SKR Limited

Meresbeck

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?	**Requires improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection took place on 18 and 19 November 2015.

On the day of inspection there were thirteen people living at the home.

There was a registered manager in place. 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 service was last inspected 11 February 2014. We identified no concerns at this inspection and found the provider was meeting all standards we assessed.

Feedback from relatives and visitors was positive and people who lived at the home spoke highly about the quality of service provision on offer.

People were not always safe. We found processes for administering medicines were not consistently applied. We have made a recommendation about this.

Summary of findings

The registered manager also failed to identify and act upon environmental hazards which had the potential to cause harm. We have made a recommendation about this.

All people had a detailed care plan which covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Observations made during the inspection demonstrated staff employed at the home were kind and compassionate and were committed to ensuring the comfort and well-being of the people who lived at the home. Activities were in place to ensure people were kept occupied throughout the day.

Staffing levels were assessed by the registered manager to ensure adequate levels of staffing were in place. The registered manager provided hands on support when staffing levels did not meet the needs of the people being supported.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed.

Staff were positive about their work and confirmed they were supported by the manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs. New members of staff were supported through a formal induction.

Staff informed us they had received training in Mental Capacity awareness and Deprivation of Liberty Safeguards. However we noted procedures were not always followed to ensure compliance with the Deprivation of Liberty Safeguards (DoLS.) We identified one person being deprived of their liberty without legal authorisation.

During the course of the inspection we identified numerous incidents which were reportable under the Care Quality Commission (Registration) Regulations 2009. These incidents had not been forwarded as required, to the commission in a timely manner.

Privacy and dignity was not always promoted. We were informed of several incidents where people's privacy had been compromised. We found no evidence this had been taken into consideration and actions completed following the incidents to further promote privacy. We have made a recommendation about this.

People who lived at the home, relatives and health professionals spoke highly about the way in which the home was suitably managed. Staff also praised the working atmosphere and the team work involved at the home.

People who lived at the home and relatives were encouraged to give feedback on the quality of the service through quality assurance questionnaires and residents meetings. Feedback received was positive.

You can see what actions we have asked 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.

People who lived at the home told us they felt safe however we identified concerns within the environment which had the potential to cause harm.

Processes for administering medicines were not consistently followed by staff. This placed people at risk of receiving incorrect medicines.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Is the service effective?

Requires improvement

The service was not always effective.

Staff had received training in the area of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) but did not consistently apply the legislation to practice.

People's nutritional needs were met by the registered provider. People at risk of malnourishment were carefully monitored. Health needs of people who lived at the home were addressed.

Staff had access to on-going training to meet the individual needs of people they supported.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate.

Is the service caring?

Requires improvement

Staff were sometimes caring.

People who lived at the home and relatives praised the caring nature of the staff who delivered care at the home.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion. However people's rights to privacy and dignity were not always promoted.

Is the service responsive?

Good

The service was responsive.

The registered provider ensured suitable activities were in place for people who lived at the home.

Summary of findings

People were involved in making decisions about what was important to them. Care needs were kept under review and staff responded in a timely manner when people's needs changed.

The management and staff team were committed to ensuring comments raised were dealt with in a timely manner before they escalated to a concern or complaint.

Is the service well-led?

Requires improvement

The service was sometimes well led.

The registered manager did not always foster an open and transparent communications system. The registered manager had failed in their duties to ensure they met their legal obligations in reporting to the Care Quality Commission all deaths and serious injuries which had occurred at the home.

The registered manager had good working relationships with the staff team.

People who lived at the home and relatives spoke positively about the management team, the staff and the support provided.

Meresbeck

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health & Social Care Act 2008 as part of our regulatory functions and to check whether the provider is meeting the legal requirements and regulations associated with the Heath & Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 November 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with seven members of staff. This included the registered manager, deputy manager, four staff responsible for delivering care and the cook.

We spoke with seven people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with two relatives and two health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to three people who lived at the home and recruitment files belonging to three staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of the people who lived there.

Requires improvement

Is the service safe?

Our findings

People who lived at the home did not express any concerns in regards to safety.

Two relatives we spoke with commended the registered manager and the way the home was managed to ensure peoples safety. One relative said, "I am satisfied [relative] is being care for. She is safe here."

