Care Homes of Distinction Limited

Wray Park Care Home

Inspection report

55 Alma Road, Reigate,
Surrey. RH2 0DN
Tel: 01737 242778
Website: www.carehomesofdistinction.com

Date of inspection visit: 16 September 2015
Date of publication: 30/11/2015

Ratings

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

Overall summary

Wray Park Care Home is a residential care home for up to 24 older people. This includes people who are living with the experience of dementia. At the time of our visit 13 people lived here.

Care and support are provided on three levels which includes rooms partially below ground at the base of the house. Communal areas include a large lounge and separate dining area.

The inspection took place on 16 September 2015 and was unannounced. At our previous inspection in October 2013 we had not identified any concerns at the home.

There was a registered manager in post. 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.

Overall there was generally positive feedback about the home and caring nature of staff from people and their relatives. One person said, "They treat me well." A relative

Summary of findings

said, "The staff are very friendly and sympathetic." However people told us that sometimes their privacy was not respected, or that they could not always understand what staff said.

People were not always safe at Wray Park Care Home. There were insufficient staffing levels deployed to meet the needs and preferences of the people that live here. People who wanted to be up and about in the morning had to wait as staff were not available to help them. Staff were not always available when people at risk of falls were moving around, or when people asked for help. The rota that recorded the number of staff required to support people did not match with the actual staff deployed on the day of our inspection. Less staff were deployed than was recorded. During the course of the inspection additional staff came to the home from the provider's other services. Not all staff understood their duty should they suspect abuse was taking place. The provider had not ensured that potential safeguarding incidents had been referred to the local authority for review.

Where people did not have the capacity to understand or consent to a decision the provider had not followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had not been completed. People told us that staff did ask their permission before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

Quality assurance records were not kept up to date to show that the provider had checked on important aspects of the management of the home. Records for checks on health and safety, infection control, and internal medicines audits were all out of date. Accident and incident records were kept, but were not analysed and used to improve the care provided to people. Records of people's involvement in their care planning was not clear.

People had enough to eat and drink, and received support from staff where a need had been identified. Specialist diets to meet medical or religious or cultural needs were provided. Some people commented negatively on the quality of the food. Pureed food had been blended together so people would not be able to taste the individual elements of the dish. People and staff told us that they had little input into the menu planning.

The staff were generally kind and caring and treated people with dignity and respect, but areas for improvement were identified. People's personal care needs were not always noticed by staff, people's privacy in their rooms was not always respected, and language used in some care plans was inappropriate and not respectful. Some good interactions were seen, such as holding people's hands when sitting and talking with them.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference if they needed to know what support was required. People's involvement in the review and generation of these plans had not been recorded. People did not always receive the care and support as detailed in their care plans, as staff were not always available to support them when they needed it.

People did not always have the opportunity to be involved in how the home was managed. People told us that residents meetings had not taken place for some time. The registered manager had arranged for a residents and relatives meeting in the autumn to address this.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received training to support the individual needs of people in a safe way, however records showed that staff were out of date in key areas such as first aid moving and handling, and dementia care.

People received their medicines when they needed them. Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People were supported to maintain good health as they have access to relevant healthcare professionals when they needed them.

People had access to activities that met their needs. Group activities were available to people during the week. Individualised activity plans were being further developed with people by the activities coordinator.

Summary of findings

Good use of technology was made to encourage people living with the experience of dementia to become involved in activities. The staff knew the people they cared for as individuals.

People knew how to make a complaint. Documents recorded that complaints had been responded to in accordance with the provider's policy.

We identified five breaches of the regulations. 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.

There were not always enough staff to meet the needs of the people. People sometimes had to wait to receive support and staff were not always present to support their identified needs. Appropriate checks were completed to ensure staff were safe to work at the home.

Staff understood their responsibilities around protecting people from harm but some were not clear on their roles and responsibilities should they suspect abuse had taken place. Some incidents had not been referred to the local authority safeguarding team to review. People felt safe living at the home

The provider had identified risks to people's health and safety and put guidelines for staff in place to minimise the risk.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Requires improvement

The service was not always effective

People's rights under the Mental Capacity Act were not met. Assessments of people's capacity to understand important decisions had not been recorded in line with the Act.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that live here however some training was out of date which meant that staff knowledge of some subjects required improvement.

