

Mrs Usha Chottai

# Aquarius Residential Care Home

## 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?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

The inspection was carried out on 22 and 24 November 2016. Our inspection was unannounced.

Aquarius Residential Care Home is a care home which provides accommodation with personal care for up to 20 older people. The home is a bungalow, which has been extended. It is located on the outskirts of Chatham. There were 20 people living at the home on the day of our inspection.

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

At our previous inspection on 21 and 23 December 2015 we found breaches of Regulations 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to meet the regulations.

The provider sent us an action plan on 29 April 2016, the action plan detailed that they had already met some regulations and aimed to be fully compliant by 15 May 2016.

At this inspection, people gave us positive feedback about the home and told us they received safe, effective, caring, responsive care.

Staff responsible for providing care had not all undertaken training to enable them to meet people's needs. Eight out of 14 staff had not completed dementia training despite providing care and support for people who lived with dementia. No staff had undertaken epilepsy training despite caring for people who had a diagnosis of epilepsy. The training records also evidenced that no staff had undertaken catheter care training despite providing care for four people that had catheters in place to help them with their continence needs.

Records of staff supervisions showed that these meetings had taken place for new staff, however staff that had worked at the service for some time had not received a formal supervision since July 2015.

Risks to people had been identified and mitigated where possible. However, water temperatures in parts of the building were excessive which could cause injury to people. Action had not been taken quickly to resolve this over a four week period between October and November 2016. We made a recommendation about this.

Risks assessments relating to one person's swallowing and choking had not been updated to reflect changes to their health. We made a recommendation about that.

Prescribed thickener which is used to thicken fluids to aid swallowing was left out and unattended.

Prescribed thickeners should be kept locked away to prevent accidental ingestion of the powder. We made a recommendation about this.

Medicines had been generally well managed, stored securely and records showed that tablets had been administered as they had been prescribed. Medicines charts relating to creams and topical solutions showed inconsistent recording of application. We made a recommendation about this.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths. The registered manager had not informed CQC about Deprivation of Liberty Safeguards (DoLS) authorisations that had been approved. We made a recommendation about this.

Staff had a good understanding of what their roles and responsibilities were in preventing abuse. The safeguarding policy gave staff all of the information they needed to report safeguarding concerns to external agencies.

The provider followed safe recruitment practice. Essential documentation was in place for all staff employed. Gaps in employment history had been explored to check staff suitability for their role. There were suitable numbers of staff deployed on shift to meet people's assessed needs.

The premises were well maintained, clean and tidy. The home smelled fresh.

Meals and mealtimes promoted people's wellbeing, meal times were relaxed and people were given choices.

Staff had a good understanding of the Mental Capacity Act and supported people to make choices. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority by the registered manager, care plans did not show clearly that DoLS authorisations were in place. This was amended by the registered manager during the inspection.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the home was calm and relaxed. Staff treated people with dignity and respect.

People's care was person centred. People were supported to maintain their independence. Care plans detailed people's important information such as their life history and personal history.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People's views and experiences were sought through surveys. People were listened to. People and their relatives knew how to raise concerns and complaints.

There were quality assurance systems in place. The registered manager and provider carried out regular checks on the home. Action plans were put in place and completed quickly. Staff told us they felt supported by the registered manager.

We found a breach 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 this 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?

The service was not consistently safe.

Topical medicines had not always been appropriately managed and recorded. Other medicines such as tablets and capsules had been appropriately stored, recorded and administered.

Risk assessments were not always clear and up to date so staff had clear guidance in order to meet people's needs.

Action had not been taken in a timely manner to address excessive water temperatures in parts of the building which could cause injury to people.

Staff had a good knowledge and understanding on how to keep people safe from abuse.

The provider had followed safe recruitment practices. Enough staff had been deployed to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff had received essential training they needed to enable them to carry out their roles. However, staff had not received training relating to people's individual health conditions. New staff had received supervision and support from the management team. Staff that had been in post for some time had not received supervision as frequently.

Staff had a good understanding of the Mental Capacity Act and supported people to make choices.

Prescribed thickener which is used to thicken fluids to aid swallowing was left out and unattended.

People had choices of food at each meal time which met their likes, needs and expectations.

People received medical assistance from healthcare professionals when they needed it.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring towards people.

People were supported to maintain relationships with their relatives and friends. Relatives were able to visit at any reasonable time.

People were treated with dignity and respect, their records and information about them was stored securely and confidentially.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred. People were supported to maintain their independence. Care plans detailed people's important information such as their life history and personal history.

