Choicecare 2000 Limited

Ramsgate Care Centre

Inspection report

66 – 68 Boundary Road
Ramsgate
Kent
CT11 7NP
Tel: 01843 585444
Website: www.selecthealthcaregroup.com/carehomes

Date of inspection visit: 14 and 15 April 2015
Date of publication: 07/08/2015

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

Overall summary

This was an unannounced inspection that took place on 14 and 15 April 2015.

Ramsgate Care Centre is located close to the centre of Ramsgate town centre. The service is registered to provide care and support for up to 42 people, most of whom are living with dementia. Accommodation is set out over two floors and all bedrooms are en-suite. At the time of our visit there were 40 people using the service.

The service was managed by a registered manager who was present on both days of the 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.

Medicine Administration Record (MAR) charts were not filled in properly as they did not contain accurate records of how many tablets were in stock and staff did not

Summary of findings

always record the proper times of when medicines should be administered. Medicines were stored safely and people received their medicines when they needed them.

People felt they got the care and support they needed, but did not think they were always given the help they needed at the time they wanted it. Staff numbers were based on the amount of care people needed in line with their assessed dependency levels. However, the routines of the service impacted on people's preferences and choices because staff had tasks to complete. Additional support arrangements were in place to help manage this, but had not made much difference to people's experiences at the time of our inspection.

People spent a lot of time in their own rooms. Staff told us that they asked people if they wanted to join in activities or spend time in the lounge areas, but said that people often refused. It was not evident what further steps staff took to help prevent people from becoming socially isolated.

People's opinions about the activities and meals varied. Some people felt the meals were 'tasteless', while other people told us they enjoyed the food. Some people were not aware of any activities that were on offer and other people told us they were happy with the activities provided.

People told us they did not have any complaints, but would be happy to speak with the manager and staff if they did. People's views were sought through questionnaires, 'resident meetings' and conversations with staff. Staff responded when people made specific requests. The registered manager knew where people felt improvements could be made, but when we visited some people told us they were still not happy with the meals or what times they could get up. Actions to make sustained changes had not taken effect.

People were involved in the assessments of their needs and staff listened to what people had to say about the support they needed. Care plans showed what people needed support with and people's likes and dislikes were taken into account.

Most relatives were positive about the care provided and told us they thought their relatives received good care. One visitor, however, thought the care could be improved, as they felt staff did not respond to their relative's needs appropriately. People felt staff respected their privacy and dignity and thought staff were kind and caring. One person said "I like it here, the staff are kind".

People's healthcare needs were monitored and appropriate advice sought from health care professionals to make sure people's needs were met. People were provided with the equipment they needed and supported to remain as independent as possible. Special diets were in place for people who were at risk of losing weight or at risk of choking.

People were protected from the risk of abuse. Staff knew how to keep people safe and who to report any concerns to. People told us they felt safe and thought that staff checked on them regularly. People were protected against the risk of harm by risk management plans and support was provided to people who were at risk of falls. The building was designed so people could move around safely.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate referrals had been made for people who were at risk of having their liberty restricted. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and DoLS. When people lacked the mental capacity to make decisions the home was guided by the principles of the MCA to ensure any decisions were made in the person's best interests.

Recruitment procedures safeguarded people. There was an on-going training programme that was addressing the gaps in training and new staff received an induction. All the staff we spoke with told us they felt well supported by the registered manager. Staff were confident to 'blow the whistle' and said they were treated fairly. Staff knew what their roles and responsibilities were and what they were accountable for.

There were systems in place for monitoring the quality of the service provided and actions were taken to address any shortfalls. Systems were in place to make sure that the registered manager and staff learned from events such as accidents and incidents. The registered manager was supported by the registered provider through regular visits and quality assurance checks.

Summary of findings

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We have made a recommendation for the provider to consider improving the service.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Medicine records did not always have the amount of medicines held in stock. People received their medicines when they needed them.

Staffing levels were assessed based upon people's dependency needs, but the deployment of staff did not always meet people's needs.