Although we received positive feedback on the safety of people at the home, we identified some concerns during the inspection which could place people at risk of harm.

We looked at how medicines were managed within the home. Medicines were stored securely within a trolley in an unused communal area. The trolley was secured to the wall when not in use. Storing medicines safely helps prevent mishandling and misuse. Tablets were blister packed by the pharmacy ready for administration. Creams and liquids were in original bottles. Medicines that were not required on a frequent basis (PRN) medicine were kept separate to medicines prescribed every day.

We observed a staff member carrying out the medicines round. The member of staff informed us they had received training prior to administering medicines. We noted practice guidelines were not consistently followed when administering medicines. We observed multiple medicines being administered to two people at the same time. This posed a risk of people receiving the incorrect medicines. We asked the staff member how they were confident they had just given the correct medicines to the correct person. The staff member said they "Just knew which was which." The staff member then went on to say however, they were not fully conversant with lunch time medicines as they usually do the evening medicines.

We looked at the Medication Administration Records, (MAR) for each person receiving lunch time medicines. We noted the staff member had pre-signed to state people had taken their medicines before giving them. We pointed this out to the staff member and they said they would just overwrite the signature if people refused. We also observed medicines being administered to a person by hand. This posed an infection control risk as gloves were not worn during the process.

We reviewed the organisation's medicines policy and noted processes set out within the policy this had not been consistently followed during the administration of medicines process.

We spoke with the registered manager about our concerns identified during the medicines round. The registered manager said they had already addressed this as another staff member had brought it to their attention. The registered manager said systems were in place to manage the concerns identified.

We spoke with a further two members of staff members who also administered medicines to assess their knowledge of administering medicines safely. Both staff members were able to describe good practice guidelines as to how to ensure medicines were administered safely. We also spoke to a new member of staff who told us they were not yet permitted to administer medicines as they were not yet trained. They said it was the organisations policy that staff were trained and observed as being competent by a manager prior to administering medicines.

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law. We also spot checked one controlled drug to ensure the stock numbers matched the numbers recorded in the controlled drug record.

As part of the inspection process we carried out a visual tour of the home. During the tour of the home we identified some maintenance issues which had not been addressed. We noted not all carpets and flooring were in a good state of repair. The carpet into the main lounge was threadbare and could present as a slip, trip and fall hazard, especially to people with mobility problems or poor eye sight. We also noted a carpet in one person's bedroom was also in a poor state of repair and also posed a slip trip and fall hazard.

We checked taps in bedrooms and communal areas to ensure water temperatures did not pose a risk of scalding. Whilst carrying out these checks we noted one communal bathroom did not have sufficient running hot water. We mentioned this to the registered manager who stated this room was mainly used by staff. We also noted a tap in a person's bedroom was not working at all. The registered manager informed us this person had continence needs and therefore this poor maintenance could also pose as an

Is the service safe?

infection control risk. The registered manager was unsure as to why the tap was not working and why there was insufficient water to the communal bathroom and agreed to have these looked at immediately. We also noted a grab rail in a communal bathroom had fallen off the wall.

During the visual inspection we also noted two gas fires in communal lounges were not working. Both had been certified as unsafe during a recent gas check. We noted the main lounge environment was comfortably warm without the gas fires as central heating was also present. The registered manager assured us the gas fires had been isolated and could not be switched on. The registered manager said people could not use one dining room as a consequence of having no gas heating in the room. We noted the dining room being used for serving meals was also used to store two freezers for the kitchen and was also housing a baby's pram. The dining room was therefore cramped and there was no room for people to move around should they wish.

We looked in the laundry and noted plaster to the walls had fallen off. This posed as an infection control risk as the walls could not be easily cleaned.

We also noted one communal lounge was being used as storage. There were two beds in the lounge. The registered manager informed us they were in the process of being removed from the home. The registered manager assured us this was fine as the lounge was currently not being used by any people who lived at the home. They stated no one wished to use the lounge and the room was too cold due to the fire being out of operation.

We looked at the maintenance book to see if required works reported were completed. We noted within the maintenance book four door guards which were in place for fire control measures were not working. The registered manager had put systems in place to ensure fire regulations were adhered to until they could be repaired. These had been reported as faulty since 08 October 2015 but had not yet been addressed.

