

Purelake Healthcare Limited

Ashley House

Inspection report

6 Julian Road
Folkestone
Kent
CT19 5HP

Tel: 01303241024

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16 and 17 July 2018. The inspection was unannounced.

Ashley House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Ashley House provides accommodation and support for up to 17 older people living with dementia. There were 15 people living at the service at the time of our inspection.

There was a registered manager in post who was present on both days of inspection. 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the responsive and well led domains to at least good. Our last inspection on 18 May 2017 found one breach of our regulations and an overall rating of requires improvement was given at that inspection. This was because records were not being maintained to provide an accurate contemporaneous record. Information in people's care plans detailing their care and support needs was not always current to inform and guide staff. Audits of the service were undertaken but were not effective in highlighting shortfalls and were an area for improvement. The provider sent us an action plan after this inspection telling us how they would improve and when this work would be done.

Improvements had not been embedded or sustained and the original breach has subsequently not been met. Person centred care plans were still not always reflective of current care and support needs. We found that further shortfalls in relation to the governance of the service had occurred, some risks had not been identified and addressed to keep people safe and there were several areas for improvement. The previous ratings for the key questions safe and effective had not been sustained. The overall rating for the service remains at requires improvement. This is the third consecutive time the service has been rated requires improvement.

We found that some risks were not identified and therefore measures not implemented to protect people from harm. We observed a missing window restrictor on a first floor window, loose stair carpet and unsafe storage of oxygen. These shortfalls could place people at risk of harm. The system of audits and checks in place to monitor service quality did not always identify the shortfalls as intended and other shortfalls were not considered at all. For example, there was no system for monitoring air mattress settings to protect people's skin integrity and no clear responsibility for cleaning the medicine room to maintain good infection control. Safety recommendations from equipment servicing was not included in the maintenance plan.

Recommendations from pharmacy audits were not actioned. This meant there was a risk that some shortfalls were being overlooked and could impact on the operation of equipment or pose a risk to people or staff. The provider had not ensured that staff were working to the most up to date policies.

Not all aspects of cleanliness and infection control were monitored. An absence of a robust cleaning and monitoring schedule meant some areas of the service were not sufficiently clean. Equipment was serviced at regular intervals to ensure it remained in working order.

A complaints procedure was displayed for people to use if they wished. However, accessible information about the service including the complaints procedure was not in formats suited to the needs of those with dementia or cognitive problems and is an area for improvement. People and relatives told us that they knew how to complain if they needed to.

There were sufficient staff on duty to meet people's needs. Staff were provided with a wide range of training in topics relevant to their role and the needs of the people in the service, this was kept updated, but staff induction needed better recording.

The majority of environmental and individual risks to people had been assessed and measures implemented to reduce the risk of harm occurring. Fire safety equipment was checked and tested; staff attended fire drills to remind them of the actions to take in an emergency. Individual evacuation plans had been developed for people to inform staff the level of support each person required to leave the building safely. A business continuity plan was in place to ensure people continued to receive a safe level of support if emergencies occurred that affected the running of the service.

Staff showed that they knew people well and understood the things that were important to them. Staff knew how to recognise signs of abuse and how to report and escalate their concerns so people were protected. Accidents and incidents were appropriately reported, recorded and actions taken to ensure people received the support they needed.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible, the policies and procedures and systems in the service support this. New people to the service were assessed to ensure needs could be met and any protected characteristics under the Equality Act 2010 recorded to ensure these could be supported. Staff received training in Equality and Diversity to inform their support of people.

People's individual healthcare needs were assessed and monitored to ensure they remained well. Medicines were appropriately managed and people received them when needed. People's end of life choices and decisions were recorded where known, so staff understood how people wished this to be managed.

People enjoyed their meals and were given choices. Specialist diets were catered for. Risks of malnutrition and dehydration were assessed and measures implemented to reduce the likelihood of this occurring.

People were supported to maintain their independence and do as much for themselves as possible. Bedrooms were personalised and people's preferences were respected. Staff respected people's privacy and dignity and supported people with kindness, respect and patience. Relatives were made welcome and visiting was flexible.

