Parkside Residential Homes Ltd

Parkside Residential 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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 10 March 2015 and was unannounced. Parkside Residential Home is a nursing home providing accommodation for up to 20 people who require residential support and nursing care. The home specialises in dementia care. People who use the service range from the very independent to totally dependent people. There were 19 people using the service at the time of our visit.

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.

We found systems and processes to keep people safe require improvement. For example, we found the registered person had not protected people against the risk of not receiving their medication as prescribed. One person had missed their morning medication. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which

Summary of findings

corresponds to regulation 12 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.

We found no evidence that best interest decisions had been made on behalf of people who lacked capacity to give informed consent. This was not acting within the provision of the Mental Capacity Act 2015. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People told us they enjoyed the food and that they had enough to eat and drink . However we found one person had retired to bed the previous evening and we were told (and care plan confirmed) they had gone to be at 9:35pm; was checked regularly throughout the night by staff but at no point offered food or drink and it was now 1:30pm. This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work.

The staff we spoke with were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns.

The experience of people who used the service was positive. People told us they felt safe, staff were kind, caring and they received good care. They also told us they were aware of the complaints system. People said they felt able to raise concerns they had with the staff or the manager and were confident these would be listened to and acted upon.

We saw staff were caring and respectful of people who used the service. Staff demonstrated that they knew people's individual characters, likes and dislikes. We also saw staff enabled people to be as independent as possible when supporting them with their everyday care needs.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provide accurate and up to date information.

There was an effective quality assurance monitoring system in place to identify any shortfall in the service.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Health and Social Act 2008 (Regulated Activities) Regulations 2014 come into force on 1April 2015. They replace the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Medicines were not managed safely and appropriately. People did not always receive their medication in a timely manner.

The staff we spoke with knew how to recognise and respond to allegations of possible abuse correctly and were aware of the service whistleblowing policy.

Recruitment and selection procedures designed to keep people safe was correctly followed.

Requires Improvement

Is the service effective?
The service was not always effective

The service was not meeting the requirements of the Mental Capacity Act 2005. There was no evidence that best interest decisions had been made on behalf of people who lacked capacity to give informed consent.

People's nutritional needs were not always met.

People had regular access to healthcare professionals, such as GPs and prompt referrals were made when any additional health needs were identified.

Requires Improvement

Is the service caring?
The service was caring.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

The relatives we spoke with told us they were always made to feel welcome when they visited the home and had no concerns about the care, treatment and support provided.

Good

Is the service responsive?
Some aspects of the service were not consistently responsive.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support were being delivered.

There were few meaningful activities in place for people to engage in, particularly for people with high dependency needs.

Discussion was held with the registered manager about the need to record low level concerns raised by people that might lead to themes or trends being identified.

Requires Improvement

Summary of findings

Is the service well-led?

The service was not well-led.

Staff had not received regular individual supervision of their work which could enable them to express any views about the service in a private and formal manner.

We found the provider conducted several audits of the service, for example, residents monthly weights, skin tear monitoring, bed rails, medication along with the monitoring of accidents.

Requires Improvement

Parkside Residential 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 10 March 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in caring for older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people who used the service, two relatives, four members of staff and the registered manager. We looked around the building including a random selection of people's bedrooms, communal bathrooms and toilets and the lounges and dining room.

We observed care and support being delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of the inspection process we also spent some time looking at documents and records that related to people's care and the management of the service such as training records, staff recruitment files and policies and procedures.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

We spoke with people using the service one person said they felt safe and another said, "I generally feel safe." The registered provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern.

At the time of our inspection we saw evidence of staff completing returns to pharmacy books for medicines no longer required at the service.

There were appropriate arrangements in place for ordering monthly repeat from the pharmacy, with the exception of one person who had only recently come to live at the service.

When asked, staff advised that there were eight members of care staff who had been trained to administer medication. These staff members had specifically undertaken additional training to enable them to administer medication and the nominated pharmacy also provided in-house training to staff.

The medication trolley and fridge were located within a small office at the entrance to the service. This was accessed via a coded entry system. The trolley was secured to the wall and kept locked when not in use. The fridge was currently not in use as the staff advised there was no medication at that time which required to be retained within the fridge. The fridge was locked and displayed a temperature of 18.3 degrees which is well above the temperature for medicines requiring refrigeration. This meant medication would not be held at the right temperature which could make them unsafe.

