Mrs Dahiya

# Sailaway Residential Care Home

## Inspection report

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## Ratings

| Overall rating for this service | Requires improvement |
|---|---|
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

This inspection took place on 12 November 2015 and was unannounced. The home provides accommodation for up to 18 people, including people living with dementia. There were 11 people living at the home when we visited. The home is owned by the registered provider who also acts as the manager.

The home consists of communal areas of a conservatory, lounge and dining area, which people were observed using. Three bedrooms can accommodate two people but at the time of the inspection each bedroom was occupied by one person. Five bedrooms have an en-suite toilet. The home has three bathrooms with either a

# Summary of findings

shower or a bath. One of these was not being used as it was due to be refurbished. This was the bathroom on the first floor which meant there was no communal toilet in this area.

The service provider, Mrs Dahiya, also works at the manager. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This comprehensive inspection was carried out to check on the service's progress in meeting the requirements made as a result of the inspection on 9 and 13 April 2015 and for another inspection on 23 September 2015. The inspection of 9 and 13 April 2015 resulted in the service being rated Inadequate and was placed in Special Measures. This meant we started to use our enforcement powers to monitor and check the service and if no improvements were noted we could cancel or vary the conditions of the provider's registration. The previous two inspection reports identified the service was not meeting the following standards:

- How risks to people, such as falls were managed as well as the safe management of medicines and preventing the spread of infections.
- Staff recruitment procedures were not adequate.
- The provider was not following the Mental Capacity Act 2005 and its associated Code of Practice, where people lacked capacity to consent to their care and treatment.
- Staff training and supervision was not adequate to enable staff to carry out their duties.
- People's care needs were not adequately assessed and care was not always arranged to meet those needs.
- The provider did not have adequate systems to assess, monitor and improve the service.

At this inspection we found the provider had taken action to address these breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Further improvements, however, were needed regarding the recording of medicines brought into the home for those on a short term respite basis. This was a continued breach of the Regulations regarding the safe management of medicines. We identified a new concerns regarding procedures for protecting people at risk of abuse.

Care records showed any risks to people were assessed and there was guidance of how those risks should be managed to prevent any risk of harm. There were systems in place to review any accidents or incidents to people to prevent the likelihood of any reoccurrence.

There were sufficient numbers of staff to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in care were employed.

The service was clean, hygienic and free from odours. Procedures were followed regarding the prevention of possible infection.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People's capacity to consent to their care and treatment was assessed. Where people had limited capacity to consent to their care and treatment the provider had carried out capacity assessments which were specific to different aspects of individual people's care. Applications were made to the local authority where people were assessed as needing a DoLS authorisation as their liberty needed to be restricted for their safety. Not all staff had a full understanding of these procedures and a best interests decision was not recorded where a decision was made on behalf of someone regarding their medicines.

There was a choice of food and people were complimentary about the meals. The manager consulted people about the food and meal choices. Nutritional assessments were carried out and referrals made to the appropriate health services where there was a risk of malnutrition.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed.

Staff were observed to treat people with kindness and dignity. People said the staff treated them with kindness. People were able to exercise choice in how they spent their time.

People said they were consulted about their care and care plans were individualised to reflect people's choices and preferences. Each person's needs were assessed. Care plans showed how people's needs were to be met and how staff should support people.

# Summary of findings

Activities were provided for people and a schedule of activities for the week was displayed in the lounge. People were observed taking part in activities or reading in the lounge.

The complaints procedure was available and displayed in the entrance hall. People said they had opportunities to express their views or concerns.

Staff demonstrated values of treating people with dignity, respect, and, as individuals. The provider had introduced a system to ask people their views on the standard of the service they received.

A number of audits and checks were used to check on the effectiveness, safety and quality of the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take 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?**

**Requires improvement**

The service was not always safe.

Whilst people said they felt safe at the service not all staff had an awareness of what abuse was and how to deal with it. In addition, the manager described how one person was protected from possible abuse but this was not recorded and staff were not aware these procedures.

Medicines were handled and administered safely with the exception of a lack of recording of any incoming and outgoing medicines for people on short term respite care.

Risks to people were assessed and guidance recorded so staff knew how to reduce risks to people.

Sufficient numbers of staff were provided to meet people's needs.

Procedures were in place to prevent the spread of infection.