Safe recruitment procedures were in place. Staff knew and understood how to keep people safe from harm.

People were kept safe by the way risks were managed. Action was taken in response to accidents to protect people from further risk of harm.

Is the service effective?

Requires improvement

The service was not always effective.

Staff received training and any gaps had been identified and training was booked. Staff would benefit from more training about understanding people living with dementia. Staff felt well supported.

People's consent to care and treatment was sought in line with current legislation. People were supported to make decisions, in their best interests, in line with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet. Some people felt the food could be improved.

People's health care needs were monitored and they were supported to access health care professionals as needed.

Is the service caring?

Good

The service was caring.

People were supported by staff in a kind and caring manner and were treated as individuals. Staff knew about people and what their likes and dislikes were.

Staff promoted people's independence and respected their privacy and dignity.

Is the service responsive?

Requires improvement

The service was not always responsive.

People thought that staff gave them the support they needed, but were not always given the support at a time when they wanted it.

Care plans gave staff guidance about how to care for people safely. They were being developed to further support people with their dementia care needs.

Summary of findings

People were supported with some activities, but not everyone felt there was enough choice of activities.

The complaints procedure was on display and people knew who to talk to if they had any concerns.

Is the service well-led?

Requires improvement 

The service was not always well led.

People were given the opportunity to have their say, but not everyone was given the chance to take part in surveys or questionnaires. Negative feedback about times of getting up and the quality of the meals had not been resolved.

There was a registered manager in post who understood her responsibilities. Staff felt they were given the support they needed and understood their roles.

There was an open culture between staff and the manager. Staff understood the values of the service.

Quality assurance systems ensured that people received safe care.

Ramsgate Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 and 15 April 2015 and was unannounced. The inspection was carried out by one inspector, a specialist advisor and an expert-by-experience. The specialist advisor was someone who had knowledge and experience of working with people living with dementia. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service and had specialist knowledge of people living with dementia.

Before the inspection, the provider completed 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. We looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals.

During our inspection we spoke with eight people, four relatives or friends who were visiting, seven members of staff and the registered manager.

We observed the lunch time meals being served and observed how staff spoke with people. We looked around the service including shared facilities, in people's bedrooms with their permission. We looked at a range of records including the care plans and monitoring records for four people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff, relatives and resident meeting minutes.

The last inspection was carried out on 2 October 2013 and was judged to be meeting all the standards we checked.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe here and I get the help I need". Another person said, "I know they (staff) look after me very well and that makes me feel safe". Other people told us they felt safe because staff helped them to move safely and checked on them regularly. One person said, "Staff check on me at night to make sure I am ok and to see if I need anything". Another person said, "Staff always help me get in and out of my wheelchair safely". One person told us that they felt frustrated as they would rather live in their own home, but said, "I know I am safe here so that helps".

Records of how much medicine was in stock were not accurate. Medicine Administration Record (MAR) charts were not completed properly. When new MAR charts were started the amount of medicines / tablets left from the previous cycle were not carried forward, therefore staff did not know how many tablets were in stock. There was a discrepancy in the amount of tablets that should have been left for one person, but without a record of the amount that was in stock it was not possible to establish if the correct amount had been administered. Handwritten entries on the MAR charts did not always reflect what was written on the box or bottle of medicine. For example, a bottle stated that one person should have a tablet once in the morning, but the MAR chart stated it should be given once a day, so the information had not been copied accurately onto the MAR chart.

Complete and accurate records were not kept of medicines. This is a breach of regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were policies and procedures to give staff guidance about how to manage medicines. Only staff who had been trained and were assessed as competent to do so administered medicines.

Medicines were stored safely and at the correct temperatures to ensure they were suitable for use. There was a profile for each person for medicines that should be given on an 'as and when required' basis, to ensure they received these medicines when they needed them. Staff told people what their medicines were for. Staff made sure people had water or a drink so people could swallow their tablets and stayed with people until they had taken their tablets.