People had enough to eat and drink and had specialist diets where a need had been identified, however they told us they had little input into menu choices. Some specialist diets were not presented to people in an appetising way.

Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

Is the service caring?

Requires improvement

The service was not always caring.

People told us the staff were caring and friendly. We saw some interactions by staff that showed a lack of respect and care. There were occasions where the language used in some care records was inappropriate and was not respectful.

Staff knew the people they cared for as individuals; however some people told us that they found it hard to understand some staff.

Summary of findings

Is the service responsive?

Good 

The service was responsive to the needs of people.

Care plans were person centred and gave detail about the support needs of people.

People had access to activities; these were being improved to be more individualised and meet the interests and need of the people.

People knew how to make a complaint. There was a clear complaints procedure in place. Complaints had been dealt with in line with the provider's policy.

Is the service well-led?

Requires improvement 

The service was not always well- led.

Quality assurance records were out of date, and up to date records were not made available within a reasonable time. Records of people's involvement in care planning were not clear.

People and staff were not always involved in improving the service. Feedback was sought from people via an annual survey, but little information was available to show how this had been used to respond to people's feedback.

People were complimentary about the friendliness of the staff. Staff felt supported and able to discuss any issues with the registered manager.

Wray Park Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 September 2015 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were carrying out this inspection in relation to information we had received about the home.

During our inspection we spoke with three people, two relatives, and seven staff which included the registered manager. We observed how staff cared for people, and worked together. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also reviewed care and other records within the home. These included six care plans and associated records, seven medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in October 2013 we had not identified any concerns at the home.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living at Wray Park Care Home. One person told us, "Yes, I do feel safe. I don't think about it really". Another told us, "I feel safe as the home is secure." However we identified a concern around the numbers of staff deployed at the home.

There were insufficient staffing levels to keep people safe and support the health and welfare needs of people living at the home. People told us there were not enough staff. One person said, "I would like to get up earlier than I do but I have to wait for the staff. They're very short of staff." Another said, "No, there are not enough staff. I always have to wait ages for someone to help me." A visitor told us, "I can wait quite a while for someone to answer the front door. Ten or fifteen minutes sometimes." We also had to wait an extended period of time for staff to answer the door bell when we first arrived and it took staff more time before the team leader was found so we could introduce ourselves.

The registered manager said, "We run a relaxed home for the people and they choose not to come out of their rooms before 11am." However many people were unable to express an opinion due to their support needs, and those that could told us that they wanted to be up and about much earlier. The registered manager told us he felt there were enough staff to meet people's needs.

Planning to ensure there were enough staff to meet people's needs was not safe. Peoples care needs had been assessed and a staffing level to meet those needs had been set by the registered manager. When we arrived at the home the numbers of staff on shift was less than the minimum identified by the registered manager to meet people's needs. The team leader explained that a member of staff was off sick; however no attempt had been made to cover for this absence which left people being supported by less staff than was needed. Staffing rotas contradicted with what staff had told us. After we had raised concerns with staffing with the team leader, another member of care staff was bought in to assist people to cover the absence. The team leader told us that this had been their plan and the person had been on the rota to cover for the absent staff member however this contradicted the records that we saw as this staff member had not been due to start work until the afternoon. The team leader agreed that they had been one member of staff short for the morning and the additional staff member had been woken up to cover the absence as a result of our inspection. When we asked for the staff rota we were provided with an amended copy that did not reflect what we had been told was the normal staffing levels.

Levels of staff seen later in the day of our inspection did not match with the level identified by the registered manager as being required to meet people's needs. Staff that would not have normally been at the home were brought in during the course of the day. A member of care staff came over from one of the provider's other homes, and the activities co-ordinator was called in when they had been scheduled to visit another home. This gave an inaccurate view on the support people received normally within the home as more staff were present than there would have been usually. People had a different experience to that which they had received when we had first arrived. We asked about the additional staff that had been brought in after we had raised concerns about staffing levels. The registered manager told us this was to help the usual staff out due to our presence. This showed that additional staff were required to meet the needs of people who lived here, and the numbers calculated by the registered manager did not meet people's needs.

