Richmand House Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 8 and 11 May 2018. The inspection was unannounced. Richmand house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Richmand House is registered to provide care for 12 people, on the day of our inspection 11 people were using the service.

On the day of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Richmand House was inspected in 2015 and rated as Good. At this inspection we found a number of concerns relating to safe care and treatment, person centred care and lack of governance. This led to a number of breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and at this inspection the service was rated as Requires Improvement.

The registered manager worked to keep people safe from abuse by responding to and investigating any concerns. They put in measures to protect people, however they had not recognised the need to ensure local authority safeguarding teams were aware of their actions and had not reported these and other significant events to the CQC as part of their statutory responsibilities.

People were not always protected from risks to their personal safety, as the registered manager had not undertaken assessments of individual and environmental risks to ensure this. People's needs had not been assessed using nationally recognised tools to guide staff to make robust assessments of their needs.

People were supported by appropriately trained staff and the registered manager had ensured there were always adequate numbers of staff on duty to care for people. Staff received training and support to safely administer medicines and most aspects of the management of medicines were safe. However, the lack of protocols for 'as required' medicines meant staff did not have the information to assist them make appropriate decisions on when to give these medicines. This put people at risk of not receiving safe and appropriate care.

People were protected from the risks of infection as the registered manager had effective processes in place to ensure cross infection risks were reduced. The registered manager ensured staff learned from incidents to reduce the risk of reoccurrences.

The majority of people's nutritional needs were well managed by staff, but there had not been a referral to the speech and language therapy (SALT) team for one person. This put them at risk of receiving an inappropriate diet for their needs. However, in all other respects people's health needs were well managed by staff and people were supported to maintain a healthy lifestyle.

The environment people lived in allowed them to move freely around the premises and personalise their own living space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who treated them with care and respect and supported them to maintain their privacy, dignity and independence. People's views about their care were considered and they had choices in relation to how they spend their time. The registered manager supported the use of an advocate to ensure people had the support to voice their views and opinions. People's cultural needs were met.

The information about people's individualised care needs was not always up to date or actually recorded in their care plans to support staff to give person centred care to people. There were some initiatives in place to assist people to access information about their care in ways that met their needs.

People were supported to access a range of social activities both within the home and in the community. The registered manager involved people in a number of community based activities to prevent social isolation. People were aware of the company's complaints procedure and felt able to voice any complaints or concerns they had to the registered manager. However, people and relatives told us they had no complaints about the service as the registered manager dealt with concerns quickly and to their satisfaction.

People were supported to achieve a pain free and dignified death and when appropriate the registered manager had discussed end of life wishes with people or their relatives.

The service lacked an effective auditing process to highlight any issues with the quality of the service provided to people. This had resulted in a number of issues relating to people's care. This had meant there was a lack of oversight in areas such as care planning, risk assessments both individual and environmental, and falls. The registered manager had also not informed us of significant events at the service as part of their statutory responsibilities.

There was a registered manager in post at the time of our visit. People and staff told us they were visible, supportive and approachable. Both people and staff at the service felt their opinions and views were listened to by the registered manager.

The service is in breach of three health and social care act regulations as they failed to provide safe care and treatment for people and there was a lack of robust audits to give the registered manager a clear oversight of the quality of the service people received. There was also a breach of the CQC registration regulations as the registered manager had failed to notify us of significant events at the service. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

The risks to people's safety were not always assessed and measures put in place to reduce any risks to their safety.

Safeguarding concerns were investigated by the provider but incidents were not always reported to the local safeguarding teams or the CQC.

The staffing levels met the needs of the people who lived at the service.

Medicines were stored and administered safely, but there was a lack of protocols in place to guide staff administer as required medicines.

There were systems in place to manage and protect people from the risks of infection.

There was information in place to ensure staff learned from incidents at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not assessed using nationally recognised evidence based assessment tools.

Staff were provided with training to support them in their roles.

Majority of people's nutritional needs were well managed, however one person's diet required assessment from a qualified health professional.

