Mr & Mrs V Juggurnauth

The Boltons

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 8 and 9 October 2018 and it was unannounced.

The Boltons is a care home without nursing and provides a service for up to 27 older people, some of who may have mental health needs. The services provided include respite care. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection there were 26 people living at the service.

There was a registered manager in place. 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.'

At the last inspection the service was rated Good overall. During this inspection we found two breaches. When there is a breach or more, the overall rating cannot be Good. There was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager did not ensure they recorded and kept a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred. We asked the management team about this on our first day of inspection. However, they were not able to provide evidence the provider's policy was followed. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure care and treatment was provided in a safe way.

The registered manager had quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. However, they did not always ensure all tasks were completed as part of the management of the service such as complete safety checks, medicine management and staff training. Thus, the quality assurance system did not always provide an accurate overview of the service. Without an effective system the registered manager would not able to make improvements where and when necessary so that people could receive the support and care they needed.

We found some errors with recording of the medicine. Where people's medicines were given covertly, the principles of the Mental Capacity Act had not always been adhered to.

Staff training records indicated which training was considered mandatory. Not all staff were up to date with their mandatory training and some were due their refresher training. The management team was overseeing and booking training when necessary to ensure all staff had the appropriate knowledge and skills to support people. We have made a recommendation for the management to refer to the current best practice guidance on ongoing training and monitoring for social care staff.

Some people's records contained consent forms signed by the family members. However, it was not clear if staff had checked they had a legal right to do that. We observed staff asking people for their consent to deliver care, giving time for people to respond and respecting those decisions. Not all staff were aware of the MCA and their responsibilities to ensure people made decisions that were in their best interest.

The registered manager did not always ensure all maintenance checks and assessments were up to date. Some staff did not always follow good practice using personal protective equipment to maintain appropriate infection control. The premises and adaptations were not always dementia friendly. We made a recommendation to review guidance on making the environment more 'dementia friendly'.

The management carried out risk assessments and had drawn up support plans to ensure people's safety and wellbeing. We noted some information was contradictive throughout the support plans and dates of the updates were not always clear to reflect most current information. Not all people had opportunities for social engagement and meaningful activities according to their interests to avoid isolation.

People told us staff were available when they needed them most of the time and staff knew how they liked things done. The provider had a system to assess staffing levels and make changes when people's needs changed. Staff felt there were enough staff when they needed to support people appropriately.

The premises and equipment were cleaned and well maintained. The dedicated staff team followed procedures and practice to keep the service clean. We observed kind and friendly interactions between staff and people. People and relatives made positive comments about the staff and the care they provided.

The provider investigated and responded to people's complaints, according to the provider's complaints procedure. Annual questionnaires were sent to people and their relatives so they could share their views of the service. The provider encouraged feedback from people and their families, which they used to make improvements to the service. The service's aim was to ensure people were protected against the risks of receiving unsafe and inappropriate care and treatment.

Staff had ongoing support via regular supervisions with their senior staff. They felt supported by the registered manager and senior staff and maintained great team work. Staff had handovers and meetings to discuss any matters with the team. There were appropriate recruitment processes in place. People and their families were involved in the planning of their care.

The management team and staff responded to changes in needs and risks to people who use the service. These changes were reported to the senior staff member to ensure a timely response and appropriate action was taken such as referral to professionals.

People felt safe living in the service. Relatives also felt their family members were kept safe and were satisfied with the care and support provided. Care staff knew how to identify potential abuse and understood their reporting responsibilities in line with the service's safeguarding policy. There were contingency plans in place to respond to emergencies.

People were supported effectively regarding their nutrition and hydration needs. Hot and cold drinks and snacks were available between meals. People were assisted with their meals where necessary. People had their healthcare needs identified and were able to access healthcare professionals such as their GP. Staff knew how to access specialist professional help when needed. The service worked well with other health and social care professionals to provide effective care for people.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards and to report on what we find. The registered manager had acted on the requirements of the safeguards to ensure people's rights and freedom were protected. They made appropriate applications to ensure people's liberty was not restricted in an unlawful way.

The management was working with the staff team to ensure caring and kind support was provided in a consistent way. People confirmed staff respected their privacy and dignity. Their choices were respected. Staff felt the management was approachable and supportive, and they communicated well to ensure smooth running of the service. People and relatives felt the service was managed well and that they could approach management and staff with any concerns.

