Care Quality Commission

Hatherley Care Home Limited

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Inspection report

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Date of inspection visit: 20 July 2015
Date of publication: 14/09/2015

Ratings

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

Overall summary

We carried out this inspection on the 20 July 2015 and it was unannounced. The last inspection to this service was on the 4 August 2014 and the service was compliant.

The service provides residential care. On the day of our inspection there were 36 people using the service and one vacancy.

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.'

People expressed high levels of satisfaction with the service mainly attributed to a stable work force with permanent staff who were familiar with people's needs, a dedicated and hands on manager and a robust activity programme.

We identified concerns around the safety of people using the service in two areas, one was around medication

Summary of findings

practices where we found audits were not particularly robust and staff training was not supported by frequent assessments of the competencies. The other was around care records which were not always updated when a person's needs had changed, which meant records did not reflect the accurate levels of risks to people. However staff were familiar with people's needs. This is a breach of regulation.

Care was provided by staff who had been adequately recruited and supported to do their role and they were employed in sufficient numbers to fulfil people's needs. We observed cohesive team work. Staff were well supported through regular training, and good support systems.

Staff understood all aspects of their role and were confident in how to raise concerns should they think a person was at risk.

People were supported with decision making and the home worked with family and health care professionals to ensure people were adequately supported and had their health and welfare needs met.

People were supported to have enough to eat and drink. Staff understood people's dietary requirements and provided support with meals in an appropriate, sensitive way. People's weight was monitored to ensure that did not become malnourished and fluids were encouraged.

The home had a good relationship with health care professionals and worked in unison to ensure people's health needs were monitored and met.

People were deemed as having capacity to make day to day decisions and staff consulted with people about their needs.

Staff were caring, professional and gave people the time and support they needed. People were consulted about the service provided to them. Feedback from people, professionals, and visitors was used to shape the service and provide a service around people's wishes.

Activities were provided to keep people mentally stimulated and were based on people's individual needs. Care plans were individualised and based on an original assessment of need and updated as needs changed but these were not completely up to date.

The home was well led and the service provided met people's needs. There were systems in place to assess and monitor the quality of the service provision and take actions if this fell short.

The manager engaged well with external agencies and the local community to ensure people remained involved with the community and had their needs met in a comprehensive way.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have 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?

Requires improvement 

The service was mostly safe.

Staff were employed in sufficient numbers for people's needs.

Staff understood safeguarding and knew how to report concerns if they suspected a person to be at risk of harm and, or abuse.

Medicine practices required improvement as we could not always see audits were sufficiently robust and effective.

Risks to people's safety were assessed but we found records were not always up to date when people's needs had changed.

Is the service effective?

Good 

The service was effective

Staff were suitably skilled and had sufficient training and support to fulfil their role.

Staff knew how to act lawfully to support people with decision making and how to act if a person was not able to make decisions.

Staff supported people to eat and drink enough for their needs and people's weights were monitored to ensure they were not malnourished.

People were supported to access appropriate health care services and their health was monitored to ensure they stayed healthy.

Is the service caring?

Good 

The service was caring.

Staff interaction was kind and caring.

People were supported to maintain their independence and their privacy and dignity was upheld.

People were involved and consulted about their needs.

Is the service responsive?

Good 

The service was responsive.

The home provided activities for people around their individual needs to ensure they remained mentally stimulated.

Staff were familiar with people's care needs and this was adequately documented.

A complaints procedure was in place and people were consulted to ensure they were happy with the service provided.

Summary of findings

Is the service well-led?

Good

The service was well led.

The home had an experienced manager and everyone felt well supported by her.

There were systems in place to improve the service through consultation.

Audits were in place to assess the quality and effectiveness of the service delivery. This meant any concerns about the service could be addressed.

The home worked with others including consultation with families, health care professionals and the community to ensure people's needs were met.

Hatherley Care Home Limited

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.

The inspection took place on the 20 July 2015 and was unannounced. The inspection was carried out by an inspector and an expert by experience, who is a person who has personal experience of caring for someone who uses this type of care service. Our expert by experience had experienced both personal and professional of dementia care.

Before the inspection we looked at information we already held about the service such as notifications. A notification is information about important events which the service is required to send to us by law. We looked at previous inspection reports.

