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Willows Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 26 and 27 September 2016 and the first day was unannounced.

Willows Care Home is split into three units that support people with conditions associated with old age and physical disability as well as people living with dementia. The service is registered to accommodate a maximum of 73 people. At the time of the inspection there were 51 people living at the service.

The last inspection of the service took place on the 20 and 21st August 2015 and at the time the service was meeting the regulations we assessed.

There was a registered manager who was registered in September 2016. 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.

We found that the registered provider was not meeting all of the requirements of the Health and Social Care Act 2014 and you can see what action we told the provider to take at the back of the full version of the report.

Staff supported people in a patient manner and it was evident that relationships between people and the staff that supported them had been developed. People who used the service told us that they felt safe and well cared for. Relatives were happy with the care that people received and they expressed no significant concerns. However, we observed that people were not always treated with dignity and respect. This was particularly where people were supported in bed or required assistance during meal times.

At the last inspection we made a recommendation that the registered provider improved people's dining experience. We found that this was still variable and improvements required around support for people living with dementia. People told us that they liked the food and there was a choice of meals available. Although people received the help they required with eating and drinking, their independence was not always promoted.

Staff did not all receive an induction that met with the requirements of the care certificate framework to

ensure that they had the skills and knowledge to carry out their job. Staff competency to carry out their role was not assessed before or during their period of employment. This meant that the registered provider could not be assured that they had the right skills, knowledge and values. Staff were provided with regular training but there was no system in place to assess how staff demonstrated the skills they had learn in their day to day work. Staff told us that they felt supported. However, one to one support and supervision was not provided in line with the registered providers own policy.

The environment and the building required improvement to ensure that it was clean, well maintained and met the needs of the people that lived there. The registered provider had commenced a programme of refurbishment and improvement that was planned to be completed by December 2016.

People were cared for by staff that had undergone the appropriate recruitment and selection checks to ensure that they were of suitable character for the job. Further checks were required to verify references provided.

The registered provider had a quality audit system in place to monitor the safety and effectiveness of the service. This identified both areas of concern and areas for improvement. We saw that actions were taken where concerns had been highlighted to minimise the risk of reoccurrence. The audits were not completely robust as they did not highlight all of the issues found on inspection.

The service had systems in place to ensure the safe administration and management of medication. Staff ensured that there was monitoring in place where people had specific health conditions. This meant that people received the correct treatment and support.

Activities took place and we saw evidence of this during our visit. A weekly programme was planned that gave the opportunity for games, movies, life skills and quiz like activity. This was flexible and the content depended on the wishes of the people at the service and the staff available to support

The registered provider had a safeguarding policy in place that staff were aware of. Staff were able to identify safeguarding concerns and knew how to report them. Safeguarding incidents and low level care concerns had been reported to the local authority and to the Care Quality Commission (CQC) where appropriate.

People, who were deprived of their liberty, were done so in accordance with the requirements of the Mental Capacity Act 2005. Where a person's liberty was being restricted or they were under continuous supervision, we found that the registered manager had made the appropriate application to the supervisory body under Deprivation of Liberty Safeguards. Where a person lacked capacity to make a specific decision or choice, staff documented why decisions had been taken in somebody's best interest. This meant that the rights of people not always able to make or communicate their own decisions were protected.

People's care and support needs were reviewed on a regular basis. Care planning documents were updated when required and appropriate referrals were made to healthcare professionals.

The registered manager had a process in place to ensure the recording of accidents, incidents and risks to people's health and safety. Remedial action had taken place to minimise risks, for example falls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People received care from staff that had been through appropriate recruitment processes to ensure they were suitable to do the job: however references needed to be verified.

The environment in which people lived was not clean and well maintained. However, an improvement and refurbishment plan had commenced to improve the safety and suitability of the premises.

People received their medication as prescribed. Medicines were stored, administered or recorded correctly.