People were provided with a varied range of activities when resources allowed promoting their interest and stimulation.

People and relatives were surveyed for their views. People's survey feedback was analysed but actions taken and survey results were not shared with people and relatives and this is an area for improvement.

Staff said they enjoyed working at the service, they found the registered manager approachable and thought that team work and communication was good. Staff were provided with regular staff meetings and said they felt able to express their views and felt listened to.

We have made a recommendation in respect of accessible information including complaints.

We have made a recommendation for improved activity provision for people with dementia.

During this inspection we found three breaches of the Health and Social Care Act 2008 regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Some environmental risks to people had not been assessed and measures implemented to reduce this.

A plan of regular maintenance was in place but servicing recommendations could be overlooked. A revision of cleaning schedules was needed to ensure all areas of the service were cleaned.

Oxygen bottles were not stored safely and posed a risk but all other medicines were managed safely.

There were enough staff to support people and appropriate checks made of new staff suitability.

Accidents and incidents were recorded and acted upon. Staff knew how to protect people from harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff received induction and training to fulfil their role and support people appropriately, but staff induction was not well recorded. Staff received individual supervision but annual appraisal of performance was not well documented.

People enjoyed their food and were asked to make choices but how they did so could be improved.

Peoples health needs were monitored and they were supported to access health professionals when needed. New people were assessed before they were admitted to ensure needs could be met.

Staff supported people in the least restrictive way to make choices and decisions for themselves in line with the principles of the Mental Capacity Act.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected. People were enabled to do as much for themselves as they could.

People were given opportunities to express their views.

Staff showed kindness and patience and were able to spend time with people.

Relatives felt informed, involved and consulted with about their relatives care, staff were welcoming to them.

Is the service responsive?

The service was not consistently responsive.

Care plans were developed and reviewed with the involvement of people and their relatives, but were not all reflective of people's current needs.

People were provided with activities to offer conversation and stimulation, but these were not always appropriate for those with dementia

People and relatives felt able to express their concerns but accessible information including complaints was not provided for those people with dementia.

People's end of life wishes and preferences were recorded where these had been made known.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Quality monitoring was ineffective. This impacted on people's safety. Updates to the providers' policies had not been sent through to inform staff of important changes.

People and relatives were asked for their views about the service, they felt listened to.

Staff felt well supported and they and relatives found the manager approachable.

Requires Improvement ●

Ashley House

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 July and was unannounced.

The inspection team consisted of one inspector. We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including three staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff. We spoke with the registered manager, the manager, nine staff, six people who use the service, two of their relatives and a visiting Mental Capacity assessor.

We observed people in the communal areas spending time with staff and receiving support. Our observations were undertaken in line with 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 also observed staff carrying out their duties and how they communicated and interacted with each other and the people they supported.

Before the inspection we reviewed the information on the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

After the inspection we contacted professionals and relatives that have regular contact with the service and received feedback from one social care professional and five relatives.

Is the service safe?

Our findings

We spoke with two relatives at inspection who were regular visitors, they told us they felt reassured by the care and support they had seen their relatives receive from care staff. Other relatives contacted after inspection confirmed that they also felt their relatives were safe. One told us: "I feel mum is safe there." A care professional told us about a person they had placed whose behaviour could be unpredictable "They (staff) dealt with incidents appropriately and as effectively as their remit allowed. Paperwork was kept up to date and informative. I have always found the staff approachable and they do ring and update and ask for support where necessary." Despite these positive comments, we found aspects of the service people received were not safe.

People were at risk of unsafe care because health and safety checks of the premises were not effective in identifying where there were shortfalls that posed a risk to people's safety. For example, we found there was a missing window restrictor on a first floor window; the risk was reduced because the window was above head height, but the risk remained. Safety measures had not adhered to statutory requirements. Carpet on a ground floor stair riser was loose and hanging out, this posed a tripping hazard to people and staff using this route. Safety measures to reduce the risk of harm had not been implemented to make this safe until new carpet was fitted. Where people were at risk of skin breakdown and development of pressure sores, special air flow mattresses were provided. For an air mattress to work to its best effect, it is essential it is inflated to the correct pressure; this is determined by a person's weight and should be correspondingly set on the mattress air pump. We found there were three air mattresses, two were set correctly, one was not; which meant there was a risk that it would not provide the person with the intended protection. Staff were unaware of who was responsible for checking air mattress settings and these were not recorded in room records to remind staff or for them to check daily.