During the inspection we looked at four care plans, staff records and other records relating to the management of the business. We looked round the home, observed care being provided, observed medicines being administered and talked to fifteen people using the service, four visitors, and seven staff, including, care staff, catering staff and activity staff. We also spoke with the manager, senior staff and a visiting professional.

Requires improvement

Is the service safe?

Our findings

We found positive care being provided to people with a focus on keeping people safe. However when we looked at the documentation for a number of people who had fallen recently these were not completely up to date. Risks were documented and a risk management plan was in place. Assessments were in place for manual handling, falls, skin integrity, hydration and nutrition and personal care such as safe bathing. The information was comprehensive. However following an injury which could potentially impact on the person level of independence and support required records had not been updated. This could result in a risk not being appropriately managed. The risk was somewhat mitigated by people being supported by staff familiar with their needs. We also noted that some records and assessments were not signed or dated so could not see if they were relevant. We looked at another person's record and this showed lots of falls and a history of infection which could increase the risk of falls. There was no analysis of this and the information was not up to date. We also noted gaps in weight recording, with some months there being no record at all. These meant risks to people's health and safety were not being effectively monitored to assess if actions taken to reduce the risks were effective.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010.

Shifts were well organised with the right number of staff for people's needs. Staff told us they were allocated an area of the home so each staff member knew what they were doing and there was an even spread of work. It also meant they were accountable for the care they gave to people they had been allocated. Staff told us there was a handover at the change of shift and they knew if there were any concerns about people before starting shift. They told us breaks were allocated to ensure there were always sufficient staff covering care, we saw that staff worked together as a cohesive team. One staff member was completing food and fluid charts; this was usually the person doing the tea trolley. This carried the risk of information not being completed correctly because information was not filled in contemporaneously. Staff told us people's weights were done at the beginning of the month, but no one in particular was responsible for doing this. There was a MUST champion, who had an overall responsibility to make sure people's weights were accurately monitored. Some people were weighted weekly because they were considered at greater nutritional risk.

We asked people about their medicines. One person told us, "They do all our medication, I could do mine if I wanted, but it seems to work well this way."

A visitor told us, "They make sure they get the relevant medication, which they are used to taking anyway, at the right time. It's an enormous relief to have all of their medication taken care of and I am extremely happy that they are here." People said they felt they were safe and staff were well trained.

A number of staff told us they were responsible for ordering, checking in and returning medicines. This meant if one staff member was off there was a staff member able to do this. The service had a medication champion whose overall responsibility it was to ensure medicines required were in stock, in date and administered as required. They booked in the medicines on a monthly basis and did weekly audits.

Staff confirmed they received face to face medicines training and worked through a questions and answers booklet. Staff told us they were observed when first giving medicines to ensure they could do this competently. Staff competency checks had not been kept up to date as relayed to us by staff and through checking staff records. One competency assessment was dated 2013. The manager told us they were currently supporting staff with medication and would be doing medication competencies every six months.

There was guidance in place as to when to administer medicines as required, (PRN.) However there was no additional guidance as when to administer pain relieving medicines and there were no pain assessments in place for people. The manager has told us these have been put in place since our recent inspection.

At least one person was reluctant to take their medicines. Staff said this was offered and if refused would be offered again a bit later. Some medicines had been prescribed in an alternative form to help the person take it. Another person had control over certain aspects of their medicines and administration and this had been risk assessed to ensure the person was safe.

Requires improvement

Is the service safe?

External creams were administered by care staff and a topical creams record was kept in people's rooms so we could see what has been administered.

We observed medicines being administered and saw this was done safely and people were asked if they wanted their PRN. The care staff were patient and took their time to ensure people knew what they were taking and they had taken their medicines before staff signed to say it had been given.

