

Delta Care Ltd

# Victoria House

## Inspection report

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20 September 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Victoria House on 19 and 20 September 2017. The first day of the inspection was unannounced.

Victoria House provides care and accommodation for up to 15 older people. Accommodation at the home is provided on two floors and there are accessible toilet and bathroom facilities on both floors. The service is situated in Brierfield, Nelson in East Lancashire. At the time of our inspection there were 11 people living at the home.

At the time of our inspection the service had a registered manager who had been in post since 2011. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service on 7, 13 and 14 March 2017, when we found breaches of five of the regulations relating to infection control, the management of medicines, the management of people's risks, compliance with the Mental Capacity Act 2005, staff training and monitoring of the quality of the service. We issued warning notices in relation to two of the breaches and the provider was required to become compliant by 2 June 2017. We also made recommendations about staffing levels at the home and the activities available for people living with dementia. Following that inspection the provider sent us an action plan detailing the improvements they would make.

During this inspection we found that significant improvements had been made. However, it is necessary for the provider to provide evidence that the improvements made are being sustained over time. We found a breach of our regulations relating to person centred care, as further improvement was needed to ensure that the needs of people living with dementia or a sensory impairment were being met. You can see what action we told the provider to take at the back of the full version of the report.

During our inspection we found that there were safe processes and practices in place for the management of people's medicines. People told us they received their medicines when they should.

The people we spoke with told us they received safe care. Staff understood how to safeguard vulnerable adults from abuse and the appropriate action to take if they suspected that abuse was taking place.

Most people who lived at the home were happy with the staffing levels. The staff we spoke with felt that staffing levels were appropriate to meet people's needs.

We saw evidence that the registered manager followed safe recruitment processes when employing new staff.

We found that people's risks had been assessed and were reviewed regularly. This meant that staff were kept up to date with any changes in people's needs and risks.

People told us they felt staff had the knowledge and skills to meet their needs. Staff told us they completed regular training and the records we reviewed confirmed this to be so.

Records showed that staff received regular supervision. Staff told us they could raise concerns and make suggestions during their supervision sessions.

Staff understood the main principles of the Mental Capacity Act, 2005 (MCA) including the importance of providing people with the information to make decisions and respecting people's right to refuse care. The registered manager had submitted the relevant applications to the local authority, where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe.

People living at the home were happy with the quality and choice of the meals provided.

We found that people received support with their healthcare needs and appropriate referrals had been made to community healthcare professionals.

We observed staff supporting people sensitively and offering reassurance when people were upset or confused. People told us staff respected their privacy and dignity and encouraged them to be independent.

People who lived at the home told us they were happy with the activities available. However, we found that the service needed to improve the activities and stimulation available for people living with dementia or a sensory impairment.

People were asked to give feedback about the care they received. People's feedback was used to develop the service.

People who lived at the home and their relatives were happy with the management of the service. Staff told us that the management of the service had improved since our last inspection and they felt listened to and supported.

The registered manager and the provider audited many aspects of the service. We found that the audits completed had improved significantly since our last inspection. They were effective in ensuring that appropriate standards of care and safety were maintained at the home.

## 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.

The service followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

Most people who lived at the home were happy with staffing levels. Staff felt that staffing levels were appropriate to meet people's needs.

We found evidence of safe medicines management processes and practices. However, the provider needs to provide evidence that safe medicines management practises are being sustained over time.

People's risks had been assessed and were reviewed regularly. Care records were updated when people's risks changed.

People and their relatives told us that the home was clean. We found evidence of positive infection control practices. However, the provider needs to provide evidence that safe infection control practises are being sustained over time.

### Is the service effective?

**Good** ●

The service was effective.

Staff completed regular training which helped to ensure that they could provide people with safe, effective care.

Appropriate applications had been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

People received support with their nutrition, hydration and healthcare needs. Referrals were made to community healthcare professionals where appropriate.

### Is the service caring?

**Good** ●

The service was caring.

People told us the staff who supported them were caring and kind. Staff knew people well and we observed them supporting people in a sensitive way.

People told us staff respected their right to privacy and dignity. We observed staff treating people with dignity and respect during our inspection.