We spoke with the registered manager about the concerns identified with the maintenance of the building. They said, "I need to be honest, there is a lot of decoration required throughout the home." The registered manager said they were unable to control how larger refurbishment works were carried out and this was the provider's role. They went on to say they were in the process of trying to find a handyman to carryout tasks around the home. The registered manager said they had already begun addressing the concerns with the carpet in the lounge and the plaster on the walls in the laundry and assured us the work was being undertaken in the near future. The registered manager said they were already in discussions with the registered provider about the need for refurbishment and maintenance of the building.

Equipment used was appropriately serviced and in order. We noted patient hoists and fire alarms had been serviced within the past twelve months. There were also maintenance records which showed gas safety and electrical compliance tests were carried out as required. We also noted thermostats were fitted to water supplies to control the temperature of water and to avoid the risk of scalding.

The provider ensured people's safety at the home by carrying out regular risk assessments of the environment and activities undertaken within the environment. We noted risk assessments for slips, trips and falls, legionella, electrical safety, infection control and management of laundry.

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home.

People who lived at the home were complimentary about staffing levels. People said they never had to wait for assistance if they required help. One person said, "I am independent but I know if I needed help someone would be there. You don't have to wait." Another person said, "Generally speaking, staffing is alright. They [the staff] can be quite busy in the mornings but they come in and talk to me when they can."

There were four staff members on duty throughout the first day of the inspection; this included the registered manager, a senior manager, two care assistants and a cook. On the second day of inspection there was also a cleaner. During our observations we saw staff were responsive to the needs of people they supported, providing care and support or engaging in one to one activities.

Staff were complimentary about staffing levels stating they were good and there were always enough staff on duty to meet the needs of the people who lived at the home. There were eight people at the home who required two staff to assist them during certain times of the day. The registered

Requires improvement

Is the service safe?

manager told us staffing levels were reviewed when people's needs changed and extra staff would be drafted in. The registered manager and staff all said when people were at end of life, extra staff would be drafted in to provide one to one care and support for the person. We noted each person was assessed on admission to the home to check their dependency level. This helped inform staffing levels.

On the day of inspection staffing levels allowed people's needs to be met in a timely manner and we observed staff responding to requests appropriately. Staff responded patiently and did not rush people when carrying out tasks.

During the course of the inspection however, we noted two incidents in the morning which had the potential to cause altercations between two people who lived at the service. On one occasion one person who was confused tried to take another person's walking frame. This upset the person to whom the walking frame belonged and they started to fight over the frame. On another occasion the same person tried to take another person's cup of tea. We spoke with a staff member about the incidents and they explained staff presence had temporarily reduced at this time because one member of staff had left the building to address a person's health needs. The registered manager told us they did not provide continuous supervision in this lounge but staff would pop in and check on people's welfare accordingly.

We also noted one person leave their chair to walk. The person was very unstable on their feet and almost fell over. Staff had left the room as they were supporting other residents to the dining room for lunch. We mentioned this to the staff when they came into the lounge and they went to see if the person was okay.

The registered manager informed us there was no direct support from senior management during the weekend. We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. The registered manager explained there was an emergency on call system in place for management support outside of office hours. Staff said managers would be called out if people's health needs deteriorated or if for any reason extra staffing was required. All staff we spoke with were confident the on call system in place was suitable to the needs of the people who lived at the home.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed three files belonging to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member which demonstrated full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had at least one reference on file prior to an individual commencing work, one of which was the last employer.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assist in the assessment of their suitability for working with vulnerable adults. We spoke with a new member of staff; they confirmed they were unable to commence work without having a DBS certificate to verify their suitability for employment beforehand.

We looked at processes in place to ensure people who lived at the home were safeguarded from abuse. The registered manager told us all staff received safeguarding training. We noted from training records some staff had received training in 2013 but had not received any refresher training to top up their knowledge. Three staff had not yet received any training in this area.

Staff we spoke with told us they had completed safeguarding training and all staff were all able to describe the different forms of abuse. Staff were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "It's perfectly clear here, we have clear policies and it is instilled in you from the beginning. If we have any concerns we are to report them."

Staff were also aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would report it (the safeguarding concern) to the Care Quality Commission if no one listened to me."

Requires improvement

Is the service safe?

We looked at accidents and incidents which had occurred at the home. The registered manager kept a central record of all accidents and incidents that occurred for staff and people who lived at the home. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. We noted staff members on shift at the time of the accident were responsible for completing the forms.