You can see what action we have asked the provider to take at the end of the full version of this report.

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.

Medicines management was not always in line with the provider's procedures.

Cleanliness and hygiene standards had been maintained to prevent cross infection and illnesses. However, use of personal protective equipment could be improved.

Not all maintenance checks records were in place. Guidance for staff on specific people's care needs was not always sufficiently detailed.

There were enough staff on duty. However, the deployment of the staff did not always allow them to spend time engaging with people and meet all people's needs.

People and their relatives felt they were safe and would report any concerns to staff. Staff knew the correct procedures to follow if they thought someone was being abused.

The service followed their recruitment process to employ fit and appropriate staff.

Is the service effective?

Good

The service was effective.

Staff receive training that would enable them to meet people's needs. We asked the provider to review refresher timescales according to the current best practice guidance.

Most staff understood people's rights to consent to their care and showed respect to people making their own decisions. The registered manager understood the importance of following the principles of the Mental Capacity Act.

Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to.

People had sufficient to eat and drink and gave us mostly positive comments about the food and mealtime experience.

Staff received regular supervision and felt they were supported to carry out their jobs.

The registered manager made DoLS applications to local authority to ensure people were deprived of their liberty in a lawful way.

Is the service caring?

Good

The service was caring.

People were supported with care and respect. Relatives and most people were positive about the staff and the care they received.

Staff were caring when attending to people's physical, emotional and spiritual needs.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

People's right to confidentiality was protected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was an activities program. However, there were not enough meaningful activities for all people to participate in as groups or individuals to meet their social needs.

The management team was not fully aware of the Accessible Information Standard and its requirements.

Visitors were welcomed and people could maintain relationships important to them.

The staff team monitored and responded to people's changing health needs involving professionals accordingly.

The service managed complaints that had been raised.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had systems to monitor the quality of the service and make improvements. However, they did not always fully use them to identify and follow up on issues.

We did not always see evidence of steps taken where people sustained injuries according to provider's policy. We identified some gaps in the records and some inconsistent practice.

People and staff found the management team approachable and responsive to their suggestions. Staff were working to ensure people were comfortable and happy. Staff felt supported and happy working at the service.

The Boltons

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 8 and 9 October 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at all the information we had collected about the service. This included information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with six people who use the service and four relatives. We spoke with the registered manager, two deputy managers and received feedback from seven care staff members.

We observed interactions between people who use the service and staff during our inspection. We spent time observing lunch in both dining rooms. We requested feedback from six external professionals and received two responses. We looked at four people's support plans and related monitoring records, medicine management records. We looked at four staff recruitment files, staff training records and the staff training log. Medicines administration, storage and handling were checked. We reviewed a number of documents relating to the management of the service. For example, various audits, meeting minutes, activities plan, incidents and accidents information, complaints and compliments, service maintenance and checks records.

Requires Improvement

Is the service safe?

Our findings

We looked at the management of medicine in the service. We reviewed all medicine stock and found no discrepancies. Staff checked fridges temperatures regularly. We looked at 14 people's medicine administration record sheets. We found gaps in one of the MAR sheets and could not be assured if the person had received their medicine. It was not clear what the reason for the gaps were as no explanation was recorded. This was also not picked up by the medicine audit until we noted to the deputy manager. They said they would be addressing this with the staff who made an error.

We also noted some people did not have a MAR sheet for a certain medicine. The deputy manager explained one sheet went to hospital with the person. The other sheet was missing because the provider said to us the person did not need that medicine any longer so they had stopped it. We queried the decision made to stop the medicine as no other professional was involved in making this decision. The registered manager did not ensure medical advice was sought. They did not have any discussion with the person documented to show they had made this decision for this to be in person's best interest. The decision had potentially put the person at risk of harm. The deputy manager said they would contact the appropriate professional to discuss this. After the inspection we were informed, one of the visiting professionals stopped the medicine due to a health ailment in August 2018. Whilst it transpired the medicine was no longer prescribed for the person, the registered manager and the deputy manager were unaware such decision was made by the visiting health professional. They were not able to evidence this information was available during inspection. The registered manager did not ensure proper and safe management of this particular medicine.

