Care Quality Commission

Coate Water Care Company Limited

Downs View Care Centre

Inspection report

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Date of inspection visit: 15 and 17 December 2015
Date of publication: 12/02/2016

Ratings

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

Overall summary

We carried out this inspection over two days on the 15 and 17 December 2015. The first day of the inspection was unannounced. During our last inspection on 18 July 2014, we found the provider satisfied the legal requirements in the areas we looked at.

Downs View Care Centre provides accommodation and personal care to up to 51 people, some of whom have dementia. At the time of our inspection, there were 45 people living at the home.

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

There were some concerns about some aspects of care people received. A night monitoring visit had identified some people were supported to get up very early and did not have access to a drink. This poor practice was

Summary of findings

appropriately addressed by the registered manager. Further monitoring visits identified no concerns although records had not been completed to evidence this. The registered manager told us further consideration would be given to ensure staff were more proactive, to minimise potential issues.

More intricate, less visible areas of the home were not clean. Such areas included the frames of wheelchairs, the beading on over-bed tables and the hinges of toilet seats. Records showed cleaning schedules were in place and being monitored.

Staffing levels were sufficient to meet people's needs. However, there was often staff sickness which made shifts difficult to cover. Various initiatives had been implemented to improve staff attendance but these had not been as efficient as expected. Agency staff were being used and there was ongoing recruitment to increase the flexibility of covering for staff absences.

There were many positive interactions between staff and people who used the service. However, there were some interactions which could be improved upon. Some people received little interaction and stimulation from staff. Improving social activity provision was an area the registered manager was looking to develop.

The environment was in the process of being developed. This included a large lounge extension and office area, leading to a newly developed secure, sensory garden. Another lounge had been decorated with new furniture. There were plans to develop those areas, which provided a lack of sensory stimulation. This included the corridors, within one area of the home.

Staff responded quickly to people's call bells and specific issues such as an altercation between two people who used the service. People looked well supported and their rights to privacy and choice were promoted. People's needs were appropriately assessed and any potential risks were identified and minimised. Each person had an up to date care plan, which informed staff of individual wishes and the support required. There were management plans in place to help staff support those people who had behaviours that challenged.

People were offered a variety of choice at meal times. The lunch time meal looked appetising and was well presented. Individual preferences and specialised diets were provided. Those people at risk of malnutrition were appropriately assessed and monitored. People were regularly weighed and given increased calorie intake if required.

People had access to a range of services to meet their health care needs. This included regular visits from the GP, district nurse and community matron. People received support to attend hospital appointments, as required. People received their medicines in a safe and person centred way. Staff received training in the management of medicines and had their competency regularly assessed. This ensured staff were competent in their role.

Staff were well supported by managers and each other. They received regular meetings with their supervisor, to discuss their performance and any concerns they might have. Staff undertook regular training to ensure they had the knowledge and skills to do their job effectively. However, housekeeping staff had not received training in dementia care. This training would increase staff's knowledge and therefore enhance people's experiences.

People were supported by staff who had undertaken a thorough recruitment process. This ensured all staff were suitable to work with vulnerable people. Staff had received safeguarding training and were aware of their responsibilities to recognise and report abuse.

There was an effective auditing system to assess and monitor the quality and safety of the service. The registered manager submitted a monthly report to senior managers to ensure further monitoring. People were encouraged to give their views about the service. This was informally, at meetings or by using questionnaires. The feedback received was used to help improve service provision. People knew how to make a complaint and were confident any issues would be properly addressed.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Less visible and more intricate areas of the home were not clean and did not promote good infection control principles.

Potential risks to people's safety were identified and appropriately addressed.

There were enough staff to meet people's needs although there was often staff sickness, which made shifts difficult to cover.

People's medicines were safely managed and administered in a person centred way.

Is the service effective?

Good

The service was effective.

People were assisted by staff who felt valued and well supported. Staff received a range of training to help them do their job effectively. However, ancillary staff had not received dementia care training, which was integral to their role.

Consent to care and treatment was sought in line with legislation and guidance.

People had enough to eat and were complimentary about the meals provided.

