Donnelly Care Homes Ltd

Churchill House

Inspection report

745 Holderness Road
Hull
HU89AR
Tel: 01482 709230
Website: N/A

Date of inspection visit: 30 November and 1 December 2015
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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**

Overall summary

Churchill House is situated to the east of the city of Hull, on a main road with public transport facilities and local shops within walking distance. The service is registered to provide accommodation and personal care for a maximum of 24 people some of whom may be living with dementia. All bar one of the bedrooms are for single occupancy. There are two communal sitting rooms with a dining area, and bathrooms and toilets on both floors. There is an accessible garden and car parking at the front and rear of the building.

We undertook this unannounced inspection on the 30 November and 1 December 2015. There were 23 people using the service at the time of the inspection. At the last inspection on 5 April 2013, the registered provider was compliant in the areas we assessed.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The registered provider told us the service was to be sold as a going concern. They confirmed people who used the service, their relatives and the local authority contracts and commissioning team had been informed of this decision. The registered provider and registered manager told us they wanted this to proceed with the least disruption for the people who used the service; they demonstrated a kind and compassionate approach when they told us of their decision.

We found people did not always receive their medicines as prescribed. This issue meant the registered provider was not meeting the requirements of the law regarding the management of medicines. You can see what action we told the registered provider to take at the back of the full version of the report.

We saw arrangements were in place to make sure people had access to health care professionals when required.

People told us they liked the meals provided to them and menus were varied. It was difficult to consistently check if people were always receiving sufficient amounts to eat and drink as some staff were more vigilant than others in recording this. We mentioned this to the registered manager to address with staff.

We found staff knew people's needs well and provided them with person-centred care, despite some issues of missing information in care plans. People told us staff looked after them well, were kind and caring and respected their privacy and dignity.

We found there were limited activities provided to people. We made a recommendation regarding the registered provider implementing the findings of a recent dementia mapping exercise and seeking advice about appropriate activities for people.

Staff involved people and sought consent from them prior to carrying out tasks. We saw when people were assessed as lacking capacity to make their own decisions, the registered manager worked within the law; however we found decisions about mental capacity issues could be better recorded.

We saw recruitment checks were carried out, although in two instances the members of staff had started work before their references had been returned. People told us there were sufficient staff to support them and they were not kept waiting long when they called for assistance. However, the registered provider had noted a gap on some days and recruitment was well underway for an additional member of staff each morning and across tea-time every day.

Staff had received training in how to safeguard people from abuse or harm; they knew how to report concerns. Risk assessments were in place, although these could contain clearer guidance for staff in how to minimise risk whilst ensuring people remained as independent as possible. Equipment used in the service was maintained.

We found staff had access to training and support. Although formal supervision was behind schedule, staff told us they could talk to the registered manager at any time and they were available for advice.

We saw there was a complaints procedure on display and people told us they felt able to raise concerns in the belief they would be addressed.

We found there was a quality monitoring system in place that consisted of questionnaires, meetings to gain views and audits. This system was undergoing review to ensure it was more comprehensive. We made a recommendation that the registered provider continues with improvements for the quality monitoring system.

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 not consistently safe.

Some people had not received their medicines as prescribed which could potentially affect their wellbeing.

Staffing levels had not kept pace with a recent influx of people to the service. However, this was being addressed and recruitment was well underway. Recruitment checks were completed although in two of the four staff files we checked this could have been more robust prior to them starting work.

Staff knew how to keep people safe from harm and abuse and how to report any safeguarding concerns.

Is the service effective?

Requires improvement

The service was not consistently effective.

People had access to health care professionals in the community for advice and treatment. People's nutritional needs were met and they received a varied diet. It was difficult to fully check some people's nutritional and fluid intake as not all staff recorded this consistently.

Staff gained people's consent to care tasks and when people lacked capacity, the registered provider worked within the law. Better recording of decisions regarding mental capacity were required.

Staff had access to training and support. Records showed some gaps in training but analysis was currently underway to identify staff's training needs for the coming year. Formal supervision had not taking place since the previous registered manager left in July 2015 but day to day supervision occurred.

Is the service caring?

Good

The service was caring.

Staff approach was observed to be kind and caring. They spoke to people in a friendly and professional way and provided explanations prior to carrying out tasks.