We looked at weekly medicine audits. The medicine audit covered a number of standard questions and the staff member said they checked everyone's medicines and medicine records. We were not sure of the robustness of these audits as they were limited in scope. When we looked at the returns medicine book we saw lots of medicines had not been administered and returned and it was unclear as to why and the MAR sheets did not show the reasons for this. We did see that sometimes medicines were not administered because people were asleep and were concerned that the effect of some tablets being missed could be detrimental for people. We saw some PRN medicines were used constantly and this had not been reviewed to see if they were still required. The senior said they did a daily stock check but this was not recorded. The manager has provided us with some recent audits from the Clinical Commissioning Group and the Local pharmacy. Further audits were booked which mean there was double checking on medicine administration and minimised the risks. We discussed the safe administration of medicines with the manager. She said there had been quite a number of errors in relation to recording and this had been addressed with staff in handovers and medicine competencies would be done in future every six months as a minimum. She also said a nightly stock check of tablets would resume.

Staff told us they felt confident in giving medicines and had appropriate training. However, staff's competencies had not been assessed for more than a year and in some cases not at all, which increased the risk of poor practice.

We did not see enough information on the MAR sheet about what medicines people were taking, what they were for, any contraindications and people's preferences in terms of receiving their medicines. Staff told us that in people's care plans there was a list of medicines and a body map showing where creams should be applied.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities) Regulations 2010.

We spoke to people about whether they felt safe in the home. One person said, "I get around the home fine." Another said "I go at my own pace, but if I need them to give me a helping hand, I just ask and they will." Another said, "They are very careful when they help me with personal care."

The house was an old Victorian property with a modern extension. The home had been adapted so it was fit for purpose and safe for people. Upstairs, ramps have been fitted for wheelchair users and there were grab rails along the walls. To go downstairs people used the lift. The stairs were only accessible if people had a key fob to go through the doors. On the top floor, one person had their room at the end of a gloomy, winding corridor, an electric light needed to be put on to see properly. The person said they were happy living at the service but the poor lighting was a concern to us.

We asked people and their visitors if they felt there were enough staff on duty. One relative told us "There is always someone around." A person using the service said," There are fewer staff at weekends, we get the same good attention but have to wait a bit longer. "Another visitor said, "They manage ok, I don't think there has ever been a time when I have been here when I thought there were not enough staff."

We spoke with a member of staff who told us they felt there were enough staff and that when staff members go on their break, "We tell the senior who is then aware that we are not available to answer buzzers." They said that, "Shifts are very well organised so that we are not rushed and some carers will even do split shifts so that someone is always there to cover."

On the day of our inspection the home was well staffed and all the staff working were familiar with people's needs. The manager told us they did not use agency staff which ensured people had continuity of care. The home did have a number of bank staff who covered staff sickness and leave. We asked about domestic staff and were told they worked seven days a week to ensure standards of cleanliness were maintained. We also found senior staff and the manager made themselves available at the weekend or would cover shifts at short notice if need be. The out of hours on call was shared between the manager

Requires improvement

Is the service safe?

and senior staff and we were told they were local to the service so could respond quickly if need be. The manager told us they did not have a specific tool to determine how many staff they needed each shift in line with people's dependency levels but said they completed a dependency assessment for each person which was reviewed and kept up to date. However, when we looked at these they were not completely up to date and therefore could be misleading.

We found the home was spacious and specific communal areas, such as lounges that had names which could help people with orientation. We were clear who was responsible for health and safety within the home and we found some areas were restricted to promote people's safety such as the sluice room. Medicine trolleys were secure when not in use. Fire procedures were clearly displayed and risks to people's safety were reduced as far as reasonably possible.

We asked staff about adult protection and staff told us they had access to policies and procedures, had received training which was updated and knew how to raise concerns if they suspected a person was at risk. Staff said they would be confident in raising concerns and that these would be acted upon. Staff told us about the daily records they kept and said they used body maps and incident/ accident records for anything out of the ordinary and this was then reported to the senior on the shift.

We saw there were robust staff recruitment processes in place and appropriate checks were carried out before new staff were appointed. This ensured only suitable people with the right credentials and attitude were employed. Interview questions demonstrated staffs knowledge and this was strengthened through support provided through staff induction. Before a staff member was offered employment, checks were made to ensure the person had not committed an offence which would make them unsuitable to work with older people. Job and character references were also taken up.

Good

Is the service effective?

Our findings

We spoke to staff about the training and support they received. One staff member told us, "There are regular staff meetings and lots of training." They told us they loved their job and felt very motivated. Another staff member told us the mandatory training was updated regularly and there was a lot of extra training, including dementia care, stroke care and diabetes care.

