Quarry Mount Care Limited

Quarry Mount

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Quarry Mount is a care home, which provides accommodation and personal care for up to 30 people. At the time of our inspection, 26 people were resident at the home. Accommodation was located on the ground, first and second floor of the building and there was a bungalow located alongside the rear garden. The bungalow accommodated two people, who are able to live more independently than those in the main home.

This inspection took place on 10 January 2017 and was unannounced. We returned on 11 January 2017 to complete the inspection. Quarry Mount was last inspected in September 2014 and was found to be meeting all of the standards assessed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager is responsible for the day to day management of the home and was available throughout the inspection.

People's medicines were not always safely managed. The medicines trolley was not stored securely and staff had not consistently signed the records to show they had given people their medicines. In addition, instructions for the use of topical creams were not clear and information did not inform staff how to properly manage medicines to be taken "as required".

Whilst there were enough staff to support people effectively in the morning, this was not the case, in the afternoon and evening. The registered manager had identified this and was in the process of employing additional ancillary staff. They said the addition, would enable care staff to concentrate more on supporting people, rather than undertaking ancillary tasks.

Staff were not always responsive to people's needs. This was particularly apparent at lunch time on the first day of the inspection. Care plans contained detailed information but this was not always applied in practice. Some of the information did not clearly inform staff of the support people required.

Records showed some people did not have the capacity to consent to their care. The information did not show the Mental Capacity Act 2005 had been properly taken into account within the decision making processes. Staff had undertaken training in this area and were aware of their responsibilities to provide care in the least restrictive manner.

There were a range of audits to assess the safety and quality of the service. Whilst these had been regularly undertaken, some audits, such as accidents and incidents required further analysis to minimise additional occurrences. As part of the quality auditing processes, people and their relatives were encouraged to give their views about the service they received. Their feedback was readily considered and used to further

improve service provision.

People received regular support from health care professionals. Detailed information described each person's current health and medical history. People received a well-balanced diet although portion sizes were large. People said they enjoyed the meals and had sufficient choice and variety. People received regular food and drink throughout the inspection.

People felt safe and were complimentary about the staff, the registered manager and provider. There was a clear ethos of providing good quality care, which was cascaded throughout the staff team. Staff knew people well and were aware of their needs. They said they felt valued and well supported. Staff received a range of training to enable them to do their job effectively.

During our inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

People's medicines were not always safely managed.

There were not enough staff available at all times to meet people's needs effectively.

People felt safe and systems were in place to minimise the risk of harm.

Safe recruitment practices were being followed.

Is the service effective?

Requires Improvement

The service was not always effective.

Documentation did not show the principles of the Mental Capacity Act 2005 had been properly applied when assessing capacity and supporting people to make decisions.

People were supported by a consistent staff team who knew them well.

Staff felt valued and received a range of training to equip them to do their job effectively.

People received good support from various health care professionals to help them to remain healthy.

Is the service caring?

Good

The service was caring.

People spoke positively about the care they received and were complimentary about the staff.

People were encouraged to follow their preferred routines and their rights to privacy and dignity were maintained.

There was a homely feel and relatives were encouraged to visit at a time of their choice.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were not always responsive to people's needs.

Whilst care planning information was detailed, it was sometimes conflicting and did not clearly show the support people required.

People and their relatives knew how to make a complaint and were confident any issue would be dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were a range of audits in place to monitor the quality and safety of the service but not all showed a clear analysis of the information gained.

There were many positive comments about the provider and registered manager from people, their relatives and staff.

There was a clear ethos of providing good quality care, which was cascaded to the staff team.

People's views and those of relatives were encouraged and used to develop the service.

Quarry Mount

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 10 January 2017 and was unannounced. We returned on 11 January 2017 to complete the inspection. The inspection was undertaken 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.

In order to gain people's experiences of the service, we spoke with 14 people, nine relatives and two health care professionals. We spoke with the director, the registered manager and five members of staff. 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 with us. We looked at people's care records and documentation in relation to the management of the home. This included staff supervision, training and recruitment records, quality auditing processes and policies and procedures.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always safely managed. Staff had not always signed the medicine administration record appropriately to show they given people their medicines. One person had been prescribed a thickener to be added to their fluids, to minimize the risk of them choking. Staff had not signed the record to show this had been used. The provider told us the home had not considered it to be a medicine that required recording on the medicine administration record but would commence doing so. The registered manager told us staff were regularly informed of the need to complete the medicine administration records accurately. However, failure to sign continued to occur. Some people were prescribed "as required" medicines, which were taken when needed for conditions such as pain, agitation or constipation. Whilst staff asked people if they wanted any pain relief, there were no written protocols, to ensure the "as required" medicines were given as prescribed, to ensure maximum effectiveness. Information did not state the maximum dose of the medicine or how often it should be given. After the inspection, the provider told us they had discussed this with the pharmacist and GP. They had requested help in obtaining clearer instructions to enable written protocols for all relevant medicines, to be created.