An area for the safe storage of oxygen cylinders was not provided. Oxygen cylinders were not secured to prevent them from being accidentally knocked over and damaging their effectiveness when needed. There was confusion amongst staff as to whose responsibility it was to check that the person's oxygen levels were set in accordance with their respiratory plan. At inspection it was correct but there was a risk that these were not being checked daily as required since no records of these were kept. Systems and processes did not assure a safe environment, compliance with statutory requirements or national guidelines. We drew these issues to the attention of the registered manager who agreed to take immediate action in regard to air mattress settings and oxygen levels. However they were unable to effect immediate changes in regard to the window restrictor, carpet or storage of oxygen bottles as resources to address these matters needed to be identified.

The provider had failed to identify risk and implement sufficient measures to keep people safe and do all that was reasonably possible to mitigate risks. People were at risk associated with the premises and some equipment because the provider had not ensured they were used in a safe way. This was a breach of Regulation 12 (1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

In all other respects an appropriate system was in place to assess individual and environmental risks, and

measures implemented to reduce the likelihood of harm occurring. Moving and handling, mobility and falls assessments were in place that identified those people who required support from staff or equipment to mobilise and move around the service. The use of aids and equipment such as a hoist were clearly recorded to show the support required; the risks involved in using the equipment and how to manage and control the risk. Nutritional assessments indicated those at risk from poor nutrition and hydration, these showed what additional support was needed to ensure the people concerned remained hydrated and ate enough. Assessments for managing risks from behaviour that could be described as challenging were in place to inform staff of the actions they should take to de-escalate and divert behaviours. People could continue to be assured they received safe support where risks had been identified and controlled.

With the exception of Oxygen storage medicines were managed safely. Appropriate signage for oxygen was in place at the entrance to the service and on a person's bedroom door to alert emergency fire crews entering the building in the event of a fire. Staff administering medicines had been trained to do so; this training was kept updated. Their competency was reassessed twice yearly by the registered manager; this helped inform them that staff were handling medicines safely and administering appropriately. We observed administration of medicine from a medicine trolley. When offering medicines, the staff member was seen to speak patiently to people explaining what they were being asked to take; people were provided with drinks and given prompts and encouragement to take their medicines. Medicines were not left unattended and people were supervised until they had taken their medicines. When not in use the medicine trolley was locked and secured in the medicine room. Appropriate arrangements were in place for the ordering, receipt and disposal of medicines. A small amount of medicines were stored with most being used within a 28 day cycle. Stock was checked to ensure it was still in date. Medicines that required safer storage were handled appropriately and checks of these medicines showed the amounts left balanced with the separate record kept of these medicines. Protocols were in place for the administration of 'as and when required' medicines to assist staff in administering these in a consistent manner. Storage temperatures of medicines were recorded daily to ensure they were not stored in too high temperatures that may affect their efficacy. An external pharmacy audit was conducted annually; the most recent had recommended some areas for improvement. These had not yet been acted upon and are an area of improvement.

Robust infection control practices and schedules were not in place: The medicine room was not included on the cleaning schedule and the floor and sink were in need of cleaning. Neither housekeeping nor care staff understood whose responsibility it was to keep this clean. The registered manager said this was an oversight and they would make clear to staff whose responsibility it was to keep this area clean. This was an area for improvement.

Staff had received training in infection control and health and safety. Staff understood how to prevent the spread of infection through use of personal protective equipment (PPE) such as disposable gloves and aprons, when providing personal care. The laundry was small but contained appropriate washing and drying facilities. Staff understood how to manage soiled clothing that required washing separately; a protocol for handling this type of laundry was in place to guide staff. Supplies of gloves, aprons and alginate bags for soiled laundry were readily available. Cleaning schedules were in place and a small team of housekeeping staff ensured most areas of the service were maintained to a good standard of cleanliness.