People's health needs were well managed and they lived in and environment suitable for their needs.

The principles of the Mental Capacity Act were followed and people were supported to make decisions for themselves.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring.

People were supported by staff to express their views in relation to their care.

People were treated with respect and dignity, and their privacy and independence was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Information about people's individualised care needs was not always up to date or actually recorded in their care plans.

There were some initiatives in place to support people access information about their care in ways that met their needs.

People were supported with a range of social activities.

People felt comfortable in raising any complaints or concerns, and systems were in place to ensure complaints would be addressed when raised.

When appropriate people's end of life wishes were recorded in their records and people were supported to achieve a pain free and dignified death.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager had not always informed the CQC of significant events at the service.

There was a lack of monitoring audits in place and this had resulted in an oversight of the quality of the service.

Staff and people had the opportunity to give their views on the service and staff felt supported.

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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.

We inspected the service on 8 and 11 May 2018 and the inspection 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 or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with five people who used the service, three relatives, three care workers, the cook, the registered manager and the nominated individual (the representative of the provider). We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all or parts of the care records of three people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from avoidable harm as risks to people's safety were not always assessed and up to date. For example, stairs at the service could be accessed by any mobile person including those who lived with dementia. The first floor also had a further step at each end of the landing which was not clearly visible to people. There was also no way of monitoring if people attempted to go up the stairs from the ground floor, which meant there was a risk that staff would not be aware that people who lived with dementia could access the staircase and be at risk of injury through falls.

The registered manager had ensured people had sensor mats by their beds to alert staff to their movements when they were in their rooms at night. However, people's care plans did not contain any evidence of people's consent to the use of the sensor mats.

The registered manager told us people did not attempt to use the stairs unaided during the day. However we found that in December 2017 one person had gone upstairs unaided and had fallen down the one step on the first floor landing. The person was unharmed but we found there had been no changes made to the person's mobility care plan to reflect the accident. There was a lack of a falls risk assessment which would have highlighted the level of risk for this person and identified measures to be put in place to protect them. There was also a lack of an environmental risk assessments relating to accessing the staircase and measures had not been identified to protect other people against this risk. Following our inspection the registered manager undertook a risk assessment of the staircases at the premises and introduced measures to enable people to be monitored when using the stairs and also improved the visibility of the steps on the first floor landing.

A further person who had been admitted to the service approximately three weeks prior to our inspection had not had a care plan developed and risks to their safety had not been assessed. We saw there had been a pre-admission assessment completed by the person's relative that gave staff information on the person's needs and preferences but there had been no care plans developed from this. The registered manager told us they had wanted the person to settle in. However, the person had suffered a number of falls prior to admission and had a health condition that affected their mobility. They had also suffered a number of acute health episodes soon after being admitted to the service, which could have affected their mobility further. This had not triggered the development of a risk assessment which gave staff clear information on how to provide support for the person. On the second day of our inspection we saw the nominated individual was in the process of producing a care plan for the person.

The Personal Emergency Evacuation Profiles (PEEP's) which contain individual information on what support people required to evacuate the premises, were not up to date. On our first day at the service we found the file containing these profiles held records of three people who no longer lived at the service and there were no profiles in place for three people who had joined the service since the end of 2017. This information is not only to support staff at the service but also to support members of the fire service should they be called to the home in the event of a fire. When we returned to the service on our second day the registered manager had updated the PEEP's to reflect the needs of the people living at the service. Staff we spoke with were able

to explain their role in the event of a fire and the registered manager held regular fire drills to ensure staff understood what to do in the event of a fire .

People we spoke with told us they received their medicines at the times they were meant to. One person said, "I get my pills every day (twice) and it comes in a little pot. They (staff) wait while I take it." Another person told us they were happy with the way they received their medicine and the service never seemed to run out of their tablets.