People's prescribed topical creams were documented on the medicine administration records. Staff had generally signed the records to show the creams had been applied but the instructions for use were not clear. For example, one entry stated "apply as directed by your doctor". The record did not show which part of the body, the creams were to be applied to. This did not ensure the creams were applied appropriately and as prescribed. When not in use, the medicine trolley was stored in the entrance area of the home and not securely attached to a wall. There was a space for the trolley within a locked cupboard but staff told this was not used during the day. The home's medicine policy stated the trolley was to be securely stored at all times. This was not being followed. Within the trolley, there were two clear bags of loose tablets. A member of staff told us these medicines, which had been refused or ruined, were waiting to be returned to the pharmacy. A record of these medicines had not been maintained. After the inspection, the provider told us this practice had been corrected. Some medicine administration instructions had been handwritten. The instructions had not been checked and countersigned by another member of staff. This increased the risk of error. The provider told us staff usually checked all handwritten instructions but this was missed in January 2017. They said in the future, they were going to ask the pharmacy for clear, printed instructions regarding each person's medicines.

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

There were not enough staff available at all times to meet people's needs effectively. During the morning of the inspection, staff were in the vicinity of people and responded to any requests without delay. However, in the afternoon, this was not so. One person was looking for the toilet and another was agitated and looking for a family member. Staff were not in the vicinity so were not able to assist these people appropriately. Another person was calling for help but staff did not hear them until we alerted them to the situation. Another person repeatedly asked to use the toilet over a period of 30 minutes. They were waiting for two staff to be available, as a hoist was required. At lunch time, two people were being assisted to eat their meal.

Staff left them to assist another person to use the bathroom. This interrupted their meal and the support they were receiving.

There were variable views about whether there were enough staff available to meet people's needs. Some people, their relatives and staff told us staffing levels were sufficient. This included "there always seem to be lots of people around, all wearing different colour uniforms" and "there's lots of them about". A relative told us "I think there are enough staff. I've never had any concerns about staffing when I've visited". Other views were that particularly in the afternoon and evening, there were not enough staff available. One person told us "they're very busy and we don't see much of them sometimes". Another person told us "I sometimes have to wait a long time for them to come and take me to the toilet because I have to be hoisted by two of them". A relative told us "I know there have been times when they're short staffed although it's not all the time. When they are short it's usually down to staff sickness at the last minute and then it can be difficult to find anyone". Another relative said "there are always less staff around in the afternoon whenever I visit here but I presume that's because there is less work for them to do. Other than that, there always seems to be lots of people and I'm always bumping into one carer or another, whenever I'm here". One relative told us "they can be short staffed due to staff leaving but that's not necessarily the fault of the home". Within a discussion with their manager, records showed a member of staff had identified "could do with more carers to help get residents up and late evening and feeding them".

The registered manager and staff told us in the morning, there were generally seven care staff on duty with an activities coordinator and additional ancillary staff. In the afternoon, the number of care staff reduced to four. At night there were two waking night staff and an additional member of staff worked from 8pm to 11pm. This was evidenced within the staffing rosters. Staff told us at teatime, out if these four staff, only two were available to support people with their personal care, assist with eating and manage any agitation that prevailed. This was because one member of staff administered people's medicines and another was in the kitchen, preparing and serving the evening meal. They then supported people in the bungalow and completed some laundry duties. Staff told us this period of time was often challenging and they were not always able to support people as they wanted to.

The registered manager told us a dependency tool was used to identify how many staff were needed to meet people's needs. They said staffing levels were flexible and adjusted as people's dependency increased. The registered manager told us they had recognised that more staff would be of benefit during the late afternoon period. They said as a result, they were considering deploying additional ancillary staff at this time. The registered manager explained this would enable care staff to fully focus on supporting people rather than undertaking ancillary tasks. The registered manager and provider told us they ensured recruitment was on-going. They said this enabled greater flexibility at times of staff sickness and minimised the use of agency staff. The registered manager told us this was essential to ensure people received support from staff who knew them well.

Potential risks to people's safety had been identified. This included areas such as the risk of pressure ulceration, malnutrition and falling. However, the assessments identified the person "could be" at risk rather than they "were at risk". This meant information did not clearly stipulate what action was required to ensure the person's safety. For example, one record stated the person "could be" at risk of pressure ulceration due to their frailty and lack of mobility. The action plan asked staff to consider one or more of identified statements. This included "inspect skin including heels daily or weekly as required" and "introduce repositioning scheduling that is tailored to X's current needs". The choices available to staff were not specific and did not ensure potential risks were safely addressed. The registered manager told us the action plans were generic and generated from an electronic template. They said they would address this to ensure all actions were clear and relevant to each person.

