

St. Martin's Care Limited

Windermere Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected Windermere Grange Care Home on 29 July, 11 and 28 August 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

At the last inspection on 13 and 24 January 2014 we found Windermere Grange Care Home was meeting requirements of five regulations reviewed.

Windermere Grange is a purpose built care home providing care for up to 73 people. The ground floor accommodates older people and the first floor accommodates older people with dementia. All bedrooms are single occupancy with en-suite facilities and there are a number of lounge and dining areas.

The home has constantly had a registered manager in post and the latest manager registered in September

Summary of findings

2014. 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.

Albeit the provider had systems for monitoring and assessing the service, over the last year these had been reviewed and changed. We found that the lack of effective oversight meant that for a number of months the home had ran below the staffing levels required in the provider's dependency tool. The process for analysing accidents and incidents needed to be improved in order to allow staff to identify trends and any preventative action that could be taken in a home. The tool in place only assisted staff to identify actions that could be taken for a single person rather than on. Alongside this, the audits failed to identify when care records were not accurately reflecting people's needs; that Deprivation of Liberty Safeguard authorisations and the associated conditions were not reflected in individuals notes; and staff were not contacting GPs to follow up changes in medication.

People who used the service and their relatives found the staff worked very hard and were always busy supporting people. We visited from the early hours of the morning and spent time with people in each of the units. We found that the 61 people who used the service required varying levels of support. To some extent staffing levels reflected the different needs but the registered manager had not covered staff planned annual leave.

We found that overnight there should have been two senior care staff and four care staff. At the time of our inspection one person was on annual leave and this gap had not been covered. We found that this pattern of failing to cover annual leave had affected all departments. We found that the home staffing levels had not been in line with the provider's expectations. Following this matter being raised on the first day of the inspection the operational director and registered manager ensured action was taken to cover shifts in line with the requirements of the provider's staffing calculation tool.

Throughout the day the registered manager, the deputy manager, two senior care staff and seven care staff were on duty. An activities coordinator, two domestic staff, the

head cook and an assistant cook were also on duty. We reviewed the dependency tool, we found this to be extremely difficult to use and were left unable to determine how staffing levels were calculated. However, the registered manager confirmed that the staffing levels had been below those set out by the provider's senior managers.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and clearly understood the requirements of the Act which meant they were working within the law to support people who may lack capacity to make their own decisions. We found that action was taken to ensure the requirements of the act were adopted by the staff. The provider recognised that staff needed additional support to ensure they had the skills and knowledge to consistently work with the Mental Capacity Code of Practice.

The home had a system in place for ordering, administering and obtaining medicines. However some improvements were needed in the way the staff managed medicines. Relatives told us that they had found when people's prescriptions were changed this was not acted upon by staff. We looked at the care file for one person who was reported not to have received appropriate pain relief and saw that staff had not collected the person's prescription in a timely manner. We reported this matter to the local safeguarding team.

We found that staff as custom and practice left people's bedroom doors open whilst people were asleep in their rooms. Staff could provide no explanation for this practice and we saw it compromised people's dignity.

People we spoke with told us they felt safe in the home and the staff made sure they were kept safe. We saw there were systems and processes in place to protect people from the risk of harm. Safeguarding alerts were appropriately sent to the local authority safeguarding team and fully investigated.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained comprehensive and detailed information about how each person should be supported. We found that risk assessments were detailed. They contained person specific actions to reduce or prevent the highlighted risk.

Summary of findings

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that individual's preference were catered for and people were supported to manage their weight and nutritional needs. We found that the provider was in the process of reviewing the catering budget and menu, as they had found these could be improved.

The interactions between people and staff were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People were complimentary about the staff and found that home met their needs. People told us that they felt the staff had their best interests at heart and if they ever had a problem staff helped them to sort this out.

We saw that the provider had a system in place for dealing with people's concerns and complaints. The registered manager ensured that concerns were thoroughly investigated. People we spoke with told us that they knew how to complain. People who used the

service and staff were extremely complimentary about the support the registered manager provided and told us that they were always accessible and available to discuss any issues at the home.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Staff had received a wide range of training, which covered mandatory courses such as fire safety as well as condition specific training such as Dementia and Diabetes. We found that the provider not only ensured staff received refresher training on all training on an annual basis but routinely checked that staff understood how to put this training into practice.

Regular surveys, resident and relative meetings were held and we found that the information from these interactions were used to inform developments in the home such as the change in menus.