People were encouraged to participate in meaningful activities, which were person centred.

People and their relatives knew how to raise concerns and complaints. The complaints policy was prominently displayed in the home.

People and relatives had opportunities to feedback about the service through surveys.

### Is the service well-led?

Good ●

The service was well led.

The registered manager carried out regular checks on the quality of the service. Action to address issues was timely. Records relating to people's care were mostly accurate and concise.

The service had a clear set of values and these were being put into practice by the staff and management team.

Staff were positive about the support they received from the management team.

# Aquarius Residential Care Home

## **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 22 and 24 November 2016 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we reviewed previous inspection reports, actions plans and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We spent time speaking with 11 people, one relative and one visiting health care professional. We observed staff interactions with people and observed care and support in communal areas. We spoke with eight staff including care staff, senior care staff, the cook, the registered manager and the provider. We also spoke with two further staff outside of the inspection visit.

We contacted health and social care professionals including the local authorities' quality assurance team, people's GP and care managers to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included six people's care records, medicines records, risk assessments, staff rotas, five staff recruitment records, meeting minutes, quality audits, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records. The information we requested was sent to us in a timely manner.



# Is the service safe?

## Our findings

At our last inspection on 21 and 23 December 2015, we identified breaches of Regulation 12, 15 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not followed safe recruitment practice. The provider had not protected people from risks to their safety. The provider had not properly maintained the home. The provider sent us an action plan which stated they would meet Regulation 12 by 30 April 2016, Regulation 15 by 09 April 2016 and Regulation 19 by 02 May 2016.

At this inspection we found that there had been improvements to maintenance of the premises, recruitment records and risk management.

People told us they felt safe and secure living at the home. Comments included, "There are enough people [staff] around although the call bells can take a time to be answered but it's because staff are helping others"; "I feel very safe here, people are kind and there is always someone around to ask for anything"; "I am very happy here it is safe and the staff are very reliable" and "I like it here they look after you and there are always people around".

A relative told us, "We are very happy with the care our relative receives here". His room is comfortable and we know he is safe. There are plenty of staff around and the communication between us is very good".

At the last inspection we found that risk assessments had not always been reviewed regularly and updated when required. Risks to people's safety had not been considered in relation to the safety of the premises. Water temperature records identified that water temperatures in people's bedrooms and bathrooms was at a dangerously high temperature which could cause serious injury to people. At this inspection water temperatures had been regularly checked and recorded and there was evidence to show that action had been taken when temperature readings had been high which could cause injury up to the end of October 2016. The temperature readings for several bathrooms and bedrooms over four weeks from 29 October 2016 to 20 November 2016 were over the safe maximum temperature. These had not yet been reported to the handyperson or a plumber to address. We spoke with the registered manager about this. They checked the temperatures in the affected rooms. They told us they felt that the readings that had been recorded may have been misread in error as the temperatures were in range.

We recommend that registered persons reassess the systems and processes for monitoring water temperatures in the home to ensure that action is taken swiftly.

At this inspection we found that risks to the environment had been considered as well as risks associated with people's needs. The risk assessments gave clear, structured guidance to staff detailing how to safely work with people. For example, people's care records evidenced that people who were at risk of developing pressure areas had skin care risk assessments in place. People told us there had been changes in the home due to the assessed hazards, which included Zimmer frames and wheelchairs. To prevent people tripping over these staff had been removing them from the lounge area which was tight for space. People told us they had not been involved in the risk assessment process and decision to move Zimmer frames and

wheelchairs. They were confused about why this was happening. People were positively supported to take risks. Risks in relation to one person's swallowing had not been updated to reflect they had been prescribed a thickening agent which must be added to fluids to prevent them choking. We spoke with the registered manager about this and they agreed to develop a risk assessment for this person to ensure all staff knew how to work with them safely.

We recommend that registered person's ensure that people's care needs are reviewed when their needs change.

We observed a medicines round. This was carried out by a staff member who had undergone relevant training. The staff member wore a tabard with 'Medicines round do not disturb'. Medicines were administered safely during this round. Accurate records were made of the medicines administered. We checked the medicines records for the month and found that there were inconsistencies in the medicines administration records (MAR) for people in relation to people's topical creams. The MAR charts detailed that care staff applied the creams as 'Carers apply' was written across each entry for topical medicines. We checked the daily records and charts kept within people's rooms and could not see a clear record of when and where staff had applied people's prescribed creams. We checked the medicines in stock and found that people had received their tablets as prescribed. Where people had not received their medicines, an entry had been made on the MAR to evidence why they had not; for example when a person had a hospital appointment. People had protocols in place which described why they may need PRN (as and when required) medicines such as pain relief. People confirmed they were able to request pain relief when they needed it. People were asked during the medicines round whether they were in any pain and if they needed anything.