People told us they felt safe. One person told us "I'm definitely safe here, much safer than I would have been at home". Another person told us "when I'm being hoisted, it can feel strange and I do feel a little unsure but the carers are very good and talk me through what they are doing so that I feel safe when I'm in it". Another person told us "I've never had an accident".

Relatives had no concerns about their family member's safety. One relative told us "I never worry about X, as I know they'll call me if there's anything I should be aware of". Another relative told us "I never worry. I don't need to. The staff are all lovely and X is well looked after. I've got no concerns at all". Another relative told us "it's been a great relief that we have found such a lovely home for X to live in, where we have the confidence that she is being looked after in the best possible way". They told us they had never seen any practice or interactions which gave them cause for concern. One relative told us "I've never seen anything that I wasn't 100% comfortable with".

Staff were aware of the whistleblowing procedure and were confident any concern raised would be appropriately addressed. Records showed one member of staff had not received safeguarding training. The registered manager told us this had been an oversight and were not sure how it had been missed. They told us the member of staff had been added to the next available training course. Staff confirmed they had received recent training in safeguarding people. They said they would immediately report any suspicion or allegation of abuse to the registered manager or provider.

Safe recruitment procedures were in place, to ensure people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. All applicants provided evidence of his or her identity and were subject to two interviews. The registered manager told us careful consideration was given to recruitment to ensure the "right" staff were recruited without discrimination of age or ethnicity.

Requires Improvement

Is the service effective?

Our findings

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 legally authorised under the MCA. 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 are called the Deprivation of Liberty Safeguards (DoLS).

Records contained a statement, which showed if the person lacked capacity in making decisions about their daily living skills. The information did not clarify how people were supported to make decisions. This included "person specific" decisions such as people's consent to share a room, have a flu injection or use a pressure mat. Pressure mats are used to alert staff to the person's movements by activating the call bell system, when stepped on. This did not demonstrate the principles of the MCA had been followed. After the inspection, the provider told us they had a policy of enabling people to make decisions. They said they tried to support people, for example, by giving people choices when they were not able to say what they wanted. Some records showed a relative had made decisions on their family member's behalf. Documentation did not always show they had the legal authority to do this. The provider told us they "always asked relatives to provide evidence of authority to make decisions, such as powers of attorney for financial affairs and health and welfare".

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us applications for authorisation to restrict some people's liberty under DoLS, had been made. These were in the process of being considered by the local authority. The applications generally related to the interventions required to meet the person's personal care needs and their inability to safely leave the home unsupported. Records showed staff had completed training in MCA and DoLS. This was considered mandatory by the provider. Staff were aware of their responsibilities to provide support in the least restrictive manner. This included using distraction techniques or revisiting a person on various occasions, when managing any resistance to care.

People and relatives told us staff offered choices and promoted decision making. One person said "they always knock on my door in the morning and ask if I'm ready to get up". Another person said "sometimes at night, I'll ask for help to go to bed early, other times they'll come and ask me if I'm ready to go". A relative told us "a carer will usually ask a resident if they are ready to be helped with whatever it is they are asking for". Another relative said "they work around the residents. I've come in at 11 o'clock before and X is still in bed. They respect his decision and will ask him again later, when he might feel more like moving". Staff generally asked the person's consent before undertaking a task and promoted decision making. This included a staff member asking a person if they could wipe their mouth after finishing their meal.

People and their relatives told us the staff were well trained and good at their job. One person told us "oh yes, they know what they're doing". Another person told us "I don't need to tell the staff what I need. They know me, so just get on with things". A relative told us "there's a core group of staff who have been here for a long time. That helps with the consistency of care and they're really familiar with what people need and the best way to go about things". Another relative told us "I don't know what training they do but they all seem very knowledgeable".

There was a matrix which showed the training staff had completed and when refresher courses were required. Whilst the matrix showed staff were up to date with the majority of training sessions, some stated "N/A". This implied the topic was not relevant to their role although this did not appear accurate. The registered manager told us they would clarify this with the member of staff who was responsible for organising staff training provision. Other records showed staff had completed a range of training related to their role. This included one member of staff who had undertaken training in moving people safely. However, whilst they had undertaken this training, they were not confident when applying their knowledge in practice. The member of staff required repeated instruction from their colleague in order to operate the hoist safely. The registered manager told us they would look into this and would ensure additional training was given. They told us they were looking to implement 'Personal Improvement' plans with all staff. The registered manager told us this would enable individual key skills and challenges to be identified and further developed with each staff member.

