Finest Care Limited

Clifton House Residential Care Home

Inspection report

94-96 Clifton Avenue
Hartlepool
Cleveland
TS26 9QP
Tel: 01429 223399
Website:

Date of inspection visit: 12 and 19 January 2015
Date of publication: 06/03/2015

Ratings

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

Overall summary

This inspection took place over two days. The visit on 12 January 2015 was unannounced and the visit on 19 January was announced. Following our last inspection of Clifton House Residential Care Home we told the provider they had breached the regulations relating to the management of medicines. During this inspection we found the provider had met the assurances they gave in their action plan and had developed systems to check on the quality of medicines records.

We found the provider had breached Regulations 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Although we found the quality of recording on people's medicines administration records had improved, improvements were needed to the management of medicines. Medicines were not always managed safely for people. Records had not been completed correctly as for some medicines no record had been made of medicines received mid-month, or carried

Summary of findings

forward from the previous month. We have made a recommendation about the management of medicines. The provider was also not meeting the requirements of the Mental Capacity Act 2005 including the Deprivation of liberty safeguards.

You can see what action we told the provider to take at the back of the full version of the report.

Clifton House Residential Care Home is registered to provide nursing or personal care for up to 28 people. At the time of our inspection there were 13 people living at the home, some of whom were living with dementia. The home had a registered manager. 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.

People and family members told us the home was safe. People commented, "Very safe", and, "Very safe, no problems in that department." One family member told us they thought the home was a "friendly and safe environment." People, family members and staff said they felt there was enough staff to meet their needs. One person said, "Always seems to be plenty of staff." The provider followed its recruitment procedure to check new staff were suitable to care for and support vulnerable adults.

People told us they were asked for their permission before receiving any care and that staff respected their decision. One person said, "I am not made to do anything if I don't want to." Another person said, "I don't have to join in." Another person said, "You can do what you like."

People told us they received good care at the home and were treated with dignity and respect. Their comments included, "Very good care", "Staff look after me very well", "The care is pretty good", "Nice staff; they are excellent", "All staff are very good, they do everything in their power to help", and, "Staff are always polite."

Family members also confirmed their relatives received good care. One family member said, "Very good home." They also said staff were "very good with [my relative]. Another family member said, "The home is brilliant, no faults at all."

Staff had a good understanding of safeguarding and whistle blowing policies and procedures. They knew how to report concerns. All of the staff we spoke with said they did not have any concerns about the care provided, or the safety of the people living in the home. They told us they felt able to raise concerns and felt the manager would deal with their concerns straightaway. One staff member said, "Always, residents are put first."

The provider undertook standard assessments to help protect people from a range of potential risks, such as poor nutrition, skin damage and falling.

People and family members were happy with the home's environment. One person described the home as "clean, neat and tidy." Another person said, "[The] rooms are always neat and tidy." Family members described the home as "old style" and "home from home." We observed during our inspection the home was clean, with no unpleasant odours and was well maintained. We saw the provider undertook regular health and safety check of the premises to check they were safe. The provider had emergency procedures in place, including personal emergency evacuation plans (PEEPS) for people who used the service. We found that not all of the recommendations from the most recent fire risk assessment had been completed. We recommended these areas are considered as a priority.

The provider was not acting in according with the Mental Capacity Act 2005 (MCA), as we saw no evidence people had been assessed in line with the new scope of Deprivation of Liberty Safeguards (DoLS), or contact with the local safeguarding authority had been made for further advice. Staff had not completed training on MCA, including DoLS.

Staff told us they felt well supported and had regular supervision with the manager. One staff member commented they felt "really supported." They also told us the provider was supportive of staff doing training and confirmed their training was up to date. One staff member told us, "We are always doing training."

People gave us positive feedback about the meals they were given. One person commented, "The food is not bad. You can have what you like. They [staff] will suggest things. You can have what you want." We observed

Summary of findings

people received the support they needed to meet their nutritional needs. However, during our lunch-time observation, we saw some people's needs were not always considered ahead of completing tasks.

People said staff supported them to meet their health care needs. One person said, "If I need to see a doctor, [staff] will send for the doctor", and, "I have medical checks." Another person said staff were "Quick to call for the doctor." One family member said, "Every time there is a problem the doctor is brought in or [my relative] is taken to hospital." Another family member said staff were "very hot on getting the doctor out" when people were unwell.