Equipment used to support people and to keep them safe was checked and serviced at regular intervals. Staff attended fire drills each month to remind them of the actions they needed to take in the event of a fire emergency. Each person had a personal emergency evacuation plan (PEEP) that informed staff of what help the person needed to evacuate the building safely. A business continuity plan was in place to inform staff of the arrangements for continuing the service in response to a variety of emergency events such as bad weather or failure of services such as electricity and water. Plans for updating people's individual bedrooms

and other parts of the service were underway; people had been involved in discussions about their personal preferences for colour schemes and these had been noted.

A safe system was in place for the recruitment of staff. Staff files contained application forms and evidence of interviews and offer letters subject to required checks being satisfactory. Checks on the suitability of successful applicants included a Disclosure and Barring Service check (DBS) this is a criminal records check, statements of health fitness, proof of personal identity including a photograph of the applicant, and conduct in employment references. Appropriate risk assessments and discussions were undertaken where issues may have been highlighted within the recruitment checks process, to support employment decisions.

There were enough staff on duty, the staff on duty reflected the rota for the week and showed that staffing numbers remained stable. We observed staff to be busy but not rushed. Staff were available to sit and spend time with people in addition to the activities staff member; who spent much of their time in the lounge where the majority of people congregated. Those people who chose to stay in their rooms were checked on by care and housekeeping staff at regular intervals throughout the day although their checks were not recorded. The registered manager agreed to add these to room records to provide assurance that staff were engaging with people in their rooms throughout the day. The registered manager completed individual dependency assessments for each person and these were reviewed monthly to incorporate any changes in needs and support. Dependency assessments informed the registered manager how many hours of support each person required. A dependency assessment model for the whole service was not currently in place to provide an overview to the registered manager and provider of dependency and staffing hours. We discussed this at inspection and it was agreed this would be implemented.

Staff recorded accidents and incidents that occurred in the service, this information, described the incident, the action taken such as observation or seeking medical help, and the outcome. Lessons were learned from each incident or accident with appropriate actions taken to keep people safe. For example, a key pad installed on a rear garden gate as a result of a person leaving the premises this way. Risk assessments were routinely reviewed following any incident or accident. The registered manager kept a record of the number of incidents and accidents people had and implemented risk reduction measures to reduce these; where necessary involving other professionals for advice and guidance. No formal analysis of how well risk reduction measures were working was undertaken but records of accidents and incidents showed that some people had responded to the safety measures implemented for them and had seen a decrease in the incidents/accidents they experienced. Other people despite input from a range of professionals, and the use of equipment where safe to do so, continued to have a number of accidents that were unavoidable without severely restricting their freedom.

Staff had received training to give them an awareness and understanding of how to protect people from abuse and harm. They understood the different forms abuse could take, and were confident of raising any concerns or suspicions they might have to their manager. Staff had confidence in the registered manager and that their concerns would be acted upon. Staff were aware of how they could escalate concerns and to who both within the organisation and to external agencies if this became necessary. Staff understood about when they might use the whistleblowing procedure to report poor practice by another staff member, and felt assured that the registered manager would protect their confidentiality through this process.

Is the service effective?

Our findings

Relatives were complimentary of staff knowledge and understanding of people's needs. Relatives thought staff had the right attitudes and skills to support their relatives appropriately. "It's not an easy job and the girls work hard. "They (staff) look after people well my relative has put on weight since moving there." Another told us "She is well cared for and has improved dramatically since moving there." Staff said they received the training they required to fulfil their role. Staff showed they were mindful of people's individual wellbeing and health needs, ensuring people had enough to eat and drink and when needed referring people for health support from a variety of health professionals.