There was evidence of Medication Administration Record (MAR) audit having been carried out on a weekly basis. This audit identified occasions when signatures or codes had not been entered on to the MARs; it was evident from observation of these audits that a number of signatures or codes had been missed over the period of one month. We checked all MAR sheets which were kept in the two designated MAR folders provided by the pharmacy and it was noted that there was no signature or code entered on the MAR sheet on two occasions. There was evidence to show the management had taken action in discussion with staff to rectify this. However a number of additional concerns were noted.

A notice on the front of one MAR file advised staff to utilize the countdown sheet (which shows the number of tablets) for a boxed medication for one person, however, there was no evidence of a countdown sheet in the file. This mean staff would not know if any tablets had gone missing.

One person who used the service was prescribed three different medicines to be administered in the morning at breakfast time. However, these had not been administered. The staff member in charge advised that this person was still asleep and would receive their morning medication when they got up. It should be noted that this person did not in fact get up until 2:00pm. We found that the registered person had not protected people against the risk of not receiving their medication as prescribed. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked the quantity of medication within the medication trolley with the quantity recorded on the MAR sheets: according to the MAR sheet of one person, seven tablets had been administered, however, according to the count of tablets in the blister pack, eight had in fact been administered. A signature or code had been omitted from the MAR sheet. This was brought to the attention of the registered manager.

Bottled medication had no date opened recorded on the bottle. A box containing ointment had no label on the box to identify for whom the ointment had been prescribed; no date of opening was recorded on the box. The label on the tube of ointment was dated 20/08/2014; there was no evidence of the date this had been opened, nor did it contain detailed instruction as to how or where to apply. This mean people could be getting medication and ointment which were out of date and staff applying medication wrongly thus putting people at risk.

We then checked the Controlled Drugs: these were stored appropriately in a locked cabinet inside a locked cupboard, secured to the wall. On checking the register of Controlled Drugs, we identified that there should have been two analgesic patches which had been prescribed for one

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Is the service safe?

person. However, on counting the patches in the box, there was only one remaining. This was pointed out to the person who was in charge who advised they would look into this matter. The last date entered for checking of quantities of Controlled Drugs was February 2015. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a file which contained the home's medication policy. This policy stated that the service would "ensure there is a log of initial signatures of staff authorised to administer medication"; there was no evidence of a log. The policy also stated that any medication dispensed more than eight weeks previously should be checked with the GP. Allergies should be stated clearly on the MAR, in red; this was not evident.

Files looked at contained consent for vaccinations form which had been completed and contained the stickers from Flu/Pneumococcal vaccinations already administered. There was no evidence as to how this consent had been obtained; by whom it had been obtained; or if the person receiving the vaccination had the capacity to consent to receiving this. This mean people could be getting treatment they had not agreed to.

The pharmacy had carried out an audit of the service on 14/10/2014 where they had advised the service to purchase an up to date British National Formulary (BNF); there was no evidence of this. When asked, staff advised they look on-line for any information they require or check the Patient Information Leaflets (PILs).

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with one recently employed member of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

We spoke with people using the service one person said they felt safe and another said, "I generally feel safe." The registered provider had a policy in place for safeguarding people from abuse. This policy provided guidance for staff on how to detect different types of abuse and how to report abuse. There was also a whistle blowing policy in place for staff to report matters of concern. The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority safeguarding team and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the manager knowing that they would be taken seriously. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed this. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

There were systems in place to monitor accidents or incidents and we saw that the service learnt from incidents, to protect people from harm which indicated there was a commitment to continuously improving practice in the home.

We looked around the premises and found since the last inspection April 2014 some new furniture had been purchased and general improvement made to the environment. However, some areas of the home would benefit from decorating and refurbishment and the manager confirmed this work would be completed as part of a rolling programme of refurbishment.

People who used the service told us they had no concerns about the cleanliness of the home. Comments we received included; "This place is kept nice and clean, and my room is always clean to a nice standard."

We saw the equipment used to assist people such as the stair lift and hoists were serviced in line with the manufactures' guidelines. This showed us equipment were safe for people to use.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This legislation is used to protect people who may have their liberty restricted to keep them safe but are not able to make informed decisions on their own.

The care plans we looked at did not include information about people's capacity to make decisions in accordance with the Mental Capacity Act 2005 (MCA). No Deprivation of Liberty Safeguard applications were seen in the care plans. The registered manager confirmed that no applications had been made for anyone in the home. When we looked around the building we saw digital locks were in place on the front door and landing doors. The accumulation of restrictions being experienced by people could amount to unauthorised deprivation of their liberty. This meant the provider was not able to demonstrate they were acting in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People's care plans did not have any information about people's capacity to consent to taking their medicines. There was no evidence to show best interest decisions had been made on behalf of people who lacked the capacity to give informed consent to taking medicines.