Staff told us the training they received was good and enabled them to undertake their role effectively. They said they had completed training in topics such as fire safety, dementia, moving people safely and infection control. One member of staff told us in addition to training, which was deemed mandatory by the provider they had completed topics associated with older age. This included nutrition, skin integrity and swallowing effectively. Another member of staff told us the home was in the process of implementing a new training system. This involved greater emphasis on staff undertaking "on line" training, which would be followed by the completion of a workbook. They said the workbook would be marked to give an overall score. If an 85% pass rate was not achieved, staff would need to complete the module again. Another member of staff told us DVDs were watched in a group and then discussed. They said they then completed a workbook to show their understanding of the subject.

Staff told us they felt valued and well supported. One member of staff said "they couldn't support me anymore if they tried". Another member of staff told us "they're always there for you and if they're not on duty, they're at the end of the phone. We get great support". Staff told us they could always "knock on the office door" if they needed anything. This included gaining advice or just having a chat. Staff told us in addition to informal support, they met with their manager to discuss their performance and any concerns they had. They told us these sessions were productive and worked well. One member of staff said they were happy with their supervision although would further benefit from more frequent sessions. The registered manager told us staff were always able to ask for more support if they wanted this.

People told us they had enough to eat and drink. They said they liked the meals provided. One person told us "the food is always very good. I like the type of food they do here". Another person said "there's plenty of choice. I like the same breakfast every day but at dinner time, if I don't fancy what's cooked, I can have an omelette". A relative told us "X likes their food so it's important to them. They eat well and seem to like everything they have. Sometimes when I leave, I can smell the lunch and it always smells good". Another relative told said "there always seems to be plenty of variety. Residents don't get a chance to get hungry because there are homemade cakes and snacks between meals". One relative told us their family member had specific preferences with food. They told us staff managed this "brilliantly".

On the first day of the inspection, the lunch time meal was braised steak, roast and mashed potato, carrots and peas. One the second day, it was fish pie, broccoli, carrots and peas. Some people chose to have an omelette instead of the main meal. Whilst the meals looked well cooked, people received very large portions. One person told a member of staff, the size of their lunch was "off putting". The staff member told them to eat what they could and leave the rest but the person said they did not like to do this. They said "it's such a waste". Many of the plates were returned with a large amount of waste. The registered manager told us meal portion sizes had been previously raised with staff but they would discuss this further at the next staff meeting.

People told us their healthcare was well managed. One person told us "the doctor's in here every week so you can see them when you want". Another person told us "I saw the doctor last week, as I've had this cough for a while. If it doesn't get any better, I'll see them again". Relatives told us their family member was supported to remain healthy. One relative said "I'm sure it's down to X being here that she's still with us. They look after her so well and recognize if she's not quite right". Other comments were "my father is prone to urine infections, but they are really good at encouraging him to drink more" and "X's skin can break down so easily but they check him daily and so far, so good". Another relative told us "they are really on the ball here, as I'm always phoned straightaway if dad's showing any signs of illness at all. I really appreciate their attention to detail as I know it is always much better to clear illnesses up before they become too bad and need hospital attention".

Two healthcare professionals told us people's healthcare was well managed. They said they regularly visited people, which ensured consistency and regular review. Both healthcare professionals told us staff knew people well and were able to give a detailed description of people's health. They said staff always followed instructions given and efficiently answered any questions or requests for information. Both healthcare professionals told us staff were good at identifying ill health or when people were "off colour".

There was a clear summary of people's medical history within care plan documentation. This included details of any surgery and chronic health conditions. Records were maintained of all medical interventions and appointments. This included appointments with GPs, district nurses and other services such as chiropody and the speech and language therapy team. There was information about potential warning signs, which needed to be immediately reported to the community matron or emergency services. This helped staff to make efficient, timely decisions about people's health.

Good

Is the service caring?

Our findings

People told us they liked the staff and were happy with the care they received. One person told us "they're all lovely, very good, all of them. They can't do enough for you". Another person said "they're very helpful and get me anything I need. They help me get dressed as I can't see very well. I couldn't do it without them. I'm always pleased to see them". People described staff as "caring", "friendly", "hard working" and "very helpful".

Relatives gave us similar feedback. One relative told us "X likes the staff very much. They may not be happy to see me but they smile at the staff". Another relative told us "nothing is too much trouble. They know X really well as a person and are genuinely interested in him. I'm more than happy with how things are going. The staff go out of their way to make sure X has what he needs". Other comments were "the staff are very good. Very caring. I've got no complaints", "they are lovely. They really care about people and are good with them. They go beyond the call of duty." and "I can't say anything bad about any of them". One relative told us they liked the consistency of staff. They told us "it's nice as they know residents really well. They don't have a high turnover of staff so it's consistent. It's like a large family really. Everyone cares for each other". Another relative told us "I think the proof sits in how well mum looks whenever I come to visit. She always has a smile on her face and is dressed sensibly in nice clean clothing. Her room is kept spotlessly tidy and clean and she has people around her who she is comfortable with and has made friends with".