The amount of staff on duty was calculated on people's dependency levels related to their needs. There were seven members of care staff on duty in the morning, four care staff in the afternoon and three members of staff during the night. There were additional support staff including domestic, kitchen, maintenance, an administrator and activities coordinator. The registered manager used a dependency assessment tool to work out people's needs. There were 17 people who had been assessed as having high needs. The registered manager told us there were, "an intense number" of people who needed the support of two members of staff. The number of staff hours needed were worked out based on the dependency assessment, but staff were not always deployed effectively and people were not getting the help when they wanted it.

People felt that there were not always enough staff around to help them, particularly to help them get up in the mornings. One person told us, "There isn't always enough staff" and another said, "We never do anything as there are no staff". The majority of people stayed in their rooms for breakfast and staff said they did not have enough time to get people up in the morning when they wanted to get up. They told us that they were allocated duties in the morning. Three members of staff gave out breakfast on a trolley and three members of staff gave out medicines to people. This left one member of staff 'floating' to check people were safe and respond to any call bells. Night staff were allocated to areas of the service and either helped people to get up or checked that they were comfortable. Staff told us that if they did not have enough time to get people up before the breakfast trolleys were taken around the rooms. Staff said "People then had to wait until after breakfast to get up". Although the registered manager had allocated kitchen staff to help give out breakfast, this had started just before our inspection and had not impacted on people's experiences yet.

The provider had not deployed sufficient numbers of staff to ensure people's needs were met. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment procedures were in place to make sure staff were recruited safely. Prospective members of staff

Requires improvement

Is the service safe?

completed application forms and attended an interview. People were invited to be part of the recruitment process and different people had taken part in interviewing staff. The registered manager said that this gave additional insight into what people's expectations were from staff and helped to make sure they recruited staff that were suitable to work with the people using the service. Appropriate checks were carried out on prospective members of staff including obtaining references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were systems in place to keep people safe and protect them from harm. Staff knew and understood their responsibilities about how to keep people safe. Staff described different types of abuse and what they would do if they were worried about the safety of anyone at the service. One member of staff told us, "I would have no hesitation in reporting anything to the manager or you (Care Quality Commission) and the local authority if I was worried about anything". The registered manager told us about an incident they had reported to the appropriate authorities and what actions had been taken following this to minimise and prevent future risks.

Risks to people's safety had been assessed to ensure people were protected from the risk of harm. These included risks associated with skin integrity, nutrition, mobility and falls, and behaviours that may challenge. Care plans gave guidance about how to support people safely. People who walked around the building were monitored and staff knew how to protect people from putting themselves at risk. Staff told us how they had reduced the risk of one person who had attempted to leave the service. The strategies they used had been effective and the risk of this person leaving had been reduced.

Accidents and incidents were monitored and analysed by the registered manager to make sure appropriate action was taken to keep people safe. When people were identified as being at risk of falling, risk assessments were in place to help protect the person and to reduce further risk of falls. People were referred to the GP and the falls clinic if there were further concerns about them falling.

Regular checks were carried out to make sure the environment remained safe including checks on hot water temperatures, call bells and health and safety systems within the service. Equipment such as hoists were checked regularly and kept in good working order. The registered manager confirmed that there were systems and arrangements to support people in an emergency such as in the event of a fire. The service was clean and tidy. Hallways, communal areas and people's bedrooms were uncluttered and free from hazards that could cause people to trip.

Requires improvement

Is the service effective?

Our findings

People told us that, although there were times when they had to wait for staff, they felt that staff looked after them, "Very well". One person said, "My care is good". Another person said, "They have really helped me and I am now actually able to go home". Other people said, "I know they (staff) are about if I need them" and "I get the help I need, but they also let me stay independent". Most relatives were positive about the care provided and felt that people were well cared for.

Staff were supported to access training and to develop their skills and knowledge. All staff had up to date training in moving and handling, fire safety and first aid. The registered manager confirmed that staff had completed safeguarding training. Most staff had completed training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). There were gaps in training, but the registered manager's audit had identified this and a training programme was in place for staff to complete training. Staff told us that they were supported with their training and talked about the training they had completed. They told us they found the different training useful.