People told us staff encouraged them to be independent and we saw evidence of this during our inspection.

### **Is the service responsive?**

The service was not consistently responsive.

Care plans and risk assessments reflected people's individual needs, risks and preferences and were reviewed regularly.

People were happy with the activities available at the home. However, we found that improvements were needed regarding the activities and stimulation available for people living with dementia or a sensory impairment.

The registered manager sought feedback from people living at the home and their relatives. We found evidence that people's concerns and suggestions had been used to develop the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home.

People who lived at the home and their relatives were happy with how the service was being managed. Staff told us that the management of the service had improved since our previous inspection. Staff felt listened to and supported.

The audits being completed by the registered manager and the provider had improved significantly. They were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

**Good** ●

# Victoria House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 19 and 20 September 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before to the inspection we reviewed information we held about the service including complaints, safeguarding information, previous inspection reports and the action we had received from the provider following the last inspection.

We contacted five community healthcare agencies who were involved with the service for their comments, including a GP, a district nursing team, a pharmacist and an optician. We received two responses. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information. None of the professionals we contacted expressed any concerns about the service.

During the inspection we spoke with five people who lived at the service and one visiting relative. We spoke with three care staff, the house keeper, the registered manager, the nominated individual for the service who was a director with the service provider and the managing director. We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of three people who lived at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits completed and fire safety and environmental health records.

# Is the service safe?

## Our findings

At our previous inspection on 7, 13 and 14 March 2017, we found three breaches of Regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010, relating to infection control, the management of medicines and the management of people's risks. During this inspection we found that the provider had made significant improvements. However, the provider needs to evidence that the improvements made have been built on and sustained over time.

We looked at the arrangements for keeping the service clean and protecting people from the risks associated with poor infection control. People who lived at the home told it was kept clean. Comments included, "My bedding is changed every day. I've no complaints at all. My room's cleaned about three times a week", "I've no problem with the cleaning. My bed gets changed often" and, "It's spotless here". One relative told us, "It's always clean when I come".

We observed cleaning being carried out by the housekeeper on both days of our inspection. Daily and weekly cleaning schedules were in place. We noted that the service had been awarded a Food Hygiene Rating Score of 5 (Very good).

We looked at how people's medicines were being managed at the service. There was a medicines' policy and procedure in place which included information for staff about ordering, storage, administration, disposal and record keeping. The home used a monitored dosage system of medication, where the medicines for specific times of the day were stored together in individual pods. Records showed that temperatures where medicines were stored were monitored daily, which helped to ensure that the effectiveness of medicines was not compromised.

We reviewed three people's medicines administration records (MARs) and found that they included clear information about dosage, when and how medicines should be taken and people's allergies. They had been completed appropriately by staff. Records showed that staff who administered medicines had completed medicines' administration training and their competence to administer medicines safely had been assessed in the previous 12 months. We watched staff administering medicines and saw that people were given their medicines in a safe way.

Records showed that following our previous inspection, regular medicines' audits had been completed regularly by the provider and appropriate action had been taken when shortfalls had been identified.

We looked at how risks to people's health and wellbeing were managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should manage them. Records had been kept in relation to accidents that had taken place at the service, including falls. We found that care plans and risk assessments had been reviewed regularly and information had been updated when their needs had changed or their risks increased. This helped to ensure that staff were able to meet people's needs and manage their risks effectively.

We found that appropriate action had been taken to manage people's risks, including referrals to people's GPs, the falls assessment service and the dietitian service.

The people we spoke with told us they felt safe at the home. Comments included, "Staff come when needed" and, "I feel safe. I can walk on my own, I don't need anyone".

We looked at staffing arrangements at the home. Three care staff were on duty between 8am and 5pm daily and two staff from 5pm to 8pm. In addition, two staff were on duty during the night from 10pm to 8am. Most people we spoke with who lived at the home felt that there were enough staff on duty to meet their needs. Comments included, "Yes, there are enough staff. I've no problem with them" and, "There's plenty of staff. There's always somebody about". However, one person felt that the service was sometimes short staffed and one relative told us there had been occasions recently when there had only been two staff on duty in the afternoon.