People's needs were not always met due to the absence of staff. On several occasions over the course of the day, people's call bells went unanswered for over five minutes at a time. On two occasions we had to call on staff to assist people in the lounge area who had asked for help as there were no staff available for people when they called for help.

The lack of sufficient numbers of staff deployed to meet the needs of people meant there was a breach in **Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People were not always kept safe because accidents and incidents were not adequately reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept however this information had not been reviewed to look for patterns that may suggest there was an underlying cause, such as change in people's support needs. The opportunity to learn from these incidents was not taken and action plans were not developed to help prevent a re-occurrence. One person had experienced an increased number of falls. The team leader was unable to show us how this information had been analysed and used to help reduce the risk to the person. Another record stated

Requires improvement

Is the service safe?

someone had been slapped on the back by another person. There was no record that any action had been taken to ensure the safety of this person or others should it happen again. The incident had also not been reported to the local authority safeguarding team for them to review and decide if further investigation was required.

People were not always protected from the risk of abuse. Some staff understood their responsibilities in relation to safeguarding people, however one was unable to tell us what they must do in the event of a safeguarding incident occurring, and another was unable to tell us who they would report it to outside the home. Staff had undertaken training within the last year. Most were able to identify the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. One staff member told us, "I would let my manager know if I suspected abuse was going on, failing that, I would come to you (the Care Quality Commission)". Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

Due to the risk to people from the provider not consistently reporting potential safeguarding incidents to the local authority, and staff lack of knowledge around their role and responsibilities there was a **breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Risks to people's health and support needs had been assessed. Assessments had been carried out in areas such as nutrition and hydration, mobility, and pressure sores. Measures had been put in place to reduce these risks, such as pressure relieving equipment for people at risk of developing pressure sores. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

People were safe from environmental hazards. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, fire safety and clinical waste disposal. Staff worked within the guidelines set out in these assessments. Equipment used to support people were regularly checked to make sure it was safe to use.

Items such as hoists and fire safety equipment were regularly checked. The home's design and maintenance also reduced the risk of harm to people. Flooring was in good condition to reduce the risk of trips and falls.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in personal emergency evacuation plans (PEEPs). These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We noted that there was a gap in one staff member's employment history. The registered manager contacted the staff member and recorded why there was a gap. The other files we looked at did not have this omission.

People's medicines were managed and given safely. Staff followed guidance from the Royal Pharmaceutical Society. Staff that administered medicines to people received appropriate training, which was regularly updated. Their competency was also checked by a senior staff member to ensure they followed best practice.

The ordering, storage, recording and disposal of medicines was safe. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. An external provider managed the delivery and disposal of medicines and records confirmed this had been carried out in line with the provider's medicine policy. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. Medicine given on an 'as needed' basis was managed in a safe and effective way and staff understood

Requires improvement

Is the service safe?

the purpose of the medicines they administered. No-one at the home self-medicated or received medicines covertly, that is, without their knowledge. Systems were in place to manage this if the need arose.

Requires improvement

Is the service effective?

Our findings

The provider had not complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were not always effectively followed. Assessments of people's capacity had not been completed correctly as they were not based on a particular decision that the person had to make. Instead a statement was made of the person's medical condition. For example, "Person lacks mental capacity. They need support in their decision making for their own best interests." This assessment had been recorded as being discussed with family, the staff, the management of the home, and the GP, with the result that they could all make decisions in the person's best interests. However this had only been signed by the team leader of the home. Another mental capacity assessment recorded that a person did not have capacity and could not make decisions for themselves. However when we spoke to the person they were able to understand what we asked, retain the information and respond to us and tell us what they wanted. The assessment did not reflect the actual ability of the person.