Information about how to access independent advice and support (advocacy) was displayed in a locked display cabinet near the entrance to the home. However, we were unable to establish how up to date this information was.

People had up to date care plans which were individualised and took account of their choices, likes and dislikes. We saw where people had particular health problems; short term care plans had been developed. Records showed that care plans were reviewed regularly. Some people told us they seen their care plan and had been involved in deciding what was in it.

People and family members knew who to go to if they had any concerns. One person said they would speak with the registered manager. One family member said, "I would go to the manager if I needed to." The registered manager told us there had been no formal complaints received in the past 12 months.

People and family members had opportunities to give their views about the home, including meetings with the manager, a suggestion box and questionnaires. Family members we spoke with told us they were aware of the manager's meetings with residents and relatives. The information displayed on the home's notice board showing the dates of future meetings had not been updated.

The home had a registered manager. People and family members told us the registered manager was approachable. One person said, "The manager is very good, very caring. She is very conscientious." Another person said, "The manager is very nice, very approachable and very easy to get on with." They also said all of the staff were approachable. One family member said, "The manager is absolutely brilliant, such a nice person, friendly but professional."

People and family members said they felt the home had a good atmosphere. One person said, "Everybody gets on." One staff member described the atmosphere as "lovely." Another staff member said, "[The atmosphere] feels really nice, lovely."

There was a system of checks and audits in place to assess the quality and safety of the care people received. This consisted of monthly audits of people's weight, minor concerns received, accidents and care plans. We found these audits were used to check that appropriate action had been taken to respond to any issues identified or changes in people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Whilst we saw some improvements in record keeping since our last visit, there were still some issues which meant that people did not receive their medicines at the times they needed them and in a safe way.

People and family members told us the home was safe. They also said they felt there was enough staff to meet their needs. The provider followed it's recruitment procedure to check new staff were suitable to care for and support vulnerable adults. Staff had a good understanding of safeguarding and whistle blowing procedures. They knew how to report concerns.

The provider undertook standard assessments to help protect people from a range of potential risks. We saw the provider undertook regular health and safety check of the premises to check they were safe. We found that not all of the recommendations from the most recent fire risk assessment had been completed.

Is the service effective?

Requires Improvement

The service was not always effective. The provider was not acting in according with the Mental Capacity Act 2005 (MCA), as we saw no evidence people had been assessed in line with the new scope of the Deprivation of Liberty Safeguards (DoLS). Staff had not completed training on MCA, including DoLS. People told us they were asked for permission before receiving any care.

Staff told us they felt well supported and had regular supervision with the manager. They also told us the provider was supportive of staff doing training and confirmed their training was up to date.

People gave us positive feedback about the meals they were given. We observed people received the support they needed to meet their nutritional needs. However, saw during our lunch-time observation some people's needs were not always put first ahead of completing tasks. People said staff supported them to meet their health care needs.

Is the service caring?

Good

The service was caring. People told us they received good care at the home. Family members also confirmed their relatives received good care. We observed staff were caring and considerate towards people.

Staff had a good understanding of the importance of treating people with dignity and respect and gave examples of how they aimed to achieve this. People confirmed they were treated with dignity and respect.

Summary of findings

Information about how to access independent advice and support (advocacy) was displayed in a locked display cabinet near the entrance to the home. However, we were unable to establish how up to date this information was.

Is the service responsive?

Requires Improvement

The service was not always responsive. People had opportunities to access activities provided by the activity co-ordinator. However, when the activity co-ordinator was not working there was a lack of engagement and stimulation for people.

People had up to date care plans which were individualised and took account of their choices, likes and dislikes and these were reviewed regularly.

People and family members knew who to go to if they had any concerns. The registered manager told us there had been no formal complaints received in the past 12 months. People and family members also had opportunities to give their views about the home, including meetings with the manager, a suggestion box and questionnaires.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was a system of checks and audits in place to assess the quality and safety of the care people received. We found medicines audits required further improvement to ensure medicines were managed safely.

The home had a registered manager. People, family members and staff told us the registered manager was approachable. Regular staff meetings were held and staff said they were encouraged to give their views.

People, family members and staff said they felt the home had a good atmosphere and there were good relationships between people and staff.

Clifton House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 over two days. Our visit on 12 January 2015 was unannounced. Our second visit on 19 January 2015 was announced. The inspection team consisted of an adult social care inspector and a pharmacist inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service.