These examples demonstrate a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2010, Regulation 18, Consent to care and treatment in relation to the MCA 2005 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The provider utilised the services of two GP practices, with which the staff advised they had no issues; telephone consultations were used although GPs would visit if required.

We asked people whether they felt that the staff understood how to care for them. One person told us "They know when we need help." Another person said, "The staff are well trained. As it goes I think the care is not bad." "The staff know what they are doing, even though some of the people are quite demanding."

People told us that they felt there was a regular staff team. One person said, "I know the staff's names, they stay cheerful." People told us that they saw regular staff most of the time. One person said, "They do have more agency staff than ever, but I don't think it's a problem." No other people whom we spoke with had any concerns about seeing staff that they did not recognise.

We did not observe any staff using equipment to transfer people. When staff member assisted a person to stand with the aid of a walking frame they gave clear and patient instruction as to where to position hands and encouragement in elevating themselves. Walking frames were correctly positioned and staff were clear in instructing people when and where to place their hands on the frame.

There was evidence that people's nutritional status were assessed and people's weights were checked at least once a month. This was recorded in people's care file. Information about people's dietary needs and preferences was recorded in their care plans. People living in the home told us the food was good, one person said, "I always enjoy the food, I don't have a lot but I enjoy it."

We observed the dining experience which was sociable event with the majority of people sitting together and able to converse with one another. Staff were seen to be standing together near the serving area rather than sitting with people who may have required some assistance. It was noted that desserts were given to people before all people had completed their main course. Choice of cold drinks was offered with tea offered on completion of the meals.

We talked to people about the availability of drinks and snacks. One person said, "We get plenty to eat and drink." Another person said, "We get brought drinks with breakfast and dinner and tea, they bring a drink in the morning and one in the afternoon. If you want another you just ask." One person had been served with a drink and showed us that they had also been given biscuits. Another person told us that they had juice available within reach in their room. We spoke with one person in their room, where they were in bed. The bed had high sides and the person indicated that they were unable to get out of the bed themselves. There was no drink within reach of the bed, no table that could be positioned over the bed and we did not see a jug or a cup in the room. This means there is a risk of the person becoming dehydrated.

We asked people about the meals which they were served. One person told us, "We have a good breakfast in the

Is the service effective?

morning we get plenty to eat and drink." Another person said, "We had liver yesterday. I don't like it at all. They know I don't like it so I had a large sausage instead. It was nice." People cited the food without prompting when we asked for their overall impression of the service at the start of our conversation. They told us "I'm very comfortable, well looked after and well fed." We were in the TV lounge when staff were gathering people for lunch. Several people said that they were hungry and looking forward to their meal and lunchtime appeared to be seen as an 'occasion'. We sat with people to observe the lunch service. When their meals were served one person said, "Doesn't this look nice?" Another said, "Ooh, gorgeous."

We talked with people about whether they were offered a choice at mealtimes. One person told us "You don't pick. They tell you what there is. Tell you that you're having 'so-and-so' tomorrow or today." Another person told us "I just go and ask what we're having." We did not see a menu displayed in the home. At the lunch service every person ate the same main course, though there was a choice of dessert. No one to whom we spoke with was aware of choices for main meals. This told us there wasn't a choice for main meal. We discussed this with the registered manager who told us people are told what is available on the day and they make a choice. If it's something they don't like something else would be provided.

The dining tables were set with tablecloths, place mats, cutlery, serviettes and glasses. One table had salt and pepper pots, the others did not and we did not hear any people being offered salt and pepper so that they could season food to their taste if required.

There was a pleasant atmosphere in the dining room. Some people chatted to each other and there was a radio playing Radio 2. During the lunch service a member of staff commented on the style of music and suggested that a CD would be better. One person asked for Vera Lynn and this was put on. Three people occasionally sang along with the music. Staff frequently interacted with people during the meal, asking "Is it nice?" and "Are you enjoying that?"

No one was assisted to eat their meal and we did not see any people using adapted cutlery or crockery. We feel some people would from those equipment. We sat with one person when they were served their meal in the quiet lounge. They came for their meal after other people had finished eating. A member of staff brought their meal and then left the room. The member of staff returned and said, "You don't use a knife and fork, do you ?" then brought them a spoon which they used to eat their meal.

Some people were offered help with their meal. On two occasions people were asked "Would you like me to cut that up for you?" On two other occasions a member of staff intervened and cut up a person's meal without first asking if this assistance was required. The member of staff did not speak to the people whilst they were doing this.