New staff received an induction to their role, this included an orientation day and two or three days shadowing other staff dependent on the new employee's own experience and knowledge. Staff confirmed that as new staff they had been required to complete training in a range of mandatory subjects, to provide them with the basic skills to carry out their role knowledgeably and safely. There were different stages of staff induction such as shadowing, reading policies and procedures, familiarising themselves with care plans, competency assessment and completion of some practical and online training. However, this was not well documented to support decisions as to whether new staff had performed satisfactorily to pass their probation and is an area for improvement.

All staff received an appropriate range of mandatory and specialist training to meet the needs of people they supported. Staff training included an awareness and understanding of dementia. This enabled staff to appropriately understand the needs of people admitted specifically with this need; and how it may impact on them. Staff told us that they thought they received enough training to inform their knowledge and practice and support peoples day to day care needs, and that this was kept updated. The activities co-ordinator also received mandatory training but recognised they were in need of additional training to provide appropriate activities and stimulation to the majority of people in the service with cognitive memory problems or dementia. The registered manager informed us they were aware of the need to source an appropriate training course for the activities co-ordinator and funding for this still needed to be agreed.

Training records indicated that the majority of staff had completed their training. There was a culture of support and encouragement for staff to complete formal care qualifications, and this was led by the registered manager who was also completing a qualification in leadership and management. Fifty per cent of the staff team had already attained a formal care qualification.

Staff were supported in their role by the registered manager and deputy manager to make sure they had the skills and experience to provide good quality care and support to people. Staff felt the culture in the service encouraged good team working, communication and overall good morale. Staff said they received regular opportunities to meet on a one to one basis with the registered manager or the deputy. They found these meetings useful. Staff felt comfortable about discussing issues within their one to ones, including their performance, development and training needs which the registered manager monitored. Records showed these occurred at regular intervals of six to eight weeks. A system for the appraisal of staff was in place but the registered manager was yet to separate this out from the supervision system and differentiate between

supervision and appraisal. We discussed this with the registered manager who confirmed she would take action and this is an area for improvement.

People were supported to maintain their health through home visits from health professionals or attendance and referrals to GP surgeries, or hospital appointments. Relatives informed us that specialist health professionals visited to provide support around specific health conditions. Staff were provided with additional training in respect of some health conditions such as Diabetes, to enable them to administer insulin, and their practice was guided by an individualised diabetes plan for each person. Training to administer insulin was provided by a health professional and individual staff competency assessed before they were able to administer unsupervised. The registered manager told us that relationships with health care professionals such as community psychiatric nurses, GP's and community nurses were good. Records were maintained of contacts from and with health professionals and the outcomes of appointments and visits. When required care plan or risk information was updated to take account of new advice and guidance given in relation to people's health care support. At inspection staff were seen to be proactive in referring someone to the GP whose leg was hurting them, later the same day the person showed us their leg and confirmed they had been given antibiotics from the GP to help reduce the infection.

The premises had been adapted to meet the needs of people with moving and handling and mobility needs. A lift provided access to the first floor. Communal bathrooms contained specialist equipment to enable people to bathe and shower safely such as hoists, bath seats and a special bath. The garden and front entrance way were ramped to provide people with access into and out of the building and into the garden.

Nutritional risk assessments were in place identifying those people at risk of malnutrition. Referrals to dietitians and speech and language therapists and their subsequent advice helped guide staff to implement measures to ensure people ate and drank enough. People's food likes and dislikes, their specific dietary requirements, the drinks they preferred and how and where they liked to eat their meals were recorded. This information was made available to the cooks to ensure preferences were sufficiently catered for within the four weekly menu plans. Menu plans were also adapted to accommodate comments people had made about their meals at residents meetings. Cooks varied aspects of the menu options if they felt something was not as popular or repetitive, for example at inspection the cook had changed a dessert because they felt the new option provided a better choice; this proved popular with people. People were encouraged to eat in the dining room, but some chose to eat in their rooms and this was respected. We observed people eating their meals; they enjoyed them and received discreet support and prompting from staff when needed. Because of people's cognitive issues they were asked for their food choices a few hours before serving began. Staff agreed that most people did not recall what they had requested and often asked for something different. We discussed with the cook and registered manager ways in which this could be improved, including offering people a choice from two plated meals whilst sitting at the table. Staff thought this would work well and thought they would trial this.