We discussed this with the registered manager who confirmed that this was the case. She told us that this was rare as either she or other staff usually covered additional shifts. However, a member of staff had called in sick at short notice and she had not been able to arrange cover. We noted that the registered manager had worked on one of the occasions but had not been able to provide cover on the other occasion as she had been on holiday. The registered manager told us that the provider was in the process of recruiting additional bank staff, which would help to avoid this situation happening again.

We reviewed the staff rotas for three weeks including the week of the inspection. We found that the minimum staffing levels had been provided on all but the two occasions discussed with the registered manager. The staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. Comments included, "Staffing levels are brilliant. We have enough staff to meet people's needs quickly" and, "Staffing is mostly fine. We have the odd problem with short term sickness but usually it's fine".

During the two days of our inspection, we found that there were sufficient staff on duty for people's needs to be met in a timely way.

We looked at how the service safeguarded vulnerable adults from abuse. The staff we spoke with told us they had completed safeguarding training and this was confirmed in the records we reviewed. Staff were aware of the different types of abuse and knew the appropriate action to take if they suspected that abuse was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. Contact details for the local authority safeguarding vulnerable adults' team were also displayed on the notice board in the entrance area of the home.

On the first day of our inspection we noted that visitors to the home were not asked by staff to sign in, although there was a signing in book available and a sign above it asking all visitors to sign in. We discussed this with the registered manager and the managing director. They told us that visitors would be asked to sign in in future and this would be monitored by staff, to ensure that it was clear who was in the building at all times for the purposes of security and fire safety.

Records showed that most staff had completed moving and handling training in the previous 12 months. We noted that two staff members' training was dated before this period. We discussed this with the registered manager who arranged for both staff to complete up to date training shortly after our inspection. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.



Staff told us that information about people who lived at the home was communicated between staff before the change of each shift. The information was based on people's daily care records. We reviewed some daily records and noted they included information about people's mood, sleep, pain, support provided with personal care, continence care, pressure care and food and fluids. In addition, any concerns identified were recorded by staff. The home also used a communication book which included information about people's medical appointments, changes in people's care plans or risk assessments, requests for referrals to medical professionals, medicines ordered and any toiletries that need to be ordered. Concerns were also clearly documented. This helped to ensure that all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were helpful and there was good communication between staff at the service.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. These checks are important to ensure that staff who are recruited are suitable to provide care and support to people living at the home.

Records showed that environmental risk assessments had been completed and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Lancashire Fire and Rescue Service had completed a fire risk assessment in November 2016 when the service had been found compliant with all requirements. We found evidence that fire equipment and systems had been tested regularly and a test of the fire alarm was completed during the inspection. Records showed that equipment at the service was safe and had been serviced and that portable appliances had been tested yearly. Gas and electrical appliances had also been tested regularly.

There were emergency evacuation plan in place for people who lived at the home. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced fire, flooding or a loss of amenities such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

## Is the service effective?

### Our findings

At our previous inspection on 7, 13 and 14 March 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010, relating to staff training and a breach of Regulation 11 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010, relating to a failure to comply with the Mental Capacity Act 2005. During this inspection we found that the provider had made significant improvements and was meeting the regulations.

There was a training plan in place which identified training that the provider deemed necessary for the care staff role. This included moving and handling, food hygiene, first aid, infection control, safeguarding, fire safety, the Mental Capacity Act 2005 and fluids and nutrition. We noted that most staff had completed up to date training in the previous 12 months. Two staff members required updated training in fire safety, infection control and food hygiene. We discussed this with the registered manager, who arranged for this to be completed shortly after our inspection. The registered manager told us that no new staff had started working at the home since our previous inspection.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. Staff understood the main principles of the MCA, including the importance of giving people time and the information they need to make decisions and respecting people's right to refuse care. During the two days of our inspection, we observed staff supporting people in a sensitive way and reassuring people when they were upset or confused. Where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People were happy with the care provided at the home and the staff who supported them. Comments included, "I think they [staff] know what they're doing", "I've no problem with any of the carers at all" and, "I think they are very nice staff". One relative told us, "I think they [staff] are very good. They sit with the residents in the lounge".