Staff told us they received relevant training to administer medicines, and management and storage of medicines was safe. However there was a lack of protocols in place for medicines that needed to be given on an 'as required' basis. This had resulted in a lack of information for staff on how to manage particular issues for people. For example, one person had been prone to seizures and should these be prolonged certain medicines should be administered. This information was not in the person's Medicine Administration Record (MAR) and some staff we spoke with were not aware of when the medicine should be given. We discussed this with the registered manager who told us the person had been prescribed further medicines which had significantly reduced their seizures and stabilised their condition and it was very unlikely the medicine would be required. However, the lack of guidance for staff meant should it be required staff would not have the information to assist them with supporting the person. When we returned on our second day we checked to see if this protocol was in place and it was not. However the nominated individual told us they had been working on other issues identified during our first day's visit, but assured us they would address the issue that day.

These issues meant the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Failing to provide safe care and treatment for people at the service.

People at the service told us they felt safe there. One person said, "Of course I am safe here." We asked people if they felt bothered by others at the service, everyone we spoke with told us staff supported people in way that made them feel safe. One person said, "Oh I never worry about other residents. Staff sort out any problems. They look after me well here." Relatives we spoke with were happy with the way staff supported people at the service. One relative said, "Staff soon sort out any problems with residents before it escalates into something (worse)." They went on to say, "We know [name] is safe here. We really don't have to worry."

Staff we spoke with told us they had completed safeguarding training and were able to explain the different types of abuse people may be exposed to. They told us they would feel comfortable raising any concerns with the registered manager and felt they would undertake measures to ensure the safety of people at the service.

The registered manager discussed a safeguarding concern they had dealt with recently. They had put in measures to ensure the safety of both a person who lived at the service and staff who supported them. They had worked with health professionals and the person's relatives showing transparency in their actions when dealing with the concern. However, the registered manager had not informed the local safeguarding team and CQC of the concern and their subsequent actions. We discussed the issues and the registered manager agreed to inform the local safeguarding team and submit a retrospective notification to CQC. They showed an understanding of the need to ensure more robust reporting in the future, and told us they had reported the incident to the safeguarding team following the first day of our inspection.

People told us they felt there were enough staff to support them with their needs. One person said, "There are plenty of staff to look after me." Another person told us, "Staff come quickly at night if I have to call them. I'm not a good sleeper." A further person said, "Staff often stick their heads around the (bedroom) door to

see if I am okay." One relative we spoke with said, "I think there are enough staff. It's a small place, which is one of the reasons we chose it."

Staff told us they felt the staffing levels supported the needs of people living at the service. One member of staff told us how the registered manager had increased the staff levels during an afternoon to support some people who lived with dementia and who required more support during this period. Another member of staff said, "It always feels like there are enough people (staff) around." During our inspection we saw staff worked well together to meet the needs of the people they supported. The registered manager told us they had also increased the night staff to meet the needs of the people at the service.

The provider undertook safe recruitment processes when employing staff. The staff files we reviewed showed they requested references from previous employers and information from the Disclosure and Barring Service (DBS), to check any criminal convictions and ensure staff were fit and proper people before employing them.

People we spoke with told us they were happy with the cleanliness of the service. One person said, "The home is very clean and I like my room. It's light and airy." One relative told us they felt the registered manager worked to protect people from the risks of infection. They explained that when the home had an outbreak of infection the registered manager had been quick to close the home to visitors, inform relatives and put in measures to reduce the risk of cross infection.

Staff we spoke with were able to explain their roles in reducing the risks of infection for the people they cared for. They told us there was always personal protective equipment (PPE) available for them to use. They had been given training on managing infections and during our inspection we observed they followed good practices in relation to handwashing and use of PPE to protect the people at the service.

The registered manager had processes in place to ensure staff learned from incidents that could affect people's safety. Staff told us they discussed issues at handovers and at staff meetings. We viewed the minutes of a staff meeting and saw evidence of discussions around safeguarding issues had taken place. The nominated individual also showed us a communication book in which they recorded pertinent information about people's needs including safeguarding concerns and how they were being managed. They told us they tried to be honest and open with staff so staff were aware of their roles in reducing the risk of reoccurrence of particular issues.