We recommend the registered manager considers current guidance on safe administration of medicines to people and takes action to update practice of all staff accordingly.

We recommend the registered provider develops and implements a plan of scheduled maintenance for the building and property.

Requires improvement

Is the service effective?

Our findings

Every person we spoke with was complimentary about the service provision. One person said, "The staff are good. Everyone is friendly. They will call a doctor for me if I am not well."

A relative of a person who lived at the home said, "The staff are marvellous. The care is good."

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. All the staff we spoke with spoke positively about training arranged by the provider. One staff member said, "They [the registered provider] make sure we have all the training we need. They don't just chuck you in at the deep end." Staff members informed us they were encouraged to complete National Vocational Qualifications during the course of employment. This had been supported by the registered provider.

The registered manager maintained a record of all staff training completed to identify what skills each staff member had and what training was required for staff. We looked at training records in the areas of safeguarding of vulnerable adults, mental capacity act awareness and safe handling of medicines and noted the registered manager maintained up to date records. When people had not completed courses the registered manager had worked proactively and had booked them on courses in the future. The registered manager said no courses were running during December due to constraints on staff because of Christmas.

Staff told us they were provided with induction training when they started working for the registered provider. One staff member told us, "Nothing is skimmed, we have training and supervision, and things are not out of date." Staff told us they shadowed a more senior member of staff at the outset. Following the period of shadowing they were assessed for competency by a senior member of staff before working unsupervised. We noted the registered manager had an induction schedule in place which ensured staff progress was appraised at regular intervals during a three month induction process. Support was also provided to staff via a staff handbook, this contained policies and procedures to give staff direction.

The registered manager informed us staff were expected to attend six supervision sessions per year. All the staff we spoke with told us supervisions took place with managers on a frequent basis. Staff were confident if they had any concerns they could approach management at any time to discuss and did not have to wait for supervision sessions.

People's health care needs were monitored and action taken to ensure health was maintained. During the inspection we noted staff referred to health professionals when people were feeling unwell. We spoke with one visiting health professional who told us they had no concerns with the care being provided by the staff at the home. They also praised the knowledge of staff in regards to care provision.

People who lived at the home had regular appointments with general practitioners, dentists, chiropody, physiotherapy, occupational therapy, specialist health practitioners and opticians. Daily records documented all health professionals input. Staff were proactive in managing people's health and referring people to the according health professionals in a timely manner. Risks to people were reassessed following people experiencing a fall. People's nutritional needs were also monitored by the means of monthly recording of weights. When people were at risk of malnourishment there was evidence they were referred to the appropriate health care professional. Records relating to a person's nutritional needs were completed and signed by both a senior manager and the cook to show they had been highlighted and staff were aware of the needs.

We asked people who lived at the home if they were happy with the food provided. One person said, "The food is alright." Another person said, "The food is absolutely brilliant."

Relatives we spoke with were all complimentary about the food provided. One relative said, "I have seen the food provided. It looks lovely, all home made."

On the first day of inspection we spoke with the cook on duty. The cook explained they had completed a variety of jobs at the home before becoming the cook. They said this helped them understand the needs of all people who lived at the home. They told us, "I have been here such a long time I now know people's likes and preferences." The cook explained they monitored people's food intakes and recorded what people had eaten as well as quantity of food eaten. Information regarding food consumption was

recorded by the chef and was also placed in people's personal records. The cook had a good knowledge of how to plan diets for people who were at risk of malnourishment.

At lunchtime we tried to make observations as to how lunch was served to assess the overall experience of people's meal time experiences. We were unable to complete this as one person became upset at our presence in the dining room. We did however note people were offered a hot meal of shepherds pie, vegetables and gravy. We noted the chef served varying portion sizes. We did not see any alternative meals being served but we were advised by care staff alternatives were offered if people did not like what was cooked. One staff member said there was always a frozen alternative to the freshly cooked meal. We observed the evening dinner being served. People were offered a choice of sandwiches and cakes. We spoke with one person who told us they were always offered supper. They informed us they could have whatever they liked for supper and told us staff often cooked them chips for supper.

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).