We recommend that registered persons follow good practice guidance in relation to topical medicines records to evidence that people have received their prescribed medicines.

Medicines were stored in the home's medicines room. The medicines room was securely locked. The room temperature was recorded twice a day, and these records were up to date. This meant that the provider could be sure that the room temperature was appropriate for the storage of medicines.

At the last inspection we found that the provider had employed staff and had not explored reasons for gaps in employment. At this inspection we found that the provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. All gaps in employment had been explored and reasons noted. Employer references were also checked. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. Rotas and schedules showed that people had consistent staff working with them. One person told us there was, "Always staff around and they would help you if you needed it". People's call bells were answered quickly.

People were protected from abuse and mistreatment. Staff had completed safeguarding adults training. The staff training records showed that 12 out of 14 staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy as well as

the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns.

At the last inspection we found that the premises had not always been properly maintained to ensure that people were safe, stocks of continence products had blocked the corridors which cause people difficulty moving around. There were issues with fire doors not closing when they should, these had not been reported or actioned. At this inspection we found the premises to be clean, tidy and clear of obstructions. A new storage area had been developed making use of a small courtyard and staff told us deliveries now came through the back doors rather than through the home. We checked the boiler room and found that some flammable items had been stored in there such as bedding. These were removed immediately.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. Checks on fire equipment were made regularly. Records evidenced that appropriate checks had been carried out on the fire alarm system and a fire drill had been carried out. Any faults with door closures had been reported to the maintenance team and dealt with quickly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated.

Accidents and incidents were appropriately recorded and monitored. Completed forms showed that the registered manager checked these and took action when required. The registered manager had reviewed accidents and incidents that had taken place within the first six months of the year which enabled the management team to identify trends. The report included a summary of actions that had taken place such as referrals to the falls clinic for people that had fallen a number of times and equipment that had been put in place such as pressure mats.

## Is the service effective?

### Our findings

At our last inspection on 21 and 23 December 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not been provided with training which met people's needs. The provider sent us an action plan which stated they would meet Regulation 18 by 17 May 2016.

At this inspection we found that further improvement were required to ensure staff had sufficient knowledge and training to meet people's assessed needs.

People told us they received effective care, they had choices and they enjoyed the food. Comments included, "The food is good and there is plenty of it, I have never asked for anything different as I enjoy what they give me"; "You could have a male or female help you and it wouldn't worry me who helped me if I needed it"; "I like the food but I am not a big meat eater but I like fish and there is a choice of how you have it, I like fish cakes but my friend likes fish fingers so we have our own choice"; "You could ask for something different if you want it but it's always nice and hot"; "The food is very good and a favourite is stew and dumplings, good old fashioned food"; "There is always enough food and you can make your own choice for your evening tea, which is good"; "I have a female carer for the personal bits but sometimes the male carer helps with my legs and feet which is fine but I would not want him to help with anything personal as I would be embarrassed" and "I like the food, there is always plenty of it".

At the last inspection we found that staff had not all received training relevant to people's assessed needs. At this inspection we found that staff had received the mandatory training and guidance relevant to their roles. Training records evidenced that all staff had attended fire training, 12 staff had attended food hygiene training. Ten staff had attended first aid training, 13 staff had completed infection control and equality and diversity training. Nine out of 14 staff had completed moving and handling training. Eight staff had been trained in medicines administration. Staff responsible for providing care had not all undertaken training to enable them to meet people's needs. For example, eight out of 14 staff had not completed dementia training despite providing care and support for people who lived with dementia. No staff had undertaken epilepsy training despite caring for people who had a diagnosis of epilepsy. The training records also evidenced that no staff had undertaken catheter care training despite providing care for four people that had catheters in place to help them with their continence needs. One staff member told us they would recognise the signs if a catheter was blocked or not working correctly. They described these to us and gave an example of when this had happened and what action was taken.

Staff told us they had received supervision meetings with their line manager. Records of supervisions showed that these meetings had taken place for new staff, however staff that had worked at the service for some time had not received a formal supervision since July 2015. One staff member told us, "Supervision, yes, I have had, but not recently".