We saw people were provided with information and involved in planning their care. People were encouraged to be independent and treated with respect.

Confidential information was held securely.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People's needs were assessed and plans of care produced but these lacked full details. However, staff were fully aware of people's needs and provided care that was person-centred.

There were some activities taking place but these were limited.

There was a complaints procedure and people felt able to raise issues with staff or the registered manager and registered provider.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

There was a quality monitoring system in place but this was not fully developed yet. However, this had been acknowledged by the registered provider and a new tool produced for staff to use when carrying out audits.

People were able to express their views and felt the registered manager and registered provider would listen to them and take action to improve things.

Churchill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 30 November and 1 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert-by-experience [ExE]. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service for example, people living with dementia.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. However, we looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team and the local authority contracts and commissioning team regarding their views of the service. There were no outstanding concerns from these agencies.

During the inspection we observed how staff interacted with people who used the service throughout the days and at mealtimes. We spoke with six people who used the service and four relatives. We spoke with the registered provider, the registered manager, four care workers and a cook.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to them such as accidents and incidents and the medication administration records [MARs] for all 23 people. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, the training record, the staff rota, supervision logs, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records. We looked around the service to make sure it was clean and tidy.

Requires improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living there and their relatives confirmed this. Comments included, "Yes, I feel safe", "They lock the doors so I feel safe and I feel safe with the staff", "I am secure; I have carers here and I feel safe", "If there is anything, I can press my call button and staff come quickly; I have my walking frame and this helps me" and "I visit every day and I think she is safe; I saw carers walk her to the toilet and there are always two members of staff with her when they move her" and "The girls treat her well and I think she is safe." One person told us they had visited their relative and found the sensor mat by the bed had not been plugged in. This was mentioned to the registered manager to address with staff.

People also said they received their medicines on time and most said there was sufficient staff on duty. Comments included, "I get plenty of tablets brought to me", "They bring me medicines mornings and evenings", "There seems to be [enough staff on duty]; they are all very pleasant and nice and I have never had to wait", "Yes, they have loads of staff; the longest wait is 15 minutes" and "There is always staff about." One relative felt there had been days when there was insufficient staff on duty. They said, "No, some days there have been two carers on and it is not enough."

We found that people did not always receive their medicines as prescribed. The medication administration records [MARs] indicated staff did not always return to the person when they took medicines to them and they were asleep. We saw this had happened on several occasions and to different people who used the service. This meant they had missed out on important medicines. We asked the registered manager to speak with the GP of one person to seek their advice. We saw the application of pain relief patches had not consistently followed GP instructions, for example not applied on the correct day. We saw from records this had not impacted on the people with regards to pain management. We saw one person had run out of stock for one of their medicines and another person had run out of food supplements. These were obtained as soon as the shortfall was noticed. One person was prescribed a medicine for five days but staff had continued to give it to them past the end date; this had no impact on the person and staff discussed it with their GP. The same person was prescribed a cream to be applied which should have started three days prior to the inspection; the cream was found in the stock cupboard but an error in communication between staff meant it had not yet been applied. It was applied on the day of inspection.

There were also recording issues such as a lack of protocols for medicines prescribed 'when required', which would give staff clear instructions, some gaps on MARs with no codes for the reason it was omitted and unclear directions for topical products. We saw medicines were stored securely.

The issues with the management of medicines meant the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the registered provider to take at the back of this report.

Staffing rotas indicated there were three care staff on duty during the day and two at night. There was an on-call system for emergencies out of usual working hours. There was a domestic worker and a cook on duty in the morning until 1pm and 1.30pm respectively seven days a week. The cook prepared sandwiches and a dessert for the evening meal and care staff prepared other items people may request and served the evening meal. Three days a week there was an additional care staff from 4-6pm. We spoke with the registered provider about staffing numbers and they confirmed the plan was to have four care staff on duty in the morning and three in the afternoon with an additional care worker from 4-6pm, seven days a week to help with the evening meal. We saw there had been admissions of new people to the service due to the registered provider restructuring and also from a local residential home which had recently closed. The staffing numbers had not kept pace with the admissions to the service although there were several people who were independent with personal care needs and just required supervision. However, the registered provider told us recruitment was underway and additional staff would be in place as soon as possible. The registered manager, who is also one of the directors of the service, told us they worked at least five days a week and was supernumerary. However, they said they often completed care and catering tasks as required. The registered provider and registered manager will keep us informed about staffing numbers.