We discussed with the staff the issue of the person who was asleep all morning and missed their morning medication. The staff member advised that once everybody had finished their lunch, staff would assist this person to get up and they would then receive their morning medication with their lunch. When asked what time this person had retired to bed the previous evening, we were told (and care plan confirmed) they had gone to bed at 9:35pm; was checked regularly throughout the night by staff but at no point offered food or drink. This was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We talked with people about access to healthcare professionals. One person said, "They get you a doctor if you need it. An optician comes, and a lady chiropodist comes and sees me in my room." Another person said, "I had a very bad burn before I came here. I have skin grafts on my back. If there's a problem I tell staff and they get someone from the burns unit when needed. A Nurse comes to change my bandages." Everyone we spoke with felt there was no problem accessing a doctor when needed.

In the five care plans we looked at we saw people had been seen by a range of health care professionals, including, GPs, opticians, specialist nurses, falls prevention team and chiropodist. We saw in one care file the individual had been unwell and staff had acted quickly in calling an ambulance. Two people we spoke with told us they see the doctor or nurse when they needed to. One said, "If you need a doctor or a district nurse, they'll ring up." We spoke with two visitors who praised the communication between staff and themselves about keeping them up to date about their relatives' health. One said, "Staff are quite good with

Requires Improvement

Is the service effective?

information if there's a problem." The other visitor told us they wanted to be present when the doctor and specialist nurse came to see their relative and that staff had made sure this happened.

The registered manager told us they have a comprehensive induction programme which took into account recognised standards within the care sector and was relevant to their workplace and their roles. We were told following induction training new members of staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised. This was confirmed by staff we spoke with.

The registered manager told us that following their induction training additional mandatory training was also completed by staff. They confirmed this training was either provided in-house, by e-learning or by an external training provider. We looked at the home's training matrix. This showed staff had received required training in areas which helped staff to keep people safe. These included safeguarding, moving and handling and fire training.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the attitude of staff was good. One person said, "I am well looked after and the staff are really nice." A relative said they had chosen the home because the staff had been friendly and informative during their initial visit.

We asked people how they keep in touch with their family. One person said, "I don't have my own phone but the home has a mobile one that I can use if I need to."

We observed when staff interacted with people they were warm and friendly. When staff were assisting people to walk from the lounge to the dining room they maintained dialogue with the person. On one occasion a member of staff discretely asked the person "Whilst you're on your feet do you want to go to the toilet before lunch?"

We asked people if they thought the staff understood them and their needs. One person said, "The staff don't rush you with things. They are very good carers, they know the job." Another person said, "They come and ask before helping you. When I have a shower they only help with the bits that I can't manage, they let me get on with the rest."

We asked people whether they were aware of their care plans and involved in any review. One person told us, "The carers are good at care plans. I've heard them doing them. I just tell them what I like and don't like." Another person said, "They talk to us about them. They get to know what you like." One person said, "I have been involved in the process, they came to talk to me about my care." Another person said, "They did a plan when the owner came to do an assessment whilst I was still in hospital, to make sure they could meet my needs. I have been here three years. I don't think I've been involved with my care plan since then."

One person who lived in the home said "There are some lovely people here, they know my routine." This person went on to tell us, "I can be independent and the staff help me. I take myself to bed when I want and one of the ladies will come in to check on me."

People told us their privacy and dignity was respected. One person said, "They check on me regularly at night and knock on door before coming in." We were present in people's rooms when staff came to the door, knocking before entering. Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity was respected.

One relative told us, "The staff are very caring, they always treat mum with dignity and respect."

This relative went on to say, "I would say the staff are very open and honest, we are happy with the care she is getting overall." Another relative said, "We are very happy with the care."

We observed staff helping people move about the home making sure the appropriate equipment (walking frame) was being used correctly. All staff were patient and calm.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings and rooms were clean and tidy.

People told us that they regularly received visitors and were not aware of any restrictions on visiting. One person said "It's a nice place to be. We get well looked after and if any family come they look after them as well." Another said, "I could have visitors at any time, day or night." People told us how they kept in touch with relatives. One person said, "My brother rings regularly. I hear them telling him how I have been before I speak to him." Another person showed us a large button landline phone in her room. "They told me my daughter got this for me."

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and people's hair had been combed. We saw a member of staff ask one individual if they wanted to change their top as it had a food spill on it. The individual declined the offer. One visitor told us, "My relative is clean, well dressed and well looked after." Another visitor said "My relative has improved since they moved in here. They are well groomed."