Requires Improvement

Is the service effective?

Our findings

People's needs and choices were not always assessed using nationally recognised assessment tools to ensure the care they received was reflective of their needs. For example, there had been no assessments of people's skin integrity as part of their care planning at the service. The registered manager told us there had been no issues with people developing pressure ulcers and staff monitored people who they considered at risk of skin breakdown. One person over the preceding months had spent a great deal of time nursed in bed due to poor health. The registered manager and staff we spoke with told us the person had been regularly re-positioned, their vulnerable skin areas monitored and this had resulted in them maintaining skin integrity. Whilst we saw this was positive for this person, the lack of an assessment tool meant there had been no consideration of whether the regime in place was appropriate for this individual. We were told they were being repositioned every two hours throughout the night. This level of intervention may not have been required for this person should their needs have been properly assessed. The nominated individual told us they would be introducing nationally recognised assessment tools into people's care plans in the near future.

People we spoke with told us they felt staff were trained to undertake their roles. One relative told us they were impressed with the way staff supported their loved one. They said, "Staff know what they are doing and are very competent."

Staff we spoke with told us they undertook regular training to support them in their roles. They told us they undertook some training on line and had some moving and handling training on a face-to-face basis. All of the staff we spoke with told us they were happy with the training they received, one member of staff said, "I am always doing something (training)." Staff told us they received a comprehensive induction and were well supported by both the registered manager and the nominated individual. Staff also told us they were given the opportunity to undertake nationally recognised qualifications in health care. They felt this gave them confidence when undertaking the different aspects of their role.

People told us the food at the service was good and they enjoyed their meals. One person said, "The food is good, some is home cooked, some is brought in, but if you don't like something, you only have to say and they (staff) will find you something else." Another person told us there was always fresh fruit available for them to eat. The kitchen had been given a five star rating for hygiene from the Food Standards Agency and we saw the kitchen staff followed good practices when storing and handling food.

Staff we spoke with showed an understanding of people's dietary needs. People who required specific diets were catered for and the kitchen staff had this information readily available for them. Staff told us one person was at risk of choking and as a result had a thickening agent in all fluids and was receiving a soft diet. The registered manager told us the person had been assessed by the speech and language team (SALT) for an assessment of their needs. But we were unable to find the assessment and other than information in the person's care stating that fluids should be thickened to a custard type consistency there was a lack of guidance on what the consistency of the person's diet should be. This meant the person was at risk of inconsistance care from staff . One member of staff told us the person was enjoying a wider range of foods

and it was unclear as to what type of soft diet the person was receiving. The lack of a clear assessment and the subsequent guidance this would have provided put the person at risk of not receiving the most appropriate diet for their needs. When we returned to the service on our second day the registered manager told us they had requested a referral to the SALT team as they had established the last assessment had been in 2015.

People were supported to maintain a healthy lifestyle and well-balanced menu choices were available to them along with the opportunity to take part in appropriate exercise sessions. People also told us staff supported them to manage their health needs. One relative whose relation's health needs had changed significantly during the time they had lived at the service said, "The staff manage [name's] health needs very well. They work with the GP and district nurses to make sure the care [name] gets is good."

Staff we spoke with told us if they had concerns about people's health, the staff member in charge on a shift was quick to get advice or support from appropriate health professionals. We saw in people's records when concerns had been raised the most appropriate health professional had been contacted to provide support. For example, one person who was living with dementia had displayed some changes in their behaviour patterns. The dementia outreach team had been contacted along with the person's GP for advice on how to support the person. We saw further examples of how staff had ensured people received timely support in emergency situations when they had required urgent medical care.

The environment was appropriate to the needs of the people who presently lived at the service. The premises did not have a lift, but people who had bedrooms on the first floor had access to a stair lift so they could access the ground floor. The environment was well maintained and had a number of enclosed outside areas for people to sit in. People had sitting areas in their own bedrooms and had been able to personalise their own living spaces. The service was designed so people could move freely around the home, and during our inspection we saw people taking advantage of this. Records we viewed showed there was appropriate maintenance of the environment such as legionella testing and fire safety tests. There was also regular servicing of electrical equipment used to ensure the environment was safe for people.