We saw employment checks were carried out such as application forms, references, disclosure and barring [DBS] and proof of identity. Although DBS checks were in place prior to new staff staring work, in two of the four staff files

Requires improvement

Is the service safe?

looked at, only one reference had been received and this was not from the previous employer. There were also no records of interviews. The registered manager told us these had taken place but had not been recorded. Staff confirmed they had attended for an interview. The registered manager told us that in future all employment records would be in place prior to staff starting work and the interview would be documented.

Staff had received training in how to safeguard people who used the service from the risk of harm and abuse. In discussions, they were able to describe the different types of abuse and the actions to take to report concerns. The registered manager used a matrix tool produced by the local authority safeguarding team to gauge risk when incidents occurred between people who used the service. Individual records of incidents were held in each person's care file rather than in the safeguarding risk matrix tool log. This made it difficult to audit incidents at a glance and was mentioned to the registered manager to address. We saw the registered manager contacted the local safeguarding team for advice when required.

Staff completed assessments of risks to people in areas such as nutrition, falls, personal care, skin integrity, moving and handling and evacuating the service in emergencies. However, not all the assessments had full guidance for staff in how to minimise risk. There were also two risk assessments that had not been updated when the people's needs had changed, although staff were aware of the changes. These points were mentioned to the registered manager to address.

The service was clean and tidy and staff had access to personal protective equipment when required. We noted the staff did not have any room to clean and disinfect commode pans. The registered manager told us they had identified a specific room that could be utilised for this and would look at quotes for its conversion.

We saw equipment used in the service was maintained to ensure it was safe. One person told us there had been an issue with their bedroom radiator but a plumber had attended and this had been resolved. The registered provider and maintenance personnel told us they were monitoring this situation on a regular basis and would put in alternative means of heating should the situation reoccur.

Requires improvement

Is the service effective?

Our findings

People who used the service told us they thought staff had the right skills to care for them. They also confirmed they had enough to eat and drink and could make choices about their lives. Comments included, "Nice girls; they're caring and they know their job", "I like most foods, I've no special diet; the food is very good. I am a cook myself so I know it is good", "I eat anything; the food is okay and there's always a choice", "I can't eat broccoli and they know this; the food is really nice and you get a choice. I like the beef pie, it's excellent", "The food is good; it's always hot and you get asked from two choices and if you don't like either they will make me a lettuce sandwich [favourite]", "I do what I want to do; I like being in my room all the time", "100% yes [makes own choices]; I can come and go" and "I can do as I like; it is better than a five star hotel."

Visitors said, "The food looks and smells nice", "She eats anything and I have seen them offer her favourite cheese sandwich if dinner is not liked or eaten", "Not at the moment [make own decisions]; she cannot manage much on her own but she can choose whether to go to the lounge or not - she will tell the staff", "Mum has dementia so I now make decisions for her", "Yes, I'm quite happy with the staff on the whole", "Everything I bring up is dealt with." One visitor stated they were unsure as to how their relative's diabetes was monitored and what they had to eat and drink. We checked this with the registered manager and they told us staff monitored the person to ensure they limited their intake of sweet foods but this was difficult at times as other family members often brought in items for them to eat. The person is also monitored by the diabetes nurse at intervals.

People confirmed they were able to see their GP and other health care professionals as required. Comments included, "I have seen a doctor twice and I have just had a new set of teeth", "I am a diabetic; they see to it all, check my blood every day and I do my own injections" and "If I need a GP I see one and I have seen a chiropodist." One person told us they had not needed to see a doctor but saw a district nurse for their health care needs.

Records confirmed people saw a range of health care professionals as required such as GPs, district nurses, dieticians, emergency care practitioners, chiropodists and opticians. Staff completed monitoring charts for some people at risk of developing pressure ulcers and those at risk regarding their nutritional intake. However, some staff were more vigilant than others in recording nutritional and fluid intake which made it difficult to audit some days. We mentioned this to the registered manager to ensure a system was set up to check this throughout the day. People's weight was also recorded. We saw one person had recently lost weight. This was being monitored by staff and contact made with the person's dietician and GP. Staff were clear about when they would contact health care professionals for advice and treatment and described the signs and symptoms that would alert them of deterioration in people's health. They were knowledgeable about how they would prevent pressure ulcers from occurring.