People received good support from local GP surgeries and other agencies, to meet their health care needs.

Is the service caring?

Requires improvement

The service was not always caring.

There were many positive interactions but also some, which could be improved upon. Many staff were very positive, caring and attentive whilst others did not show a clear understanding of the person and their health condition.

There were many positive comments about the staff and their caring approach and attitude.

People were supported to make decisions and their rights to privacy were respected. Staff were confident when discussing ways in which they identified people's wishes.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

There were some concerns about people's care and some poor practice had been identified during a night monitoring visit. However, those issues identified had been properly addressed.

Various social activities were arranged although some people received limited interaction or stimulation.

People looked well supported. Staff worked well with those people who showed some resistance to care. Each person had a plan of care, which detailed the support required and was regularly reviewed.

Complaints were seen as a way to improve the service. People knew how to raise a concern and felt listened to.

Is the service well-led?

Requires improvement

The service was well led.

The registered manager was committed to providing a good service and addressed challenges and issues of concern efficiently. However, recording systems did not always evidence this.

Clear systems to support the day to day management of the service were in place. There was an effective auditing system to monitor and review the quality and safety of the service. The environment was in the process of being improved.

People, their relatives and staff were encouraged to give feedback about the service. Views were taken seriously and used to improve provision.

Downs View Care Centre

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 checked 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 was unannounced on 15 December and continued on 17 December 2015. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In order to gain people's views about the quality of the care and support being provided, we spoke with 6 people and 4 relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, 10 staff and two health care professionals. We looked at people's care records and documentation in relation to the management of the service. This included staff training and recruitment records and quality auditing processes.

Before our inspection, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because the inspection was brought forward due to concerns we had received about the service.

Requires improvement

Is the service safe?

Our findings

Not all less visible areas were clean, which did not promote good infection control practice. There was debris on the beading of over-bed tables, on the frames of wheelchairs and around the hinges of toilet seats. One person had a recliner chair and there was food debris, under the foot rest. Some light pull chords were stained brown and toilet brushes had brown debris on them and were standing in water. One bathroom did not have a foot operated waste bin. This meant people had to touch the flip top lid when disposing of their waste, which increased the risk of contamination. There were unpleasant odours in two bedrooms. The registered manager told us this had been noted and arrangements were being made to replace the carpets in these rooms.

This was a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were sufficient staff on duty to meet people's needs although the amount of staff sickness was a challenge. The registered manager told us staffing levels were worked out according to the number of people in the home and their level of dependency. They said the home was currently over staffed. However, staff sickness meant some shifts were not easy to cover and agency staff were often required. This occurred on the first day of the inspection, when a member of staff had called in sick earlier in the morning. As a result, a new member of staff who was supposed to be supernumerary did not receive support but worked on their own with people. The staff member told us they did not mind, as they only had to ask if they were not sure. However, other staff said this wasn't entirely satisfactory, although it did not happen on a regular basis. The registered manager told us not all staff appeared to realise the impact that calling in sick, had on the rest of the team.

The registered manager told us incentives had been developed to minimise staff sickness although these were not working as efficiently, as planned. This included overtime being paid when previously additional hours were paid at the staff member's normal rate. On going recruitment was taking place with the aim there would be additional staff to ensure greater flexibility. The registered manager had discussed staff shortages and maintaining staff cover, with senior managers during their monthly visits to the home. They explained this had been one of the challenges facing the service.

People did not raise any concerns about the number of staff available but this was not so with relatives. One relative told us "there are times when there is just one carer and a senior on the floor, which can lead to delays with a number of residents". Another relative said "on the whole, it's okay but sometimes there is a wait for two members of staff to be available, as X needs two members of staff". Another relative told us "what X misses most is the ability to make a cup of tea. The staff say you only have to ask, but they are so busy she doesn't want to trouble them." Other comments included "there are seniors on both sides now but sickness is a problem and it is not always covered" and "staffing seems less, as time has gone on, and it's not so good now, but overall I speak very highly of the staff." Staff told us staffing levels were fine unless staff went sick. They said shifts were often difficult to cover at short notice, so there were times when there were less staff than preferred.