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included personal issues, issues relating to people who lived at the home, staff roles and responsibilities, time keeping, absences and policies and procedures. Staff told us they felt able to raise any concerns during their supervision sessions.

During our visit we observed staff asking people for their consent when providing care and treatment, for example when supporting people with their medicines or with moving from one part of the home to another. We noted that care plans included information about people's likes and dislikes, as well as their needs and how they should be met,

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and described whether decisions were indefinite or whether they needed to be reviewed. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. A list of people with DNACPR decisions in place was kept in the front of the daily records file. This helped staff to take appropriate action in the event of a medical emergency.

We looked at how people were supported with eating and drinking. People were happy with the meals provided at the home and told us they had plenty of choice. Comments included, "I've no problem with the meals. The cook will come in and ask if you want something different. The cook knows what I don't like and asks if I want this or that. I take my time. They don't rush you" and, "The food is really, really good".

We observed lunch and saw that the meals looked appetising and hot and the portions served were ample. People had been asked what they wanted for their lunch earlier in the day and we noted that staff offered them something else if they were reluctant to eat their meal. We saw staff supporting people and encouraging people with their meals. People were given the time they needed to eat their meal and were able to have their meal in the lounges or in their room if they preferred to. One person told us, "I don't need support at mealtimes but it's there if you need it".

We found nutrition and hydration assessments in the care records that we reviewed and found that people's special dietary requirements were documented. Records showed that people's weight had been recorded weekly and appropriate action had been taken when there were concerns about people's nutrition or hydration.

We looked at how people were supported with their healthcare needs. People told us their health needs were met and they could see a doctor or nurse if they needed to. Comments included, "The staff know what to do if you are ill" and, "I think I had the doctor in once. They will get one for me". One relative told us, "They seem to take [my relative] to hospital when he needs it and the doctor comes here". We saw evidence of referrals to and visits by a variety of health care agencies including GPs, district nurses, chiropodists, opticians and speech and language therapists. Healthcare appointments and visits were documented in people's care records.

# Is the service caring?

## Our findings

People told us they were happy with the staff who supported them and that staff were caring. Comments included, "Yes, I like the staff. I'm quite happy with everything", "I get on with the staff alright. Most of them are caring. I've never had any bother with any of them" and, "I've no grumbles, they're very kind". One relative told us, "They seem to be caring when I'm here. For young girls they are amazing".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. The atmosphere in the home was relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people who lived at the home well, in terms of their needs, risks and preferences.

People told us their care needs had been discussed with them and they could make choices about their everyday lives and the support they received. Some people told us they had signed their care plan and other people could not remember if they had done so. People told us they had plenty of choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals and moving around the home. Staff did not rush them.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids. One person told us, "If I set off they [staff] remind me to use my frame. They're good like that". Another person commented, "I never remember them stopping me doing anything".

People told us staff at the home respected their right to privacy and dignity. One person commented, "Staff knock on my door. I'm not embarrassed". We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were supporting people, including when they were administering medicines, serving meals or helping people to move around the home.

We noted that where appropriate, people who lived at the home could have access to the codes for the keypad locks on the doors. This meant that where people were safe to, they could leave the home if they chose to, which contributed to their privacy, dignity and independence. We observed two people doing this during our inspection.

We looked at arrangements for supporting people with their personal care. People living at the home told us they received support with their personal care regularly. One person commented, "The carers help me get washed and dressed". Another person told us, "They clean you up if you've had an accident. They are very good". During our inspection we found that people who lived at the home looked clean and comfortable.

The registered manager showed us the service user guide which was issued to everyone who came to live at the home. The guide included information about services provided at the home, including laundry, meals and activities. Information about how to make a complaint and the contact details for the Local

Government Ombudsman and the CQC were also included. The registered manager told us that the guide could be provided in large print or braille if this was requested.

The registered manager told us that the service planned to introduce a quarterly newsletter which would involve contributions from people who lived at the home. One person we spoke with was taking a leading role in creating the first newsletter and told us they were enjoying the experience.