We asked the registered manager about procedures for when a person did not have capacity and how decisions were made for the person. The registered manager said family members, health care professionals, advocacy and relatives would be involved in making decisions on their behalf. On the day of inspection we noted a relative had made a request to change the support and treatment to one person receiving care and support. The registered manager consulted with the person's doctor before making a change to the care to ensure it was in the person's best interests.

Care records maintained by the provider sometimes addressed people's capacity and decision making. We noted for one person who lacked capacity their family had been involved in a best interests meeting to make a decision about health care treatment for the person.

Staff members we spoke with had some knowledge of assessing and determining capacity. One staff member explained to us one person who lived at the home had a Lasting Power of Attorney (LPA) in place and for that reason the registered provider was legally obliged to consult with this person in relation to decisions being made for the person.

During the course of inspection we noted one person had care documentation in place which placed restrictions upon the person's liberty and instructed staff to provide continuous supervision. We spoke with staff about this and staff confirmed this person was subject to having their liberty deprived on numerous occasions. People who lived at the home also gave us examples of when this person's liberty was sometimes restricted. We asked the registered manager if they had followed legislative guidance and had submitted an application to legally authorise the deprivation of liberty. The registered manager said they had assessed the situation and did not feel this person warranted the need for a DoLs application. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider was depriving a person of their liberty without lawful authority.

At the end of the inspection we spoke with the registered manager about our findings and the importance of registering to authorise a deprivation of someone's liberty. Following the feedback session the registered manager informed us they had now submitted an application.

Requires improvement

Is the service caring?

Our findings

Every person we spoke with who lived at the home commended the standard of care provided at the home. People said, “The staff are all good. I can’t think of one staff member that isn’t.” And, “I’m happy living here; everyone is friendly and look after me.” And, “We are cared for. If anyone tells you anything else they are not telling the truth.”

Relatives we spoke with, also praised the caring nature of the staff. One relative said, “Staff are brilliant, nothing is too much trouble. It’s like a family unit here.”

One staff member told us, “This is a lovely home. It’s personal. My [relative] came in here. I knew she would get good care.” Another staff member described the home as a, “Family unit.”

We observed general interactions throughout the inspection between staff and people who lived at the home. Staff retention at the home was good and it was evident staff knew the individuals well. We observed a staff member making small talk with one person who lived at the home. They informed us this person used to work on a farm. The weather was wet outside and the staff member said, “I bet you are glad you are not out farming in this weather.” The person laughed and said they were very happy to be inside at present.

We also observed staff using appropriate touch and non-verbal communication when communicating with people. We observed one staff member offering reassurance to one person; they sat close to this person and stroked the person’s cheek as a means to show affection. This was well received by the person and they reciprocated the gesture by taking the staff members hand and stroking it.

We observed staff responding to people who were in distress. One person complained of being in pain. Staff offered lots of encouragement and positive reinforcement to ease any distress and acted promptly to try and alleviate the pain for the person.

During the course of the inspection we noted staff frequently checked on the welfare of each person to ensure they were comfortable and not in any need. We spoke with two people who preferred to stay in their own rooms during the day. One person said, “Staff are grand, if they are passing they just pop their their head in” (to ensure they were okay.) The other person also confirmed staff would visit to enquire if they were ok and not in need of something. During the inspection we noted a family had left some positive feedback in regards to how their relative was cared for. The family member said their relative had been looked after like royalty.

We observed staff knocking on doors before entering rooms to respect people's privacy. Staff also were aware of the need to protect people’s dignity. We observed one staff member asking a person if they would like to go to their room to have their personal needs met. This was done to protect the person’s dignity. The person was approached in a discreet manner and asked gently if they would like support in the privacy of their own room.

We were however informed by two people who lived at the home their privacy had been sometimes compromised. Both people informed us a person who lived at the home experienced confusion and would sometimes enter their bedrooms without their consent. We were informed by one person this individual had tried to get into their bed to go to sleep whilst they too were in the bed. The person informed us they had to use their call bell so the person could be removed from the room. The two people we spoke with said they could not always guarantee their privacy and were unaware they could lock their doors.

Staff also were aware of the need to protect people’s dignity. We observed one staff member asking a person if they would like to go to their room to have their personal needs met. This was done to protect the person’s dignity. The person was approached in a discreet manner and asked gently if they would like support in the privacy of their own room.