Staff did not have a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They could not describe the purpose of the Act to us and its potential impact on the people they were caring for. Training records provided by the registered manager confirmed that not all staff had completed training in this area. Staff were not aware the Deprivation of Liberty Safeguards. One staff member told us, "I think we have to make decisions for people sometimes. It's like looking after children". This was not a correct interpretation of the regulation and showed a lack of understanding of staffs roles and responsibilities towards people they care for.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the Mental Capacity Act 2005 (MCA). They aim to make sure people in care services are looked after in a way that does not inappropriately restrict their freedom. Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

Because the requirements of the MCA were not effectively fulfilled, this was a **breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager sought the written consent of people or their representatives. These were in areas such as photography for identification purposes and visual recording, as the provider used closed circuit television in communal areas. People's consent was sought before staff gave care or support. A relative told us that the staff always consulted with them before any changes were made to his family member's care. During the inspection staff were heard to ask people for their permission before they carried out tasks, such as supporting them to get out of chairs.

Staff had some training to undertake their roles and responsibilities to care and support people however the learning from this was not always transferred into every day working practice. Staff that gave care were not able to tell us about key subjects such as the MCA. Not all care staff had completed up to date training in areas such as first aid and CPR; Moving and Handling; Diabetes care; end of life care; and caring for people living with dementia. The staff training plan provided by the registered manager had these recorded as 'planned', but no date given for when they were to be completed by. The registered manager was recorded on the training plan to have completed their diet and nutrition training in 2005. The registered person is required to completed food hygiene training annually, so that they can ensure food is being prepared safely.

As training was not up to date in key areas that could affect the care and safety of people there was a breach in **Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People and relatives told us that they thought care staff had sufficient knowledge and skills to enable them to care for people. All new staff undertook induction training. Induction training included moving and handling, fire safety, safeguarding, and shadowing experienced colleagues.

Staff told us that they felt supported in their work. They had opportunities to meet with their manager to discuss their

performance. These were carried out in groups or individual one to one meetings with their line manager. Staff received appraisals where they could discuss their training needs for the coming year.

People had enough to eat and drink to keep them healthy; however people and staff told us they had little input into the menu. People also told us they could not have their favourite food as it was not on the menu. People gave a mixed response about the food. One person told us the food was "Poor". They went on to say that the food was very similar each day and tended to be based around a stew. A stew based meal was served on the day of our inspection. Another person said, "I have no complaints about the food". A third person told us, "Its second rate. I suppose I have got used to it. Nobody has asked me recently what I would like". Staff confirmed that people had little to no input into what choice of foods would be prepared; there was no formal method of gauging what foods people would prefer, such as residents and relatives' meetings or food tastings. A note was seen in the kitchen that expressly stated that only the registered manager could change the menu. After the inspection the registered manager provided information about people's food preferences, however these were not dated, and the choices selected did not match the menus we saw on the day.

Specialist diets were not served in an appetising way. Pureed food was blended together so people would not be able to taste the individual elements of the dish, and it was reduced to a brown paste, which would not promote appetite nor encourage someone to eat it. A relative confirmed that their family member had their food served in this way. Staff told us they knew it was not the best practice to serve food in this way, but had been unable to liquidise the foods separately. The registered manager said that food should never be served like this.

It is recommended that the provider review menus with people and ensure that specialist diets are presented in an appetising way.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. There were guidelines in the kitchen regarding special diets, such as pureed and thickened food, in addition to vegetarian diets. The menus were planned with the input of the home's nutritionist to ensure meals were balanced and gave the vitamins and minerals people needed to stay healthy.

People received support to keep them healthy. People said they were able to see the doctor whenever they needed to, or go to hospital if necessary. People had access to health care professionals suited to their support needs. Care records demonstrated that where people's needs had changed appropriate support was sought. People also had access to dieticians, speech and language therapist (SALT), and occupational therapists to aid with their mobility needs.

Requires improvement

Is the service caring?

Our findings

We had some positive feedback from people about the caring nature of the staff. People told us that they had good relationships with staff and that staff were kind and caring. A relative said, "The staff are very friendly and sympathetic."

People looked well cared for, with clean clothes, tidy hair and working hearing aids where they were used. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were clearly knowledgeable about people and their past histories. However there were instances where staff should have acted in a more caring manner. For example one person was assisted into the lounge by staff who failed to notice that they needed to have their personal care attended to. We noticed the smell of faeces as the person walked past however the member of staff appeared not to notice and continued to assist the person to sit in the living room and then left. We had to mention this to the team leader who checked the person and confirmed that they did need personal care, and that the staff member should have identified this.