We noted there were people who needed to have their medicine administered covertly. We saw the service had contacted professionals such as their GP and pharmacy to discuss the matter and as a result staff had followed the correct procedure. Care plans had information detailing which medicine should be administered and when. For example, medicines that were required to be placed in food. However, we informed the management team these care plans did not always have a specified length of time noted for covert administration of medicine. There were no review dates indicated. Covert medication should be regularly reviewed in line with the Mental Capacity Act 2005 legal framework. We asked to see best interest discussion records. However, the management team were not able to provide us with them. The medicine policy indicated steps to take ensuring the service acted in the best interest of the person and followed the law but these were not always followed.

We observed some good practice while staff were supporting people to take their medicine. People's medicines were administered correctly. Staff were polite and asked if people were ready for their medicine, explained what it was for and ensured people took it as prescribed. The medicine administration record (MAR) sheets were signed afterwards. The medicine trolleys had always been left locked every time we checked it. However, not all staff who administered medicines were up to date with their medicine training. We asked the provider for evidence of staff competency checks to ensure they had the skills to administer medicine. The registered manager sent us information regarding staff competency checks. Only one senior staff had not had a recent competency check.

When people had accidents, incidents or near misses, staff recorded the information on the forms including details and immediate action taken. Some of the prevention of recurrence was recorded to ensure the person remembered to use their call bell or ask for help if they needed something. However, there were people living with dementia, whose memory may be affected to remember to carry out tasks like this. Other prevention measures were to monitor the person rather than putting specific guidance for staff to ensure they could respond to behaviour that may challenge. For example, there was a new person living in the service. They could become upset, agitated or distressed. They had a fall outside in the garden following them advising staff they did not want to come inside. The prevention of recurrence said, "New surroundings, very agitated, staff have been told to try and deter her from going out in the garden on her own". There was no reference in the person's records detailing guidance for staff on how to help this person if they went out again in the garden. Not all incident root cause analysis forms were signed off by another senior staff member to ensure suitable and appropriate actions were taken to address incidents, accidents or near misses. We spoke about this with the management team. They said part of the falls champions role was to look at falls, causes, footwear and aids used. However, they were not recording this analysis and discussions anywhere yet. Therefore, there was insufficient information to be used to look for trends and themes or that lessons learnt were taken from these events to prevent recurrence, injury or harm.

As part of the support plan, some people needed their behaviours recorded on charts. It was indicated staff should record information before the behaviour started, measures undertaken to manage it and outcomes of the support. The forms were filled in but it only had the information of what the person did when they were distressed or if they were displaying behaviour that challenged. As some people could receive medicine to help them control their behaviour, it was important to note this information and what was done first to help them calm down. However, this was not always noted nor was it always clear in daily notes what measures staff had taken to help people. This meant the registered manager did not always ensure there was sufficient information to allow people to be supported appropriately and to remain safe.

The service assessed risks to people's personal safety and put some plans in place to minimise these risks. They looked at people's needs and if any risks were present relating to specific areas of their support such as communication, nutrition or mobility. People's support plans had some guidelines to ensure staff supported them and reduce the risks of getting hurt. They included personal care, emotional and behavioural support and consent. Information about risks and needs in those support plans were kept under review and staff reported any changes to the management team.

However, information in people's risk management plans did not always match their support plans. For example, one person indicated they preferred showers. However, they had a risk assessment that was for using a bath. Another person had reduced mobility but further in the support plan it was indicated their mobility was good and no equipment was needed. Medication support plan said the person "may get agitated on very rare occasion". However, daily notes indicated they were agitated on a number of occasions during the day. The dates of the most recent information were unclear as some of the information in the support plans was typed and some of it was handwritten. Therefore, it was not always clear which part of the information was most up to date to ensure people received the right care and support. We discussed the support plans and risks assessments with the management team who agreed with our feedback regarding people's files. They had already started reviewing and changing the format of the support plans. They wanted to ensure important information and guidance was easy to find so that people received safe and effective support.

We reviewed what premises and maintenance checks were carried out. Not all records for service maintenance were in place such as up to date fire and other health and safety risk assessments. The service conducted regular checks of the fire alarm system to ensure this was working correctly in the event of a fire

including sprinklers and fire extinguishers. However, staff did not carry out regular fire drills to help people and staff become familiar with procedures to follow in case of fire. We queried this with the registered manager. They were advised some time ago by one of the external fire safety officers the fire drills were not necessary to practice. After the inspection, the registered manager informed us they sought advice from their fire officer and reinstated regular fire drills practice. A business continuity plan was in place with important contacts and were followed, including emergency procedures in case of a power loss, disease outbreak or staff shortage.