During the inspection, the home was calm and staff were going about their work, in an unhurried manner. They answered people's call bells without delay and there was no evidence of people waiting for assistance.

People told us they felt safe and were comfortable in the vicinity of staff. One person told us "I'm very safe here. I like my room, it makes me feel secure". Relatives did not have any concerns about their family member's safety. One relative told us "X is happy and contented here. I feel they are safe, yes I do." Another relative told us "I never worry about X's safety. They are well looked after". Staff were aware of their responsibilities of recognising and reporting potential abuse. One member of staff was on their second day of employment. They told us "they spoke about abuse to me yesterday and said I had to immediately report anything, I was not happy with". Another member of staff told us "people rely on us to keep them safe. I would report any concerns to the manager". Another member of staff told us "I'd inform the manager and they'd address it with those who needed to know". The member of staff was confident any issues would be properly managed. They told us "if it wasn't being dealt with, there are others in the organisation I'd go to. I'd go further up the line". A health care professional told us they had never seen any practice which concerned them.

Requires improvement

Is the service safe?

The registered manager told us they had recently trained, as a trainer in challenging behaviour. They said staff had received some training in this area and they were planning to do more sessions during the early part of 2016. At the beginning of the inspection, staff told us some of the issues, which could trigger specific people's anxiety and aggression. This was to ensure our safety and that of others around. They gave examples of not standing to close to one person and not blocking their walkway. Another person could display aggressive behaviour. Records showed an urgent assessment with the community mental health team had been arranged to discuss this. The person's treatment was altered and their behaviour improved. Staff told us they had learnt to identify some of the things that triggered the behaviour and were more aware of the person's needs. Staff told us any form of restraint was never used. They said they always tried to calm people by talking, giving reassurance and space. The registered manager told us a member of staff was always in each lounge, to minimise the risk of incidents between people.

Records showed staff had received updated safeguarding training. Up to date assessments were in place, which identified potential risks to people's safety. The assessments related to issues such as moving and handling, tissue viability, falls and nutrition. The information showed what action was being taken, to minimise the risks identified. The assessments showed staff were proactive in managing risk. However, whilst one person had an appropriate pressure relieving mattress in place, it was not on the correct setting for their weight. Another person had been assessed as at very high risk of developing pressure ulceration. They had a type of pressure relief mattress on their bed although it was not an air mattress. This would have provided more protection for the person. These issues were discussed with a member of staff and they immediately contacted the community nursing team for a reassessment.

There were other examples of risks being appropriately managed. This included one person who had been assessed as at risk from choking. The person required a soft diet and assistance to eat, which was provided at lunch time. The person needed to use a hoist when being moved from their bed to their chair. Details of the hoist and lifting slings to be used were documented in their care plan for staff reference. Staff used the equipment appropriately and moved the person safely. Staff used a hoist to enable other people to move from one chair to another. All manoeuvres were safely undertaken.

People's medicines were safely managed. The staff member gave the person their medicines in a person centred way. This included placing the person's medicines in their hand or on a spoon. If a person showed anxiety about their medicines, the staff member explained why they had been prescribed. They gave the person reassurance and explained they would feel better afterwards. People were asked if they were in any pain and if they wanted pain relief. The staff member gave the person time and prompted them by saying "what about your leg, is that still hurting?"

People's medicines were orderly and safely stored. Records showed people were given their medicines, as prescribed. Information clearly informed staff when to give people, those medicines prescribed "as required". This ensured maximum effectiveness of the medicines. No homely remedies or "over the counter" medicines were given to people. Staff said this was to minimise the risk of harm through contraindications with people's prescribed medicines. They told us they undertook a thorough assessment process before administering people's medicines. This included observing an experienced member of staff and being supervised for approximately six or seven medicine rounds before completing one on their own. At the end of each administration, staff signed to demonstrate they had followed procedure and ensured each person had taken their medicines satisfactorily. Records showed staff received regular training in the safe administration of medicines.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Good

Is the service effective?