All staff were familiar with each other's roles. This enabled staff to side step into a different role if required. Staff told us the training was a mixture of e-learning and practical training which included supporting people with dementia. All the staff we spoke to said they felt confident in their job role and had received sufficient training which was updated regularly. All staff had been at the home for a number of years and were experienced carers.

Although staff were knowledgeable about people's nutritional needs, staff we spoke with had not completed any training on using malnutrition universal screening tools (MUST), which was used if a person could not be weighted and instead used measurements to estimate someone body weight and risk of malnutrition. This training would be advantageous to ensure the tool could be used properly and help staff to know when it was appropriate to refer people to a dietician. We saw that staff had received recent training on meeting people's hydration needs.

Staff champions had been identified which meant staff had specific areas of responsibility and had additional training or a special interest in the subject matter. So they could support staff in that specific area. This meant staff were supported to develop their skills and support other staff to develop. Examples of champions included a dementia champion, falls champion and pressure care champion.

Staff confirmed they received regular supervision, every two months, a bi-annual appraisal of their performance and felt well supported within the home. The home had a robust recruitment and induction programme for new staff. Staff were shadowed by more experienced staff until they were comfortable and confident to work without support. They completed all the required training and twelve week induction course. A review of their performance was held at the end of their three month probationary period which could be extended if necessary.

People were supported to make appropriate choices about their care and welfare. No one was subject to a Deprivation of Liberties but we did see some people lacked capacity as a result were restricted and therefore were deprived of their liberty, so applications should be made. The manager told us they had not made any DoLs applications but would address this. People were able to go out and were supported to do so. In people's records we saw that some people had an appointed person who was the power of attorney for finance and welfare. This was clearly recorded and discussions about complex health care decisions were discussed with the person, health care professionals and other family members. Do not resuscitate orders were in place for some people and these had been discussed with the person and other relevant people. We saw a safeguard had been raised in relation to one person and a mental capacity assessment was in place in relation to this persons finance.

The manager told us and this was demonstrated on the training matrix that all staff received training on the Mental Capacity Act and Deprivation of Liberties so would know how to support people lawfully with decision making. There were policies in place to help staff understand the law.

People gave us mixed feedback about the food. One person said, "The food is quite good, we do get lots of casseroles, but that's fine." And, "Breakfast was always nice but in the evening there was generally only a choice of soup or a sandwich." They also said, "They will never let you go hungry, and if you want more, you get more." People said they collect fresh fruit each day and have a regular supply of drinks.

Another person said their favourite meal was breakfast, in addition to the choice of egg on toast or cereal, "You get a kipper or bacon on a Sunday." Another said, "The food is quite bland, not very tasty or spicy."

We observed lunch; it was relaxed and efficiently managed. People using the service were chatting and looking out for each other with lots of friendly banter. People were given meaningful choice such as portion size and whether they wanted gravy or not. Staff assisted some people with their food and did so at an appropriate pace.

Good

Is the service effective?

One relative told us that their relative was underweight. They said staff tried to support them to eat better and, despite them making a fuss, they said staff sit very patiently with them and encourage and help them.

Staff spoken with were able to tell us about people's individual dietary requirements and there was information in the kitchen in regards to special diets and, or allergies. We saw the menu was displayed on the white boards and also on the individual tables. People were given appropriate choices and there was a degree of flexibility with people able to choose something else if they did not like the main choices.

The cook told us there was a five week menu which was discussed with people during residents meetings and where possible their choices and preferences were accommodated on the menu. They told us they had no one requiring a special diet other than a soft diet and a diabetic diet. We asked about snacks between meals for those who wanted them and for those who perhaps were at nutritional risk. The cook told us fresh fruit and snacks like cheese and biscuits were always available. They also said they made ice lollies and homemade smoothies, they also said they recorded what people at risk ate throughout the day and kept a careful eye on them. Food and fluid charts were informative as they showed us not only what people had eaten at breakfast, lunch and dinner but also included snacks between meals. This showed us that people ate throughout the day according to their wishes and dietary preferences.