We found people's nutritional needs were met. We observed the lunchtime experience for people. We saw there were two choices for the main meal and dessert and also a choice of juice was offered. The food looked hot and appetising and appropriate sized portions were provided to people. The staff provided support in an appropriate way to people who required assistance. For example, a care worker sat by the side of one person and assisted her to eat; she chatted to her and encouraged her to eat. The care worker also talked to the other people at the table so it was a social occasion. One person was observed eating a piece of toast; they had not felt like a full meal so staff had prepared this for him. We overheard one person say they had enjoyed their meal. The menus demonstrated a varied selection of meals and the cook told us they could provide alternatives if required. The cook was aware of who had a special diet and specific likes and dislikes; they said they found this out by talking to staff, telling people about the menus and asking what they liked to eat.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the registered manager, the registered provider and most staff had completed training in MCA and Deprivation of Liberty Safeguards [DoLS]. They were aware of what would constitute a deprivation of liberty and were in the process of speaking to the local authority about one person who they felt may meet the criteria for DoLS.

Requires improvement

Is the service effective?

The registered manager told us most people were able to make day to day decisions about their care and support. We saw they generally followed the principles of MCA but had not done so on some occasions. For example, when people who it was deemed may not have capacity to consent to the use of bedrails or receive preventative injections for flu, relatives had made decisions for them. There was no record an assessment of capacity had taken place regarding the person's ability to understand these and consent to them and no best interest meeting decision was recorded. In discussions, staff were clear about how they would gain consent from people and how they ensured people made their own decisions. They said, "We ask people and explain what we are doing to reassure them." People who used the service and their relatives said, "Staff always ask for permission", "I have seen them ask her" and "Yes, they ask her." Staff also explained the process they would use if someone declined to take their medicines and there was concern about their capacity to understand the need for them. They said, "We would go to the GP and discuss it with family and other staff in a best interest meeting."

The training record showed staff had completed a range of essential training. The registered manager told us they were currently auditing the training in order to produce a plan for the coming year. Staff told us they had access to training and support. They confirmed they had not received formal supervision since the previous manager left in July 2015 but they stated they could approach the senior care staff and registered manager at any time to ask for guidance. Staff said, "We can't knock the support; it's been amazing" and "They [registered manager and registered provider] go out of their way to help; you can ring them up at any time, at home even, and they are there." The registered manager told us they had not set up formal supervision meetings yet but provided day to day support to staff. They also told us the induction of new staff was to be further developed to incorporate assessments of competence in specific tasks. Currently new staff shadowed more experienced care workers and completed an orientation of the service.

The environment was suitable for people's needs and there was some signage to support people living with dementia such as signs on bathroom and toilet doors. However, signage could be improved for other areas and when redecoration and refurbishment takes place the registered provider could make the service more 'dementia friendly'. For example, the carpeting in sitting rooms had a pattern which could be disorientating and confusing.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the staff. They said they were treated with respect and spoken to in a kind way. Comments included, "I think they are polite", "They knock on my door always before coming in; I do everything for myself", "The staff have all been very good, no problems", "Staff are A1; they are caring and nothing is too much trouble", "They are all good, when they have time they sit and talk and they're friendly" and "Staff are brilliant - absolutely caring."

Visitors spoken with told us, "I just think they [staff] seem caring, friendly and have the time for them", "Warm, caring - nothing is any trouble for them; I think they are compassionate", "They are welcoming; they will answer any questions and I do think they are caring", "They're helpful, very good with my Dad who visits Mum here every day" and "Yes, the staff have a great way with the residents, I see them talk to them and give them a cuddle."