Checks of the building and maintenance systems were undertaken..

We found the provider was breaching two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the governance arrangements. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. However the registered manager needed to ensure cover was provided when staff were on leave. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Appropriate systems were in place for the management and administration of medicines. Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was not always effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through training. However staff needed to people's care choices such as those around leaving bedroom doors open were acutely recorded.

People's needs were assessed and care plans were produced identifying how to support needed to be provided. The plans needed to be updated as people's needs changed.

Staff on the residential unit needed to improve their understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to apply the legislation.

People were provided with a choice of nutritious food, which they chose at weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement



Is the service caring?

This service was caring.

People told us that they liked living at the home. We saw that the staff were very caring and discreetly supported people to deal with personal care needs.

We saw that staff constantly engaged people in conversations and these were tailored to ensure each individual's communication needs were taken into consideration.

People were treated with respect. The staff were knowledgeable about people's support needs.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Good



Is the service well-led?

The service was not well led.

A registered manager was in post. Staff and people who used the service told us they found the registered manager was very supportive and felt able to have open and transparent discussions with them.

The systems in place to monitor and improve the quality of the service provided were not effective.

Requires improvement



Windermere Grange 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors and two specialist advisors; one who was an occupational therapist; one who was a nurse and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who formed a part of the team specialised in the care of older people.

The provider was asked 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 completed the PIR in a timely manner.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits.

During the inspection we spoke with 17 people who used the service and six relatives. We also spoke with the operational director, the registered manager, the deputy manager, five senior carers, 13 care staff, the head cook, two domestic staff members and two activities coordinators.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at nine people's care records, seven recruitment records and the staff training records, as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about the home and staff. The majority of people told us that they liked living at the home but some found it difficult to have staff checking where they were in the building.

People said, “The staff are superb.” And, “I am not patient and I can be bad tempered. I can’t get out, can’t open the back door or go in the garden, shouted back at like I am a child, I am not a child.” And, “Friendly staff and they do care, open and friendly smiling and genuine.”

Relatives told us that found the staff provided a good standard of care and felt that this met people’s needs and kept individuals safe. Relatives said, “The staff always do their best.” And, “When my relative came back from hospital, staff went out of their way to make sure they were settled.” And, “I find that staff really care about my relative and always keep me informed.”

On the first day of our inspection we found that overnight there should have been two senior care staff and four care staff on duty but one person was on annual leave and this gap had not been covered. We found that the registered manager had not taken action to cover annual leave across the whole home and this had led to the home not having the staffing levels required in line with the registered provider’s expectations. We discussed this matter with the operational director and the registered manager and on our subsequent visits found that action had been taken to ensure staffing levels were maintained in line with the provider’s staffing calculation.

Throughout the day the registered manager, the deputy manager, two senior care staff and seven care staff were on duty. An activities coordinator, two domestic staff, the head cook and an assistant cook were on duty. We reviewed the dependency tool, we found this to be extremely difficult to use and were left unable to determine how staffing levels were calculated. However, the registered manager confirmed that the staffing levels they operated at for the 61 people who used the service had been below those set out by the provider’s senior managers.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw evidence to show they had attended interview and obtained information from referees. A Disclosure and Barring Service (DBS) check had

been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care and safely assist people to eat. Charts used to document change of position; food and hydration were clearly and accurately maintained and reflected the care that we observed being given. This meant people were protected against the risk of harm because the provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. However we noted that the information from evaluations was not always used to update the overall care plans and risk assessments. We saw that although care plan audits were completed these did not consider whether the care record accurately reflected people’s current needs. We discussed this with the operational director and they provided us with an revised audit tool, which we found would identify this issue.

From our observations, staff took steps to ensure people living at the service were safe. We spoke with nine members of staff about safeguarding and the steps they would take if they felt they witnessed abuse. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to the registered manager and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation’s whistle blowing and safeguarding procedures.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the

Is the service safe?

event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Accidents and incidents were managed appropriately. The operational director discussed how they were introducing new tools that would further assist the provider to analyse incidents to determine trends and how they intended to use this to assist the manager to review the home.

All areas of the service which we observed were very clean and had a pleasant odour. Staff were observed to wash their hands at appropriate times and with an effective technique that followed national guidelines.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. We spoke with the domestic staff who told us they were able to get all the equipment they needed. We saw they had access to all the necessary control of hazardous substances to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and

equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits.