Our findings

There were some interactions which did not show staff had a clear understanding of the person's health condition. This included one person being in the corridor away from their bedroom. A member of staff, as they walked by asked "have you had your lunch X? It's on your table in your room". The member of staff did not guide the person to the direction they needed to go in or support them to get there. Another member of staff repeatedly told a person to sit down. They spoke very quietly but did not identify what the person wanted or what was making them unsettled. The staff member assisted the person to sit down although they soon got up again, after the staff member had left. Records showed care staff had undertaken dementia training, although this was not specifically related to communication. The registered manager told us they were planning more dementia care training, as a member of staff had recently been awarded the role of dementia champion. This member of staff was passionate about this area of their work. They said they were looking forward to further developing staff's knowledge and skills. Records showed ancillary staff such as housekeepers had not received dementia care training. As these staff worked directly with people, such training would enhance their knowledge and practice. The registered manager told us they would be addressing this in the new year.

People and their relatives told us staff were competent and well trained. A health care professional told us "they are very good at spotting changing behaviours" in relation to those people living with dementia. The health care professional told us staff "erred on the side of caution" and appropriately referred people to the surgery. Another health care professional told us "there is good communications with the home and they are able to make quick decisions. The service works well as a crisis support and they have worked well with me, to offer an immediate response and care".

Staff told us they felt well supported and were positive about the training they received. One member of staff told us "the training here is very good. We do all sorts of things like health and safety, manual handling and safeguarding but things about people's care as well". Another member of staff told us "we do so much I've forgotten what we've done more recently". Staff told us the training was organised in different ways so that all training styles were recognised and addressed. This included completing workbooks and listening to guest speakers. The registered manager told us they were in the process of arranging training about older age, by the community matron. Staff told us training sessions were generally held at Head Office with staff from the other homes within the organisation. Staff told us this was useful, as they were able to share ideas and experiences. There was a training matrix which showed the training staff had completed and those courses scheduled. The registered manager told us they were aware of which staff were behind in their training. They said this was being addressed.

Staff told us they received informal support on a day to day basis from each other and the various senior staff. This included the senior carers and deputy manager, as well as the registered manager. Staff told us they worked well as a team and were committed to providing a good service. In addition to informal support, staff received formal supervision with their supervisor. This was a system whereby staff discussed their performance and any concerns they might have. Staff told us they found supervision useful but also raised issues at the time. This enabled any concerns to be quickly addressed, without further escalation. The registered manager told us they often arrived early in the morning, to start their shift. They said this was because they could "catch up" with the night staff to ensure they were happy with their work. Another member of staff told us about their supervisor. They said "she's a right task master. She's got high standards and we've got to meet them. It's good. It keeps staff on their toes".

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff asked people for their consent when providing support. They told us one person often refused help with

their personal care and preferred to stay in bed. They said they frequently tried to support the person throughout the day, but ultimately they followed the person's wishes. One member of staff told us "it's what they want." Within the person's daily records, staff had documented the assistance they offered and whether the person accepted or refused. In light of the person's refusals, an assessment of the person's mental capacity had been undertaken. This stated the person was able to make day to day decisions about the support they received, but were unable to make decisions regarding where they lived or their health that would be in their best interests. The registered manager confirmed they had applied for a Deprivation of Liberty Safeguarding (DoLS) assessment to be carried out. The person had a relative with Power of Attorney for health and welfare. A copy of the document confirming this was placed in the person's records. The registered manager told us they had made various Deprivation of Liberty Safeguards applications and these had been sent to the appropriate local authority.

People told us they liked the meals provided and had enough to eat. One person told us "the food is lovely, I eat it all. I like everything. It's all very nice". Another person told us they ate well and enjoyed the food. Relatives and staff told us the meals were always well cooked and people were offered a good variety. They said people had a choice of foods and could always have something else, if they did not like what was on the menu. One member of staff told us "food's so important and it has to look good. You eat with your eyes so if it looks horrible, you won't eat it. We're very lucky here, as the food is good". Staff told us specialised diets were catered for. They said at present, one person was a vegetarian, there were some diabetic diets and others had pureed foods due to swallowing difficulties.