The staff knew people's names and those of their relatives and were observed speaking to people in a kind and caring manner. There was a calm atmosphere throughout both days of the inspection. Staff gave explanations to people prior to performing any tasks. For example, we observed a senior care worker give people their medicines; they spoke to people, provided a drink for them and coaxed them to take them in a professional way. During lunch, staff were supporting people to eat their meals at an appropriate pace, chatting to them and encouraging them where possible to be independent; they were asked if they had finished their meal before plates were removed. We observed staff approached a person who was upset and sat and chatted to them until they were calm. We also observed a member of staff use a stand aid hoist to manoeuvre one person who used the service. This was completed appropriately and was unhurried; the member of staff chatted to the person throughout.

We saw people had been involved in providing information for their care plans. There were preferences, likes and dislikes recorded. People were listened to and their choices were respected. People were given choice about where and how they spent their time. Most people were able to move freely throughout the communal areas. People had chosen to bring in items to personalise their bedrooms such as pictures, ornaments and photographs of family and friends. This helped people to orientate themselves and individualise their own space. We saw staff kept people's rooms tidy and respected their possessions.

Staff spoke to us about how they promoted people's privacy, dignity and independence and gave examples of good practice. They said, "We take people to their bedroom if they need personal care", "Keep people covered with a towel and curtains closed during personal care", "Explain what we are doing and ask if they want to wash their own face or comb their hair" and "Make sure they have perfume on if they want to." We observed staff knock on bedroom doors prior to entering. We saw doors were closed when personal care was taking place inside bedrooms and bathrooms. We saw care plans reminded staff to respect privacy and dignity. We also saw care plans indicated when people were able to do specific tasks for themselves to maintain their independence. Staff offered people a clothes protector at meal times and used their preferred term to address them. We observed staff served biscuits from the 'tea trolley' using tongs and serviettes. The registered manager told us phone calls to discuss confidential issues took place either in the office or in the treatment room.

On the day of the inspection we observed two incidents that could potentially impact on people's dignity. These were related to monitoring people's clothing and were mentioned to the registered manager to address with staff.

We noted there were toiletries left in the first floor bathroom which were for communal use. The registered manager told us they had purchased these in case people ran out of their own. The registered manager will ensure key workers note when people are running low of their own products and ensure these are replenished in good time.

We saw people were provided with information. There were notice boards in the entrance and in one of the sitting rooms. The one in the entrance had information leaflets and the complaints policy and procedure. There was also a 'mums test' poster about what constitutes good care. The day's menu was on display in the sitting room. The registered provider told us they had met with staff and relatives when both people who used the service and certain members of staff had moved from another service in the company to Churchill House a few months ago. They had also met with people to inform them of their intention to sell the service as a going concern.

Good

Is the service caring?

The registered manager told us no one who lived in the home had an advocate at the time of the inspection as relatives or friends supported them. One person had a solicitor who managed their finances. However, they confirmed they would assist people to access an independent advocacy service if required.

The registered manager told us there were no restrictions placed on visiting times and families were able to visit at any time. Relatives confirmed this.

The registered manager was aware of the need for confidentiality with regards to people's records and daily conversations about personal issues. People's care files were kept in a lockable cupboard in one of the sitting rooms where they were accessible to staff but held securely. Medication administration records were secured in the treatment room. The registered manager confirmed the computers held personal data and were password protected to aid security. We spoke with the registered manager about checking whether the organisation was registered with the Information Commissioners Office [ICO] in line with requirements when maintaining computerised records. The registered manager told us they would check this out and take action if required. Staff records were held securely in lockable cupboards in the registered manager's office.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us staff were responsive to their needs. They also confirmed they would feel able to raise a concern or a complaint with the staff or registered manager. Comments included, "I think I get everything I need and I can see my family regularly", "I get better care than I could do myself; I would recommend this place, it is like home from home", "Absolutely, everything is great here [care provided in line with preferences]", "I would tell whoever is in charge; they're all helpful and I have no complaints", "I wouldn't know who to tell but I am happy with everything and they do ask me", "I would tell my daughter and she would sort it; I've never had to" and "I would tell [registered provider and registered manager names]; I get on well with them and they are brilliant. I've never had any complaints."

Relatives said, "I would see the manager who is always around and very approachable" and "I would see [registered provider and registered manager names] and I know they would listen and put it right. I've never had to." One relative told us they had raised an issue and it was addressed.