**Is the service effective?**

**Requires improvement**

The service was not always effective.

Staff received training and supervision but we identified some areas where this needed to improve.

People's capacity to consent to care and treatment was assessed. There were procedures regarding the Mental Capacity Act 2005 Code of Practice and DoLS applications were made to the local authority where people's liberty was restricted for their own safety. Staff awareness in this area was found to be in need of improvement.

People were supported to have a balanced and nutritious diet. Special dietary needs were catered for. Health care needs were monitored. Staff liaised with health care services so people's health was assessed and treatment arranged where needed.

**Is the service caring?**

**Good**

The service was caring.

Staff treated people with kindness, respect and with dignity.

People were consulted about their care and were able to exercise choice in how they spent their time.

Staff promoted people's privacy and people were supported to maintain their independence.

**Is the service responsive?**

**Good**

The service was responsive.

# Summary of findings

| | |
|---|---|
| People's needs were comprehensively assessed and reviewed. Care plans were individualised and reflected people's preferences.<br><br>There was an activities programme for people.<br><br>People were aware of the complaints procedure and knew what to do if they were dissatisfied. | |
| **Is the service well-led?**<br>The service was well-led.<br><br>The provider sought the views of people regarding the quality of the service and to check if improvements needed to be made.<br><br>Staff had values which promoted people being treated as individuals, and, with respect, which staff demonstrated during the inspection.<br><br>There were a number of systems for checking and auditing the safety and quality of the service, but this did not include checks on staff training and supervision. | **Requires improvement** |

# Sailaway Residential 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. The 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 took place on 12 November 2015 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law.

During the inspection we spoke with seven people who lived at the home and to three relatives. We also spoke with five care staff, the administrator, the deputy manager and the manager.

We spent time observing the care and support people received in communal areas of the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at the care plans and associated records for seven people. We reviewed other records, including the provider's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Staff records were reviewed, which included checks on newly appointed staff and staff supervision records.

We spoke with a member of the community NHS In Reach team regarding the support they would be providing to the service. We also had contact with the social services' contracts team who were monitoring the service. At the time of the inspection West Sussex social services had decided to not place any new service users at the home due to ongoing concerns about standards at the service.

Requires improvement

# Is the service safe?

## Our findings

The service had copies of the local authority safeguarding policies and procedures. Training records showed some staff were trained in safeguarding procedures, but we identified four staff were not. When we asked staff what safeguarding procedures were they were not always clear about this. One staff member did not understand what the phrase 'safeguarding procedures' meant, but confirmed they would report any suspected abuse to their manager and were aware they could also report any concerns to the local authority. Another staff member did not know what safeguarding procedures were and when asked what they would do if they ever suspected someone was abused, said they would leave the person on their own to calm down and come back later. This showed the staff member did not understand the principles of recognising and then protecting people from abuse. A third staff member also did not have an understanding of safeguarding adults procedures. Two other staff, however, were aware of what safeguarding procedures were and confirmed they would report any concerns to the manager and could also contact the local authority safeguarding team. We identified not all staff knew how recognise abuse and how to deal with it so people were protected.

The manager had liaised with the local authority safeguarding team regarding procedures for one person's finances. The manager described how there was a plan to protect the person's finances, which were assessed as being at risk of misuse. There was no record of this and two staff we spoke with did not know about any arrangements for safeguarding the person's finances. This meant there was a risk the person's finances were not adequately protected due to a lack of staff awareness and a lack of recording of the agreed procedures to protect the person.

**The provider had not ensured there were systems and processes to adequately protect people from abuse and improper treatment. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The medicines were supplied to the service by a local pharmacist along with a medicines administration record (MAR). For those people who stayed at the service on a short term respite basis there was a MAR with the dosage and times medicines should be taken. However, a record was not made of the incoming quantity of medicines or the amount returned to the person when they left the service. This applied to three people. This meant the staff were unable to accurately account for how much medicines were held. The provider wrote to us following the inspection to confirm action was taken to address this. This included a revised procedure that any incoming medicines stocks for people staying on a short term respite basis would be recorded. The provider also sent us an example of medicines record charts (MAR) to demonstrate this had been implemented.