We spoke with ten people who used the service and four family members. We also spoke with the registered manager, one senior care assistant and two care assistants. We observed how staff interacted with people and looked at a range of care records. These included care records for five of the 13 people who used the service, seven people's medicines records and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

During this inspection we found medicines were not managed safely and recorded properly. Whilst we saw some improvements had been made since our last visit, there were still some issues. This meant that people did not receive their medicines at the times they needed them and in a safe way.

Medicines were not handled safely because records were not completed correctly, placing people at risk of medicines errors. We saw for some medicines no record had been made of medicines received mid-month, or carried forward from the previous month on the Medicine Administration Record (MAR). This is necessary so accurate records of medicines are available and staff could monitor when further medicines would need to be ordered. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Incomplete record keeping means we were not able to confirm that these medicines were being used as prescribed.

When we checked a sample of medicines alongside the records, we found that more of the medicine remained than the administration records indicated. Therefore, we could not be sure if people were having them administered correctly.

We looked at the guidance available about medicines to be administered 'when required'. Although there were arrangements for recording this information, we found this was not kept up to date and information was missing for some medicines. This meant there was a risk that care workers did not have enough information about what medicines were prescribed for and how to safely administer them.

We found that the service's arrangements for the management of medicines did not protect people. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw a care worker giving people their medicines. They followed safe practices and treated people respectfully.

Medicines were kept securely in locked cupboards. Records were kept of the room temperature and fridge temperature to ensure medicines were safely kept. We saw that eye drops for two people, with a short shelf life once opened, were not marked with a date of opening. This meant that staff could not be sure this medicine was safe to administer.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We saw staff completed basic audits of the medicine administration records. We discussed how the audit of medicines could be improved in the home.

People told us they felt safe living at the home. One person told us they felt "very safe." Another person commented, "Very safe, no problems in that department." Family members we spoke with also said they felt their relative was safe. One family member told us they thought the home was a "friendly and safe environment."

Staff had a good understanding of safeguarding adults procedures and knew how to report concerns. They could describe various types of abuse and were aware of potential warning signs. For example, if a person was "off colour", changes in behaviour and going off their food. Staff said if they had any concerns they would go straight to the registered manager. Staff knew about the provider's whistle blowing procedure. All of the staff we spoke with said they did not have any concerns about the care provided or the safety of the people living in the home. They told us they felt able to raise concerns and felt the registered manager would deal with their concerns straightaway. One staff member said, "Always, residents are put first."

The provider undertook standard assessments to help protect people from a range of potential risks. These included the risk of poor nutrition, skin damage and falling. Records showed these had been reviewed consistently. Care plans also identified specific risks relating to each person and detailed the action required to manage risks.

People said they felt there was enough staff to meet their needs. One person said, "Always seems to be plenty of staff." One family member commented, "People are seen quickly", and, "Staff have been here for years, they have a nice team." Staff we spoke with also told us there was enough care staff to meet people's needs. Staff commented, "Yes, at the moment", and, "On an average

Requires Improvement

Is the service safe?

day, okay." We viewed staff rotas which showed that staffing was planned in advance and staffing levels on the rota were in line with the staff deployed on the days of our inspection.

The provider had recruitment and selection procedures to check new staff were suitable to care for and support vulnerable adults. Staff described how they were recruited to their current post, which included a formal interview with the registered manager and completing various pre-employment checks. We viewed the recruitment records for five recently recruited staff. We found the provider had requested and received references, including one from their most recent employment. A disclosure and barring service (DBS) check, previously known as criminal records bureau (CRB) checks, had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people.

People and family members were happy with the home's environment. One person described the home as "clean, neat and tidy." Another person said, "[The] rooms are always neat and tidy." Family members described the home as "old style" and "home from home." Family members also said the handyman was always present in the home. We observed during our inspection the home was clean with no unpleasant odours and was well maintained. We saw the provider undertook regular health and safety check of the premises to check they were safe. This included electricity and gas safety checks, checks on the safety of fire-fighting equipment and specialist equipment used by people. The provider had emergency procedures in place, including personal emergency evacuation plans (PEEPS) for people who used the service. We saw that specific risk assessments had been undertaken relating to the environment where required.

We viewed the latest Fire Risk Assessment dated 10 July 2014. We found the outcome of the assessment was that improvements to procedures were recommended. These were to update the emergency evacuation plan, to confirm the classification of the lift in an emergency and to upgrade one of the home's fire extinguishers. We discussed these recommendations with the registered manager who confirmed that not all of these improvements had yet been undertaken. The registered manager said these would be considered as a priority.