New people were assessed by the registered manager or deputy prior to a place at the service being offered. Information was gathered from the person or family members, and some professionals, where appropriate to inform the decision to admit. The pre-admission assessment took into account the person's care and support needs, the person's ability to make decisions about their support and their personal preferences. Relatives told us that information about people's family history was gathered to provide staff with an understanding of each person's social history and former interests. Staff also found out who were the important people in the person's life. People's protected characteristics under the Equality Act 2010, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred into the care plan. There were equality and diversity policies in place for staff to follow, and staff received training in this subject as part of their induction to inform their support of people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 mental capacity assessments were in place. Care plans recorded if people were able to make choices and decisions for themselves in their everyday care and support, or whether they required additional support with more complex decisions. Where this was the case the registered manager continued to make sure decisions were made in people's best interests if they lacked the capacity to decide themselves, by involving others who were involved in their lives. People were subject to the least restrictions but applications for DoLS authorisations had been made on behalf of everyone to ensure the restrictions in place to keep people safe were appropriate and proportionate. At inspection only one had so far been authorised, and the service was complying with the authorisation.

Is the service caring?

Our findings

People said staff were kind and friendly to them, "Nice friendly staff." Relatives commented they found staff easy to talk with. Comments included "Generally care is excellent." Another said, "I would say it's the place where my relative has been most happiest, she calls it her home." About staff relatives said, "They are caring girls, I would trust them implicitly." Another said, "The staff are welcoming, they are good fun and I pop in at random." Another said, "They keep me informed and let me know if my relative is running out of money, or needs other things. Another said, "When we visit they know who we are."

People's privacy was respected; doors were closed when people received personal care and when they were out of their rooms. Staff did not speak about others in the hearing of other people or their relatives. We witnessed a number of very positive interactions between people and staff and conversations that promoted wellbeing. An example of this occurred when we saw a member of staff sitting with a person going through the daily paper and pointing out articles to talk about.

We spent time observing staff interactions with people, these showed staff to be respectful, patient and kind, they were not task focused; they were observant and initiated conversations with people and not just amongst themselves. Staff commented positively about people's appearance and offered reminders for glasses to be worn or equipment to be used. For example, "I do like your top (Name), very nice". "Where are your glasses (Name)? You really need to put them on" Staff were seen touching people's hands and shoulders to get a response, offer guidance or comfort and reassurance. "Did you sleep well? Funny old weather isn't it? Were you too hot? Yes I know you have to keep taking things off and putting them on." "(Name) are you going to be alright to stand and sit in your wheelchair?" Lovely (Name) thank you."

People were dressed in accordance with their preferences. People were given additional support to maintain their preferred personal appearance through visits from the hairdresser to cut and style their hair.

People were supported to do as much for themselves as possible to retain a level of independence. For example, undertaking their own personal care and getting themselves up and dressed; staff were available to intervene and provide prompting and supervision if needed.

Some people needed assistance when eating their meals; we observed staff to be attentive, patient and kind in offering discreet support. Staff were encouraging of people to eat their meal; they did not rush or hurry people who could spend as long as they needed to in the dining room to finish their meal.

People moving into the service were able to bring small items of furniture and small possessions with them so they had something familiar in their bedroom when they first arrived. Initial assessments of people who were moving in showed that people were asked for information about how they wished to be addressed, and what their preferred morning and night time routines were. There were regular night time checks on people's wellbeing unless people requested otherwise, some people due to their health and support needs required more frequent checks.

People were provided with opportunities to express their views about the service they received through

house meetings and surveys. Most people had relatives or friends who could support them to express their preferences. Relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. The registered manager was aware of advocacy services but no one had been referred or needed to avail themselves of this service at the time of inspection.

People were able to speak with their visitors in the privacy of their bedrooms or in the dining room when not in use. Relatives told us they were made to feel welcome by staff and visited at different times and as often as they wished.