People we spoke with told us staff always asked them if they could provide care before they assisted them with anything. One person said, "Yes they usually knock and let me know they are there and then ask me what I want them to do."

Staff we spoke with had knowledge of the MCA. One member of staff said, "We always assume a person can make their own decisions." They went on to say, if someone did lack capacity then they were aware the person would need to be assessed and any decisions made to support them should be made in their best interests and in the least restrictive way they. Staff were aware and discussed examples of how they would support people who at times refused care. Through leaving the person for a time and going back later, or asking another staff member support the person.

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. The nominated individual had undertaken mental capacity assessments for people to establish if they had capacity to make their own decisions. The assessments were individualised, activity specific and detailed. There had been consideration of people's lifestyle and choices embedded in the assessments. For example, one person had always eaten a particular diet throughout their life and were at the stage of their life when they may not remember or have the ability to verbalise their choice. The assessment made it clear

to staff that they should continue to respect the previous verbalised wishes and continue to provide the person with the diet of their choice. All the assessments we viewed clearly showed the level of a person's capacity and gave information on how they should be supported in different areas of their daily life.

People can only be deprived of their liberty to receive treatment and care when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found any conditions specified were being met.

Good

Is the service caring?

Our findings

There was a positive and caring attitude among staff at the service, and people told us staff were kind and compassionate . One person said, "I am well looked after here. It's only a small place, so we just rub along together." Another person said, "Everyone knows me here. They look after me well and make sure I am ok. My [relative] can visit and if I want to go out I can go with them." A third person we spoke with told us they were happy with the way all the staff cared for them and added, "The younger carers are very pleasant and caring." A further person told us their family who worked during the day was able to visit when they wanted. They went on to say both they and their relatives felt the service was "really homely." People told us the staff would have a laugh and joke with them. The relatives we spoke with were also complimentary about the way in which staff cared for people. One relative said, "[Name] has been here a number of years and this place had become a second family to us." During our visit, we witnessed staff having conversations with people. They were kind, courteous and always ensured people had everything they needed.

Staff we spoke with told us they enjoyed working at the service and felt their colleagues had a caring attitude towards the people in their care. One fairly new member of care staff told us they felt they were building relationships with both the people at the service and their relatives. They went on to say this was very important to allow people to feel comfortable and cared for in the staff members company.

Both the nominated individual and the registered manager told us they wanted people to feel this was their home for life and they worked with health professionals to ensure people's care could be managed so they remain at the service until their end of life if they chose to.

Staff respected the choices people made and clearly understood the importance of doing so. One person said, "I can choose what I want to do and when I do it." People's care plans provided information about their likes, dislikes and their life history. Where possible, people had been involved in providing information for their care plan about the way in which their care should be delivered.

People's religious and cultural needs were assessed and provided for. Where it was important to them, people were supported to visit their local place of worship and their religious leaders were welcomed into the service to support people. The registered manager also engaged the services of an advocate. An advocate is an independent trained professional who supports people to speak up for themselves. The registered manager told us the advocate ran the resident's meetings every two weeks and also spoke with people on a one to one basis. The registered manager felt this had been beneficial to people, as people tended to tell the advocate things they would not discuss with the registered manager. They gave an example of one person wanting to attend their local place of worship. The person had lived at the home for a number of years but had not expressed the wish to staff. Through the advocate the staff had been able to meet this person's needs. This showed the registered manager continued to work to ensure people's voices were heard at the service.

People told us they were treated with dignity and respect by staff. One person said, "It's not nice when you have to have help with (personal) things, but they (staff) are always respectful to me and let me do as much

as I can for myself." A further person said, "I do have to have some help with dressing, but they are very kind and respectful and then help me to get the clothes I want to wear for the day." A relative we spoke with told us they saw staff behaved in a respectful way towards people and they were happy with the way their relation's privacy and dignity was maintained.