Adequate stocks of medicines were securely maintained to allow continuity of treatment. The medicines trolley was stored safely and at the correct temperatures.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. However some improvements were needed in the way the staff managed medicines. We saw one person had her medication changed from Codamol to Paracetamol for pain relief. The medication was prescribed on 26 July 2015 but was not collected until 27 July 2015. We found that the relatives had collected this to ensure it was available as staff had told them they would not be able to get it until the 28 July 2015. We found that the delivery system from the chemists was not assisting staff at the home. The operational director discussed how they were reviewing the supplier.

Is the service effective?

Our findings

We found that some people who had difficulty making decisions were under constant supervision; and prevented from going anywhere on their own. We found that staff had were not aware of who was subject to not Deprivation of Liberty Safeguard (DoLS) authorisations and thought six people were subject to DoLS authorisations although we had received statutory notifications stating 21 people were subject to DoLS authorisations. DoLS authorisations are needed if people lacked capacity to make decisions and why these types of restrictions were made. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The staff told us that all of people in the home would need DoLS authorisations and these were being put in place. We found that a large number of people who used the service had capacity so it would be inappropriate to apply for authorisations for these people. DoLS authorisations can only be used if the person has a mental disorder, lacks capacity to make decisions, if the choices they wish to make would put them at risk of harm, or if they cannot agree to their liberty being restricted. The staff explained that a letter from the local authority had stated authorisations were needed if they used keypads to restrict access and exit from the service. Therefore they felt this must have applied to everyone in the home. We explained that the MCA requires that staff presume that people have the capacity to make decisions and they can agree to restriction unless an appropriate mental capacity assessment shows otherwise. Where people do not lack capacity a DoLS authorisation cannot be used.

We found staff had not taken steps to complete 'best interest' decisions within a multidisciplinary team framework prior to sending the DoLS authorisations to the local supervisory body.

We found that the registered manager was aware of the recent Supreme Court ruling, which required that anyone who lacked capacity and who was under constant supervision and not allowed to leave the building needed to be subject to a DoLS authorisation. However all of the appropriate applications had not been made. We found that staff kept people under constant supervision and did not ensure people were free to come and go despite the

DoLS authorisations not being in place. We found that no 'best interest' meetings had been held for these people to determine if the practices they followed were the least restrictive and appropriate whilst applications for DoLS were being made.

Two people's DoLS application had been declined but we found that staff treated them in the same manner as everyone else. Again no action had been taken to ensure these people were able to take everyday risks and lead independent lifestyles.

We also found that some people who were subject to DoLS authorisations had conditions attached to these, which were above the standard restrictions. For example conditions were made around ensuring one person could routinely go out of the building. We found that neither the DoLS authorisation or an outline of the conditions were kept in the care records. The registered manager had produced documents detailing how to ensure least restrictive measures were used for each person and how conditions were met but this was kept in the office. None of the staff we spoke with were aware that conditions could be imposed or what they needed to do to meet them.

We found that the staff were not aware that people subject to DoLS authorisations had the right to object to this restriction and make representations about the DoLS to the Court of Protection.

This was a breach of Regulation 13 (5) (Safeguarding service users from abuse and improper treatment), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that lots of information was recorded in the daily records but staff did not appear to use this to assist them to evaluate whether the care plans remained appropriate. Generic care plans and assessments were used, which staff filled in but these did not prompt them to write pertinent information. We found that staff on the whole had a very good understanding of people's needs and had altered the way they worked but the care records did not reflect the actions they took. However they did not use this knowledge when writing care records and pertinent information about people's specific, individual needs was not recorded.

We saw that care records showed that relatives not the people they related to had signed care plans. Staff were unclear as to why this would be acceptable as there was no

Is the service effective?

information to show the person was unable to make decisions about their care. Where relatives made decisions the care records did not to show whether relatives had become Court of Protection approved deputies, or if they had enacted power of attorney for care and welfare or finance or if they were appointees for the person's finance. Relatives cannot make decisions about care and welfare unless they have the legal authority to do so and the person lacks the capacity to make these decisions for themselves. The new registered manager and senior support worker told us this was an area they were working on and had requested information from relatives.

We found that the audit tool the provider used did not check if the information in the care records reflected people's current needs and if the care documentation meet the needs of the service. Had the audit tool been more effective these gaps would not have been evident. We discussed this with the operational director who created a new tool but this needed to be tested.