We recommend the service considers current guidance on giving 'homely remedies' to people alongside their prescribed medication and take action to update their practice accordingly.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. Although the registered manager was aware of legal changes widening the scope of DoLS, we saw no evidence people had been assessed in line with the new scope of DoLS. We also saw no evidence the registered manager had made contact with the local safeguarding authority for further advice. The registered manager told us there were no DoLS authorisations in place for any of the people living in the home. We observed throughout our inspection one person continually asked to leave to return to their previous home. We discussed this with the registered manager who confirmed that the person was unable to leave independently. We found no evidence this person had been assessed in line with DoLS to establish whether they were being deprived of their liberty. We also found from speaking with staff and viewing training records staff had not completed training on MCA, including DoLS. This meant the provider was not acting in according with MCA.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they were asked for their permission before receiving any care and that staff respected their decision. One person said, "I am not made to do anything if I don't want to." Another person said, "I don't have to join in." Another person said, "You can do what you like." Staff said they would always ask people for permission before delivering any care. One staff member said, "We ask people before we do anything." They said if the person refused they would try again later or offer an alternative. However, staff told us they would respect a person's right to make their own decisions. One staff member said, "We can't force people." Another staff member said, "At the end of the day it is their [the person's] choice."

People gave us positive feedback about the skills of the staff delivering their care. One person said, "The staff know what they are doing." Staff told us the provider was supportive of staff doing training and confirmed their training was up to date. One member told us, "We are always doing training." We viewed the provider's training plan for 2015. We saw the training required for each member of staff had been planned in advance.

Staff told us they felt well supported. One staff member commented they felt "Really supported." They said they had regular supervision with the manager. One staff member said they had a one to one with the manager "a couple of days ago." Records confirmed staff members received regular supervision and appraisal. However, it was difficult to establish whether they were delivered in line with the provider's expectations, as the registered manager did not maintain an over-arching supervision and appraisal matrix. These meetings were used to identify areas for improvement, such as where staff required additional training. Staff said they could speak to the registered manager anytime if they needed to have a chat. One staff member told us they could go to the registered manager, deputy manager or senior about anything.

People gave us positive feedback about the meals they were given. People told us if they didn't like what was on the menu they could have something else. One person said they were "well fed." Another person told us, "The food is not bad. You can have what you like. They [staff] will suggest things. You can have what you want." Some people had their meals in their rooms. They told us this was their choice. One family member said, "They will do anything you want." One family member told us their relative liked the food.

We carried out a specific observation over the lunch-time. We observed that when staff interacted with people it was done in a positive way. For example staff said to one person, "[Person's name] shall I cut this up for you." The person replied, "Yes, please," and was then provided with the help they needed. Where people received one to one support this was undertaken at the person's own pace. However, we found some staff were task orientated and people's needs were not always considered first. For example, we observed that one person was feeling unwell. The person asked a staff member if they could help them out of the dining room. The staff member responded, "I will have to finish with [person's name] first." The staff member did not attempt to contact any other staff members for

Requires Improvement

Is the service effective?

assistance. We observed the person asked to leave again. A second staff member replied, "I will have to clear the tables first." The person was then helped out of the dining room after asking to leave for a third time.

Staff had a good understanding of the nutritional needs of people living in the home. They described the range of support provided to people to ensure they had enough to eat and drink. For example, they told us one person required one to one assistance with eating and drinking. Whilst other people required prompts and encouragement and one person used specialist crockery.

People said staff supported them to meet their health care needs. One person said, "If I need to see a doctor [staff] will send for the doctor", and, "I have medical checks." Another person said staff were "Quick to call for the doctor." One family member said, "Every time there is a problem the doctor is brought in or [my relative] is taken to hospital." Another family member said staff were "Very hot on getting the doctor out" when people were unwell. Family members told us the doctor visited the home once a week to review people's medical requirements. We observed that on the day of our inspection, the community nurse had visited to assess a number of residents following a request from staff. Staff gave us examples of the various health professionals involved in people's care, including GPs, community nurses, dietitians, audiologists and dentists. Staff said if a person needed to attend an appointment, a staff member would accompany them for support.

Good

Is the service caring?

Our findings

People told us they received good care at the home. One person said, "Very good care." Another person said, "Staff look after me very well", and, "We are looked after very well here." Another person said, "The care is pretty good." Family members also confirmed their relatives received good care. One family member said, "Very good home." They also said staff were "very good with [my relative]." Another family member said, "The home is brilliant, no faults at all."