We observed one staff member trying to communicate and engage with a person who had limited verbal communication. The staff explained this person liked singing and dancing. The person who lived at the home was looking lost and was looking towards the staff member for some support. The staff member took the persons hands and started dancing and singing with them. The person responded immediately by smiling, singing back and whooping with joy.

Requires improvement

Is the service caring?

Staff spoke fondly about the people they supported and had a good knowledge of people's life histories. One staff member referred to the people who lived at the home as, "adorable," and likened them to being like a family member.

We noted relatives visited during the course of the inspection. Relatives told us they were always made welcome at the home and were able to have privacy and space with the people they were visiting. One relative said, "We are always made welcome when we visit." We noted relatives looked at ease within the home and were also comfortable in staff presence. One relative also said the caring nature of staff extended to caring for relatives too. They said, "They (the staff) have been very supportive to us too. They have put our minds at ease." This demonstrated the staff displayed empathy to relatives and family members as well as people who lived at the home.

We recommend the registered provider considers security arrangements within the home to promote people's privacy at all times.

Good

Is the service responsive?

Our findings

People who lived at the home were very complimentary about the service provided. One person said, "I'm independent. I don't ask for help but I know they would help out if I asked." Another person said, ""Everything is done for you. I've never been so happy." "One person who was staying on respite said, "This is more home from home than I could have expected it to be. I wish I could stay longer. I can't wait to come again."

One relative described the care as "Second to none."

We looked at care records belonging to five people who lived at the home. Pre admission assessments were carried out by the registered manager prior each person moving into the home. At the pre-admission stage health professionals and where appropriate family members were consulted to collect up to date and accurate information relating to each person. Areas covered included medical history and allergies,

Care records showed information surrounding people's likes and preferences were addressed in a document entitled, "All about me." There was evidence people were involved in contributing to care plans. People who were deemed as having capacity had signed care plans to state they were happy with them. There was also evidence of families being involved in planning care for their relatives when people lacked capacity.

On the first day of inspection we noted the care manager and another member of staff were updating care plans. Care plans we looked at were detailed, up to date and addressed a number of areas including communication, emotional needs, mobility, nutrition, personal hygiene, tissue viability and social needs. When a person was at risk, areas of care plans of importance were highlighted for the person. Records demonstrated care plan records were evaluated monthly by a senior manager. It was documented in the care records that all changes to care plans were discussed with the person.

During the course of the inspection we noted various activities were taking place. We observed a group of people playing dominoes. We were informed dominoes were popular with most people who lived at the home and domino competitions were common. The registered provider had purchased larger sized dominoes for people who may have had some sight impairment. This enabled people with sight impairments to be involved.

We also observed a member of a local church visiting to carry out a church sermon for people who were interested. This demonstrated the home tried to meet people's cultural needs.

One of the relatives we spoke with informed us they often came in and helped out with activities. They told us they had set up a knit and natter group for people whereby they supported people to meet socially and knit. Unfortunately this had now ceased as people were no longer interested in the activity. They said they also spent time with people doing arts and crafts.

We noted games, videos and books and cd's were placed around the lounge area. This allowed people free access to leisure activities as they wished.

People who lived at the home told us activities were satisfactory and were happy with activities provided. However a relative we spoke with, said they would like to see more activities being carried out.

We spoke with staff to find out what activities took place at the home. One staff member told us various activities took place including playing games, arts and craft, gentle exercise and hand massages. Another staff member said they liked to see people keep active. Whilst another staff member described the opportunities for activities as fantastic and said people were given, "Real person centred time" which allowed them, "To spend time with the people who lived at the home." The registered manager informed us outside agencies were also brought into the home to provide entertainment. This included a musical entertainer and a person who brought dogs in for pet therapy. The chef also told us people were sometimes supported on a Saturday to bake cakes.

We were also shown a bird table outside which was provided for a person to sit and watch the birds. One person told us her favourite hobby was sitting watch the birds. The home also had a budgie and two rabbits. Staff told us rabbits were often brought into the home for people to pet as a means of pet therapy.

On the day of the inspection people who lived at the home said they had no complaints about the service. People

Good

Is the service responsive?

were aware of their rights to be able to complain and were aware of whom to report complaints to. One person who lived at the service informed us they had previously made a complaint to management and said it was dealt with efficiently and resolved the same day.