When we arrived at 6am and found that most people were still in bed, we observed that on the residential unit the bedroom doors were left open. The staff we spoke with told us that this was what people wanted but accepted it was quite undignified for the individuals asleep in their room. However, when we reviewed these people's care records we found no evidence in them to demonstrate that staff had checked that this behaviour was acceptable. The registered manager had not been aware of this custom and practice but undertook to ensure the practice was reviewed so that people were afforded privacy whilst in their rooms, unless it was absolutely necessary for individuals to be observed whilst asleep. We found that the systems for monitoring staff practices needed to be improved, as this had not been picked up prior to the inspection.

We found that the system for monitoring the service was not consistently working as when the manager was away staff on the residential unit deviated from the expected practices.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke with told us that they had completed training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their

health care, welfare or finances. However, staff were very unclear about what action they needed to take to ensure the requirements of the MCA were followed. The registered manager understood the principles of the MCA and 'best interest' decisions but recognised that not all of the staff were applying this legislation appropriately. They and the operational director discussed the actions that were being taken to provide additional training and tools to assist staff appropriately applied the MCA principles. They and the management team recognised that they were still developing the skills needed to always complete these accurately and they needed to be clearer in their analysis of people's capacity.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had difficulty communicating, managing behaviours that may challenge and various conditions such as Diabetes. We confirmed from our review of records that staff had completed mandatory training such as fire, infection control, first aid, medicines administration, food hygiene and other course such as nutrition and dementia care. We also found that the provider completed regular refresher training for these courses. We found that the staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff told us that they had received supervision sessions, which they found were informative and helpful. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records were in place to confirm that supervision had taken place. We found that all of the staff had an annual appraisal. Staff told us that the new manager had held meetings with them and outlined what they would be doing to make changes to the home. The new registered manager showed us the minutes from the meeting.

When we started the inspection we found that people who were up had been given cups of tea and jugs of juice were available. We saw staff frequently offered people drinks.

We observed the care and support given to people over lunch. We observed that people received appropriate

Is the service effective?

assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. During the meal the atmosphere was calm and staff were alert to people who became distracted or dozed off and were not eating.

People were offered choices in the meal and staff knew people's personal likes and dislikes. The quality of the food looked good. All the people we observed enjoyed eating the food and very little was left on plates.

From our review of the care records we saw that nutritional screening had been completed for people who used the service, which was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that where people had lost weight dieticians were

contacted. Two nurses, seven care staff and the cook had completed a focus on under-nutrition training, which we heard enabled them to consider a wider range of ways to encourage people to eat.

Following a resident and relative survey it was identified that the menu needed to be amended. The operational director told us about the pilot that was being run across the registered provider's homes to determine that the new menu would better meet people's needs. They had also found that the catering budget was inadequate so were in the process of increasing this.

We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns were raised staff made contact with relevant healthcare professionals. For instance where people had lost weight, the staff had contacted the GP and dieticians who assisted staff to support people to maintain a healthy diet.

Is the service caring?

Our findings

The people we spoke with said they were very happy with the care and support provided at the home. People said, “The staff do genuinely care about us.” And, “The home is very good and I’m happy here.” And “I find that all the staff are good.” And “I’ve had no problems.”

We found that staff were responsive to the needs of people who used the service. Staff discussed their desire to deliver an excellent service and their willingness to ensure the care was effective for people who lived at the home. Staff were seen to use a wide range of techniques, such as humour and a clear communication style, to develop therapeutic relationships with people who used the service. We found the staff were warm, friendly and dedicated to delivering good, supportive care.

Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example discreetly identifying when someone needed assistance to their continence needs. The staff were skilled in communicating with people who experienced difficulties and were able recognise what people were asking.

The registered manager and staff that we spoke with showed genuine concern for people’s wellbeing. It was evident from discussion that all staff knew people very well, including their personal history preferences, likes and

dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to have for their meal, or where to sit in the lounge.

The registered manager told us that refurbishment work was being completed and this would ensure the environment became more dementia friendly. They also told us about the registered provider’s recent visit and how following this visit they had received monies to improve the garden so it provided a safe space for people with memory loss to use.

The environment supported people’s privacy and dignity. All the bedrooms we went into contained personal items that belonged to the person such as photographs and pictures and lamps. The staff took care looking after peoples’ possessions as clothing was labelled and all toiletries in the bathroom were also labelled. The staff also promoted people to be as independent as possible.

Throughout our visit we observed that staff and people who used the service engaged in general conversation and enjoy humorous interactions. From our discussions with people and observations we found that there was a very relaxed atmosphere.