Most people were living with dementia and although staff knew and understood individual people's needs and were able to tell us what support people needed, some staff lacked in depth knowledge and understanding about issues that affected people with dementia. Staff lacked awareness about different types of dementia. Not all staff offered people choices in a way that made it easy for them to make a decision. For example, one member of staff asked one person about going for a walk, but did not phrase the question in a way that person could understand. Although they had been saying they wanted to go for a walk, they refused when they were asked. Some staff were not sure how they explained to relatives why people would not always remember them. Staff said "We try to tell them what is happening, but sometimes it is hard".

Although staff were kind and caring some staff displayed less understanding of how to respond to people. One person was quite agitated and two members of staff responded differently to this person, which did not help to alleviate the person's agitation.

We recommend that the manager finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with dementia.

New staff were required to complete induction training. There was a four week 'in-house' induction which included learning about policies, procedures, how the service operated and the requirements of legislation. It also included care topics such as nutrition, moving and handling, privacy and dignity and keeping people safe. Staff were monitored throughout their induction and were signed off when they had been deemed as competent. New members of staff were being signed up to take the new Care Certificate. This is a set of standards that sets out the learning outcomes, competences and standards of care expected by new people working in the care sector and had been developed by Skills for Care, who are an organisation that work with social care employers to help deliver high quality care.

Staff supervisions took place on a regular basis. Annual appraisals looked at goals and achievements and what support staff needed. Staff told us they discussed their training with the registered manager as part of their supervision. They said they felt confident about talking to the manager about any support they felt they needed. Staff said that if they needed advice about any care tasks, they could approach the manager or a senior member of staff who always gave them the support they needed. Regular staff meetings were held and this gave staff the opportunity to voice their opinions and enabled the manager to share information and identify any areas for improvement.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) procedures is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people's rights. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making.

The registered manager understood the principles of the MCA. When a person lacked capacity, best interest meetings were arranged, relevant professionals and relatives were invited and a decision made on a person's behalf if a major decision needed to made, such as

undergoing surgery. Advocates and Independent Mental Capacity Advocates (IMCA's), who support people with regard to decision making, were involved when people needed support.

If people needed safeguards such as bedrails, a risk assessment was carried out and agreed with either the person or their families. Some people had a 'do not attempt resuscitation' (DNAR) form. The registered manager said that if anyone came out of hospital with a DNAR, they followed this up with the GP and families to ensure that the decision was kept under review.

Staff understood the principles about people's individual capacity and told us how they supported people to make day to day decisions. The care plans identified when people could not make a decision. One person could become anxious if they were offered too many choices and staff told us how they supported this person by offering them a maximum of two items to choose from.

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Applications had been made to the DoLS office for people who had been assessed as having their liberties restricted. There were risk assessments and care plans in place for people who were at risk of harm if they left the building on their own. Most staff knew about DoLS and the implications for people and knew how to support people. People and their relatives told us that they were free to come and go as they pleased. Some people regularly went out to the local shops on their own. Other people were supported by their relatives or staff to access local facilities.

People's opinions about the meals varied. Most people told us they enjoyed and liked the meals, although two people felt that the meals were sometimes, 'tasteless'. Two relatives told us the meals always looked and smelled appetising, but one relative said they did not think the food was, "very good". Meals had been the subject of 'residents meetings' and when comments had been made actions had been taken to address people's complaints, but some people still felt the meals could be improved.

People were asked in advance what they wanted for lunch and could choose from two different options. At lunchtime staff checked what people wanted to eat in case people and changed their mind. People were supported and encouraged to eat independently. When people needed assistance this was given discreetly. One person kept leaving their table and staff encouraged them in a kind way to return to their meal.