People told us that they felt safe and staff were able to tell us about how to safeguard people in their care.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

Staff received training relevant to their role. Improvement was required in the induction of new staff and on-going assessment of staff competence.

People received support to ensure that they had adequate food and drink but the dining experience of some people could be improved.

Some changes had been planned in order to make the environment more suitable for people living with dementia.

People's mental capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA) which meant their rights were protected.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

People were not always afforded dignity and respect.

Staff knew people well and interacted with them during day to day tasks.

Staff ensured that information about people was kept secure.

Is the service responsive?

Good ●

The service was effective.

People who used the service had the opportunity to participate in activities which aimed to provide physical and mental stimulation. The programme varied depending on the wishes of people and also the staff on shift.

Care plans reflected people's individual wishes and preferences.

A complaints procedure was in place and people told us that if they had a complaint they would speak to staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The registered provider did not return to the CQC the required information about the service being provided.

A range of quality audits were in place to monitor the safety and effectiveness of the service but they were not robust enough to identify all the highlighted issues on inspection.

The views of people, families and staff were sought and comments used to further improve upon the service.

Willows Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 26 and 27 September 2016 and the first day was unannounced.

The inspection was carried out by an adult social care inspector.

Prior to the inspection, we reviewed the notifications, complaints, compliments and safeguarding information that we had been informed of by the registered provider and others.

Before the inspection, we asked 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. They did not return a PIR and we took this into account when we made the judgements in this report.

During the inspection we spoke to five people who used the service, four relatives and nine members of staff. We also observed the support provided to people throughout the day. We observed care and support in communal areas and the dining room during lunchtime. 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 looked at the records of nine people who used the service. We looked at the recruitment records for five staff members as well as other key information such as training records, quality assurance audits and maintenance logs.

We also contacted external agencies to seek their views on the service such as the local authority. No specific concerns were raised.



Our findings

People who lived at the service told us that they felt safe and cared for. Comments included "I have been here a number of years now and I am very safe and looked after" and "The staff keep me safe and make sure I am well". Relatives we spoke with had no concerns over the safety of family members.

The environment in which people lived required updating and refurbishing. Some bedrooms and communal areas required remedial repair for example, there were holes and flaking plaster on the walls in the corridors, bathrooms and some bedrooms. Some fixtures/fittings and furnishings could not be cleaned due to their poor condition. A number of bedroom, lounge and hallway carpets were worn and in need of replacing. It was thought that these contributed to a malodour in parts of the building. The registered provider had recognised that improvements to the overall environment were required. There was an improvement plan in progress and we were shown plans for the overall refurbishment. It was hoped that this would be completed by December 2016. To date the dining room had been refurbished along with the conservatory and some of the flooring has been replaced. Part of the plans included some structural changes, carried out by contractors, to improve the space available to people and their families. There was no risk assessment in place that identified the risks to people who used the service, visitors or staff during the refurbishment work. We spoke to the registered managing about the importance of ensuring appropriate risk assessments were in place for the on-going works to ensure the interim safety of people at the service.

The equipment people used was also checked and maintained to ensure that it was safe to use. We looked at the recorded checks kept for the environment, including the bedrooms, lighting, gas, electricity, and water and fire systems. Personal Emergency Evacuation Plans (PEEPS) were in place for each person and kept up to date. However, we noted that fire drills had not been carried out on a regular basis. There had been no simulated evacuation or night drill in over 12 months. The registered manager informed us that this would be given a priority to complete.

At the previous inspection, we were concerned about the number of falls that occurred. On this inspection, we found that staffing levels had been increased, changes had been made to the supervision of communal areas and assistive technology put in place. These actions taken had contributed to the reduction in number of falls at the service. There was a policy and procedure in place for the recording and investigation of accidents and incidents. Staff were aware of this and took the required action. The registered provider and the registered manager ensured that incident reports were reviewed. This enabled them to understand if adjustments to the way in which people were supported were required, such as increased monitoring or the provision of specific equipment. It also helped them understand if wider changes were needed within the

service.