Relatives told us they were able to visit their family member at any time. One relative told us "I make a point to vary my visiting time and the rest of the family do as well. We have never been told that it's not convenient for us to visit. In fact, all of the staff make us very welcome whenever we do come". Another relative told us "a couple of weeks ago they had a nasty bug, which was going round all of the residents and we were asked not to visit during that time, if at all possible. Other than that no one has ever told me that I cannot visit mum at any time that I would like". Another relative commented on this period of sickness. They said "the home was closed to visitors due to the sickness that was going round but X was really poorly. We shouldn't have visited really but the manager said if we went straight up to X's room and straight out when leaving, we could visit. We were really thankful for this". Other comments were "not once have I felt unwelcomed" and "I've never been made to feel out of place". One relative told us "we have a good relationship with the staff. We work together which is really nice. They tell me what's needed and then I try to help. X doesn't like lying on their left side but the staff says it helps her skin, so I get her to do it. I'll do anything I can to help them". Another relative was appreciative that their family member was living in an environment that they could call their "real" home. They told us staff had regularly accommodated their family gatherings and "put on a spread" for them. They said they were able to "take over" an area of the dining room when people had finished their meal. This had enabled the family to carry on with the tradition of getting the whole family together, at a given time.

People's rooms were personalized and looked homely. One person told us they were able to bring their furniture and personal belongings such as ornaments and pictures, with them on their admission. Another person told us "I could bring anything that I could fit in. It made me feel better knowing I had my things around me". The corridors and communal areas had a range of pictures and wall art to enhance stimulation

and a homely feel. The office door had been painted to look like a front door. The registered manager told us there were plans to make all internal doors of a similar nature. They said this would enable people to feel as if they were walking through their actual front door into their home.

People told us they could follow their preferred routines. This meant they could get up and go to bed when they wanted and have a bath or shower on request. One person told us "I always do what I would have done at home. I like to be as independent as possible and they know this. They do my back for me but otherwise I can wash on my own". Another person told us "we can have breakfast later if we get up late. We don't have to be downstairs for a certain time". This was evidenced as people were eating breakfast at varying times during the inspection. A member of staff asked people if they wanted their lunch "now or later". They told us "it's something I feel quite strongly about. I wouldn't want my lunch at 12.30 every day, especially if I've had a late breakfast so there's no reason why these people should. It's all down to being person centred and finding out what people want rather than grouping everyone together". The member of staff identified one person was leaning on the dining room table, waiting for their lunch. They had their head in their hands and looked tired. The member of staff asked the person "do you want to have a sleep before your lunch then you might feel more like eating?" They used a gesture to demonstrate sleeping, to assist in the person's understanding. The person agreed and they were assisted to sit in an armchair. They fell asleep almost immediately and were offered their lunch when they woke up.

There were positive interactions between staff and people who used the service. One person was asleep but needed to take their medicines. The staff member bent down to the person's level, spoke quietly but clearly and gently stroked their arm. The person woke and the staff member smiled at them. The person smiled back and took their medicines appropriately. One relative confirmed this was usual practice. They told us "when I see staff communicating with residents, they usually make sure that they are at their eye level. They very often put their hand on their shoulder and their voices aren't overly raised or threatening". One member of staff greeted a person by saying "hello beautiful. Are you ok? You've got a bit of a cough". The person smiled at the member of staff and then laughed. They responded by saying "I'm alright but I've got a cough. It's very annoying". The staff member answered appropriately by asking if the person wanted to see the doctor or if they needed a hot drink to help. Another person was assisted to use their inhaler. The member of staff smiled and told the person "well done". Many of the staff said "you're very welcome" after a person thanked them for something.

People told us their rights to privacy and dignity were maintained. People said staff always knocked on their bedroom door before entering and undertook all personal care in a dignified manner. One person told us "I usually get the same staff helping me with a bath, which makes it better. I don't worry about it now". Another person told us "they're very respectful, all of them". Relatives confirmed this. One relative told us "I've not seen anything that goes against people's privacy". Another relative said "they always make sure X's comfortable, well dressed and coordinated. I think that goes a long way in promoting dignity". Staff told us they tried to "put themselves in the person's shoes" or "understand how it must feel" whilst providing personal care. One member of staff said "I try to take a perspective and think, how would I feel?" Another member of staff told us "people must feel so vulnerable. I talk a lot and try to distract people whilst I'm doing anything personal". Another member of staff said "I try to involve people as much as I can and always inform them what I'm doing. Even if they can't answer me, it's important to communicate with them".