People were supported with their medicines. A monitored dosage system was used to administer medicines to people. Staff recorded their signature each time they administered medicines to people. A record of staff signatures used when the staff signed the medication administration records was maintained so the manager could monitor which staff had handled the medicines. We checked a sample of the medicines stocks which showed people had received their medicines as prescribed.

We noted two containers of cream in people's rooms which had been opened but the date of this was not recorded. This meant staff could not tell if the creams were still within their recommended date of being effective.

People, and their relatives, said they considered the home to be a safe place for people. For example, when we asked one person if they felt safe at the home they replied, "Oh yes. Definitely."

Another person told us, "We're treated well and I feel safe and secure." A relative said, "The home is a life-saver. I'm sure [my relative] is quite safe here."

People said they received safe care and that staff were always available to assist them. People said staff responded promptly whenever they asked for assistance by using the call points in their rooms.

Staff were encouraged to raise any concerns about people's welfare with the provider and were confident appropriate action would be taken. We viewed a recent investigation where the provider had responded appropriately to an allegation of abuse and had cooperated fully with the local authority safeguarding team. The investigation showed they had taken suitable action to safeguard the person involved.

At our inspection on 23 September 2015, we identified that risks to people were not always managed effectively. This

# Is the service safe?

was in breach of Regulation 12 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and this part of Regulation 12 was now met. For example, the front garden was secure, including a locked gate; equipment such as hoists was checked and serviced regularly; and portable electrical equipment had been tested by a suitably qualified person. Measures were taken to address the risk of people falling from upstairs windows. The manager had made arrangements so there were sufficient connection points for equipment in bedrooms to monitor people's safety. At the time of the inspection these were not yet in place. These were not needed at the time of the inspection, but would provide additional security for people at risk of falling in their rooms.

Staff showed they understood people's individual risks; they assessed, monitored and reviewed these regularly and people were supported in accordance with their risk management plans. Where people were at risk of pressure ulcers developing due to prolonged periods of immobility there was an assessment of this using a recognised system which gave a score of the level of risk. People who were at risk of skin damage used special cushions and pressure relief mattresses to reduce the risk of damage to their skin.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. When staff used hoists, they did so in pairs and in accordance with best practice guidance. Where people had experienced falls, senior staff reviewed the risks and took appropriate action to reduce the likelihood of further falls. For example, sensor mats were put in place to monitor the movement of people at risk and they were referred to the specialist falls clinic or their GP if needed. The care plan for one person noted that they were at additional risk of falling in the evenings due to the medicines they were taking. Staff were aware of this and took additional precautions to keep the person safe. A family member told us "I know [the person] could fall, but they have strategies in place which allow him to keep his independence."

A system was also in place to capture details of all accidents and incidents in the home, so any patterns could be identified and action taken to reduce the level of risk.

Where people had experienced an accident such as a fall there were pro formas which were completed to analyse the incident along with details of any follow up action to prevent or reduce the chance of a reoccurrence.

Staff were aware of the action to take in the event of a fire and had been trained to use evacuation equipment. People had individual evacuation plans in place, which detailed the support they would need if they had to be evacuated. Additional fire safety signs and automatic door closures had also been installed.

There were sufficient staff to meet people's needs. We observed there were enough staff to meet people's. This included meal times where people were supported to eat. Three staff on duty at the time of the inspection. Staffing was organised on a staff duty roster and showed at least two care staff on duty and three care staff at other times. One of the three staff prepared food. People and staff said they considered there were enough staff to meet people's needs, although one staff member considered people's needs could be better met at night if there were two staff on 'waking' duties instead of the one 'waking' and one 'sleep-in.'

Staff told us newly appointed staff worked in a supernumerary capacity for their first two weeks of employment in order that they could observe more experienced staff at work. We checked staff duty rosters for a staff member who had recently started work and these showed they were supernumerary to the two or three other care staff on duty.

At our inspection on 23 September 2015, we identified staff recruitment procedures were not sufficient to ensure only staff who were safe to work in a care setting were employed. This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the concerns now addressed . We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. There was a record of staff being interviewed to assess their suitability for the post. This meant the provider operated appropriate recruitment procedures to keep people safe.

Requires improvement

# Is the service safe?

At our inspection of 9 and 13 April 2015, we identified people were not protected from the risk of infection as relevant guidance had not been followed. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.At this inspection we found improvements had been made, although action had not been taken following a legionella assessment completed by a specialist in March 2015. The assessment identified the need to monitor a range of temperatures on a regular basis. These had not been completed, but following the inspection the provider sent us a record of hot water temperature checks. We viewed the provider's policy on infection control.