Staff were aware of their responsibility to keep people safe and to take any necessary actions to reduce risk. Care files showed a range of risk assessments and tools used to help keep people safe and to enable staff to deliver the support required. These included individual risk assessments for areas such as moving and handling and use of bed rails. The registered provider had also introduced recognised risk assessment tools for the monitoring of malnutrition and skin integrity. These were used appropriately and actions taken where any concerns had been identified.

Staff understood how to care for people who may be at risk of damage to their skin. The registered provider had ensured that, where assessed as required, people had an air mattress to minimise the risk of developing a pressure ulcer. We found that these were correctly set. The mattresses were checked at regular intervals to ensure that they were working and set at the correct pressure. Staff were able to tell us how the pressure was calculated and reviewed.

All of the people at the service required a degree of support to manage their medication. There was an assessment tool in place to demonstrate what support was required albeit it due to physical or mental health needs. Medicines were ordered, administered, and disposed of as per the registered provider's policies and procedures. A named nurse was given the responsibility of overseeing this and it was evident in our discussions with them that they took pride in ensuring this was done safely and correctly.

Medications were stored securely and were stocked appropriately. Where required, medicines which needed to be kept cool were stored in a designated fridge, to ensure their effectiveness. Fridge and room temperature was checked regularly to ensure they were at the correct level. An air-conditioning unit had recently been purchased due to concerns that the medication room could become warm at times.

Medicines available were checked against the medication administration records (MARs) and we found them to be correct. This meant that people were getting their medications as intended. Some people were assessed as requiring their medications covertly (hidden). We saw that guidance had been sought from the pharmacist as to the most appropriate way of doing this e.g. crushing, hiding in food. This meant that the service had ensured that the effectiveness of the medicine was not compromised. Some people were prescribed thickener to use in their drinks. Staff had an understanding and awareness of how this was to be used and the amount required was recorded in individual care plans and charts.

Some people had medicines 'as required' (PRN). These are usually prescribed to treat short term or intermittent medical conditions, sometimes with varying dosages. There was a care plan in place that contained a clear indication of what the medicine was for and the intended outcome. Where a variable dose was given, staff indicated what had been administered. This meant that information was recorded and readily available to ensure people were given their medicines safely, consistently and with regard to their individual needs and preferences.

People told us that staff were available and that they did not have to wait for care. There were sufficient numbers of care and nursing staff on duty in addition to catering and domestic staff to support the needs of people. Staff told us that, providing all staff are on shift, they are able to meet the needs of the people at the service. On the first day of the inspection, the service was one staff member short and staff were supporting each other to make up the shortfall. Staff said it had been too short notice for any cover to be arranged but that they had managed between themselves. The registered manager told us that they had increased the staffing cover by one during the day to meet the increased needs of the people at the service.

The registered provider had systems in place to ensure that staff recruited were suitable to work within the social care setting. Staff completed an application form and any gaps in employment were discussed and verified. A check was made with the Disclosure and Barring service (DBS) prior to a person starting at the service. These checks ensure that someone is of suitable character to work with vulnerable adults. The service also took up two references for each person. We found that there was not always evidence that these had been verified, for example if, they had been received by email or sent back without a company stamp. The registered manager assured us that steps would be put in place to ensure this was done.

Staff had an understanding of safeguarding and keeping people safe. Staff had received training and the registered manager regularly tested their knowledge. Staff knew what it meant to protect people from abuse and what actions they would take if they had any cause for concern. Notifications we reviewed as part of the inspection also confirmed that the registered manager understood their responsibility with respect to keeping people safe and notifying the relevant authorities of any incidents.



Our findings

People who used the service made comment such as "Staff are helpful", "They help keep me well" and "They are pretty well trained".