People gave us only positive feedback about the care staff. One person said, "Good staff", and, "Nice staff; they are excellent." Another person said, "All staff are very good, they do everything in their power to help." We observed throughout our inspection that staff were kind, caring and considerate when speaking with people.

All of the people we spoke with told us the staff treated them with dignity and respect. One person said, "With great respect, very caring", and "Staff are very good." Another person said the staff were "very courteous." Another person said the staff treated them "very well." They went on to say "[Staff were] very friendly, I have no problem at all with the staff." Another person said, "Staff are always polite." One family member said the staff were, "Fabulous; definitely respectful." We asked the registered manager to tell us how she ensured staff were respectful towards people in their care. The registered manager told us she regularly walked around the home observing staff member's care practice and listening to staff interaction. The registered manager said, "[People were] treated very well, I have got good care staff."

Staff had a good understanding of the importance of treating people with dignity and respect. They gave us practical examples of how they delivered care to achieve this aim. For example, making sure people were dressed how they wanted to be, making sure doors and curtains were closed when helping with personal care, keeping people covered up and respecting people's rights and choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. One staff member said, "I believe people have to have their own independence. If they are able to do something, let them do it." Another staff member said, "We encourage people to do as much as they can for themselves." We saw from viewing care records that a 'Dignity Action Plan' was in place for each person. This provided staff with specific personalised actions relating to each person about how they wanted their care delivered. For example, actions included ensuring people were enabled to choose their own clothes, to be in the company of other people and to choose their own meals.

People said staff responded quickly to their requests and needs. One person said when they rang their "buzzer" the staff came quickly. Another person said the staff "Come as quickly as they can." Another person told us when they rang for help it was "Answered really well." Another person said, "They look after us." Another person said, "If I ring my bell, staff are pretty good." People also told us the staff listened to them. One person said, "Every time I have spoken to them they have listened and have helped me."

Information about how to access independent advice and support (advocacy) was displayed in a locked display cabinet near the entrance to the home. However, we were unable to establish whether the information was up to date. We found other information in the cabinet which was not up to date as it referred to the previous registered manager and organisations that no longer existed. The registered manager told us that she was unable to locate the key to access the cabinet to update the information. The residents' charter which was available to all people and displayed on the notice board promoted people's 'right to independent advice.'

We asked staff to describe the care provided in the home and to tell us what the home did best. They said, "Looking after people", "Looking after the residents is the first priority and a big strength", "High standard in everything that we do. We want to make people feel at home", and, "Homely atmosphere."

Requires Improvement

Is the service responsive?

Our findings

People told us they had the opportunity to take part in activities if they wanted to. One person told us the 'Pets As Therapy' dog visited the home. They also said the activity co-ordinator arranged for other entertainers to perform at the home. One person said, "[Staff] take you out sometimes, into town or the seaside." Family members described the activities available for people which included taking people out, entertainers, arts and crafts. One family member said the home had, "A wonderful entertainment girl."

We found people did not receive sufficient engagement or stimulation on the days when the activity co-ordinator was not working. The manager told us the activity co-ordinator usually worked on Tuesday and Thursday. We observed on the first day of our inspection (Monday) that there were no activities organised throughout the day. We saw most people were in their room. We observed two people sat in the communal lounge received very little interaction from staff and were unsupervised most of the time. Family members confirmed this was usual when the activity co-ordinator was not on duty. One family member commented, "Carers [care staff] don't do activities." One person commented, "The activity co-ordinator livens things up." One person said they would like "more time with staff." They also said staff were "always having writing to do."

Staff had access to information about people's preferences including their likes and dislikes. They also said they knew about people's preferences from talking with them. For example, this included details about people's dietary preferences, choice of clothing and preferred times for getting up and going to bed. Care records included a 'client profile' document which provided details of the person's next of kin, GP, religion, other professionals involved in their care and a brief medical history. We did not see evidence within care records of a more detailed life history for each person. The registered manager showed us a blank life history template to be completed with people. However, we did not see any examples of completed life histories. Life histories are important, especially for people living with dementia, so that staff can better understand the care needs of the people they are looking after. For example, family members told us about a specific interest that one resident had before they lived at the home. When we discussed this with the registered manager, she told us that she was not aware of this interest. This meant that staff did not have enough information available to them to enable them to provide the most appropriate care for people.