This failure to provide staff with training to meet people's assessed needs and supervision was a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who had worked at the service for longer than one year had received an appraisal in January 2016. There were records in place to evidence that staff had received observations and spot checks to review their practice and provide them with feedback.

New staff had an induction which included training and shadowing experienced staff and getting to know people and the routines. Staff were supported to undertake work related qualifications to support them in their roles.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Twelve out of 14 staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. Staff were knowledgeable concerning the need to seek consent when providing care for people. Staff told us that they helped people to be as independent as possible and they helped people to make decisions and choices by showing them the options when washing and dressing. One staff member said, "I know it is about people making decisions and us making sure we ask before we do things. It is about a person's capacity to make decisions, and what we can do if they cannot. But most people can say what they want if they are asked or shown things to choose from".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Systems to monitor DoLS authorisations were robust by the end of the inspection. On day one of the inspection care plans for people who were subject to a DoLS authorisation did not record this. The care plan did not state when the authorisation expired and what the conditions were. We spoke with the registered manager about this and they amended this to make it clear. Applications were completed by the registered manager and then submitted to the local authority. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The menu was displayed in writing on a board in the dining room. On each day there was only one choice of meal displayed for people to choose. One person said, "The food is good but I don't like beef or pork so not sure what I am getting today". We spoke with the cook who explained that there was always two choices and they prepared other food for people who didn't want or like what was on the menu. We observed that although shepherd's pie was listed on the menu board, some people had chicken with vegetables instead. This evidenced that people did have a choice of food at each meal time. People chose to have their meal in the dining room, conservatory or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks during the day. The meal time was a pleasant experience. Food was nicely presented and there was a variety to meet people's preferences. Staff met the requests and needs of people willingly and pleasantly. Music was played in the background and there was lots of chat. People all ate well and seemed to enjoy their food. One person commented after their meal, "It was lovely". People had been weighed regularly to monitor if they gained or lost weight and action was taken as a result of these checks. One person told us, "I am weighed regularly, every week I think". Another person said, "They do weigh you quite often to keep an eye on you".

During the inspection we found that fluid thickener, which is used to thicken drinks to help people who have difficulty swallowing, was left unattended outside the kitchen area on a trolley which was used to make drinks for people. Prescribed thickeners should be kept locked away to prevent accidental ingestion of the

powder. A patient safety alert had been cascaded by NHS England in February 2015 which warned care providers to the dangers of ingesting thickener. The home did not know about this safety alert and had not kept the thickener out of reach.

We recommend that prescribed thickeners are appropriately stored to ensure people are safe at all times.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. Referrals had been made to SaLT (Speech and Language Therapy) who deal with swallowing difficulties, falls clinics and to the district nurses when people who needed it. Records demonstrated that staff had contacted the GP, ambulance service, dementia specialists, physiotherapists, hospital, mental health teams and relatives when necessary. On the day of our inspection one person was supported to attend a hospital appointment, they were supported by their relative. District nurses attended the service to provide people nursing care. People had seen an optician on a regular basis to check the health of their eyes. Where people had pressure areas, appropriate action had been taken. Body maps were used to show a clear record of the wound and these had been updated to show how the wound was progressing. A district nurse told us that the staff "Are very good, they refer things to us quickly" in relation to pressure area concerns and deterioration in people's health. They gave us examples of where staff knew people well and had picked up they were not acting in their usual manner, tests were carried out and it was identified the person had pneumonia. It was identified quickly which meant the person was treated quickly.

## Is the service caring?

### Our findings

People told us that staff were kind, caring and friendly. Comments included, "The staff are kind and reliable, they listen and help you when you need it"; "People [staff] are always very kind and there is always someone around to ask if you need anything"; "The care is good and I feel comfortable with that"; "The people [staff] are kind and friendly and there are enough of them to help you"; "I never feel lonely here they are nice and I can have a chat with them"; "Nothing is too much trouble and they are so kind"; "The people look after you well here"; "People are very nice and I can chat to them, I never feel lonely here" and "I am very happy here, everyone is so kind".

A district nurse told us, "They [staff] are genuinely caring" and "Staff know what they are doing and pick up on things".

We observed staff were kind and caring and took time to chat with people. We also observed that staff reassured people when they needed it. Staff took time to sing, dance and chat with people when they passed them, one person was dancing and clapping to the Christmas music playing, staff (including the registered manager) joined in and danced with the person. The person was smiling and laughing and enjoying themselves. One person told us, "Staff are kind and caring and stop and chat as they pass by". Another person said, "The staff are very nice and whatever you need you ask for".