People who were at risk of weight loss or malnutrition had their meals fortified with additional calories. The cook told us, "We use full fat milk, cream and cheese to bulk out the food so people get the nutrition they need". The cook was aware of people's different dietary needs including food served at different consistencies, diabetic and vegetarian diets. People's care records identified any risks of malnutrition or dehydration and there were strategies in place to minimise risk. When there were any concerns about people's nutritional needs they had been referred to the dietician or the speech and language therapist (SALT) team. People's weight was monitored and action was taken to address any weight loss such as contacting the dietician or doctor for advice.

There were procedures in place to monitor people's health care needs. There were risk assessments and care plans in place for people's nutritional, skin care and continence needs. Referrals were made to health professionals as needed such as to the doctor, chiropodist, dentist, dietician and district nurses. One person told us that they needed creams applied regularly. They said, "Staff know when my legs need creaming and when to leave off the bandages for a while. They really look after me". Relatives told us that they felt people's healthcare needs were met. One visitor told us that their relative's health had improved and they, "Had defied all odds and was improving". Another relative said, "The care is fantastic. (My relative) has recovered well since being in here".

The environment had been designed to support people with dementia to remain as independent as possible. Some people had pictures and names on their bedroom doors to help them, and staff, identify which was their bedroom. There was a large dining area that people could use. The lounge areas had a homely feel with decorations, plants and books. There was a circular walkway so people could walk round if they wanted to. People could use the garden with or without the support of staff or their relatives. The garden was secure and people spent time in the fresh air.

Good

Is the service caring?

Our findings

People told us they thought the care they received was good and thought staff were caring and kind. People said, "My care is good, they (staff) are considerate" and "It's good here". Relatives told us that they felt staff cared about them as well. They told us, "The care is wonderful, very considerate and they care about us as a family". "The staff are so caring of us as a family and nothing is too much trouble".

Throughout our inspection we observed how staff supported people. Staff treated people with dignity and respect. People could choose whether they preferred to be helped by a male or female member of staff and this was respected. Staff asked people if they wanted help in a discreet manner. People's confidentiality was protected and information about people was kept securely so only authorised staff could access it.

People were involved in making decisions about their care and support needs. When people moved into the service, people were asked about their care needs, likes, dislikes and preferences.

Care plans included information about people's life histories through a 'This Is Me' record. These showed that staff had talked to people and / or their relatives to gain an understanding about people's lives. This was important because it helped staff to understand the people they were caring for. Staff told us 'that by getting to know people, they felt they could give better support'.

People were able to contribute to their care plans if they wanted to. Staff sat with people and talked about their care and asked people how they would like to be helped. A relative told us that they had been fully involved and that their opinions had been listened to. Staff checked with people about what they could and could not do for themselves. Care plans identified what people could do for themselves. One person told us how they liked to maintain their independence and said that staff supported them with this. Independent advocacy services were accessed for people who did not have family support to help them and made sure that any decisions were made and agreed in people's best interest.

Staff listened to what people had to say and acted on their requests. People and their relatives were encouraged to make their views known through conversations with staff and the registered manager. Relatives said that staff always talked with people and listened to them. One relative said, "I feel we are listened to here". There was a "You said. We did" board. This displayed things people had requested from staff. For example, when people had requested to have a cooked breakfast, it showed what actions had been taken in response. One person told us their room had recently been redecorated and they had chosen the colour scheme.

Staff communicated with people in different ways. They spoke slowly and clearly with people and answered any questions calmly and patiently. Staff treated people in a respectful manner and spent time reassuring people if they became upset or were worried about anything. One person often became anxious and needed reassurance. Staff supported this person and answered their questions in a calm and reassuring manner. Staff told us why this person became anxious and told us how they reassured them. One member of staff said, "If you listen and answer their questions, it really helps. You just have to spend the time to make sure they know they are important". Staff were cheerful and encouraged and supported people in a kind and friendly way. When people needed support to move around, staff walked with them at their own pace and supported them without restricting their independence.