Suitable arrangements were in place to assure that private information was kept confidential. Written records containing private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us they were happy with the way in which staff supported them. Relatives told us that they felt informed and were consulted about their relatives care and support. A relative commented that they found staff very responsive following their relatives recent fall in the service, they said they had received two calls from the service, one to inform them of the fall and another to update them on the actions taken to ensure the person was unharmed. Others told us "I am quite happy to raise issues" another said "When I go in and ask questions they sort it out immediately." A third relative said, "At one time there was no social interaction but it's evident they are doing things now, he's as happy as he can be."

We observed that staff noted when people were agitated or anxious and needed a moment away from other people. Staff showed they understood how people displayed their agitation and also how to de-escalate this by diverting their attention to offering a cup of tea, a visit to the garden or encouraging people to rest in their room. This worked well; people were calmer and happily returned to the communal area.

Previously we had identified that people's individual care plans did not always reflect changes that had taken place and had issued a requirement notice for improvements to be made. At this inspection the care plans viewed provided a good holistic view of people's needs and preferred support. There was detailed individualised information about peoples, sexual orientation, religious and cultural needs, interests, likes, dislikes and who was important to them. The care plan recorded what areas the person needed support from staff with and what they could do for themselves and any areas where they had specific preferences. For example, on one plan viewed the person had made clear their preference for a mature member of staff to help with their personal care support, and this was adhered to. Care plans ensured that all aspects of the person's potential needs were reflected on; even where currently they did not require support, so these areas were not overlooked, in the future as needs changed. Relatives said they felt informed and involved in care decisions. One care plan however, for someone assessed as end of life did not reflect the recent deterioration in their health condition. As before, the care plan had been reviewed but failed to reflect the significant change to the support now needed. We also discussed with the registered manager whether an end of life care plan was now needed and this was to be discussed with the GP. In practice the person was receiving all appropriate support and care for their day to day needs, but this has highlighted that the improvements the provider said they would make to ensure care records were accurate and contemporaneous had not been embedded.

The failure to maintain accurate, complete and contemporaneous records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

A complaints procedure was in place and this was displayed in the main entrance, complaint forms were available for people or relatives to fill in. No complaints had been received in the last 12 months. Some people due to their dementia or memory issues would not be able to use the version of the complaints procedure on display. Staff, however, demonstrated a good understanding of people's individual characters well enough to recognise changes in behaviour, moods, or a level of distress not seen before, that would indicate if a person was unhappy. Staff said they would investigate the cause of this and try to resolve it.

People we spoke with said they felt able to express concerns they might have to staff or to relatives. "I would tell staff if I was unhappy about something." Relatives also felt confident of using the complaints process and that their concerns would be acted upon. Since the previous inspection however, the accessible information standard has been implemented. This requires providers to make information available to people in a variety of formats to suit their specific needs. As some people with cognitive issues might be unable to understand the current complaints procedure there was a risk that their concerns may not be expressed and be overlooked.

We recommend that the provider source appropriate expert advice and guidance for developing information in formats suited to the needs of people with dementia and cognitive memory loss. This should include the development of a complaints procedure that would be accessible to them.

A full-time activities person had been employed. They utilised the resources available to them within the service such as films and games but there was no separate budget to develop the activities programme. Extra funds had to be provided through fund raising. This hampered their ability to provide a varied range of appropriate activities to also meet the needs of those people in the service living with dementia. Through discussion and observation, we found the activities person to be highly motivated and enthusiastic about their role and keen to learn. They understood that they currently lacked the skills to devise appropriate activities to encourage engagement and positive enjoyable experiences for people with dementia. Some people observed showed interest in activities and enjoyed them others did not, preferring to sit and observe others, "I get fed up easily" one person said. The activities person was observed to be interactive and engaging with people making a point of talking to everyone with cheery, jokey comments, and providing an inclusive atmosphere. A record of the activities offered and who participated was maintained. The activities coordinator visited those people who chose to stay in their rooms, spending time reading the paper or discussing a conversational topic with the person. People did not always want to participate in the activities advertised. The activities person was enthusiastic about developing a more flexible activities plan that could more easily accommodate people's preferences and choices on a day to day basis.