There was an induction programme in place for new staff which included learning and shadowing an experienced member of staff. Some but not all new staff undertook the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers should adhere to and it sets out explicitly the learning outcomes, competencies and standards of care that are expected. The registered manager told us that staff that held a National Vocational Qualification (NVQ) Level 2 or above were not required to complete this. We found that four new care staff had not been asked to provide evidence that they had completed this qualification as indicated on their application form. Records identified that one of those people held an NVQ Level 2 qualification in an unrelated subject. The induction programme for these staff had comprised of a short period of shadowing and an orientation to the service. Experienced staff told us that they were asked by the registered manager as to their opinion of a person's abilities. However, there was no assessment of a person's learning and training needs and only one of those people had a documented supervision since commencement of employment in July 2016. This meant that the registered provider could not demonstrate that staff had acceptable levels of competence to carry out the role unsupervised.

The registered provider did not have processes in place to ensure that staff responsible for the care of people had received the appropriate competency assessments to ensure that they could meet the requirements of their role. There was no assessment of a person's competence and confidence to work independently when they first started or at regular intervals throughout their employment.

Prior to the inspection a number of concerns had been raised in regards to moving and handling practices within the service. We checked and noted that staff had received the required training. However, we observed two staff assist a person from their wheelchair by grasping them under the arms. This is not a recommended technique as can cause harm.

The registered provider had a policy that stated that staff supervision would take place six times a year. We found that this had not taken place with such frequency and staff did not have a supervision agreement in place. The registered manager had ensured that each staff member had a supervision session when she started in January 2016. Some planned supervisions had been postponed following the deputy manager leaving in June 2016. This post had recently been filled. This person has now completed some of the

remaining supervision sessions whilst other are scheduled for the remainder of the year

This was a breach of Regulation 18 of the Health and Social Care Act 2016 because providers must ensure that staff have an induction programme that prepares them for their role. They should have adequate processes in place to ensure that competence is maintained.

Staff received on-going training and provided with the theoretical knowledge required to support people who lived at the service. The registered provider had processes in place that enabled the registered manager to update training records and identify what training staff required. The majority of staff were up to date with essential training such as safeguarding, first aid, medication administration and moving and handling.

People were supported to ensure adequate diet and fluids were taken. People were given a choice as to where they wished to have their meals. Staff were available to support people and assistance provided to eat and drink if this was appropriate. A picture board was on the wall of the dining room and this showed the choices for that day. The chef told us that she took a person's food choice in the morning so they were aware of what to prepare. However, consideration had not been given to the fact that people living with dementia may struggle to remember what they had requested. We did not observe staff showing people with dementia or communication difficulties actual food or pictures of food to help them make a choice. The chef had a list of the Allergen's contained within in the foods. If people required foods of a certain consistency or a special diet this was documented in a person's care plans and the kitchen made aware of their needs.

The registered provider identifies Willows care home as a dementia specialist service provision. During our inspection we found that the environment was not dementia friendly. There was limited signage in some areas of the service using both pictures and words to help and aid orientation of people living with dementia. We saw no evidence of any items with which people could interact. There was little stimulus in the environment to support reminiscence and way finding. There were no items of familiarity in place to support people living with dementia to understand what a room, cupboard or space was used for. This meant that people were at risk of increased confusion and their independence was limited as the environment did not specifically cater for their diagnosis. The registered provider had recognised this and within its overall improvement plan had sought the help of specialist interior designers in order to make appropriate changes to the environment for those living with dementia. This should be completed by the end of December 2016.

A chart was in place to enable staff to document and monitor people's individual diet and fluid intake over a 24 hour period. This enabled an assessment to be completed by the nurses to establish if people required additional support or specialist input from external health professionals.

People were supported to ensure that their health needs were met. GP's visited the home on a regular basis. The registered manager told us that they had established an excellent working relationship with the local mental health service for older people. Care records indicated where advice had been sought and acted upon. People's care planning documents contained a record of the clinical reviews. The service of other healthcare professionals was requested for people as required. For example, chiropodist, tissue viability nurse, speech and language therapists and dieticians.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was performing well in this area.