Is the service responsive?

Our findings

People told us how the staff provided a service that met their needs and people felt the home provided a personalised service. We saw that people were engaged in a variety of activities. From our discussion with the activity coordinators we found that they were designing a programme, which would be tailored to each person. People told us that the activities coordinators were provided a good range of things to do and join in.

People said, “The new activities coordinator really seems to have a passion for it.”

We found people were engaged in meaningful occupation and the activity coordinators ran a good range of activities. Whilst we were at the home we saw people engaged in creating artwork and a singer came in. We also saw that people went out and about in the community, both on their own, with relatives or with staff.

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. We saw that the staff contacted healthcare professionals such as district nurses and GPs when people’s health deteriorated.

The staff discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people’s needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people’s needs. We found that the registered manager critically reviewed the service and when the staff could no longer meet a person’s needs they ensured action was taken to find a more suitable placement. Whilst we were conducting the inspection we saw the registered manager sensitively support a person to move to nursing care.

We found that the care records on the whole did reflect people’s current care needs. Each person had an assessment, which highlighted their needs. We found staff were not updating care plans when people’s needs changed or writing plans for people’s more complex needs. On the first day of our visit we discussed this with the operational director and registered manager and they took action. The operational director discussed how they had found that the existing care plan audit had not assisted staff to recognise this shortfall and discussed the action they were taking to make improvements. When subsequently visited we saw the amendments they had made to the audit and these appeared to address the issue.

We found that the provider’s care records led to copious and repetitive care plans being generated. A number of these overlapped so we found four plans could be in place for the same issue such as personal care or mobility. We discussed with the operational director and registered manager who agreed to look at the assessment and care plan tools.

People who used the service told us about the compliant procedure and stated they knew who to approach if they had concerns. Relatives also told us they knew how to raise complaints and those who had told us the registered manager was very approachable and had resolved the issues to their satisfaction. Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. They were also able to show us the complaints policy which was on display in the entrance. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that when complaints had been made in the last 12 months, which the director of care had thoroughly investigated and resolved.

Is the service well-led?

Our findings

We looked at the systems in place for monitoring the quality of the service. Albeit the provider had systems for monitoring and assessing the service this failed to identify staff shortages; that MCA and DoLS authorisations had not been completed in line with expected practice and were not reflected in people's care records; when medicines had not been collected in a timely fashion; or the gaps in the analysis of accidents and incidents. We discussed this with the operational manager who over the course of the inspection develop audits and tools for staff to use, which we found had the potential to ensure this did not reoccur. However these tools needed to be tested.

We reviewed the dependency tool, we found this to be extremely difficult to use and were left unable to determine how staffing levels were calculated. The staff could not explain how they used the tool to calculate the number of staff needed for the whole home or each unit.

We found that the current system had not assisted staff to critically review the service or care documents. We found for the residential unit there were gaps in the completion of generic care records so often saw staff had not filled in documents. We found that these were not needed but the system had not prompted staff to remove them.

We discussed the shortfalls in the systems with the operational director who then took immediate action to improve the systems. However we were unable to determine if these would be effective as they were being implemented as we inspected so were not tested.

This was a breach of Regulation 17(1) (Good Governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the registered manager had been in post since September 2014. The people who used the service,

relatives and staff were all complimentary about them. We were told that the registered manager was approachable, easy to discuss matters with and that they were far better than other managers who had been in posts. From the information the people shared we gained the impression that overall they thought the home met their needs.

We found that the registered manager and operational director were very reflective and critically looked at how staff could tailor their practice to ensure the care delivered was completely person centred. We found that the operational manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the senior managers actively monitored the service and used the information they gathered to make improvements.

We saw that the provider held meetings with the people who used the service, relatives and staff, which provided a forum for people to share their views. We found that the registered manager ran these meetings and used a variety of techniques for encouraging people to share their views.

We saw that the operational director and registered manager had supported staff to review their practices and the operational director constantly looked for improvements that they could make to the service. The staff had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care. The staff we spoke with had a pride in the home that they work in.

The staff we spoke with described how the registered manager constantly looked to improve the service. They also told the registered provider had recently visited the home and had encouraged them to look at how they could improve the home. The meeting minutes and action plans we reviewed confirmed that staff reflected on their practices and how these could be improved.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Staff were not ensuring that people were not inappropriately subject to deprivation of liberties or that DoLS authorisations were sought.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.