The registered manager told us that there were no restrictions on visiting and this was confirmed by people who lived at the home and their relatives.

Information about local advocacy services was displayed on the notice board in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

At our last inspection we recommended that the service seek advice and guidance from a reputable source, about meeting the needs of people living with dementia. At this inspection we found that further improvements were needed.

We looked at how people spent their time at the home. We observed that most people spent much of the day in the large lounge, watching television, chatting or reading. Some people preferred to stay in their room. We noted that people living with dementia or a sensory impairment spent most of their time in the small lounge.

The small lounge did not have a television but there was a stereo and music was playing throughout both days of our inspection. We observed one staff member spending some time with one person in the small lounge on the first day of our inspection, playing dominoes and looking at a toy fish tank. The person engaged in the activities and seemed to enjoy this interaction. Apart from this, we noted that there was little interaction between staff and the people in the small lounge, other than to bring them food and drinks and support them with personal care. We noted that one person spent all of the first day of our inspection sitting in an arm chair in the small lounge and was not supported or encouraged to have their meal in the dining room with the other people who lived at the home. We discussed with staff the importance of mealtimes as social events and noted that the following day this person enjoyed their lunch in the dining room.

The provider had failed to ensure that the needs of people living with dementia or a sensory impairment had been met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager, who acknowledged that the service needed to research appropriate resources that could be interesting and stimulating for people living with dementia or a sensory impairment. She told us that since our previous inspection, she had prioritised the breaches of the regulations and making improvements to the safety and effectiveness of people's care. She felt that significant improvements had been made and she could now focus on ensuring that people living with dementia or a sensory impairment were provided with appropriate stimulation. We discussed the possibility of amplifying headphones so that people with a hearing impairment could enjoy music or the television at the volume they needed. Shortly after our inspection the registered manager contacted us to advise that these had been purchased and also some musical instruments for people to try out.

We looked at the availability of activities at the home. People told us there were some activities and occasional trips out. Although there were not many planned activities, people were content with what was available. One person told us, "There are activities but not many. I don't do any anyhow. They have quizzes but not very often". Other people told us, "There's no activities I'm interested in. They have the occasional dominoes and I believe they have some trips" and "I read and watch TV. I have a magazine rack and a colouring book. I'm proud of it".

A hairdresser visited the home once a week and we saw people having their hair done during the first day of our inspection.

The people we spoke with told us they received care that reflected their needs and their preferences. Comments included, "I think the staff know me. I've been here a while. I'm not hard to suit", "They [staff] know me and how I like things to be" and, "I have all the care I want".

Records showed that people's needs had been assessed before they came to live at the home. Preadmission assessments included information about people's needs and risks, including those related to mobility, eating and drinking, communication, medication, continence and mental health. This helped to ensure that the service could meet people's needs.

The care plans and risk assessments we reviewed were personalised. They documented people's needs and how they should be met by staff. Information about people's likes, dislikes, interests and hobbies was also included. Records showed that care plans and risks assessments had been reviewed regularly and updated when people's needs changed. This meant that staff had the information they needed to support people effectively, in a way that reflected their wishes.

Records showed that relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs.

People told us staff came when they needed them. One person said, "At night they manage very well. I've buzzed a few times at night and the girl comes and helps me". During our inspection we observed that call bells were answered quickly and support with tasks such as personal care was provided when people needed it. People seemed comfortable and relaxed in the home environment. They moved around the home without restriction and chose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people who lived at the home. Staff were patient with people and repeated information when necessary. We observed that people were given the time and information they needed to make decisions. When people were upset or confused staff reassured them sensitively.

A complaints policy was available and included timescales for investigation and providing a response. Information about how to make a complaint was also included in the service user guide. Contact details for the Local Government Ombudsman and CQC were included. The registered manager told us that there had been no complaints since our previous inspection. She showed us a collection of thank you cards that had been received. One card read, "Thank you so much for the love and support you showed to [person's name]. You are a lovely team and you treated her as your family". People who lived at the home and their relatives knew how to make a complaint and told us they felt able to raise any concerns. One person told us, "I'd tell [registered manager] or one of the girls if I had a complaint".