One person kept leaving the table at lunchtime and did not want to be helped with their meal. A member of staff slowly and gently encouraged this person to return to the table and to eat more of their meal. Staff supported this person to eat in a way that suited them and allowed the person to choose how they wanted to eat their meal, but also made sure they had something to eat.

Relatives told us that they were able to visit at any time and were always welcome. They told us that they could take their relatives out when they wanted to and staff always made sure people had what they needed if they were going out.

People's religious and cultural preferences were respected. Care plans showed what people's different beliefs were. Families and health care professionals were involved in end of life care, so people could stay at the service for as long as possible if they wanted to. End of life care was overseen by the GP and district nurses. Medical equipment was available to help people with pain relief and staff had been given training in palliative care, which is how to support

Good

Is the service caring?

people at the end of their lives. Staff told us that it was important to ensure 'People had a home for life' if they wanted. One member of staff said, "I would want to be cared for properly and that's what we will do here".

Requires improvement

Is the service responsive?

Our findings

People had mixed opinions about how responsive the service was. People felt that staff met their needs and gave them the help they needed, but told us that they were not always given the support at a time when they wanted it.

People said, "I get a cup of tea nice and early, but I can't get up when I want to and have to wait quite a while", "I have to wait a long time to get washed and dressed in the mornings" and, "I would like to get up earlier, but have to wait". Feedback from 'resident meetings' was that people felt they were waiting too long for help with washing and dressing in the mornings. Comments on a questionnaire sent out in January 2015 identified that people felt there was a shortage of staff.

Staff told us, and we saw during our inspection, that most people spent a lot of time in their rooms. Staff said they asked people if they wanted to go into the lounge area, but 'most of the time people refused, because people preferred to stay in their rooms'. People told us they were quite happy to stay in their rooms, some people said they made this choice 'because there was not a lot else to do'. Staff checked on people to make sure they were safe, but did not have much time to spend talking with people. In the mornings staff had too many tasks to complete and in the afternoon there were less staff on duty. One person said, "I do like to chat to staff if they have the time". People were not given sufficient opportunities and support to leave their rooms to prevent them from becoming socially isolated.

People's opinions about the activities varied. A survey carried out in January 2015 showed that out of a rating of excellent, good, fair and poor most people thought the choice, amount and variety of activities was fair, only two people out of 11 thought there was a good choice and one person thought there was a poor choice. Some people told us they could continue to pursue their hobbies such as knitting and artwork. One person said there was a library where they could change their books when they wanted. Other people told us how they enjoyed a game of ludo or cards with people. Some people, though, said there was not much to do and told us they spent most of their time in their rooms watching television. Staff told us that it was difficult to, 'Get people interested in taking part in activities'. Staff they had tried different options to get people interested. They said they had introduced different games, but said that people had not been receptive.

The activities co-ordinator worked four days a week between the hours of 8.00am and 2.00pm. During this time she arranged some activities such as bingo, games and music sessions. At other times the activities co-ordinator took people out for a walk or tried to spend time with people on a one-to-one basis. There were plans to introduce raised flower beds in a courtyard area so people could be involved in a gardening project. Social gatherings had taken place and had included coffee mornings. People were visited by outside organisations such as the Salvation Army and Headway. This is an organisation that supports people who have suffered from a head injury.

Care and treatment had not been designed and provided to support people's preferences and choices in relation to activities. This was a breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before people moved into the service they were visited by the registered manager who carried out an assessment of their needs. The manager considered if the staff would be able to meet people's needs. Care plans contained information about people's needs and were individualised to the person. They included details about people's personal care, communication, health and mobility needs. They identified what people could and could not manage for themselves. The care plans were in the process of being updated and were being improved to include more information about people's dementia care needs, which would make sure staff were better informed on how to meet their individual needs.

People told us that staff helped them to maintain their independence. One person said they needed help to have a bath, but they could manage most of their own care and said that staff supported them to keep their independence. Care plans described what people could or could not manage on their own. Staff told us about people who needed more support and described how they supported them. One person had moved into the service when they had left hospital. They had been supported to increase their independence and to improve their health and were

Requires improvement

Is the service responsive?

in the process of moving back to their own home. A visitor told us that their relative had been very poorly when they moved in, but had, "Come on in leaps and bounds, because of the care here".