We saw people had assessments of their needs prior to admission to the service. The assessment covered areas such as communication, nutrition, mobility, previous activities and hobbies, personal care, general health, medication, sleep pattern and how their finances were managed. The assessments identified some areas and tasks where people were independent but some of the assessment information could be more detailed to describe the impact specific issues had on people, for example living with dementia.

We saw care plans were produced from information gathered at the assessment stage and from talking to people and their relatives. The care plans covered the areas identified in the assessment but at times they were not consistently detailed to fully guide staff in how to support people. For example, staff had recorded in monitoring charts some behaviour for one person that could be challenging to others but this had not been incorporated into the care plan. At other times the care plans were detailed and explained how staff were to support people. For example, one person's care plans for continence promotion stated, "When I start walking I may need the toilet; respect my needs and dignity." In another care plan it stated, "Has a good appetite; I sit at the table, I need my food cut up for me and I eat with a spoon and a fork." We saw the care plans indicated what people were able to do for themselves to help maintain existing skills such as brushing their own hair and teeth and managing aspects of washing and dressing. The care plan information for each person was condensed in an overview to give staff a quick reference guide.

In discussions, staff demonstrated that despite people's care plans lacking some information, they were knowledgeable about their needs and how to deliver care in a person-centred way. We saw in one person's care files, their relative had recently been asked to complete a 'my life story' booklet for them. This was full of important information about their likes, dislikes, preferences for care and previous interests. It mentioned the arts and crafts the person used to like to complete. The friend of another person who used the service had written a letter to the registered manager describing their previous nursing career and included lots of information for staff. The registered manager told us all the information was to be incorporated into people's care plans so staff had details to encourage conversations with them.

There was no information on display regarding planned activities and although we saw there were some provided in the service, these were limited. We looked at the records for each person for October and November 2015. The activities recorded for people were social visits from relatives and friends, playing dominoes, sing-a-longs, karaoke, manicures and chats with staff. One person was recorded as going for a walk to 'kick through leaves' which they enjoyed. We saw people enjoyed listening to music and watching television. There was no activity co-ordinator employed at the service so care staff arranged them for people when they had spare time in the afternoons. On the first day of the inspection, we observed staff sitting with people during the playing of music in the afternoon and one person danced with a member of staff. We also observed a care worker giving one person a manicure. On the second day we saw a bingo session was held. When asked about activities, people who used the service told us, "None [activities], I've not been out for a while but my daughter takes me out to the shops" and "At Easter and Christmas I go to stay with my grandson for a few days." A visitor told us, "They used to do hoopla, exercises, skittles and have singers but there has not been any for a while."

Requires improvement

Is the service responsive?

One person who used the service told us they were able to go out unescorted and even went to the local swimming baths and another attended church on Sundays. They said, "I go swimming on a Monday and a Friday to a leisure centre and I go for long walks on my own." People told us they were taken into the community to local shops and facilities when supported by their relatives.

We spoke with the registered manager about the limited activities on offer for people and they told us this was an area they were to improve. The records showed that previously, the range of activities on offer was better than recent months. The registered manager also confirmed that although some recommendations made in a recent dementia mapping exercise for two people who used the service have been implemented, some have yet to be addressed.

We recommend the registered provider implements the findings of the dementia mapping exercise and also seeks additional advice regarding planning and carrying out activities and social stimulation for people who use the service.

There was a complaints procedure on display in the entrance. The policy and procedure described timescales for acknowledgement, investigation and resolution. It also provided information of where people could escalate complaints if they were unhappy with the outcome of an investigation. Staff knew how to manage complaints. There was also a suggestion box and comments slips for people to write on and 'post'.

Requires improvement

Is the service well-led?

Our findings

People who used the service and their relatives all knew the names of the registered manager and registered provider. This showed us they made themselves accessible to people. People told us they thought the service was well-managed. Comments included, "Yes, [well-managed] I have been happy here", "Yes, it is all clean, I can't think of anything I would improve", "Yes' I get what I need; there's nothing I would change", "Yes, it is good; there is nothing to better", "Yes, [registered provider and registered manager's names] are great."

Relatives said, "Yes, the food is always nice; Nanna likes it here. I come at all different times and they are welcoming", "Yes, it is like a well-oiled machine" and "I think so [well-managed], I feel there could be more communications; I have been told to see [registered manager's name] anytime if I have a problem."