We found that the registered provider had followed the requirements in the DoLS. Several applications had been granted whilst others had been submitted to the local authority and were waiting for assessment. The administrator had taken steps to ensure that they held an accurate list of DoLS applications pending, authorised, their expiry dates and when CQC had been notified.

Where people were unable to give their consent to being accommodated in the service, appropriate applications had been lodged with the supervisory body for the use of such safeguards. Where restrictions were in place such as bed rails or coded doors these were recognised as a restriction. Both a mental capacity and risk assessment were carried out and consideration given to the least restrictive options: For example, we saw that staff looked at the use of motion sensors, high/low beds and crash mats before making a recommendation for bed rails. Following discussion with relevant others, decisions were documented, and it was made clear that actions taken were in a person's best interest.

A number of people refused medications that were deemed as essential to their physical and mental wellbeing. A mental capacity and risk assessment was undertaken followed by a best interest meeting to confirm the decisions made. The registered provider had ensured that covert medication was given in the least restrictive way possible and that safeguards were in place, for example, regular reviews of the decision to covertly medicate. We saw that staff always tried to encourage a person to take their medication before taking covert actions. MAR sheets clearly indicated those occasions where medication had been given in this way so the frequency and on-going requirement could be evidenced and monitored.

People told us staff always asked their permission before they did anything for or to them. The staff respected and understood the need to gain people's consent to the care they received. We observed staff ask people for their permission before undertaking care tasks such as moving and handling and entering bedrooms. Staff were fully aware of people's right to refuse their proposed interventions, and told us they respected this. For example: a person wanted to eat foods that, due to swallowing difficulties, were not deemed suitable and placed them at risk. It was recognised that the person had the capacity to make this unwise decision. A mental capacity assessment and a multi-disciplinary best interest decision were made in regards to this. Staff checked on each occasion that the person continued to understand the risks.



Our findings

People said that staff were "Caring", "Patient" and "Kind". One person said that staff were like family and were always "Doing far more than they should" for them. Family members also supported this view of staff approach. Compliments included "Thank you to you all for your kindness and dedication", "[relative] can be obstinate but your staff are always patient and kind".

We observed that staff did not always pay sufficient attention to people who were in bed to ensure that they were kept comfortable even though records indicated that staff had checked people. We found two people who were lying in bed with their heads pressed against the dado rail on the wall and unable to move independently. Another person had a jumper on but no clothes on their lower half, they had moved about in bed and so were exposed. Their bottom sheet had lifted and they were lying directly on the plastic pressure relieving mattress. Their catheter bag was in view and almost full to the top. We brought this to the attention of the registered manager who immediately ensured the person was made comfortable and started an investigation into our findings. Following the investigation we were provided with an investigation report. The registered manager made immediate changes to minimise the risk of this occurring again. All people who used the service now have a named worker for the day and they hold accountability for that person's personal care needs. We were informed that the Home Manager, Deputy Manager and the Care manager all now individually complete random daily checks of those people in bed, ensuring that their personal care needs have been fully met and that all documentation is completed up to date to reflect the care they have received.

Meals times provided a variable experience for people. People were offered choices about where they would like to eat their meal. The majority of people sat in their chairs or in their rooms. The dining room had been refurbished and provided a bright and airy environment in which people could sit. However, tables were not laid with condiments or menus to assist choice. Not many people sat here for lunch, it was a very quiet time with not much social interaction encouraged between people or staff. We observed that some people sat on a table alone and they told us that they didn't mind sitting with others.

As on the last inspection, we observed at lunch time some people used lap tables and struggled to eat because the tables were not positioned at a suitable height for them to reach their plate. Others people struggled because their plates were not secure and moved about as they ate. This was our observation again on this inspection.