Relatives of people who lived at the home also told us they had no complaints about service provision. Relatives were confident they could approach management at any time to discuss concerns and were assured any concerns would be taken seriously.

Requires improvement

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with spoke positively about the way in which the home was managed. One relative said, "We know we can approach [registered manager] at any time. She's a good manager."

Although we received positive feedback from people who lived at the home, relatives and staff in regards to how the service was managed we identified some concerns in relation to adhering to responsibilities attached to being a registered provider. Prior to the inspection taking place we noted the registered provider had not submitted any statutory notifications as required within the Care Quality Commission (Registration) Regulations 2009. We spoke with the registered manager and it was confirmed no statutory notifications of deaths or serious injuries had been reported to the Care Quality Commission since 2013. The registered manager said there had been a breakdown in communication, they had completed the forms relating to all deaths but had not sent them to the Care Quality Commission. These were forwarded to the commission after the inspection was completed.

This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to provide the Commission with required notifications within a timely manner.

We also noted two incidents recorded in the accident book which had resulted in people who lived at the home being taken to hospital for treatment. These was not reported to the Care Quality Commission as required. We asked the registered manager if any other serious injuries had occurred since the previous inspection. They were unable to say whether or not there had been. The registered manager agreed to go through all completed accident reports and make notifications for each incident. This was completed and notifications were made for four serious injuries which had occurred since the previous inspection. These should have been reported at the time of the incident but had not been completed.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered provider had failed to provide the Commission with required notifications within a timely manner.

Staff we spoke with also spoke highly of the management systems in place and described the registered manager as approachable. One staff member described the registered manager as a "good boss." The positive way in which the registered manager managed the home contributed to staff retention. We were told some staff had left the organisation but had returned after trying alternative employment as they enjoyed working at the home so much. Another staff member said the culture of the home was, "Open and honest," stating staff could contribute ideas to the running of the home.

One member of staff praised the atmosphere of the home saying, "We have lots of laughter here." Another staff member described team-work at the home as good and praised the work of the registered manager and their work colleagues. Another staff member likened the staff team to a family unit and said, "I wouldn't want to work anywhere else." During the inspection it was noted the atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home.

The registered manager ensured communications between team members occurred on a frequent basis. Staff were given daily handovers in order for them to be informed of all relevant information relating to people who lived at the home. The registered provider also had a handover book for all relevant information to be passed on to staff. We were informed by the registered manager team meetings took place three times a year. Any relevant information which was needed to be shared with staff urgently was sent out in a written format via a news bulletin. We looked at team meeting minutes and noted the registered manager addressed concerns when identified. Staff confirmed team meetings took place and felt the meetings were appropriate.

The registered manager had a range of quality assurance systems in place. These included care provision audits, housekeeping audits, health and safety audits, medication, staff training and checks on legionella. The registered manager maintained an annual matrix to show audits took place across differing topics throughout the year. These audits were forward planned to ensure all topics were covered throughout the year.

The registered manager explained management review meetings with the registered provider took place annually. This meeting had been scheduled but had been postponed due to bad weather. The registered manager said they had

Requires improvement

Is the service well-led?

a positive relationship with the registered provider and could speak to the Directors by phone whenever they needed support. They said they felt supported within their role.

The registered manager maintained records to demonstrate equipment was appropriately maintained and serviced in a timely manner.

We noted people who lived at the home were encouraged to be involved in the running of the home and were encouraged to participate in residents meetings. The registered manager had organised five residents meetings within the year. There was evidence within the records to show any recommendations made at the residents group were taken seriously and acted upon. For instance, we noted one person who used the service had asked for a knitting group to be set up. This had been actioned.

We also noted the registered manager distributed questionnaires annually to people who used the service and their relatives. This was done to ensure people and relatives were happy with the service being provided. Feedback received was positive. Comments included, “All people look after [resident] like she is the queen mother.” And, “I am happy and contented.”

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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered manager failed to have appropriate systems in place to lawfully deprive a person of their liberty.** 13 (5) (a) (7) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 CQC (Registration) Regulations 2009 Notification of death of a person who uses services **The registered manager failed to have appropriate systems in place to ensure notifications of deaths were provided to the Commission in a timely manner.** 16 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered manager failed to have appropriate systems in place to ensure serious injury notifications were provided to the Commission in a timely manner.** 18 (1) (2) (a) (b)