Records showed that residents' meetings took place approximately twice a year. We reviewed the notes of the meetings held in May 2017 and noted that six people who lived at the home had attended. Issues discussed had included activities, meals and maintenance. We noted that one person had suggested fish and chips from a local fish and chip shop and this had been arranged on some occasions. A planned residents' meeting took place during the second day of our inspection and eight people who lived at the home attended. People made suggestions about activities they would like including film afternoons, bingo and quizzes. Trips out were also discussed. Everyone provided positive feedback about the meals provided at the home.

The registered manager informed us that satisfaction questionnaires were given to people living at the home and their relatives regularly, to gain their views about the care being provided. We reviewed the results of the questionnaires given to people in May 2017 and noted that eight people and their relatives had responded. A high level of satisfaction had been expressed about all issues including the service received, the standard of meals, choice at mealtimes, people's medical needs being met, satisfaction with people's bedrooms and staff being helpful, caring and polite. Comments made included, "All the staff are very good", "The standard of care [my relative] receives is excellent" and, "Caring to [my relative] and me".



# Is the service well-led?

## Our findings

At our previous inspection on 7, 13 and 14 March 2017, we found a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010, relating to a failure by the provider to assess, monitor and improve the quality and safety of the service. During this inspection we found that the provider had made significant improvements in this area and was meeting the regulation.

We found that regular audits had been completed by the registered manager and the provider since our last inspection. These included medicines, infection control, health and safety, falls, accidents, equipment and the home environment. Care records had also been audited regularly, such as food and fluid charts, weight charts and bowel charts. This helped to ensure that people were receiving safe, effective care and were referred appropriately to community healthcare services. Records showed that action plans were in place where the audits had identified areas that needed to be improved. The action plans were reviewed and updated regularly and documented when improvements had been made. We found that the audits completed had been effective in ensuring that appropriate standards of care and safety were being maintained at the home.

People told us they were happy with how the service was being managed. Comments included, "It's brilliant. I've been in a few care homes and people are screaming. It's calm here" and, "It's organised, I'd say that for it".

The registered manager spent two days each week in the office, managing the home's paperwork and the rest of the time she was included on the staff rota to provide care. During our inspection she was able to provide us with the information we needed quickly and easily. She knew the people who lived at the home well and was familiar with their needs. We observed her communicating with people and their relatives in a friendly way.

We asked staff if they felt supported by the registered manager. They told us that things had improved since our last inspection in March 2017 and they felt supported. They told us they were able to make suggestions and raise concerns and felt that the registered manager listened to them. Comments included, "The paperwork has improved a lot since the last inspection. We're all working really hard to make improvements" and, "Communication has improved. The manager asks for suggestions and takes our concerns seriously. We feel listened to".

We saw evidence that staff meetings took place regularly. We reviewed the notes of the meeting held in June 2017. We noted that issues addressed included cleaning, activities, staff appearance, personal protective equipment, staff training and staffing at the home. Records showed that staff were able to make suggestions and raise concerns during the meeting. The staff we spoke with confirmed that staff meetings took place regularly and told us they felt able to raise any concerns.

They told us they felt that the registered manager listened to their concerns and took their suggestions seriously.

The registered manager told us that staff satisfaction surveys were due to be issued later in the year. She told us that any staff suggestions received would be used to help develop and improve the service.

A whistleblowing (reporting poor practice) policy was in place and staff told us they would use it if they had concerns about the actions of another member of staff. This demonstrated staff members' commitment to ensuring that appropriate standards of care were maintained at the home.

We noted that a number of other improvements had taken place since our last inspection. These included two senior care staff enrolling on management courses and being given office time to review and keep care documentation up to date, improved infection control practices at the home, the installation of a new bath and new mattresses for most people living at the home. The registered manager told us that further improvements were planned, including further redecoration, the recruitment of additional bank staff to cover sickness and holidays and end of life care training for all staff.

Our records showed that the registered manager had submitted statutory notifications to CQC, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider had failed to ensure that the needs of people living with dementia or a sensory impairment had been met.