We observed in the dining room staff left trolley in the doorway while drinks were being served. The sign on the door indicated it was a fire door and should be kept clear. We observed the trolley was left unattended a few times during lunchtime and supper time. Therefore, if there was a fire and a fire alarm sounded, the door would not shut as the trolley was in the way. We noted this to the management team. After the inspection, they informed us the tables were rearranged so the staff had space to store the trolley and fire door would not be obstructed.

Staff completed regular checks of the call bell system in the service. This consisted of checking they were working, audible, and there was no damage. One call bell was noted as needing repair and it was actioned promptly afterwards. However, when we walked around the premises, we saw some call bell cords were tied up. Therefore, if the person fell in that area, they would not be able to reach the call bell to request help. We noted this to the management team on the first day of inspection. On the second day, we still found some of the call bells tied up. After the inspection, the registered manager informed us all call bells had been replaced with new cords to the floor to ensure it was safe to use.

An external contractor completed a visit and water risk assessment in December 2015. The risk assessment identified areas that were recommended to be reviewed to ensure the water system was safe to use. We asked the management team if the actions were completed and whether another inspection had been carried out to check it. However, they advised us they had not had an inspection to check this. We noted only hot water temperature was tested. After the inspection, the registered manager informed us they started testing cold water and carrying out the descaling tasks which had been recommended. The valves on the hot water system, designed to protect people from the risk of scalding, had been checked in March 2018 to make sure they were functioning properly. The report for legionella water testing was carried out September 2018 and no bacteria was found.

The service carried out other checks such as gas safety checks, lighting checks, and equipment checks and servicing, these were in date. Some of the lifts in the service needed some remedial action after their servicing inspection but we could not see if this was carried out. We noted this to the management team. After the inspection, the registered manager informed us they sought further advice from the servicing companies who said the lift was safe to use. The registered manager arranged visits to ensure lifts were serviced accordingly.

Staff followed a cleaning schedule and used appropriate personal protective equipment (PPE) to help protect people from the risks relating to cross infection. They ensured the service was kept clean, tidy and odour free. However, we observed one of the staff who was working with food, came to the dining room wearing apron and gloves. After walking around and speaking to people, touching chairs and tables, they went back to the kitchen area. We noted this to the registered manager as there was a risk of cross contamination of food. We could not be sure the gloves and apron were changed before preparing food. The next day we observed the same staff member wearing gloves and an apron coming out of the kitchen to take necessary food from storage. Again, they did not remove the gloves and apron before going out to the storage room. We noted this to the registered manager again. They said the staff member was informed

about it the previous day and should have not worn gloves or apron when out of the kitchen area. After the inspection, the management team had supervision with the staff and brought forward their training to ensure appropriate practice was followed when using PPE and handling food.

This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not ensure care and treatment was provided in a safe way at all times.

The registered manager calculated staffing numbers on each shift according to the needs of people. If people's needs changed, the staffing numbers would be increase. Additionally, the provider and managers worked full-time hours within the service to support the staff team. There were sufficient staff to safely meet people's care needs. Staff felt there were enough staff on duty to keep people safe and carry out their duties. They said, "Yes, people that need two staff, we always work as a team". The registered manager, deputy managers and existing staff covered any shortfalls if there were staff absences. Most people and relatives agreed staff were available when they needed them. A few people said, "'I should imagine it's difficult to get staff at this level. They generally are short of staff" and "I think they are short of staff, they need more." We observed on one occasion, in the morning, one person was asking for a hot drink before their personal care. We observed they were told to wait as there was an emergency in the service which was being addressed. Although the person sat waiting patiently, this demonstrated staff deployment could be improved in situations like this. Eventually, the staff brought them a drink and went to support them with personal care. Another person said, "I wanted new batteries for a clock, but when I ask certain things, they say 'I'm busy'."

People felt they were safe living at the service. Relatives also felt their family members were safe. Staff were aware of safeguarding and told us how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff knew there was a whistleblowing procedure and they would be happy to use it when necessary. The registered manager understood and explained to us their responsibilities regarding safeguarding people who use the service and reporting concerns to external professionals accordingly, such as submitting notifications to Care Quality Commission.