Mealtimes were flexible with at 2.5 hour slot for breakfast although, in practice, staff said people could eat as and when they wanted to, but that they were encouraged to eat in the communal dining areas. Drink trolleys went round three times a day and we saw people had access to juice and water throughout the day.

We spoke with a family member who told us their relative had fallen the previous week but said the home always kept them informed of anything and they felt their family member was well cared for. They said they ate well and saw health care professionals when they needed to. They felt the fall was due to their family member wishing to retain their independence and not taking heed of what staff said.

We noted that one person who was on insulin as part of the management for their diabetes; saw the diabetic nurse regularly and their sugar levels were kept under constant review to ensure they were appropriate.

We observed one person had a chesty cough, when we asked about them staff confirmed they were on antibiotics having seen the GP and their fluids were being monitored.

People told us about their health care needs. One person said, "We see the chiropodist regularly, the hairdresser once a week, and the doctor, optician, and district nurse when needed, the coverage is very good."

We spoke with the district nurse who was at the home regularly and told us that the home made timely referrals and ensured people received a good continuity of care including end of life care' where they supported staff to ensure people's symptoms and pain was effectively managed. The nurse told us staff were knowledgeable about people's needs and always had the information to hand which helped them with their time management. They commented that the home was always calm and a nice atmosphere for those living there.

The manager told us they had a good working relationship with the GPs, district nurses and community matron. Regular meetings were held but had stopped recently due to restructuring of the GP practice, but the manager said these would be reinstated.

We looked at people's records and these showed us that people's health care needs were monitored and people were seen by health care professionals as required. Entries included input from the community matron, dieticians, optician, chiropodist and dentist by private arrangement.

Good

Is the service caring?

Our findings

We got very good feedback from people using the service. One said, "The crew are good, we have good banter with them, and they have got to know us very well already. They are a really good gang." Another said, "The staff are perfect, I can't say a word against them. Staff know me well and they will stop and have a chat, but are not over familiar." Another said, "I am very happy here. You won't find better."

People told us they could have a bath or shower as many times a week as they wanted. One person said, "I need some help in the bath, but it's all done so kindly and discreetly. I just lie back and let them get on with it." They told us that staff always knocked before entering their room and asked their permission before doing anything and keep them informed of what they were doing.

Another person said, "I can come and go as I please and do as I please."

We observed staff upholding people's privacy and dignity through their practices around manual handling and when assisting people to the toilet or other aspects of their personal care.

The only concern we had raised with us was that two people felt put off from going downstairs due to the number of people with dementia, they felt the atmosphere downstairs was not always good. We spoke with a visitor who told us that their family member could be 'quite demanding' but said staff dealt with this very well and were very patient. They said staff were caring and very good at personal care. They felt on the whole the atmosphere was calm.

One family member said, "We are local and kept informed." They said they were involved in the fete, fundraising and came for Sunday lunch. They said, although their family member no longer wanted to go out, they were still involved and included.

We observed the care being provided throughout the day and saw that staff were responsive to people's needs and responded appropriately. One lady lost her handbag and got distressed; staff immediately provided reassurance and stopped what they were doing to ascertain where it was and to reassure the person. We saw staff chatting with people, spending time with them and their family members and generally being cheerful and relaxed. We observed that staff were very polite saying please and thank- you and when asking people something given them time to respond.

Through lunch we saw staff giving appropriate support to people and helping them as much or as little as necessary. They did so in a discreet, sensitive manner. One person needed help to eat their meal and staff would say, 'are you ready?', 'a little more?' and gently supported them offering them drinks in between. We observed another person who was very drowsy; staff woke them up to assist them with a drink but did so very gently, showing patience and kindness.

We saw from the daily records that some people went into other people's rooms uninvited. This could cause distress to people. This was being monitored with strategies for staff to manage the situation. However, we were unable to assess the impact this might have on people.

The home said they promoted good practice and had staff who were dignity champions.

People told us they were involved with making decisions about their care. One person said in relation to their care plan, "I have seen it, agreed it, signed it, even added to it and taken bits out."

Good

Is the service responsive?

Our findings

People told us that there were lots of activities going on and that they were kept informed and could join in or not, as they preferred. Details of activities were posted on the large noticeboard in the hall and people were reminded individually about what is going on.