People knew how to raise concerns and make a complaint. The complaints procedure was on display in the hallway so people could see it. The Provider Information Return (PIR) stated that there had been no written complaints made in the last twelve months. The registered manager confirmed that there had been no complaints. People and their visitors told us that they would be happy to raise any concerns with the manager or staff.

People were able to raise any concerns at any time, by telling staff what they were concerned about. Meetings were used to give people the opportunity to make any complaints. The 'You said. We did' board displayed what actions staff took in response to people's individual requests.

Requires improvement

Is the service well-led?

Our findings

People told us that the registered manager was approachable and that they felt they could speak to her when they needed to. The registered manager's door was left open so people could enter her office if they wanted to. The registered manager walked around the service every day to speak to people. People had opportunities to give their opinions on the service provided. Meetings were held so people could raise any issues or concerns, surveys were sent out and there was a board which showed how requests would be responded to.

The minutes of the last two 'residents meetings' in September 2014 and February 2015 had identified that people felt there could be improvements with the meals and that they waited too long to get washed and dressed in the mornings. The registered manager had listened to the areas that people felt could be improved. However, at our visit action had either been slow to be implemented or had not been sustained and some people still felt there were shortfalls in these areas.

Questionnaires had been sent out in January 2015. These had only been given to a small proportion of people and their relatives. The registered manager said that they surveyed a sample of people twice a year. This did not give everyone the opportunity to complete a questionnaire about the service.

The provider had not given everyone regular opportunities to take part in surveys and to give feedback. Changes were either not sustained or not implemented promptly. This is a breach of Regulation 17 (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they toured the building each day so they had the opportunity to talk with people. Visitors told us the manager or a senior member of staff was always available and that they were confident the home was well managed.

Staff were supported to question practice and raise any concerns. Actions were taken by the management if there were any concerns about poor practice. Staff told us they felt confident that they could go to the registered manager and raise any issues. Staff told us they were confident to 'blow the whistle' if they needed to and said the registered manager dealt with problems, 'fairly and confidentially'. The registered manager showed us action that had been taken when staff had raised concerns. This was carried out confidentially and resulted in appropriate action being taken. Staff told us they had good support from the registered manager and they attended regular meetings and had formal supervisions. All the members of staff we spoke with said they could, 'go to the manager at any time'.

Staff understood their roles and responsibilities and knew what was expected of them. There were a range of policies and procedures in place that gave staff guidance about how to carry out their role safely. Staff knew where to access the information they needed.

Staff understood the principles, culture and values of the service. Staff told us that they always aimed to make people smile and, 'It was important to keep people safe and maintain their independence'. One member of staff said, "It is about whether you would want your own Mum to live here, and I would".

The registered manager understood her responsibilities with regard to her registration with the Care Quality Commission (CQC). Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service. This is so CQC can check that appropriate action had been taken. The registered manager had reported any untoward incidents or events and told us about actions that had been taken to prevent them from happening again.

The registered manager was supported by the provider to ensure the service had the resources needed to run smoothly. An area manager visited the service regularly and spoke with people and staff. The registered manager had a range of quality assurance audits in place to monitor the standard of care the staff provided. Audits included medicines, people's weights, accident and incident monitoring, infection control, care plans, health and safety and checks on people's experiences. The results were analysed and actions taken to address any shortfalls. Systems were in place to respond to any safeguarding concerns and complaints. Staff training was audited and monitored to make sure training was on-going. The registered manager has recognised that there were gaps in training and a programme was in place to ensure that all staff completed their training.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not always deployed.** Regulation 18(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **People did not always receive care that met their choices and preferences especially in relation to activities.** Regulation 9(3)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Medicine records were not accurately maintained.** **People were not given consistent opportunities to feedback and requested improvements were not acted upon without delay.** Regulation 17 (2) (d)(e)