The registered manager [who is also one of the registered providers] told us they visited the service seven days a week. They often completed catering and care tasks if required to fill in for one of the cooks or care staff. The registered provider also visited the service on a regular basis, although they were also the registered manager for another service in the company. The registered provider told us the service was to be sold as a going concern. They confirmed people who used the service, their relatives and the local authority contracts and commissioning team had been informed of this decision. The registered provider and registered manager told us they wanted this to proceed with the least disruption for the people who used the service; they demonstrated a kind and compassionate approach when they told us of their decision.

We spoke with the registered manager and registered provider about the culture and philosophy of the service. They said, "We are open and transparent" and "We make sure we are visible for people to speak to us." The registered provider told us they visited the service three to four times a week as they wanted to be sure people received a quality service. They spoke to people who used the service to ensure they were receiving appropriate care and had no concerns, and to check staff were supported. We saw there were no records of these visits so it was difficult to audit what was discussed and whether any action was taken as a result of them. The registered provider told us they had no formal reward schemes for staff but showed their appreciation for their hard work in an ad hoc way. For example, they described how one member of staff had gone 'over and above' when helping out to cover a shift and they had received a thank you payment.

Staff and people who used the service confirmed they regularly saw the registered provider. Staff told us they were well-supported by both the registered manager and registered provider. They said, "They [registered manager and registered provider] are by far the best to work for; they are there for me", "They [registered manager and registered provider] are lovely. The manager is in daily and [registered provider's name] is in and out" and "I can't knock them at all." Staff received handbooks which provided them with information about specific policies and procedures and what was expected of them regards their practice and conduct.

There were communication systems to ensure that information was passed on to staff at each shift changeover and from registered manager to staff. These included a handover book, staff meetings and visits from the registered provider. There was a computerised system for care records, forms and policies and procedures. All staff had access to these records.

We saw there was a quality monitoring system in place but this was not yet fully developed. There was an annual plan of audits and the registered manager told us that sometimes an event could trigger an audit as well. Audit forms had a tick box to indicate what was being checked. We saw the care staff took part in the audits, for example in November 2015, they checked the presentation of meals and dining tables and in October 2015, health and safety. However, the form did not provide guidance on what the staff were actually looking for and what would constitute good practice. The last medicines audit had been carried out in May 2015 and we saw this needed to be much more in depth and more frequent given the issues we found with medicines management. We did not see any action plans to address any shortfalls apart from a kitchen audit in September 2015 which had highlighted issues and points of action. However, there was no indication of whose responsibility it was to complete the actions and in what timescale; there was no follow up plan to check they had been completed.

Requires improvement

Is the service well-led?

We saw there was analysis of accidents and incidents that had occurred each month to try to prevent reoccurrence. This was difficult to audit as times of accidents were not routinely indicated on the forms. This was mentioned to the registered manager to address with staff.

The registered provider showed us a new audit form that had been developed but had yet to be implemented. They said this was to 'test where they were at'. This was based on the Care Quality Commission's key lines of enquiry which we use to gather evidence during inspections. The new form requested staff to provide evidence for each key question of safe, effective, caring, responsive and well-led. It also prompted staff to state what action was required, who was to complete this and by when and also provided a box to sign off when achieved.

Questionnaires had recently been sent out to relatives to complete with their family member but were still within the timescale for return. Relatives spoken with confirmed they had received a questionnaire but had yet to complete it. We saw people who used the service had received a questionnaire in February 2015 of which there were four returned; this covered their views on the staff, cleanliness, their bedroom, communal rooms, meals and the activities provided. One person had commented that they would like more activities but there was no evidence an action plan had been produced to address this.

We recommend the registered provider continues to improve the quality monitoring programme and implements the new audit checklist so that when areas of shortfall are identified, action is taken to address them.

The registered provider told us they had formed good relationships with local authority reviewing officers, the safeguarding team, commissioners and district nurses. They told us they always made sure that any person admitted to hospital had a copy of their care plan so nursing and medical staff had appropriate information about them to assist in their assessment, care and treatment.

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 How the regulation was not being met: People who used the service were not protected against the risks associated with ineffective management of medicines. Regulation 12 [1] [2] [g]