One person said "There's a lot going on if you want it, entertainment, film shows with ice cream and popcorn, even exercise and movement with a tai chi instructor." Another said they had been to Clacton and to the supermarket recently.

We spoke with the activity co-ordinator who told us, "I have noticed recent changes in the resident's requirements; they are wanting to go out more and not have so much in-house entertainment." They said trips were planned carefully and locations checked beforehand with regard to wheelchair accessibility. Lengths of journey were also taken into consideration in case of travel sickness.

Activities and outings were discussed at residents meetings. People told us that these were regular, every six weeks. One person said, "We can say what we want and I feel we are listened to." The activity co-ordinator said, "The agenda is up to the residents, and if they don't like speaking up in meetings they can always speak to me alone."

The activity co-ordinator told us that the home also tried to involve families. A newsletter is sent out to every family and, in response to requests, they have set up a Facebook page, which is private to family members, so that they can receive news about their loved ones. Video communication over the internet has been set up for those who want to use it.

There were lots of visitors on the day of our inspection. We spoke with one relative who told us their family member was very happy at the home. They told us about a recent trip to Newmarket and the seaside. They said their family member had the newspapers every day and always seemed alright. They said there were lots of opportunities for families to get together and become involved with different events in the home. They said there was fundraising initiatives for the benefit of people living in the service and coffee mornings. We saw the home had its own lottery which people paid into if they wanted to. If they won half the proceeds went to them and the other half went back into the activities amenity fund. Residents meetings took place and people were able to decide how they wished the money to be spent.

We saw an activity planner showing a range of activities. On the day of inspection there was movement to music and then crafts in the afternoon. Activities included outside entertainers and trips out. The home lent itself to people's individual needs with various lounges, sitting rooms, quiet areas and a larger room used for functions. There was also access to library books.

We saw for some people that there was little recorded in the way of activities and felt this might be due to the different needs of people using the service and some people were less able to engage with the type and range of activities on offer. Some people told us it was their choice, where other people were not able to tell us. The activities were being reviewed and we saw an example of a person who used to fly planes being supported to go to a local air field and other people asking to go to Clacton and Newmarket and this had been facilitated. The manager also said people helped with light domestic duties, such as folding laundry, to keep them active and occupied. We saw that the home had reminiscence memory boxes which were filled with things from the past such as carbolic soap. The home also subscribed to sparkle box, which was a magazine for older people about past times and events.

Staff were responsive to people's needs and preferences. One person told that the manager responded to things immediately, another said that staff addressed them by the preferred name.

Care plans were comprehensive and included an initial assessment of need. There was a checklist for when people first moved in to the home. This went through what had been explained to the person and how they were initially settling. It gave details of their care preferences.

We saw care plans were in place for different aspects of people's health and welfare and included an assessment of risk and a risk management plan. The information was detailed but not up to date and did not take into account a change in need. We suggested to the manager that a monthly summary sheet would help see what changes had occurred in the month. The home currently updated and replaced the care plans as required so staff could not see what changes had occurred and this was not done in a

Good

Is the service responsive?

timely way. However, staff did know people extremely well so this gave us confidence in the service provided. For those people we case tracked there was no end of life care plan and it was not clear if discussions had taken place.

The senior told us they supported people at the home through to their end of life and staff had the appropriate training to do so. They showed us a record which told us how the person should be supported, including managing the person's pain and promoting their dignity and emotional well-being. For most people we case tracked preferred priorities of care were not identified, which meant their last wishes had not been identified. The manager said preferred priorities for care were being introduced for everyone. They were also introducing hospital passports for people rather than the current summaries they were using. These would be in more depth.

Life stories for people were documented to help staff understand people's life experiences. The information was limited but the manager said work was being done to improve the amount of information collected; the activities coordinator was doing some reminiscence sessions with people to try and capture some of this information. Staff were able to tell us about people's past history and family details.

The manager had not received any recent complaints. We saw there was a complaints procedure and this was clearly displayed so people, their families and visitors to the service would know how to raise concerns. There was also a visitor's comments book for people to pass comment if they wished. The manager said they would look at this periodically to see if any comments could be acted upon.