Requires Improvement

Is the service responsive?

Our findings

Staff were not always responsive to people's needs. Within one person's care plan it was documented that they should be occupied and dissuaded from being around the entrance area of the home. This was because the person experienced agitation and there was a risk of them leaving the home unsupported, at the same time as a visitor. However, throughout the inspection, the person was not supported to undertake any activity and they spent large periods of time in the entrance area, becoming increasing upset and anxious. Staff responded to the person well but were not proactive in minimizing their anxiety. Another person was assisted to use the hoist. Staff did not have the wheelchair ready to accommodate the person. When they attempted to move the wheelchair, the footplates fell off. The staff member continued to replace the foot plates and whilst doing so, the person was suspended in the air. Another member of staff was assisting with the manoeuvre but the person was not given sufficient focus or priority. Another person was sitting at the dining room table in a wheelchair, waiting for their drink. A member of staff presumed they had finished and began moving the person without telling them. Another member of staff intervened and said "X's not finished yet so leave them there. I'll take them when they're done". A report by a speech and language therapist identified that this person required "full supervision at all times when eating". The report continued to state "ensure mouth is clear after each mouthful". The person was not supervised at lunch time and was seen to cough at various intervals throughout their meal. The registered manager told us staff always supervised the person discreetly from a distance, but they would review this to ensure the person's safety.

Before the lunchtime meal, one member of staff placed a clothes protector on each person without asking if they wanted one. Another member of staff then came into the dining room and started asking "do you want that on?" All except one person said they did not want their clothes protector. The member of staff replied "No I didn't think so. Let's take it off". The person's decision to continue to wear their clothes protector was respected. The member of staff did not know why this practice had occurred. The registered manager confirmed this and said people were always given the choice. They told us the practice of presuming what each person wanted was "totally out of character".

On the first day of the inspection, the meal time experience was not conducive to some people's needs. Some people were waiting forty minutes for the meal to be served. By this time, some people were becoming agitated, falling asleep or walking away from the table. The serving of the meal was not undertaken on a table to table basis. Soft diets were served first which meant some people were eating on their own whilst others on their table were waiting for their food. Staff did not inform people what they were eating, give people cutlery or ask if assistance was required to cut food up. This meant one person used their knife to pick up their food. Another person used their fingers. One person was given their meal but needed to wait for their cutlery. Other people had cutlery placed on the left hand side of their place setting. This did not enable people to easily reach and use their cutlery appropriately. Another person used their spoon but was pushing their food from their plate onto the table. Staff identified this and applied a plate guard but this was not done initially, before serving the person their food. Desserts were served before people had finished their meal. A senior member of staff informed staff that this was not good practice and the desserts were removed. They were then given after people had finished their main meal. One person tipped their drink into

their dessert. This was not noted by staff.

One person's care plan stated they required pureed food due to individual preference and some difficulty with swallowing. The information also stated the person disliked bits in what they were eating. However, the person was given a very large meal, which was not pureed. They picked up their food with their fingers and looked at it and then put it back down. They ate some of the meat but found this difficult to chew so placed what they had chewed on the table. The person then sat back in their chair and looked around. When initially giving the person their meal, staff did not explain the content or offer any assistance to cut the food up. Another member of staff noted the person was not eating and offered to help. By this time, the member of staff confirmed the food was cold. They asked the person if they wanted to try an alternative. The member of staff told us the person liked to "graze" and preferred snacks rather than meals. They said eating a large meal, was not something they thought the person would do. The staff member returned with some snacks, which the person ate readily. The registered manager told us the person was fluctuating between wanting a soft diet and then requesting an ordinary meal. They said this was being closely monitored and discussed with the GP.

Staff assisted people to eat in an unrushed, sensitive manner. However, one person was eating pureed food which was brown in colour and did not look appetizing. The staff member told us the meal was the same as what other people were eating but had been mixed together. This practice, in addition to not looking appetizing, did not enable the person to taste the individual flavours of their meal. One member of staff told us pureed food was always served separately on a plate so the different foods could be seen. They said some staff then mixed the food together but they did not know why they did this. The registered manager told us this practice should not happen. They said they would immediately address this with staff.

Some parts of people's care plans were not clear. This particularly applied to people's complex needs. For example, one care plan stated the person could refuse their medicines. The action was to "ensure X takes their medicines with a glass of water and swallows them. Explain why X needs to take the medicines and the benefits of them". There was no further detail about what to do if the person continued to refuse their medicines. After the inspection, the provider told us policies were in place to inform staff of their responsibilities when people declined their medicines. This would include discussing on-going refusal with the GP. However, this information was procedural, not person centred. Another record identified staff were to "give reassurance when X is confused". The information did not explain how staff should do this. Another record stated "guide X to the toilet throughout the day". The information was not specific so did not enable staff to know how often or what assistance the person needed.