All parts of the home were clean, hygienic and free from any odours. A hand washing sink had been installed in the laundry. The provider had assessed infection control risks and taken action to reduce the risks, and had completed an annual statement of infection control. Regular audits were conducted to check that best practice guidance was being followed and these had led to additional hand sanitising gel dispensers being installed. Staff had received training in infection control. Personal protective equipment (PPE) was readily available at key points throughout the home and we saw staff used this appropriately. Cleaning schedules were in place for each area of the home, together with a colour coded system to help reduce the likelihood of cross contamination between areas being cleaned. Staff completed check sheets to show they had completed the cleaning in accordance with the schedules, which we saw were up to date.

Staff were clear about how to handle soiled linen safely. They used soluble red bags which could be placed directly into the washing machine without having to be opened first. Guidance in the laundry room informed staff of the relevant programmes to use for each item of laundry.

Requires improvement

# Is the service effective?

## Our findings

People told us they were supported by staff who had the right skills to look after them. For example, one person said, "The staff are first class. Nothing is too much trouble for them." A relative told us "{My relative] gets good care. They do everything we would want them to do." Another relative said, "Sailaway have completely turned things around for [my relative]. They've had a very proactive approach from the start. He's less distressed and more settled now."

At our inspection on 9 and 13 April 2015, we identified that staff did not follow legislation designed to protect people's rights and freedoms; not all staff had received appropriate training, supervision and appraisal. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found some improvements had been made, but training and supervision for staff still needed to be developed to ensure staff had the right skills to meet people's needs.

We viewed a spreadsheet of staff training. This showed some training that had been completed and some training that was planned. The provider had engaged a training company to deliver some training, while some staff had completed other training online. Some staff worked part-time for other providers and had undertaken training with that provider. The provider of Sailaway Residential Care Home relied on this training, but there was no clear process in place for them to verify that this training was satisfactory. In some cases staff had obtained copies of the certificates they had been awarded, but in other cases these were not available. Where certificates were available, there was no system in place for the manager to check that the training given was of a suitable standard to meet the needs of the people living at the home. For example, equipment, such as hoists, that two members of staff had been trained to use in another home may not have been the same as equipment used at this home. This meant the manager had checked staff had attended training but not the type or quality of it so could not be assured it was sufficient to give staff the skills they needed.

The provider had arrangements in place for new staff to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care. Experienced staff were being supported to obtain vocational qualifications in health and social care, including one staff member who had registered to undertake a level five diploma. One staff member told us "[The provider] looks after me very well. They're very supportive."

Staff told us they received an induction to prepare them for their work when they first started working at the home. We saw records of an induction checklist used to record newly appointed staff being instructed in the service's procedures. Staff told us they were given time to familiarise themselves with the policies and procedures as well as people's care records before forming part of the staff team.

Staff told us they felt supported in their work and were able to ask for advice and guidance whenever they needed it. Staff said the manager observed their work but when we asked if they received a one to one supervision with the line manager they were unclear if this took place. For example, one staff member did not answer and another said they did have a one to one supervision. Staff supervisions records did not show the provider had fully addressed the requirement made in the last inspection report. There were records to show supervision took place for four staff on 30 October 2015. Two of these staff had a supervision before 30 October 2015. There were records to show staff performance was assessed, such as for newly appointed staff. We also saw the provider had met with individual staff to discuss any performance issues where this was applicable. For one staff member we noted there was no record of an appraisal of their work. The manager acknowledged this was an area which was in need of improvement. Following the inspection the manager sent us a plan for future supervision for staff.

At the inspection of 9 and 13 April 2015 the provider and staff were found to not have a clear understanding of the Mental Capacity Act 2005 and its Code of Practice. This was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where people lacked capacity, assessments of people's capacity were not always carried out. The staff and manager were also found to lack knowledge about the Deprivation of Liberty Safeguards (DoLS). This is used where people do not have capacity to consent to their care and treatment and need to have their liberty restricted for their own safety. This is called a DoLS authorisation. At this inspection we found

Requires improvement

# Is the service effective?

the provider had now made improvements in this area and Regulation 11 Need for consent was now met, but staff were not fully aware of people's status regarding whether they were subject to DoLS or not.