We recommend that the provider source expert advice and training to help develop appropriate activities for people living in the service with dementia and cognitive memory loss.

A number of people had 'Do not attempt resuscitation' (DNAR) authorisations in place. We noted that two of those viewed had not been completed in keeping with good practice and requested the registered manager to ask for these to be reviewed with relevant health professionals. People's end of life wishes were recorded where this was known and had been discussed. Some relatives did not wish to discuss these sensitive issues and this was respected. Two people were deemed by health professionals to be in the end stages of their lives and there was no further treatment that could be offered, other than the care and support already in place from staff. Steps had been taken to ensure emergency medicines were onsite for administration by health professionals if the need arose.

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was a visible presence in and around the home, staff found them approachable and they worked alongside them on shifts when needed. Staff said the registered manager created a happy atmosphere within the service and staff felt supported by them. A relative told us "(Name) registered manager is wonderful, she mucks in, there is real teamwork."

Audits were in place but these were still not completed robustly or were sufficiently effective to identify and mitigate risk. A disconnect existed between the audits conducted and the shortfalls found at inspection; which were not highlighted or looked for in the audits undertaken. For example, the cleaning audit did not include the medication room and there was no record of how often and by whom this was cleaned. Infection control on a day to day basis was managed safely, but aspects of monitoring we would expect to see of this area were not included in the cleaning audit, or a separate audit to provide assurance that all areas of infection control were being monitored to maintain a safe environment for people. A care plan audit was in place but had failed to highlight that an existing care plan for one person was no longer reflective of their needs. Systems to audit the safety of the environment on a daily and weekly basis were not carried out to a good standard. For example a check was made of windows condition but not of window restrictors. Recommendations made by external contractors as a result of servicing checks, for example to the lift were not carried forward to action or maintenance plans to mitigate the potential risk of future breakdown. A system for recording that air mattress settings were being maintained on a daily basis, or that oxygen levels were monitored daily for one person had not been established and there was no evidence of who was responsible for these tasks or that they were being carried out. Recommendations from an external pharmacy audit had not been addressed or added to an action plan so they would not be overlooked.

Policies and procedures were provided from head office and new staff were required to familiarise themselves with these as part of their induction, they accessed these in a policy folder kept in the office. Policies and procedures viewed however were dated 2015 or before. Staff were therefore reading out of date policies and procedures and this could impact on whether they were working to current best practice. The registered manager checked with head office, where it was confirmed that updates had been produced but not sent through to the service. The registered manager had continued to review the policy folder without the benefit of updated information. There was a need for the provider to provide updates to policy and procedures relevant to people's care and support and the safe operation of the service, so that good practice was maintained. For example, no updated policy or training for the registered manager or staff had been provided in respect of recent changes in data protection and the impact of the new General Data Protection Regulation GDPR so that staff had a good understanding of how this might impact on protecting their own and people's confidentiality.

There was a failure to ensure that systems in place for the quality assessment and audit of service quality were effective, completed to a good standard and used to mitigate risks. This is a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An annual survey requesting feedback about the service was sent to people and relatives to complete. Their

responses were sent to the head office where an analysis of their feedback was completed. This highlighted any comments received and actions taken as a result. A high percentage of those surveyed said they felt listened to. However, the analysis and findings from surveys was not made available to them to provide reassurance that their views were being listened to and acted upon.

Staff said they attended staff meetings and there were opportunities to express their views. Individual meetings were held for housekeeping, kitchen and care staff, with additional joint meetings for all staff from time to time. Staff said they thought that communication was good and they felt well informed about things that happened in the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. The Registered manager had notified CQC appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were at risk associated with the premises and some equipment because the provider had not ensured they were used in a safe way. This was a breach of Regulation 12 (1) (2) (a) (b) (d) of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to maintain accurate, complete and contemporaneous records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p> <p>There was a failure to ensure that systems in place for the quality assessment and audit of service quality were effective, completed to a good standard and used to mitigate risks. This is a breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>