The registered person had recruitment procedures in place to ensure suitable staff were employed. Staff files included most of the recruitment information required by the regulations. This included a health check and a Disclosure and Barring Service (DBS) check. A DBS confirms candidates do not have a criminal conviction that prevents them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values. We found some discrepancies with employment history and dates. It was not always clear the provider had gathered evidence of reasons for leaving pervious employment relating to working in health or social care. We listed all discrepancies to the management team so they could rectify them. They provided further information of action taken to address this after the inspection.

One health and social care professional provided positive feedback about work in the service. They said, "I can say that when I did my last Falls Audit in September [2018], the falls numbers have reduced since we initially started back in the care home in 2015 and are of a level that we would expect for a care home of that size. The managers always appear open to suggestions regarding ongoing falls prevention strategies and from what I have seen, they now have a member of staff designated to each communal area to monitor the residents throughout the day, which will also help with falls prevention".

Good

Is the service effective?

Our findings

We reviewed the latest training information provided to us, which recorded training the provider had determined as being mandatory. The deputy manager informed us they were monitoring the training by reviewing the training records. If any of the staff did not attend booked training, the management team would address it with staff. Out of 15 staff, two members of staff had not updated their moving and handling training, and 1 member of staff did not have an up-to-date medicine competency check. We noted the timescale for refreshing some of the training was not in line with current recommended best practice. For example, medicine, safeguarding, fire, and first aid training was refreshed every three years whereas Skills for Care ongoing learning and development guide for adult social care staff recommends an annual refresher. The service supported people who had dementia and behaviour that may challenge, however the training for this was updated every three years. People using the service had fluctuating capacity and would need input from staff to ensure decisions are made in the best interest of the person. Training for understanding Deprivation of Liberty Safeguards and the Mental Capacity Act (MCA) training was scheduled to be completed once. Although staff felt there was enough training, some mentioned they would like more training as it was helpful to refresh their knowledge.

We recommend that the provider refers to the current best practice guidance on ongoing training and monitoring for social care staff.

People were supported by staff who had regular supervisions (one to one meetings) with the registered manager. Staff felt supported and enjoyed their work. Staff were confident they would receive support from the management team when needed. Staff thought the team worked together and communicated with each other well within the service to ensure people were looked after appropriately.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager demonstrated a good understanding of mental capacity considerations and assuming capacity to ensure people could make their own decisions. However, we noted to the manager some files had consent forms signed by the family members and it was not clear if staff had checked they had a legal right to do that. We discussed this with the management team. They agreed this had to be changed to evidence people's consent was sought and recorded in line with the MCA legal framework.

People's rights to make their own decisions were protected. We observed staff were asking for consent, giving time for people to respond and respecting those decisions. However, not all staff were fully aware of the MCA and their responsibilities to ensure people made decisions that were in their best interest. Some people were living with dementia or other cognitive problems and they were at risk of harm such as skin pressure damage or injuries from falls. Therefore, it was important the registered manager ensured all staff understood decision making and assuming capacity to ensure people were prevented from unlawful restrictions of their liberty.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager ensured applications were made to the funding authorities for the required annual reviews of any DoLS assessments and authorisations. They had submitted appropriate applications for DoLS to the local authority.

People told us they could make choices about what they had to eat. We received mostly positive feedback regarding the quality of food provided. However, two people said, "Teas and coffees are not whenever you would like, one is at 10.30 and one at about 5 o'clock", "They don't tend to serve hot drinks before meal times" and "No vitamins for me, hardly any vitamins. Not what I am used to, it's cooked wrong. If the staff member is free and willing I ask for a cup of tea. I don't demand." We observed positive and respectful practices during lunch time. People were offered a choice from the menu for their meals. We observed people could choose where they wanted to have their meals. If people did not want the meals provided, they were offered other options they preferred. Everyone ate at their own pace. We observed staff offered drinks to people and there were drinks available throughout the day.

The registered manager involved people, their families and other professionals to ensure people received effective health care support. The service communicated with and involved social workers, the GP, mental health team and consultants, community nurses, occupational therapist, physiotherapist, and speech and language therapists to make sure people's health needs were met. Records confirmed people had access to health and social care professionals and attended appointments when required. People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals.