On the day of the inspection, the lunch time meal was cottage pie or salmon, new or mashed potato, carrots and cabbage. The meal looked appetising, colourful and was well presented. Staff told us they showed people the choice of meal so they could see what they wanted. However, this was not consistently seen during the inspection. Meals were served according to personal preferences and preferred portion sizes. Staff encouraged people to eat and gave pleasantries such as "that looks nice". One member of staff asked a person if they wanted more cream on their pudding and went to fetch some for them. Another person was having their meal in their room, but had fallen asleep. A member of staff noticed this and went in to wake them. They encouraged the person to finish their meal.

Records showed people had been assessed in relation to their risk of malnutrition. One person was assessed as being at risk and had lost some weight since being admitted to the home. They were being weighed each week and their weight had stabilised. Records indicated they were receiving regular meals. The person had been seen by a dietician and fortified foods, such as porridge with cream were being provided. Records showed other people were weighed regularly and their weight was being monitored. Any areas of concern were highlighted and further monitored within the registered manager's monthly management report.

Records showed people had access to healthcare professionals such as community nurses, dieticians, general practitioners (GP), hospital consultants and the community mental health team. Staff confirmed this and said GPs and the community matron visited people on a weekly basis. This enabled treatments to be started without delay, health care conditions to be monitored and medicines to be regularly reviewed. Records showed one person had developed a small area of low grade pressure damage to their skin. Staff had reported this to the community nursing service and treatment had begun. Another person had developed a urinary tract infection. They had been seen by their GP and were receiving treatment. Another person had been promptly referred to the mental health team about their behaviour and their treatment was altered to good effect.

Requires improvement

Is the service caring?

Our findings

Interactions with people were variable. Some were very positive, whilst others were not so good. On the first day of our inspection, new flooring was being applied to the lounge, in one of the units. This meant people were not able to access the area and therefore spent the majority of their time in their room. This unsettled some people. One person went into another person's room. A member of staff called out to them from a distance, saying "out of there please, that's not your room". This was not in a friendly manner and did not take into account the person's potential anxiety, general disorientation or overall wellbeing. Another member of staff came along and said "come on X, I'll show you. It's this way, I'll take you. Are you ok?" The member of staff offered the person their hand and gave further reassurance by saying "its ok. We'll go and find your room". The person responded to this member of staff well and accompanied them back along the corridor.

At lunch time, another member of staff was supporting a person to eat their meal. They stood at the side of the person's bed and placed the spoon to the person's mouth without any interaction. They did not inform the person what they were eating or check if the pace was satisfactory. The behaviour of the member of staff indicated they were undertaking a task. It was not person centred and did not promote the person's dignity. Another person was not eating. They explained this was because their meal was not hot. A member of staff felt the plate and told the person the food was hot but they would get them another meal. The interaction did not promote the person's wellbeing and gave the risk that they may not raise such concerns again. Another person was shaking the door of the unit, trying to go home. This was not initially noted by staff and the person continued to shake the door. When identified, the member of staff was supportive and encouraged the person back to their room. Another person asked for a cup of tea. A member of staff told them it was nearly lunch time and did not make the drink. A more senior staff member then intervened, saying the person could have a cup of tea, at any time, if they wanted one.

During our SOFI observation, not all people received interaction with staff other than being given a drink. There were three people who spent time either asleep or looking ahead without engaging in the surroundings. One person spent the majority of their time with their head in their hands. Another person adjusted their clothing and felt the hem of their skirt. They picked up an empty plastic beaker in front of them and raised it to their mouth. The person then tipped the beaker upside down and turned it around in their hands. Staff walked through the lounge area but did not speak to these people. They received minimal stimulation and did not do anything to occupy their time. More positively, when one person began to cough, staff were attentive and asked them if they were all right. They knelt down on the floor at the side of the person, gently rubbed their back whilst giving reassurance. One member of staff offered the person a drink and once more settled, they returned to their previous duties.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other interactions were more positive. Some staff used the person's name and said things like "hello X, how are you today?" One person spoke about their earlier life and repeated similar phrases. A member of staff was attentive, focused on the person and laughed with them. They encouraged further discussion and asked the person about their family. The person responded well and told the member of staff "you are lovely". Another person had soiled their clothing. A member of staff guided the person back to their room and changed their clothes. They did this in a sensitive, supportive manner.