Cleaning staff and kitchen staff were observed interacting with people. They had a good manner and clearly knew people well. Staff knew people well, we observed discussions about likes and dislikes and staff asked how people's relatives were. Throughout the inspection there was laughter, jokes and chatting between people and staff.

Staff knocked on doors and treated people with respect and dignity. We observed staff knocking on doors and asking permission to enter. Staff crouched down to ensure they were at the same level as the person when talking with them. People being cared for in bed were approached gently by staff, staff explained who they were and offered gentle prompts to encourage interaction. Staff described how they maintained people's privacy whilst supporting them with their personal care needs, such as ensuring that doors were closed, people were covered up and curtains were closed. People told us that staff respected their independence and let them do things for themselves without taking over. One staff member said, "I make sure if I am helping them with a wash for example I would make sure the door is shut, the curtains too if they are overlooked. I would keep them covered up as much as possible, I would ask if they wanted to wash parts themselves.

People's care plans detailed their life histories and important information which helped staff engage and respond to their individual needs, this included information about where they had lived, who their relatives were, important dates and events and what people's favourite things were. People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan.

Relatives were able to visit their family members at any reasonable time and they were always made to feel welcome. The visitor's book in the home showed that relatives frequently visited. People told us that their relatives visited them and some people went out with relatives to go shopping, meals and appointments.

People's bedrooms were furnished and decorated to their own taste. One person told us, "My room is clean and comfortable and I am independent. It's easy living here". Another person said, "I have a comfortable bedroom with all my own things in it".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely in the office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. Records held on the computer system were password protected to prevent unauthorised people from accessing them.

There was a daily handover between staff going off shift and staff coming on shift in the morning and evening. This included information about any medical concerns and the emotional wellbeing of people who lived in the home. This ensured that information was passed on and documented appropriately. The computerised daily records and care planning system also flagged up to the registered manager and provider where there had been concerns or issues.



## Is the service responsive?

### Our findings

At our last inspection on 21 and 23 December 2015, we made a recommendation that the complaints policies and procedures provide people and their relatives with the necessary information.

At this inspection we found that the complaints policy had been updated however the procedures and 'Service user guide' had not been.

People told us they received their care in a way that they wished. One person explained that they needed "Help with washing and dressing, if I am not feeling ok but other times I look after myself" and sometimes they felt "A bit wobbly and needed help to get to the wash basin". Another person told us, "You can have help with washing and dressing but I am pleased that I can still do this myself. In fact I think I have got much faster at doing this and I am pleased about that because I couldn't do that when I first came here. I have a certain routine to follow and I feel much more confident than I did".

Care plans contained information about people's life history, preferences, likes and dislikes. This meant staff had good information to help them form relationships with people as well as knowing how to provide care and support. People knew that they had care plans and this detailed what help and support they needed. Prior to moving to the home people had been assessed by the registered manager. Assessments were completed with the person and their relatives.

People took part in a number of activities based on their individual preferences. Activities were planned in advance. During our inspection activities included, a quiz and bingo. Activities at the home included dominoes, bingo, games, singing, motivation, reminiscence, music for health, art and hand massage. Events and activities had been planned for the festive period and included a Christmas party for people and their relatives. People told us they could choose to take part in activities if they wanted to. One person explained how they liked to read their newspaper and watch television in their room. Another person explained that they "Enjoy the activities, particularly the singing and music which was great fun and we have a lot of laughs". People were encouraged to use the garden when the weather was good. A hairdresser visited the home once a week.

People knew who to complain to if they were unhappy. One person told us, "I have nothing to complain about I am quite happy with my friends". The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaint procedure was displayed in the communal areas. The complaints procedure on display in the home and the complaints procedure in the 'Service user guide' did not give people or their relatives the information about external agencies to contact if they were unhappy with the complaint response. We spoke with the registered manager about this and they amended the information straight away to match the policy. There had not been any formal complaints about the service since we last inspected.

Compliments had been recorded in the comments book of the home. One had been written by a visiting

dentist, who had stated 'It's a lovely home. Very pleasant staff. A nice place to be'. A relative had written, 'Great home, lovely staff, meets all my families needs' and a paramedic had written, 'Good caring staff, knowledgeable handover. Friendly and helpful reception'. Thank you cards were on display around the home from people and their relatives. One card read, 'I'm writing to thank all the staff for the care and attention you gave our mum during her time with you. Another card read, 'We would like to thank you all very much for what you do for [person]'.