People's dignity and privacy were not always respected by staff. One person told us, "Yes, I think so. They treat me well. They are very busy though." Staff were seen to speak to people in a kind and caring manner. Care records completed by staff did not always reflect this caring interaction. Phrases such as 'staff were scared of the person'; 'Person is very prideful & demanding'; and 'Person has no respect for anybody' were all inappropriate and showed this person had not been involved in their care plan. A person told us about staff not respecting their privacy. We noted that during our conversation with this person in their room, a staff member entered without knocking or seeking consent to enter.

It is recommended that the registered manager review staffs understanding of dignity and respect and how to put this into practice in all aspects of peoples care.

Staffs ability to communicate effectively with people was varied. People told us they sometimes they had trouble understanding what staff said to them, and making staff understand what they wanted. We also encountered this when speaking to some staff.

It is recommended that the provider review the systems in place to support staff to communicate effectively with people living at the home.

Some staff had an understanding of how to treat people with respect and promote their independence. One staff member told us, "I suppose it's trying to treat people as we would want to be treated". Another staff member said, "Some people need a lot of help here but when you get to know them you find out what they can do for themselves and you encourage that". Positive interactions that were seen included staff gently holding hands with a person when keeping them company, and another staff member carefully wiping a person's face when supporting them to eat. This was done each time there was a slight spill, rather than waiting to the end of the meal, so the person's dignity was maintained.

People were given information about their care and support in a manner they could understand. Some good examples of supporting people to move were seen with staff clearly explaining to people what they were doing and why. Staff spoke with people at a pace and in a manner which was appropriate to their levels of understanding. Relatives were happy that the registered manager and his team were approachable, and that they were called if anything happened or decisions needed to be made around the care of their family member.

Staff knew the people they cared for. People and relatives confirmed that staff knew who people were as individuals and what their needs were. A relative said, "They know my family member as an individual, and give that personal touch to meet their needs." Staff were able to tell us about the people and their relatives. What they told us matched with the information recorded in the care plans that had been written for each person.

Staff understood what person centred care was. One staff member told us, "I think it really means that the resident is at the centre of what we do. We treat people as individuals". Another staff member said, "It's at the centre of what I do I suppose. What I do is always with the individual in mind".

People's rooms were personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Good

Is the service responsive?

Our findings

People were mostly positive about the responsiveness of the service. A relative said, “I think my family member is cared for very well. They think the staff are very nice, especially when they returned from hospital. There was all this equipment ready, for example a pressure relieving mattress”.

People’s care and treatment was planned and delivered to reflect their individual care plan. The records were legible and up to date. Care plans were regularly updated in line with people's changing needs, such as when a person’s risk of choking had increased due to a change in their medical condition. There was sufficient information in care plans about people’s health needs.

There was detailed information concerning people’s likes and dislikes and the delivery of care. People's choices and preferences were also documented and, except were already detailed in this report, those needs were seen to be met.

People had access to a range of activities that met their needs. The activities worker was working with people to make these more focused on individual’s interests and needs. Individual assessment forms had been completed which outlined people’s life histories, in addition to hobbies, interests and pastimes. The activities worker was full-time but covered the three homes owned by the provider. The provider was in the process of recruiting a full time assistant to further enhance the range of activities on offer. Activities included music, visiting entertainers and one-to-one activities. The activities co-ordinator also made use of technology to provide activities, such as providing visual and intellectual stimulation for people was dementia. People were seen to enjoy the activities that were on offer during the day of our inspection.

People were involved in their care and support planning. Relatives confirmed that the family had always been involved in completing the care plans where people could not be involved themselves. A relative said they had been fully involved in the planning, and were kept updated by staff with any changes. However people’s care plans did not reflect this involvement in decision making about their care.

People’s needs had been assessed before they moved into the service to ensure that their needs could be met. They contained detailed information about people's care needs, for example, in the management of the risks associated with people's mobility or dietary needs. The care plans contained detailed information about the delivery of care that the staff would need to provide. Care planning and individual risk assessments were reviewed monthly or more frequently if required so they were up to date. The risk assessments were focused on the individual, in areas such as the management of behaviours that challenge and the risk of people falling.