There were other positive interactions during the inspection. This included one person who became distressed and started to cry. Two members of staff went to the person immediately, held their hand and comforted them. They showed a caring and sensitive approach. Another member of staff took a Christmas card to a person from their relative. They read it out to the person, as they had difficulty reading it. One member of staff asked a person if they could vacuum their room. They then asked the person "would you mind lifting your legs so I can hoover or shall I come back later? The person lifted their legs so the staff member could vacuum the carpet. The member of staff said "that's fantastic. What a star. Thank you". The person smiled at the staff member and laughed.

There were many positive comments about the staff and their caring approach. People described the staff as "lovely", "very nice" and "friendly". One person said "they are my friends". Relatives told us "staff are very kind and caring", "all the carers are really nice" and "they are very

Requires improvement

Is the service caring?

willing and committed". A health care professional told us staff showed care and consideration towards people. They told us "they treat them like family. There's a sense of caring in this home. They really do care".

Staff were confident when they described ways in which they promoted people's rights to privacy, dignity and choice. One member of staff told us about knocking on people's bedroom doors, closing curtains and making sure people were covered during personal care. Another member of staff told us they always offered people a choice of what to wear or whether they wanted a wash or a bath. They said they would show the person a couple of garments, so the choice was easier to make. Another member of staff told us promoting people's rights was all about knowing the person. They said they tried to ensure each person was treated as an individual. The member of staff told us "we do a lot of observation, checking out people's body language and how they are. Sometimes it's a question of ruling out things, to find what the person actually wants. We get to know people and what's important to them. If communication is difficult, we might ask their relatives about key things or what the person would have liked before they had dementia". Another member of staff told us "we always go with how the person presents at the time. You have to remember people might be frightened, not recognise you or where they are. It's not a nice condition". One member of staff told us "I love coming to work. We have some lovely people here. I always treat people with respect, as I think that could be me one day".

Requires improvement

Is the service responsive?

Our findings

Earlier in 2015, a night visit undertaken by manager's found practice, which was not of the expected standard. Some people had been assisted to get up and dressed very early and did not have access to drinks. This poor practice was appropriately addressed with the members of staff concerned.

Before our inspection, we received two concerns about people's care. The information indicated people were not being sufficiently supported with their personal care and continence. In addition, staff were not able to manage specific behaviours which challenged and people did not have access to their call bell or mobility aids. During our inspection, some further concerns were raised about people's care. This included one person not being sufficiently supported with washing and dressing, as they often had clothes on but in the wrong order. Another relative told us their family member had sometimes soiled their clothing when they visited. They said staff being more proactive would assist their family member in this area. Another relative told us they felt the care was very good although there were occasions when they worried about their family member's socialisation. They said they felt their family member could become isolated because of their condition and at times, because of staff availability. The registered manager told us they would consider how senior staff could monitor such practice more efficiently.

Other relatives were more positive about the care provided. Specific comments were "X is always very clean and nicely dressed", "all the laundry is done for them and it comes back very clean" and "they care for X well. They know what she likes and how she likes things done". Relatives told us staff generally kept them well informed of their family member's wellbeing. They said this included whether they were unwell or had seen the doctor. One relative told us staff were good at passing messages on. However, they felt there were some occasions, when asked a question the reply would be "I don't know I wasn't on duty".

On the first day of our inspection, a group of school children sang carols to people. People appeared to enjoy this and some sang along. On the second day, a singing and dancing session took place with a bar available. People were supported and encouraged to get involved and were enjoying the session, dancing with the staff and each other. Some staff involved people in discussions. This included one member of staff talking to people about the royal family. They asked people if they had ever seen the royal babies and showed them a picture. This led on to further discussion about children and particular incidents people had experienced. However, those people who were not involved in these activities received limited interaction from staff. The registered manager told us social activity provision was an area they wanted to further develop in the year ahead. They said there had been a large amount of Christmas activities, which people participated in.