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

Staff were attentive to some people's needs. For example, one care plan stated the person needed to hold their soft toy, as they gained comfort from this. The person was seen to have this, at all times. Another person required leg supports to minimize the risk of pressure ulceration. These were in place and their relative confirmed this was always the case. Another person was balancing their dish, which contained their dessert, precariously on their arm. Staff sat beside the person and held the dish to enable the person to continue eating. Staff rubbed a person's back whilst they were coughing. They got the person a drink and ensured they were comfortable before leaving them. One person had moved away from the table and did not want their lunch. They told a member of staff this was because they were meeting their mother and did not want to be late. The staff member showed a sensitive approach and explained they needed food inside them before going out in the cold. The person responded by saying "do you think so?" to which the staff member smiled and said "I know so. Come with me. It won't make you late because you don't need much".

The person was content and accompanied the staff member to the dining room. The member of staff told us "it's better to go with what's in the person's mind. It's like medicines, if a person doesn't want them, it's not a problem. We will try again a bit later and this usually works". Another person asked a member of staff if they could collect their water from their room. The staff member responded by saying "of course X. I'll get it now. No worries". This was done in a timely manner.

Relatives told us staff were responsive to their family member's needs. One relative told us "we moved mum here because her last home wasn't picking up on her many UTIs [urinary tract infections] and we didn't think it was good enough. We placed particular emphasis on this when we first came here and since she has been here, she's only had two infections. We think they've been brilliant". Another relative told us "what impressed me was how they took time to get to know Dad when he first moved in. He relates to some people better than others and they try as much as they can to accommodate this".

Relatives told us they were regularly involved in their family member's care. One relative told us "we have regular review meetings when they will ask either myself or my sister to come in. To be honest we both really value these because it allows us to have a good talk about anything that might be concerning us about mum's care at the time". Another relative told us "I come in for the regular review meetings that we have. They're either with the staff here or with social services. I feel totally involved with all decisions to be made about my dad".

During the inspection, there was a quiz and a gentle exercise class using an inflatable ball. Those people, who chose to participate, were fully engaged and looked as if they were enjoying themselves. One member of staff spent time talking to a person about the local town and the names of particular streets. This led on to conversation about the changes, which had occurred over the years. The person sharing different memories with staff and smiled and laughed as they talked. Another member of staff started singing and a person joined in. They then continued to sing "ship ahoy" to themselves and were animated in their manner.

Whilst these activities took place, other people were largely unoccupied. One member of staff told us they were looking to develop social activity provision and give one to one work with people greater focus. They said they often did manicures, looked at the newspaper with people or chatted about past experiences. The member of staff told us when the weather improved, they wanted to help people get outside more and visit places of interest. In addition, they were looking to develop a gentleman's group. It was planned this group would enable the men to play games such as bagatelle, cards and dominoes and watch television programmes or films such as "Dad's Army". The member of staff told us a representative of a local church regularly visited the home to lead prayers and bible readings with those people who wanted to join them. They said there were regular entertainers, a 'pets for therapy' dog and groups, which brought along small animals for people to hold.

Two people told us there was not always enough for them to do. One person told us the days sometimes seemed long because of this. Other people were happy with the opportunities available to them. Relatives told us they felt the right balance of activities were on offer to people. They told us they were asked to give information regarding their family member's past interests, so these could be continued.

People and their relatives told us they would have no hesitation in raising a concern if they needed to. One relative told us "if I wasn't happy, I'd definitely have a chat to the manager. I've raised small issues in the past but these were dealt with immediately and resolved". Another relative told us "I mentioned that mum's clean washing was just being put into the bottom of her wardrobe. Next time I came, it was folded and away properly and it hasn't occurred again". Another relative told us "I talked to the manager about a member of

staff raising their voice to my father. It was dealt with swiftly and hasn't happened again". Other comments were "I'd just speak directly to the manager [if I have a concern]", "I've only ever raised minor concerns but they were dealt with immediately" and "I'd firstly speak with the duty manager, then the overall manager and if it still wasn't resolved, I'd go the owner of the home".

The registered manager told us there was an open culture with complaints. They said they always encouraged people or their relatives to tell them if they were not happy with any element of the service. The registered manager told us any concern was always taken seriously and resolved as quickly as possible. Any issues were then used to minimize further occurrences and to further develop the home. The registered manager told us good relationships had been established with people and their relatives. They said this meant people felt confident to raise concern informally in conversation, rather than making a formal complaint.

Requires Improvement

Is the service well-led?