At this inspection staff now had access to a copy of the Mental Capacity Act 2005 Code of Practice as well as a code of practice for the Deprivation of Liberty Safeguards (DoLS). We saw where people lacked capacity to consent to their care and treatment that this was assessed. These capacity assessments were carried out for different aspects of care and where people lacked capacity a best interests decision was recorded. One record of best interests decision regarding someone having a pureed diet listed the professional titles of those consulted but not the names. This was raised with the manager who agreed the names of these professionals should be recorded. We noted one person had their medicines crushed in their food but this was not recorded as a best interests decision. The person also had a Lasting Power of Attorney for their welfare who had agreed to this procedure but had not signed to acknowledge this. We were told this was also discussed with the person's GP and the provider confirmed the GP's agreement to this following our inspection and that a best interests meeting was held to decide the right course of action to take regarding this. This indicated the manager and provider still need to make improvements in this area to ensure people's rights are protected as set out in the MCA.

Staff told us they received training in the MCA but one staff member said they did not. This staff member did not know about the legislation whereas another staff member did. A senior care staff member stated some of the people were subject to a DoLS authorisation but when we looked at the records found this was not the case. Information from social services thought to be a DoLS authorisation was in fact an assessment to say the person did not meet the criteria for a DoLS and another record, also said the be a DoLS was a care review assessment. This showed the provider needs to enhance the training for staff in this area to ensure they know the correct procedures. Following the inspection the manager wrote to us to say one person was subject to a DoLS but that written details about this had not yet been received from social services. The lack of clarity as to staff knowledge about whether or not people were subject a DoLS means there was a risk people's right may not be upheld or that people may not be afforded the agreed protection.

We identified the provider's understanding of procedures where a medical practitioner makes a decision whether or not someone should be resuscitated was not sufficient. This involves a medical practitioner completing a Do not Attempt Cardio Pulmonary Resuscitation (DNACPR) form. We saw one of these forms in someone's records but it was not signed by a medical practitioner. The form was partially completed and had involved a relative. The presence of the incomplete form in the person's records meant there was a risk the person's rights would not being upheld and staff would not take appropriate action in the vent of a cardiac arrest. Following the inspection the manager said the form had been removed from the person's records and arrangements made for the person's GP to assess the person regarding this.

People's nutritional needs were assessed and there was also a malnutrition universal screening tool (MUST) which gave an indicative score of a person's risk of malnutrition. The staff and manager had contacted people's GP as well as other relevant health care professionals such as the dietician and speech and language therapist where the assessments indicated a risk of malnutrition. The advice of these professionals was recorded along with a care plan of how people were supported to eat and drink sufficient amounts. Food supplements such as dried milk powder were used to enhance the calorific value of food where people were at risk of losing weight. People's weight was monitored so staff could take action if people experienced weight loss or weigh gain. This data was also compiled into a chart so any trends regarding weight could be identified easily. Where appropriate, records were made of individual people's food and fluid intake to check people were eating and drinking enough. Fluid charts were not always accurately dated and did not show actual amounts, but gave proportions of container size such as a quarter, half and three quarters. A more accurate measure would allow staff to monitor fluid intake more accurately.

There was menu plan which showed varied and nutritious meals. Food stocks included fresh fruit and vegetables.

People said there was a choice of food. A relative commented, "The food seems really good. It's a good balanced diet and [my relative] has put on weight."

We observed the lunch. The food looked appetising and people commented on how they liked the food. Staff supported people appropriately by either cutting food up for people, encouraging them to eat or by helping them to

Requires improvement

# Is the service effective?

eat on a one-to-one basis. At breakfast time staff were also observed supporting people to eat. When someone did not like the food they had chosen staff offered and provided an alternative.

People were able to access healthcare services. Relatives told us their family members always saw a doctor when needed and were admitted to hospital promptly if investigations or treatment were required. Care records showed people were referred to GPs, community nurses and other specialists when changes in their health were identified. A chart was used to monitor and record each person's blood pressure, pulse, weight and body mass index (BMI) on a regular basis.