People looked well supported with their personal care. One person was calling out "help me, help me" as they needed assistance with their continence. We used the person's call bell to summon staff assistance. The registered manager responded quickly to the call bell and gave the person assistance. Another person was lying on their bed, as they said it made them feel comfortable and warm. A member of staff knocked on the person's bedroom door and asked if they needed anything. The person told us staff often 'popped their head around the door' to ensure they were alright. Two people had a disagreement and were raising their voices at each other. Staff quickly responded and diffused the situation effectively.

One person often refused support with personal care. Staff told us when this happened they would try again throughout the day. They said this was sometimes effective. On the second day of our inspection, the person had refused support in the morning and wanted to stay in bed. By the afternoon, staff had managed to help the person change into a clean nightdress. The person told us staff looked after them "very well." They said they were comfortable in bed. The person had appropriate pressure relieving equipment to minimise their risk of developing pressure ulceration. Daily records on the support given to the person stated when they had received personal care, and when they had refused. The person had a 'risk plan' in place regarding self-neglect.

People had an up to date plan of their care. These were compiled and held on a computer management system. Care plans and assessments covered issues such as communication, elimination, nutrition, mental capacity and end of life care. The care plans and assessments had been regularly reviewed. One person's care plan stated they required prompting and some support with their personal hygiene needs. Records showed they would sometimes forget to wash or change into clean clothes. A member of

Requires improvement

Is the service responsive?

staff told us they had arranged for the night staff to remove any clothes that had been worn from the person's room at night. This reduced the risk of the person putting them back on in the morning. They said staff always prompted the person to wash in the morning, or supported them to have a bath. Another person had difficulties with their continence at night. Records showed they were regularly checked and their continence aids changed, if required.

Another person was assessed as being at risk from developing pressure ulceration and had developed an area of low grade tissue damage. A skin integrity care plan was in place. However, this did not reflect that the person had an area of damage. Whilst it was acknowledged the community nurses undertook all treatment of the wound, staff needed to be aware of the area and its management. This would ensure preventative measures were taken to promote healing and minimise further deterioration.

People and their relatives told us they knew how to make a complaint. They said they would tell a member of staff or the registered manager if they were not happy with the service they received. Staff told us they would try to resolve any issues, which were brought to their attention. If this was not possible, they would inform their supervisor or the registered manager. The registered manager told us they had a positive approach to complaints and were pleased if people or their relatives raised any concerns they might have. They said they wanted people to feel open and honest, so the service could be further improved as a result. Records of any complaints, the investigation and outcome were stored on people's care records. There was not an overview of the complaints so that possible trends could be seen. The registered manager told us the number of complaints was submitted to senior managers on a monthly basis but there was not a complaints file. The registered manager told us they would address this so it could be seen at a glance, what complaints had been received and action had been taken, as a result.

Requires improvement

Is the service well-led?

Our findings

There was a registered manager in post. They had been the registered manager for approximately five years and therefore knew the home well. The registered manager told us they were well supported by the staff team and by senior managers. They said they appreciated being able to be "open and honest" when discussing particular challenges with senior managers. The registered manager told us this enabled potential solutions to be freely discussed, without fear of judgements being made. They told us staff were aware they could call them at any time, for support or advice. The registered manager told us they had visited the home the other night, as there had been an issue with a person's medicines.

The registered manager told us recent challenges had involved maintaining the staffing roster and addressing care issues, as identified during a night monitoring visit. They told us further night visits had been undertaken to ensure practice had improved and no further concerns had been identified. However, no records of these visits had been made. This did not show an effective monitoring system although the concerns had been addressed. The registered manager told us senior staff were now rotating their shifts so they undertook both day and night duties. This promoted seamless care but also monitored practice to maintain standards. In response to concerns, CCTV had been installed in the corridors and communal areas of the home. This enabled additional monitoring.