Our findings

There were a range of audits to monitor the quality of the service. Some audits required greater detail and an analysis of the information. For example, the falls audit identified there had been fifteen falls in one month. Eleven had caused no injury but four people had suffered grazes or skin tears. Whilst the audit identified the number or falls and the injuries sustained, it did not identify if there were particular trends such as the time of day or how the accidents happened. Some of the audits had identified shortfalls which were identified during this inspection although not all had been sufficiently addressed. Other shortfalls, had not been identified. The registered manager told us that much of their work meant they spent a large amount of time in the office, completing management or administrative tasks. They said to enable them to spend more time "on the floor", the number of office staff had been increased from 12 to 33 hours. This would enable them to spend more time supporting staff and monitoring practice. The registered manager told us in addition to increasing the number of office staff, further senior care staff posts had been created. They said this would enable additional monitoring but also a progression for care staff to aspire to.

The registered manager had worked at the home for approximately 30 years. They had been the registered manager for 18 to 20 years. They told us they were totally committed to the service and thoroughly enjoyed their work. The registered manager told us their management style was consultative and relaxed although they could be firm when required. They said they regularly completed a "walk around" of the home to ensure the environment was safe. The "walk around" also enabled them to further develop relationships and make sure people had no concerns.

The provider and registered manager told us they had regular contact, often on a daily basis. They said the ethos of the home was to provide good quality, person centred care. They said they wanted people to feel at home, make choices and have purpose in their lives. The provider told us "it's all about the people that live here and what they want". Both the provider and the registered manager told us they had an excellent staff team, who were committed to people's wellbeing. They said staff worked hard, were reliable and wanted to do a good job. The home's ethos had been cascaded to the staff team. One member of staff said "I would say it's about giving people good quality care that meets their needs". Another staff member said "we aim to provide good quality care in a homely environment and want people to feel at home and be themselves".

Relatives told us the home was well managed and there was a positive culture. One relative told us "they care about the people here. It's always got a nice, friendly, homely atmosphere. I certainly don't have any concerns". Another relative told us "I've found that it's not only the manager who will apologize. Other staff members will also". People and their relatives could not think of anything the home could improve upon. One relative told us "I honestly can't think of anything they could improve, other than the constraints of the physical building". The registered manager confirmed the home was an old building and not purpose built so they worked within the constraints they had. The registered manager told us there was an ongoing development programme in place for the environment. More recently a bathroom had been updated to a wet room. Additional plans were in place to refurbish another bathroom.

There were many positive comments about the registered manager and the provider. One person told us

"she [the registered manager] always stops to have a chat and she's easy to talk to". Another person told us "she's very nice, very friendly. You can ask her anything and she'll sort it out". Another person was agitated and looked distressed. They smiled as the registered manager spoke to them. The registered manager gave reassurance and asked if they would like a drink and be with other people, in the lounge. They spent time with the person and only left when they appeared more relaxed and settled. Some people entered the office, looking for support. The registered manager made people feel welcome and asked them if they wanted to sit down. They listened to people and gave explanations and reassurance when required.

Relatives told us the registered manager was approachable and would always make time for them One relative told us "the manager's door is always open and I've never been made to feel that I was a troublemaker". Another relative told us "she [the registered manager] is always available whenever I need to see her or I can always ring her up". Other comments were "I've never had any difficulty contacting the manager when I've needed to" and "the manager is usually here when I come in so I see her regularly".

Staff told us the registered manager and the provider cared about people and wanted to provide a good service. They told us anything they needed to do their job more effectively would be considered and made available. One member of staff told us "they will look at anything that benefits the people living here. If it's new equipment or redecoration, it gets done. It's a lovely place to work. It's very much like a family. Everyone knows each other well and we have strong staff team". Staff told us the provider and registered manager could be easily contacted at any time. They said if the managers were needed but not on duty, they would readily come in to provide advice or support. One member of staff said "they're always on the other end of the phone so we can ring any time. They want to know what's going on so it's not a problem".

People, their relatives and staff told us they were encouraged to give their views about the service and its development. One person told us "they always ask us if everything is alright or if there is anything we need". Another person said "they like us to give ideas about food or places to go". A relative told us "everyone is so approachable. They welcome suggestions and I know they would consider our views". Another relative told us "I've told them what X [family member] likes and they've followed it through. They're very open to ideas". A member of staff said "if anyone comes up with an idea, it's always looked at and we see how it can be achieved. They are very good like that".

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 11 HSCA RA Regulations 2014 Need for consent Documentation did not show that the principles of the Mental Capacity Act had been appropriately followed, where people were deemed not to have capacity to make certain decisions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always safely managed. Regulation 12(2)(g). Staff were not consistently responsive to people's needs and information within care plans was not always clear. Regulation 12(1).