Requires Improvement

Is the service responsive?

Our findings

We looked at six people's care records and found evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with information to deliver appropriate, responsive care. However, we were unable to find documented evidence to show people had been involved in any reviews of their care. In discussion with people they told us that their care plans were reviewed and amended to incorporate changes in their needs and they had been involved in this. However we found care plans did not always show they were meeting people's needs i.e. those living with dementia. This meant people may not be always getting the care they required.

We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people's care and support were being delivered.

When we asked three members of staff if they had any problems with the electronic care planning system they advised that they found the system easy to use. Paper care files remained in bedrooms: these were completed by the care staff. Care plans viewed had been evaluated and updated recently by the home.

We asked people how they spent their days. Two people told us that they liked to knit; two said that they liked to read. When asked about formal activities that the home facilitated responses were very narrow. One person said, "You can join in with things." Another person said, "Sometimes we have things in the afternoon or I just sit and rest." One person said, "They have a baking day. Another said, "They do some sort of physical exercises. They used to do bingo but I think it has stopped – it got a bit chaotic as so many people didn't understand it." The person also said, "That there were activities when it was a resident's birthday. "We get a full cooked breakfast about 11am then we miss out lunch. We have a high tea that day, and they make a fuss of the person if they want it."

There was a list of daily activities for the week displayed in the dining room. These consisted of; 1 to 1, Music for Health, Hairdressing, Baking, Go for a walk and day of rest on a Sunday.

In our opinion these appeared to lack imagination and most could not be cited by the people who lived at the home. Hairdressing might more appropriately sit under 'personal care' rather than an activity. It was not clear how a 'day of rest' was used as a meaningful or inclusive activity.

On the day of the visit two pupils from a local school undertook an activity in the TV lounge in the morning. The people who lived at the home were throwing and catching a ball. One person told us repeatedly that they had really enjoyed the activity and was keen to show us the ball.

In the afternoon there was a session of Music for Health. This was lively and engaging for people and was well attended.

People we spoke with said they felt comfortable to raise concerns with staff who assisted them. For example one person told us "I am really happy here." "The staff are really good." Staff we spoke with told us they would immediately raise any concerns with their manager and they were confident they would take action to address concerns raised.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if they felt their complaint had not been dealt with appropriately. The policy also detailed the timescales within which the complaint would be dealt with.

We looked at the complaints registered and found only one formal complaint had been received in the last year and this had been dealt with appropriately. However, a discussion was held with the registered manager about the need to record low level concerns raised by people that might lead to themes or trends being identified.

Requires Improvement

Is the service well-led?

Our findings

The service was providing care to people living with dementia but did not have the right processes in place to make sure they were working in accordance with the legal requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This meant the rights of people who lacked capacity were not promoted and protected.

We looked at how the home gathered the views and opinions of people who lived at the home and their relatives and how they used the information to improve the quality of the service. We were shown surveys which had been completed by people and their relatives. We found the comments were positive and complimentary of the staff.

Staff had not received regular individual supervision of their work which could enable them to express any views about the service in a private and formal manner. The manager was aware of this and made arrangements to see people in the forthcoming months

Resident and staff meetings were in place, which were an opportunity for staff and people to feedback on the quality of the service. We talked with people about whether they were ever asked for their opinions of the service or could attend meetings where the running of the home was discussed. One person said, “I’d just talk to a care worker and they would tell the big boss.” One person said, “I can’t remember anyone asking me about the service, but I can’t think of anything I’d do differently.” Another person said, “The staff have asked me about the service, and there have been meetings.” No one could tell us about anything that had changed at the home as a result of something raised by a people who used the service or relatives.

We asked the manager about improvements that had been made or were planned to the home. They told us some areas of the home had been refurbished and this will continue throughout the year.

Staff told us they were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or provider. The manager told us they had an open door policy and people living in the home, their relatives and staff members were welcome to contact them at any time.

We found the provider conducted several audits of the service, for example, residents monthly weights, skin tear monitoring, bed rails, medication along with the monitoring of accidents.

A care worker told us they thought the training was of good quality. Staff told us they have an informative handover every morning and evening. This demonstrated to us that staff are made aware of any to people’s care at the start of their shift.

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 11 HSCA (RA) Regulations 2014 Need for consent **The registered person did not act within the provision of the Mental Capacity Act 2005. There was no evidence that best interest decisions had been made on behalf of people who lacked capacity to give informed consent.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not have suitable arrangements in place to ensure people who used the service received their medicines as prescribed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **The registered person did not ensure the nutritional and hydration needs of service users were met.**