Good

# Is the service caring?

## Our findings

People were cared for with kindness and compassion. One person said, “Staff are really nice and helpful.” Another person told us “They’re nice girls.” Relatives also described the staff as caring. Comments from relatives included the following, “What I like is the attitude of the staff. It’s care first and paperwork second; they don’t compromise on that.” Another relative said, “Residents are cared for, looked after well and loved 100%.”

We observed positive interactions between people and staff. Staff recognised when people became confused or anxious and stopped what they were doing to provide support and reassurance. Staff knew people well, used their preferred names and their knowledge of people’s lives and backgrounds to strike up meaningful conversations and build relationships. One person was reluctant to go to the dining room for lunch and was supported with warmth and patience. The staff member held the person’s hands as they guided them towards the table and quietly reassured them when they said they didn’t have any money to pay for the lunch. They then took time to make the person comfortable.

People were consulted about the arrangements for their care. When people moved to the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care, treatment and support they needed. Comments in care plans showed this process was on-going and family members were kept up to date with any changes to their relative’s needs. A relative told us, “They’re lovely with him. They treat him very well.”

Staff demonstrated values of compassion and kindness. They told us they treated people in the way they would like to be treated themselves or how they would like a member of their own family treated. For example, one staff member said they treated people with dignity and with kindness, imagining it was one of their own family. Another staff member said they recognised the position of trust they were in by providing care to people and knew they needed to keep people safe and to treat them with respect too.

Staff ensured people’s privacy was protected by closing doors when personal care was being delivered. They described practical steps they took to maintain people’s dignity, such as covering them with towels when delivering personal care. When people used the bathroom, staff offered to wait outside. This gave the person privacy while being readily available if they needed support. Visitors told us they had access to the conservatory if they wanted to speak with people in private.

Care plans included details about whether people wished to have a key to their bedroom door for privacy and security. However, we found some of the bedroom doors did not have this facility. One person said they were not offered a key to their bedroom door but were satisfied with this arrangement. This was raised with the manager who said locks were not provided due to the advice of the fire service. The inspectors pointed out that locks were available, which allowed staff access in an emergency.

People told us they were able to make choices in how they spent their time, which included times for getting up and going to bed. People’s preferred routines were recorded in their care plans and we saw staff followed this. For example, one person’s care plan said they preferred to get up between 9 and 10am, which we observed staff followed. One person said how they preferred to spend time in their room reading, which they did.

Care plans acknowledged people’s need for independence and what people could do themselves. For example, one person’s care plan gave details that the person preferred, and was able, to provide their own personal care.

Good

# Is the service responsive?

## Our findings

People received personalised care from staff who understood and met their needs well. One person said, "I get all the help I need." Another person said, "Nothing's too much for them. I think it's absolutely excellent." A relative described how staff dealt promptly with any requests saying how they asked staff to compete clothes washing at 10pm which were then washed, ironed and folded in a drawer by the next day; adding, "This was all done with a smile."

At the inspection of 9 and 13 April 2015 we identified the service had not adequately assessed people's needs and did not have appropriate care plans on how those needs should be met. This was in breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and Regulation 9 Person Centred Care was now met.

People's needs were assessed and recorded. These included physical and mental health as well as profiles of people's social and leisure needs. People confirmed they were consulted about their care and we saw people had signed their care plans to acknowledge their agreement to them.

Staff understood the needs of people living with dementia who had difficulty expressing themselves verbally. For example, information in one person's care plan indicated they may need to visit the bathroom when they behaved in a certain way. We observed the person doing this and saw a staff member respond promptly by offering to take the person to the bathroom. This information helped improve staff responses and reduced the level of anxiety for people.

People were encouraged to make choices about the support they received and how and where they spent their day. For example, we heard staff asking if people wished to wear a clothes protector at lunchtime and have support to cut up their food. One person was offered the choice of having a shave and having a wash or a shower. When people expressed a preference, this was respected. Care plans contained detailed information about people's preferred routines for all times of the day. Staff were familiar with these and supported the person with their routines whilst remaining flexible when they chose to do something different. A staff member told us "At the end of the day, it's about the best interests of the residents."

Care plans provided comprehensive information about how people's needs were to be met and how people wished to receive care and support. These were reviewed regularly and updated as people's needs changed. One person could behave in a way that put themselves or others at risk. Appropriate support strategies were documented in their care plan and known to staff, including subjects of conversation which were likely to distract and calm them. Details about any medical conditions were included in care plans and how staff should meet these needs. For example, literature was included in care plans about medical conditions and how staff should provide the right assistance to the person. We then observed staff carrying out this support.