Our observations supported what we had been told and we saw that staff were polite and respectful when speaking with people. Staff also gave people space when it was apparent they wished to be left alone. The staff we spoke with clearly described the way in which they ensured a person's privacy was maintained whilst carrying out any personal care. One member of staff said, "I would ask people what they wanted, I am careful not to leave people exposed." Another staff member said, "I make sure people are covered when giving personal care, keep doors closed and help people to do as much for themselves as they can."

Requires Improvement

Is the service responsive?

Our findings

Whilst people told us they were treated as individuals and supported in the way they wanted to be, their care plans did not always reflect this. The care plans did not always contain up to date and sufficient information about people's individual needs and did not give staff clear guidance on the care the person required. For example, one person's care plan showed their communication needs had been assessed in August 2016 and noted the person had a good level of verbal communication, being able to hold simple conversations. However, during our visit our observations of the person showed their verbal communication skills had significantly deteriorated and they were no longer able to hold simple conversations. Staff worked with the person to support them and were aware of their limitations in relation to verbal communication, but their care record did not reflect their present needs.

Another person's care plan noted they required two members of staff to support them with mobility, but the person's mobility had deteriorated further and staff were required to hoist the person when moving them. Staff we spoke with were able to tell us how they supported the person using the hoist however the person's care plan did not reflect this change. This meant new staff may not always have the correct information to guide them when providing care.

We discussed the lack of up to date information in care plans with the nominated individual. They told us they had been unable to support the registered manager until recently. They were aware they needed to undertake work on the care plans to ensure all the information on people's care was up to date and pertinent to their needs, and this was their next priority.

We checked to see if the service was meeting its duties under The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw there were some good examples of accessible information for people. For example, we saw the questionnaires the registered manager sent out regularly to people were designed in an easy read format. We also saw one person who tended to become confused and upset did not always respond to verbal reassurance and the staff had given them a "talk board." This was a small white board that staff wrote simple reassuring facts on, such as where the person was and what would be happening next. We saw the person responded well to this and carried the board with them. This showed staff looked at ways to support people with accessible information.

People told us they were able to join in with a number of social activities at the service, and on the first day of our inspection we saw a pre-arranged motivation session in progress. The majority of the people who lived at the service joined in with the event which included a quiz and an exercise session. People taking part seemed to enjoy the interactive session. We saw there was a regular programme of events at the service available to people such as craft mornings, reflexology, manicures and singers. People also told us staff helped them celebrate their birthdays. Some people preferred to spend time in their rooms and one relative said, "[Name] really does get to choose whatever it is they feel like doing and if that is 'nothing' one day, then that's what they (staff) let them do."

People we spoke with told us they had no complaints about the service they received and told us they or their relatives could speak with the registered manager if they had any concerns. They were confident issues would be addressed to their satisfaction. One person said, "They (staff) look after me well here I think. I don't have any complaints about my care." Staff we spoke with were able to explain how they would deal with any concerns raised to them. One staff member said, "I would try to deal with the issue, make a record of it and make sure (registered manager) knew as they would want to be sure things were sorted out for people."

The complaint's procedure was displayed at the service and the registered manager told us they had not had any formal complaints made to them. They explained they worked with people and their relatives to sort out small issues so things did not escalate into bigger concerns.