Good

Is the service well-led?

Our findings

Everyone we spoke with knew who the manager was and were very complimentary about her, saying that she responded to any requests promptly. One person said, "She is marvellous. I know if I am feeling fed up I can really confide in her." Another described the manager as 'wonderful' They said, "She is always around, we see her when we go down for meals." And," She is very outgoing, and has got to know us well in a short time."

A visitor told us "If there were any issues whatsoever, I would go straight to the manager and I am confident that she would resolve them." And "The ethos is very good here."

A staff member said, "There are staff meetings every 4four to five weeks and regular, six monthly appraisals. Everyone is lovely, we are a real team and it is a happy environment." They described the manager as, "Very good." And said the door was always open.

The manager had been in post for sixteen years and had relevant nursing experience. We found her to be knowledgeable about people's needs and staff said she was very supportive of them and ran the service with enthusiasm. Staff said the manager's door was always open and they could raise issues with them and were confident that concerns would be addressed.

One member of staff said, "Yes the manager is approachable, hands on and visible in the home." It felt like a positive place to live and work with a lot of engagement with the local community and fundraising for both the home and some disadvantaged groups. A local fete had recently taken place and people using the service were involved in making jams and other things to sell.

Community engagement was good. The service was involved with a number of initiatives including PROSPER project, which was a project aimed at reducing hospital admissions as a result of falls, infections and ulcers. This project involved training and support to care staff, through shared experiences and practices to improve outcomes for people using the service. On the day of our inspection training was being provided to staff.

The friends and neighbours scheme (FANs), tries to match people in the community with interests similar to those in the care home so they can share their hobbies, interests and the resources they have. The manager said they had volunteers from the local church. They had also signed up to dementia friends, which was an innovative scheme piloted by the Alzheimer's society which provides support, training and guidance around dementia and the effect it has on the person.

In discussion with the manager it was clear that they had a passion and commitment to provide the best care possible. The manager said they had autonomy to run the service as they chose to and had access to the right budget for the resources they needed. They said they felt well supported by the owner and was regularly supported by them, The gaps we identified in the section SAFE were already being rectified immediately following our inspection.

The manager told us they were developing their senior team so some of the areas of work could be shared out to enable the manager to relinquish some of the roles and responsibilities. They had created a new post of care coordinator and the member of staff told us they were in charge in the absence of the manager. They also told us about the key responsibilities they had within the home primarily to do with the care of people and dealing with health care professionals. In addition to this there were another two members of staff known as administrators, who oversaw staff training, competences and supervision.

The manager told us they got support from health care professionals who they worked closely with and other managers from local care homes. She said they shared good practice and sometimes did joint training.

The manager told us they had an ample equipment budget and a generous refurbishment budget so the service was kept in good decorative order and flooring replaced when necessary. Recent expenditure included the replacement of the call bell system and gas boilers.

We looked at the management of health and safety and saw that appropriate and regular checks were carried out on systems and equipment to ensure they were not malfunctioning. Staff had appropriate training in fire systems and dealing with emergencies. We looked at a sample of audits in relation to health and safety and they showed how staff identified hazards and as far as possible eliminated them to ensure people were kept safe.

On entering the home we saw there was a lot of information for people and visitors including the statement

Good

Is the service well-led?

of purpose, which told people about the service provided but also how people could raise concerns if the service fell short of their expectations. We noted a five star award had been given for the kitchen and a sign was up telling people not to enter the kitchen unless they were wearing protective clothing to prevent the spread of infection.

There was a complaints process and people were encouraged to comment on the service delivery. The home had an annual quality assurance process where they circulated questionnaires to people using the service, their families and health care professionals. Once the questionnaires were in they collated the results. We saw the report for 2014 which showed a good rate of return and high levels of satisfaction with the service. Almost 100% of people who participated were happy with the service; a few negative comments had been addressed with the individual. In addition to the survey, resident/relative meetings were held six weekly and coffee mornings.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12-1(a) (b) The provider was failing to adequately assess risk and doing all that was possible to mitigate risk because records did not reflect the changes in need or reflect a change in need or risk. (g) Medicine audits were not particularly robust, so we could not be assured that mistakes were easily identified or that people always received their medicines safety.