The registered manager submitted a monthly report to senior managers. The report identified topics such as the number of people who were at risk of malnutrition, how many complaints had been raised and any hospital admissions. Within the information, it was identified that each month, there were a relatively high number of accidents, such as unwitnessed falls. The analysis showed the falls had generally occurred during the night. However, there was no further investigation to identify why this was so. The information did not show how it was being managed to minimise further occurrences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The environment was in the process of being developed. One lounge was being extended to enable a greater seating area and office space. This had improved the area significantly. New flooring was being fitted and staff told us new furniture had been purchased. The extension was to have patio doors, which would lead onto a newly developed sensory garden. Staff told us the garden would be secure with various seating areas. Better use of the garden and additional seating areas had been suggestions from people and their relatives. The lounge in the other unit had recently been developed through decoration and new furniture. Pictures of famous people through the eras had been displayed on the walls. The registered manager told us there were plans to develop other areas of the home to make them more interesting for people. At present, the area for people living with dementia was homely but did not contain any interactive or sensory equipment. All areas were decorated using the same colours, and there was a lack of sensory stimulation.

The registered manager told us they kept up to date with best practice by training, attending meetings, reading documentation and researching topics on the Intranet. They had become a moving and handling trainer, so they could train staff in this area. The registered manager told us they believed strongly in learning and development and were lucky the staff team were willing, positive and motivated. They said some staff went far beyond the call of duty and were a "tower of strength" in terms of the support they gave. The registered manager described their management style as empowering, supportive and consultative. They said they were committed to developing the service and wanted to be "the best" in their field. To achieve this, a new post of deputy manager had been developed and staff had been made champions in their area of expertise. This included areas such as dementia care, continence and infection control. The registered manager told us they had strived to improve the terms and conditions of the staff team. As a result, staff were now paid for the time they spent training and were not expected to attend courses in their own time. The registered manager told us they wanted people to be happy at the home and for staff to make a difference to their lives. They explained "staff dressed up at the Christmas party and one person quietly said "it's Christmas" as they smiled. It was lovely to see".

Staff were positive about the registered manager and their approach. One member of staff told us "she's firm but fair.

Requires improvement

Is the service well-led?

She'll always give you time and is very supportive. If she can help, she will". Another member of staff told us "she is good at what she does. She's very visible, often about the home and people like that".

The registered manager told us they promoted the home's ethos through good communication and role modelling. They said there were systems which supported information sharing but also many informal discussions were held on a day to day basis. The formal systems included staff supervision and team meetings. Records showed regular meetings took place. However, the format was repeated so the same topics were discussed each time. This did not encourage wider issues to be explored. Records showed 'resident' meetings were similar with little distraction from the usual topics. In addition, the same few people attended the meetings so there were limited suggestions of new ideas. The registered manager told us consideration would be given to revising the format of both staff and 'resident' meetings, in the new year.

There were various audits to monitor the quality and safety of the service. These were undertaken at varying frequencies dependent on the area being assessed. Records showed all equipment and aspects of the environment were regularly checked to ensure people's safety. This included monitoring the water from hand wash basins to ensure the temperature was not exceptionally high or unpredictable. All small portable electrical appliances were tested to ensure they were safe to use. There were assessments which identified potential risks and how they were to be minimised. The registered manager told us a daily tour of the home was made to identify and address potential hazards.

The registered manager told us feedback about the service was encouraged. They said surveys were sent to people and their relatives on a yearly basis. The results of the last survey showed people were generally satisfied with the service they received. The information showed seven people were either extremely or very satisfied with the attentiveness of staff. Two people were quite satisfied. Other areas which were positive were privacy and dignity and communication. Potentials areas for development were stated as social activity and meal provision. The registered manager told us they met with people to discuss any concerns which might have been raised. They said they tried to address any suggestions made.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Less visible areas of the home were not clean and there were shortfalls in practice which did not promote good infection control principles.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect Whilst there were positive interactions between people and staff, others were not so good. These did not promote people's dignity and an understanding of the individual's health condition. Some people received limited interaction from staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Whilst the registered manager had undertaken follow up visits to monitor poor care practice, records of these had not been completed. The number of accidents each month had been identified but measures to minimise these occurrences, were not identified.