Food was taken on a trolley to other parts of the service for people who had chosen not to come to the

dining room. Staff were heard to describe people who required assistance as "The feeds". There was a delay in serving these meals as staff got interrupted. This meant that hot food sat for up to 10 minutes whilst staff left it to attend to other things. One staff tried to assist a very sleepy person with their meal but was met with some resistance. Their plate was returned to the trolley. Around 15 minutes later, another staff member came and thought they would see if they had any more success and so removed the plate from underneath others and proceeded to try to offer it to the person: by this time the food had gone cold. Desserts were out on the trolley whilst main meals were served and eaten. One person refused her dinner and said to us that they had decided that the desert looked better.

At the previous inspection, we noted that a consultation had taken place with people and their families as to whether they wished their bedroom door to be locked and their preferences recorded in their care plans. We found that only one bedroom was locked despite people's preferences not having been revisited. One person had a sign behind the door requesting it be locked but it was open. We asked the Registered Manager to review this practice and peoples expressed wishes.

These are breaches of Regulation 10 of the Health and Social Care Act 2016 because the registered provider failed to ensure that staff treat people with dignity and respect at all times.

We noted that a number of people did not wear slippers or shoes and were walking around in socks. Staff gave us a number of explanations for this ranging from families not purchasing suitably fitting footwear to people taking them off. Only one person had it documented in their care plan that they did not like footwear. We raised this with the registered manager as we concerned that people could be at risk of slipping or injury as socks did not have non-slip soles.

Staff knocked on people's bedroom doors prior to entering. Staff described what they did to help ensure they maintained people's dignity and privacy. They told us that this included informing people what care was being offered, and ensuring people were covered whilst personal care was carried out.

Staff provided reassurance when people were anxious or upset. Staff spoke to people in a caring and patient manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs. We observed staff talking to a person in a reassuring way and they provided 'step by step' guidance as they assisted them.

Records were stored appropriately to ensure that people's personal information was protected. Lockable facilities were available throughout the building to keep people's information safe. We spoke with the registered manager about the appropriateness of some of the notices and signs around the building that did not reflect the building being a person's home. They had started to remove these by the time the inspection was reaching a conclusion.

A service user guide was currently available to people who used the service, their family members and relevant others. The document should provide information in relation to the services aims and objectives, equality and diversity, the services available, fees and methods of payment for the service, people accessing their information, comments and complaints and safeguarding people. The registered manager told us that this had been revised and was awaiting approval by "head office". A copy was provided following the inspection.



Our findings

People said that staff supported them with the things that they required assistance with. Comments included "I could not do things without the staff, they help me lots" and "I rely on these staff to help me as I cannot do a lot. I love them all". A family member had written to the service to say "My relative is being well cared for, they are putting on weight and their test results are all improving". Another had commented "I would recommend this service to a friend".

Prior to coming to live at the service, the Registered Manager or a senior member of staff visited the person to assess the support they required. The Registered Manager told us that it was important that they were sure they could meet a person's needs but also that they would be compatible with other people living within the service. The Registered Manager had recently started to draw up a short "pen picture" of the person ahead of their admission so that all staff had an immediate understanding of their basic support needs and background.

Staff completed a "This is me" document as they got to know the person in conjunction with the families. This allowed staff to understand about a person's social and familial history and helped them to deliver a more personalised care. The deputy manager told us that she had recently found out that a person used to be a secretary and to alleviate distress, they had given the person a typewriter and stationary. The person spent an enjoyable hour typing away and talking to others as if they were in an office environment.

Current care plans reflected the needs of an individual and addressed areas such as personal care, mobility, diet and nutrition, skin integrity and mental health. Risk assessments and monitoring tools were evident where specific concerns had been identified. For example, an assessment of each person's physical and mental capacity to use a call bell had been undertaken and where it was not deemed appropriate, alternative steps such as increased monitoring, or the use of pressure alarms was in place.

Staff were flexible in their approach and reviewed care plans if a change was highlighted. Before the use of bed rails, staff had demonstrated what other options had been considered for people. Risk assessments and prevention care plans were in place where there were specific concerns such as risks relating to skin care or nutrition. Recognised tools such as the Waterlow (to identify risk to skin) and the Malnutrition Universal Screening Tool (MUST) were used and they were accurate and regularly updated. Appropriate care plans were in place to record actions required.