We found people's care plans had recently been updated to reflect their current needs. Care plans were individualised and took account of people's choices, likes and dislikes. Care plans identified the person's needs, how the need would be met and any potential risks associated with the need. We saw that where people had particular health problems, short term care plans had been developed. For example, when people had short term illnesses such as chest infections. Records showed that care plans were reviewed regularly. People gave us mixed feedback about whether they had seen their care plan and had been involved in deciding what was in it. One person said they had seen their care plans and were involved. Whereas another person said they had not seen their care plan and weren't involved. Family members we spoke with said they had been involved in care planning.

People said staff tried to meet their needs. One person told us, I asked for [food item] and staff went out of their way to get it." They also said staff were very quick to respond to situations. For example, one person said when they were unwell staff were on to it straightaway.

People and family members knew who to go to if they had any concerns. One person said they would speak with Sue [registered manager]. One family member said, "I would go to the manager if I needed to." The registered manager told us there had been no formal complaints received in the past 12 months. We viewed the 'niggles book' which the registered manager used to record other issues and concerns. We saw that the action taken to resolve issues had been recorded, such as speaking with the person to provide an explanation of the situation.

People and family members had opportunities to give their views about the home. Family members we spoke with told they were aware the manager held meetings with residents and relatives. We viewed the minutes from previous meetings and saw that people were encouraged to give their views and make suggestions. Recent topics discussed included meals, the laundry and suggestions for activities. We found the information on the notice board detailing the dates of forthcoming meetings had not yet been updated and was still displaying dates for the previous year (2014). We found there had not been any recent consultation

Requires Improvement

Is the service responsive?

undertaken with people or family members. The most recent surveys we viewed during the inspection were dated 2013. We saw the dates for these meetings were displayed on the home's notice board. We saw that a suggestion box had been left near the entrance to the home for people or visitors to leave any comments about the home. However, the registered manager told us that no suggestions had been left in the box.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been pro-active in submitting statutory notifications to the Care Quality Commission. Copies of previous notifications were available during our inspection to refer to. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

People and family members told us the registered manager was approachable. One person said, "The manager is very good, very caring. She is very conscientious." Another person said, "The manager is very nice, very approachable and very easy to get on with." They also said all of the staff were approachable. One family member said, "The manager is absolutely brilliant, such a nice person, friendly but professional." Staff also confirmed the registered manager was approachable. One staff member said, "Sue is a really nice lady, she will go out of her way to get everything a person needs."

People and family members said they felt the home had a good atmosphere. One person said, "Everybody gets on." One staff member described the atmosphere as "lovely." Another staff member said, "[The atmosphere] feels really nice, lovely." Another staff member said, "Generally good. Mostly good relationships between staff and residents. Very caring."

Staff told us they had regular staff meetings. They said they were able to "raise anything" at the meetings. One staff member said, "The manager is open to suggestions from staff." Staff told us they could go and see the registered manager or deputy if something wasn't working and suggest trying a different way. For example, staff suggested seeking advice and guidance from a specialist nurse to help them support one particular person. We viewed the minutes from previous meetings and found these were used to raise staff awareness of important issues. For example, topics covered at recent meetings included the importance of record keeping, maintaining up to date care plans and infection control.

There was a system of checks and audits in place to assess the quality and safety of the care people received. We found medicines audits required further improvement to ensure medicines were managed safely. Other monthly audits consisted of checks of people's weight, reviews of concerns received and a review of accidents. We found these audits were used to check appropriate action had been taken to respond to any issues identified or changes in people's needs. For example, following a recent audit one person who was falling regularly was provided with specialist equipment to help keep them safe. Other people had been referred to a health professional, such as a GP.

The provider undertook monthly care plans audits. We saw these had been successful in identifying shortfalls in people's care records. For example, some people required new care plans to reflect their current needs or their existing care plans updating. Whilst other people needed additional risk assessments or to sign documents to give their consent. We cross referenced the findings from previous audits with people's care records. We found in most cases the required action had been taken, but this was not always consistent. For example, the October audit identified one person required a specific care plan covering mental wellbeing. We found from viewing the person's care records that this was not in place. This meant the provider's approach to care plan audits did not always promote improvement in the quality of people's care plans.

We found performance action plans were in place where staff practice had fallen below the expected standards. The action plan clearly identified the area of concern and gave details of how performance was to be improved, such as additional training, more support and in some cases disciplinary action.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.