The registered manager ensured people were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw that when appropriate, people's wishes were recorded. Relatives we spoke with told us they had been given the opportunity to discuss their loved one's end of life wishes and if they had not wanted to discuss the subject their wishes were considered. The registered manager told us they wanted to provide a home for life for people and they worked closely with healthcare professionals to ensure that people's changing needs could be met. People's relatives were encouraged to feel involved and kept informed when their family member's needs changed.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post however they had not fulfilled their legal responsibilities in notifying the CQC of notifiable events at the service. For example, we had not been informed of the authorisationsfor the Deprivation of Liberty Safeguarding (DoLS) for people at the service, and the recent safeguarding concern the registered manager discussed with us at the inspection had not been submitted us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There was a lack of oversight of the quality of the service by the registered manager who was also the owner of the service. The registered manager told us they regularly monitored the service to address environmental issues such as building maintenance and we saw the building was well maintained, however there was a lack of evidence to show how this had been achieved. Furthermore the lack of a complete environmental audit had also resulted in some safety issues not being addressed such as rooms that contained chemicals that could be harmful to people if ingested had not been risk assessed and were consistently left unlocked. The rooms were along the main corridor of the service and could be accessed by people walking by. During our second day of inspection the registered manager told us they had arranged for the chemicals to be moved whilst awaiting locks to be placed on these doors as soon as possible.

Falls were recorded and the registered manager had a book which show the number of falls at the service each month. However, there was a lack of analysis of the falls to identify any trends and address any future risks to people at the service. For example, one person had fallen seven times since October 2017, another person had fallen four times and a third person had fallen three times. There had been no analysis to identify if measures could be introduced to reduce the risks of falls for these people. The lack of analysis also had resulted in a lack of action to reduce risks to people with mobility and living with dementia, who may be at risk of accessing the stairs from the ground floor.

Further concerns were the lack of audits of the care plans which had led to them not being updated in a regular and systematic way. We viewed some care plans which had been developed as far back as 2015, with information not relevant to the person's present needs in them. For example, the discrepancies with a number of the PEEP's for people at the service that we found on the first day, for some people new to the service these had not been put in place. There was also a lack of up to date risk assessments and a lack of information on some people's changing nutritional, mobility and communication needs. This lack of oversight put people at risk of receiving unsafe and inappropriate care.

This lack of quality monitoring of the service has resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014.

People we spoke with told us there was a positive caring culture among staff at the service and this was led by the registered manager, who they told us was visible caring and approachable. Relatives told us they were able to speak to the registered manager whenever they needed to. One person we spoke with told us

the registered manager was "always there." The person went on to say the staff worked well together, they said, "There is never any upset (amongst staff) that I know of."

Staff we spoke with told us they enjoyed working at the service and felt well supported by the registered manager who worked in a fair and transparent way. Staff told us they received regular supervision. They found this helpful in allowing them to discuss any issues they had, and for the registered manager to support them to undertake their role with clear knowledge of what was expected of them.

The registered manager told us they wanted to provide people with a staff group who were committed to providing the best care. They told us they had staff who had worked with them for a number of years and who they had confidence in to provide the day-to-day care people required. This showed the registered manager worked to provide a positive cohesive staff group to support people in their care.

People and their relatives told us they were able to voice their opinions about the service and there were regular resident and relative's meetings as well as questionnaires about the quality of the service. One relative told us they did not come to the meetings as they came to the service most days and was able to speak to the registered manager whenever they needed to. We discussed with the registered manager and nominated individual how they responded to the information they received from the questionnaires. They told us they wrote to each relative with the results of the surveys, any issues that had been highlighted and what they had done about them so people could see they took their views seriously.

The nominated individual told us both they and the registered manager attended manager forums to keep themselves up to date with changes in health care and received minutes of these meetings. They felt this was helpful for them in their roles. The nominated individual was on a panel of professionals at the local university that looked at different aspects of health care.

Staff we spoke with told us there were opportunities for them to discuss the service at the staff meetings and the registered manager listened to them if they had ideas and suggestions on how to improve care for people.

The registered manager involved people in local community events when possible to help prevent isolation for people. For example, they worked with the local high school for people to attend events arranged by the pupils for older people in their community. A number of church groups invited the people to their events and the home took advantage of a scheme run by local restaurants that held special lunch dates for people in care homes.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Failure to notify the commission of significant events at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risks to people's safe had not been adequately assessed and measures had not been put in place to mitigate risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of quality monitoring of the service to highlight any issues with the quality of the service provided to people. There was a lack of oversight in areas such as care planning, risk assessments both individual and environmental, and falls.