Daily records were maintained of the care and support people had been offered and received throughout

the day and night. These records enabled staff to monitor people's health and welfare and make changes to help ensure that people received the care and support they required. Staff spoke with us about the expectations to record everyone's diet and fluid intake or bowel movements even where there were no identified concerns. They felt that this did not reflect personalised care and detracted from time they could spend with people. We spoke with the registered manager about this and were informed that records were currently under review.

The registered provider had a complaints policy in place. This reflected the appropriate contacts for both England and Wales as the service accepted a number of people from "over the border". Any formal complaints or concerns were recorded along with the actions taken. There had been six formal complaints raised in 2016 which had been investigated fully. People and families said that they would go the management team if they needed to. It was felt that most issues could be dealt with informally and people felt able to speak about concerns openly.

The registered provider employed staff to provide activity and social stimulation to people who lived at the service each day of the week. The activity programme was thematic each day and included days focusing on music, gaming, baking, crafts, quiz time and life skills. There was a regular movie day once a week. Staff we spoke with said that people did not always want to join in what was planned and so the programme was flexible. People and their families said that the content of this varied and was dependant on the staff member providing the support. The registered manager confirmed that some staff were better at 'one to one' engagements whilst others felt confident leading a group session. This was an area of further development that they had highlighted for the service.



Our findings

People said that they knew who the manager was. Comments included "The manager is lovely: very straight talking" and "The manager comes around in the day to see if everyone is ok". Family members said that the management team were approachable and they felt able to go to them with concerns.

The service had a registered manager who was registered with the Care Quality Commission in September 2016. She had been manager of the service since January 2016. During the inspection we saw the registered manager was active in the day to day running of the service.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was knowledgeable about these requirements and was transparent in ensuring the Care Quality Commission was kept up to date with any notifiable events.

Since the last inspection the CQC had referred, to the registered provider, a number of anonymous concerns about the service and asked them to investigate. We found that these were done in an open and transparent way with actions identified for improvement where required.

Staff meetings were held regularly and people had the opportunity to raise questions. We looked at a selection of minutes of meetings which contained evidence of discussions with staff about key issues as well as the people living at the service. The minutes showed that the staff were kept up to date with the management of the service. Staff had been prepared by the registered manager for a CQC inspection and knew about the inspection process.

The quality, safety and effectiveness of the service were checked by the registered manager but also by members of the management team and the registered provider. On the second day of our inspection, the quality manager was carrying out her weekly visit. She told us that as there was a new management team at the service, she felt it was important to provide weekly support and oversight. She was also trying to ensure that there was a consistency of approach and quality between all of the services owned by the registered provider.

Quality audits covered all aspects of the service including care plans files, accidents and incidents, training, complaints, infection control, health and safety, medication and environment. The audits were not fully

robust as they had not picked up such issues as the competency checks and supervision of new staff, and areas poor practice. The registered provider and registered manager evaluated the audits and actions identified where areas We found that actions, although confirmed as completed, were not signed off. The registered manager said that she would ensure that an action plan was set out following each audit and that a person would be nominated to check and sign off actions as they were completed of improvements were required. Progress was then evaluated at the next audit.

People who used the service and their families were offered the opportunity through meetings to discuss any concerns, compliments or suggestions about the service. The registered manager had held a family meeting the weekend prior to the inspection but only one family had attended. She told us that the home has an "open door" policy and family members tend to come directly to her with any complaints or concerns. A survey had been sent to family members in June 2016 and nine people responded. All feedback was positive.

The registered provider was open and transparent with people and their families about the CQC inspections. The previous rating was displayed on the notice board and copies of the report made available.

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	The registered provider failed to ensure that staff treated people with dignity and respect at all times.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	The registered provider must ensure that staff have an induction programme that prepares them for their role. They should have adequate processes in place to ensure that competence is maintained.