People were encouraged to take part in a range of activities designed to meet their individual needs and interests. These were recorded in people's care plans, together with information about how staff could prevent people from becoming socially isolated. A family member told us their relative liked a particular activity involving balloons and we saw them taking part in this. The family member told us "[The person] also likes talking and [staff] give him a lot of attention, which is good."

There was a notice board of activities provided each day but this did not have a date so it was not clear whether the activities were due to take place. The activities included relaxation, hand massages, arts and crafts and bakery. We observed staff engaging with people who had needs related to dementia, which people responded to. People were observed reading daily newspapers, watching television and chatting. People said they were satisfied with the level of activities.

The service had a complaints procedure, which was displayed on a notice board for people and visitors to see. People and their relatives said they knew what to do if they weren't satisfied with the service and were aware of the complaints procedure. The provider said the complaints procedure was also included in a 'resident's charter' which was provided to people. The complaints procedure stated any complaint would be acknowledged within 48 hours but did not give a timescale for looking into and responding to any complaint. The provider told us there had been no

Good

# Is the service responsive?

complaints made about the service. The provider sought regular feedback from people. A family member said, “If I ever had any concerns I’d talk to [the provider] and I know they would deal with it.”

Records of ‘residents’ meetings’ showed people were consulted about the menus and the activities they took part in. Following requests at a meeting in October 2015, a Halloween party was arranged, with Halloween themed food. Family members were invited and people told us they enjoyed the event.

Requires improvement

# Is the service well-led?

## Our findings

We noted that the provider's policies had not been reviewed since July 2013, which meant the provider may not have been following the latest guidance, such as that introduced by new regulations in April 2015. There was also no duty of candour policy in place to guide staff about their responsibilities for being open and honest when people were harmed. Staff files were not audited so the provider could not tell if staff were being adequately trained and supervised.

People and their relatives said they considered the service was well managed and their views were sought about how the service should run. For example, a relative described the manager as "absolutely brilliant." Another relative said, "Everything works really well."

At the inspection of 9 and 13 April 2015 we identified the service did not have adequate systems to monitor, asses and improve the service. This was in breach of Regulation 17of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had made improvements in this area and Regulation 17 Good governance was now met. There were, however, areas where the manager and provider still need to improve to ensure the service is audited, monitored and assessed regarding the quality and safety of the service provided to people.

The provider sought the views of people and their relatives about how the service operated. The provider had utilised a company to conduct surveys of people and their relatives about the quality of the service. This had not yet been completed but the provider told us a summary of the findings of this would be completed and sent to the Care Quality Commission. The provider said people and relatives were frequently engaged in less formal discussions about the service. Records of 'residents' meetings' showed people were consulted about the menus and the activities they took part in, which were then implemented.

There was a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of this and told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary. Staff demonstrated values of compassion, kindness and for protecting people from possible harm.

There was a clear management structure in place, all staff understood their roles and worked well as a team. They were happy in their work and described the provider as "approachable". One member of staff told us, "We're a small team and all get on well. I'm very happy working here."

Staff said they felt able to raise any issues to the manager and that staff meetings gave them an opportunity to discuss the service's policies and procedures as well as people's care needs.

Audits and checks were carried out regarding the safety of the home such as infection control, fire precautions and falls to people. There was a system for reviewing accidents to people, such as falls, where an analysis was carried out to reduce the likelihood of any reoccurrence. These details were also compiled in an accident and incident folder where time and place was recorded so any trends could be identified and action taken to make the service safer.

The provider told us about plans to further improve the environment of the home, through decoration, replacing flooring in bedrooms and installing new windows in first floor bedrooms. They were also planning to change the staffing arrangements on nights so people would be assured of prompt support if they needed it. Audit checks were carried out regarding any risks in the building.

The provider had signed up to a 16 week programme to receive support from the local authority to help improve the quality and safety of the home. This included the input of the an NHS community In Reach team to support the service with staff training and guidance on providing care to people living with dementia.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Staff were not always aware of how to recognise and respond to abuse.<br><br>Agreed procedures were not always recorded to protect people who were at risk of abuse.<br><br>Regulation 13 (1) (2) (3) |