or areas that may need to be improved. The duty manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. However they did not record any observations. They said they would address any areas of poor practice as they were observed but it was not clear how good practice was acknowledge and encouraged.

Regular staff meetings took place and minutes of these meetings were kept. The last staff meeting was held on the 26 September 2014. Staff said the meetings enabled them to discuss issues openly with the manager and the rest of the staff team. The manager told us relatives meetings were held three or four times a year and these meetings were used to discuss issues in the home. These meetings enabled people, relatives and staff to make comments and influence the running of the home.

The manager said they had just introduced a user friendly feedback sheet with pictures so people receiving respite care could give their feedback. This was only recently introduced so it was not yet possible to identify good practice issues or areas for improvement, however feedback so far had been positive.

The provider had a policy and procedure for quality assurance. The manager ensured that weekly and monthly checks to monitor the quality of service provision were carried out. Checks and audits that took place included; health and safety, fire alarm system, fire evacuation procedures, care plan monitoring, audits of medicines and food quality audits. The provider also had procedures for auditing the quality of service being provided and the last recorded visit by senior management was in July 2014.

Quality assurance surveys had been sent to people, staff and relatives in January and February 2014. However as the manager had been absent the returns had not been collated or analysed and there was no plan in place to identify trends or improvements or learning needed. The manager told us that they would would be sending out new questionaires in the near future and that they would ensure these were analysed and appropriate learning would take place if any improvements were required.

Records were kept securely. All care records for people were held in individual files which were stored in each accommodation unit. Records in relation to medicines

Requires Improvement

Is the service well-led?

were locked away when not in use. There were two different methods for recording staff training which could be confusing and the methods for capturing E learning training was not fully functional.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment How the regulation was not being met: The registered person did not have suitable arrangements in place to ensure that people's ability to consent to care and treatment was established. Where people did not have capacity to consent the registered person had not ensured they acted in accordance with legal requirements. Regulation 18(1)(a)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services How the regulation was not being met: The registered person did not take proper steps to ensure that each service user is protected against the risk of receiving care or treatment that is inappropriate or unsafe. Regulation 9(1)(b)(i)(ii)