People had the opportunity to feedback about their care and treatment. The provider had sent out a satisfaction survey. Only six surveys had been completed and returned. The survey responses showed all feedback was positive. Comments seen in the surveys said, 'Excellent home'; 'Excellent at all time'; 'No improvement needed' and 'No complaints all good'. One person had commented that meals were 'All satisfactory', activities 'Meets all needs and more' and housekeeping 'Very clean at all times'. A relative had written, 'Staff are always happy to put chairs in mums bedroom when we need to talk in private'; 'Aquarius gave an amazing birthday party for mum in the conservatory a great space' and 'Aquarius is the perfect choice for my mum'.

## Is the service well-led?

### Our findings

At our last inspection on 21 and 23 December 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated and established effective systems and processes to monitor and improve the quality and safety of the service. The provider sent us an action plan which stated they had met Regulation 17 by 31 January 2016.

At this inspection improvements had been made to quality monitoring systems.

People told us the service was well led. We observed that they knew the provider and the registered manager well and were very involved in the day to day running of the home. One person said, "I know the staff and the management well they are always around". Another person pointed to the registered manager and said, "She's the manager". They went on to tell us that the registered manager was good at their job.

The registered manager carried out a number of regular checks and audits. These included monthly first aid audits, environmental audits, care plan audits, health and safety audits, monthly medicines audits, incident reporting and kitchen audits. These showed that issues had been picked up, and addressed including what equipment had been put in place such as putting pressure mats in place for people that frequently fell and a new fridge in the medicines room. We checked areas identified in previous audits to see if the relevant work had been done. Audits had been actioned quickly.

Records relating to people's care were mostly completed accurately. Some entries made on to the computer system had been made in the wrong person's records. For example, several entries showed that a person had been visited by the district nurse to have their insulin injection however the person was not prescribed insulin; this had been documented in error. Sometimes staff had counteracted the entry by making another to explain that it had been documented in error. On other times this had been missed.

Staff meeting records evidenced that the registered manager met with staff on a regular basis. The records showed that staff had discussed a range of subjects and felt confident to ask questions and make requests.

Staff worked well as a team, they felt valued and they felt there was an open culture at the home and they could ask for support when they needed it. One staff member said, "There is a good team rapport and the training is always done on time. I would say if I was not happy with anything. Residents and staff are involved with what we do here". Another staff member said, "residents and staff, we all get along it's nice, we are friends. It really makes a difference. There's a friendly atmosphere". The staff were confident about the support they get from the registered manager and provider. Staff told us there was good morale within the team, "I feel confident with the support"; "the office door is always open"; "I feel well supported"; "I feel I am well supported by my colleagues and the manager. If I need supervision I have it"; "We are very supported by the manager, and yes I could speak to her about anything" and "The owner and the manager give us praise either individually or at the staff meeting". The registered manager said, "I love my job I feel very protective of my staff and the residents and feel there's good morale" and "We are a very supportive team".

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies were in the process of being reviewed and updated by the registered manager.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, safeguarding concerns and deaths. The registered manager had not informed CQC about Deprivation of Liberty Safeguards (DoLS) authorisations that had been approved.

We recommend that the registered manager notifies CQC about events and incidents that have taken place in a timely manner.

The provider's statement of purpose stated that the aims and objectives were 'To provide a quality of life that enables residents to retain their independence, identity and a sense of value. To provide stimulation and encourage the partaking of activities tailored to individual needs and social events. To provide physical and emotional support to residents, families and friends. To involve relatives and friend in the day to day affairs of the resident. To maintain and develop close links with the community. To sustain residents' morale and safeguard individual rights. To deliver the best possible person centred care to all residents at all times. To recognize and respect diverse religious beliefs, cultural practices, customs and sexual orientation of individual residents'. The practice we observed and feedback from people demonstrated that the aims of the service were embedded into practice by all of the staff and the management.

The registered manager and the provider had attended a variety of provider and registered manager forums. These forums were in place to enable providers and registered managers to share information and good practice, provide each other support and tackle key issues. The registered manager had found these forums to be useful and had built up a network of support from other registered managers which had widened their support circle.

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	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Registered person's had not provided staff with training to enable them to safely meet people's assessed health needs.</p> <p>The support staff received through supervision was inconsistent.</p> <p>Regulation 18 (1)(2)(a).</p>