People’s independence was promoted by staff. Throughout our inspection staff encouraged people to mobilise on their own. Staff never rushed people. Equipment was provided to help keep people independent, such as mobility aids so people could walk around the home on their own.

People were supported by staff that listened to and responded to complaints. People and relatives knew how to raise a concern or make a complaint. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed.

There was a complaints policy in place. This was kept in the provider’s office but was not displayed in communal areas for people and their representatives to view. We brought this to the attention of the provider who rectified the matter during our visit. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. A relative confirmed they had received a copy of the complaints policy, but had never felt the need to make a complaint.

Complaints had been dealt with in line with the provider’s policy. There had been two complaints recorded this year. They had been dealt with in a timely and satisfactory manner. For example were someone had complained about their bed, the registered manager had contacted an occupational therapist and a bed better suited to the person was provided.

Requires improvement

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. We saw many friendly and supportive interactions. A relative told us, “The team leader’s door is always open.” They went on to say, “I am always greeted with a smiling happy face by staff, and they are in tune with my family member’s needs.”

We found inconsistencies in relation to how the quality was monitored. Regular checks on the quality of service provision were not recorded. The registered manager and other senior staff told us they regularly checked to ensure a good quality of care was being provided to people. They said audits were completed on all aspects of the home. However during our inspection, audits records given to us by the staff for areas such infection control, health and safety, medicines and records were all over a year old. We asked the manager if more recent audits were available, but they were unable to provide us with this documentation. Further documentation was submitted after the inspection; however recent internal audits of the above areas were not included. Information had not been given when requested that showed that the provider carried out regular checks on essential areas of the service provision.

Care plans were reviewed monthly but there was nothing to record that this was done in conjunction with people and their representatives. Their views were not recorded on care plans and risk assessments to show that they had agreed to the care provided.

The failure to adequately maintain records in relation to the management of the regulated activity, and the provider not being able to provide us with the information when requested meant there was a breach in **Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People and relatives were not always included in how the home was managed. The registered manager ensured that various groups of people were consulted for feedback to see if the home met people’s needs. This was done annually by the use of a questionnaire. However no regular meetings were held for people to give feedback. One person said, “I never see the registered manager, and we never have residents meetings.” Results from the 2015 survey had been reviewed and charts produced that summarised the results. At the time of our visit the charts were on display in the reception area, so people and visitors could see them. The registered manager did not make us aware of any action plan that had been developed to address areas of improvement that people had highlighted. A residents and relative meeting date was set and a copy of the cover letter was sent to us after our inspection visit.

Staff felt supported and able to raise any concerns with the management. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. One staff member said, “Yes, I think it is open here. We know what to expect and I feel I can say what’s on my mind”. Another staff member said, “I’ve worked here a while. I wouldn’t stay if it wasn’t well-led”. Staff were not aware of the Duty of Candour Regulations that came into force in April 2015. They were unable to describe its relevance to their role, or how they would need to apply it. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents .The provider must also keep written records and offer reasonable support to the person in relation to the incident.

Staff were also involved in how the home was run. Along with regular one to one meetings with their line manager, they were also invited to staff meetings. These discussed any issues or updates that might have been received to improve care practice. An example included for staff to remember to record how each meal had been received by people so the registered manager could review the menus. This had not yet been completed from the feedback we had from people and staff.

We were told the registered manager provided good leadership for the home and supported the staff team in providing care and support when needed. The registered manager was visible around the home on the day of our inspection. They were available to people and relatives if they wished to speak to them. It also gave the opportunity to observe the care and support that staff gave to people, to ensure it was of a good standard. The registered manager had a good rapport with the people that lived here and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care

Requires improvement

Is the service well-led?

Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home. Staff understood what whistle blowing was and that this needed to be reported.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.** The registered provider did not have sufficient numbers of staff deployed to meet needs of people living at the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment.** The provider did not have safe systems and processes established and operated effectively to prevent abuse of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.** The registered provider had not ensured that persons providing care to service users had the qualifications, skills and experience to do so safety.

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Regulation 11(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.** The registered provider had not ensured that where a person lacks mental capacity to make an informed decision, or give consent, staff must act in accordance with the requirements of the MCA 2005.
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17(2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.** The registered provider had not maintained records as necessary in relation to the management of the regulated activity.