The design of the premises was mostly suitable for the needs of the people with dementia. People were assisted to locate their rooms using their photographs placed on their bedroom doors. The décor in the service had some points of interest such as artwork dedicated to royal family or vintage pictures called 'Sweet memories'. There was dementia signage indicating what other doors were, for example the toilet or dining room door. Some toilet seats were white and did not stand out against the décor in all the lavatories. Best practice guidance states ensuring good colour contrast on sanitary fittings make toilets easier to find and see, helping people to maintain continence. We observed aids such as coloured crockery to support some individuals when eating, were not used. The service did not use colours to highlight all light switches. This could be done by having coloured switches or making sure white switches show up against the wall colour. This would help people to find and use light switches independently. People were able to walk around the corridors and there were a couple of areas to sit down for quiet time. There was signage in place to assist people to orientate themselves and recognise their bedroom, or to navigate around the building. However, the sizes of signage differed and people may not be able to see it. Also, some areas did not have a light on consistently. We had to walk into the dark corridor before the light came on. This would not help guide people where to go when walking in those areas.

Communal areas like the dining rooms and lounge presented a light, bright environment where people moved around freely. There were areas available for people to enjoy activities, spend time following personal interests and places to entertain visitors. The outside area such as garden was designed so people could go out to spend time in fresh air. The garden was also suitable for outdoor meals and a pleasant place for people to sit outside or enjoy outdoor activities. We noted there was calm atmosphere and people were not rushed to do things. Relatives agreed it was a nice and homely place for their family members to live in.

We recommend the service explores all relevant guidance on how to make environments used by people with dementia more dementia friendly.

People spoke positively about most of the staff. Relatives agreed staff had the skills to provide care and support to their family members. People said, "Yes, they do [have the skills to look after me], I have no problems", "All good. They come and go regularly, but I can't go downstairs. I'm quite happy here" and "I'm happy. It's very good. The staff are lovely, ticks all the boxes. There are people who need looking after. It's a wonderful situation. I've never known about this place. It's brilliant. I appreciate everything about it." People's support plans were based on a full assessment of the person's needs and the person and their family had been involved in drawing up their plan. The care plans were kept under review and amended when changes occurred or new information came to light. Professionals said there were no issues with the service and the registered manager worked together with external agencies to improve people's wellbeing and health.

Good

Is the service caring?

Our findings

People were comfortable with staff and responded positively to them. Most of the people agreed staff were caring and kind, with some saying, "It varies" and "The nurses are nice. All of them, all of them". Relatives agreed staff were caring when they supported their family members. One relative added, "Staff are extremely caring. They reassure my [family member] and try to make him happy" and "Yes, they are caring, it's perfect. We have a lot of laughs together". People who use the service, relatives and staff had friendly relationships. People's families were welcomed to visit the service whenever they wanted to. Professionals agreed the staff were caring and kind, and successfully developed positive caring relationships with people using the service.

Staff understood the importance of treating people with dignity and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time alone and preserving dignity during personal care. We observed one person was supported to transfer from the chair to go to his room. This was done behind a privacy screen as this was person's preference. Staff supported people to walk without rushing them and supporting them appropriately. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, personal interests and dietary requirements. These needs were recorded in people's support plans. Staff understood each person living in the service was an individual and they said they would "ask the person that you care for [how they like things done] and look in the care plan".

People were encouraged to be as independent as possible. Staff understood regardless of how small the task, that it was important to people. They encouraged their independence by giving people choices and involving them in day to day tasks. When supporting people, staff were there to help if they needed assistance. People's abilities were kept under review and any change in independence was noted in the support plan necessary.

The registered manager and the staff team had drawn up support plans with people, using input from their relatives or representatives and from the staff members' knowledge from working with them in the service. Relatives felt involved and well informed about their family member's life. People's records included information about their personal circumstances and how they wished to be supported. Staff explained how they provided care that was individual and centred on each person to ensure people felt they mattered. They said, "Give them individual care and making sure it meets their needs", "Give people choice, give them care as they want and listen to them" and "We ask what care they like and give them individual care". The registered manager praised the staff team for looking after the people well and in a caring way.

People's bedrooms were personalised with pictures of friends and family, paintings, books and other items important to the person. The service was spacious and allowed people to spend time on their own if they wished. We observed people and their appearance. They looked well cared for with clean clothes, hair done and people wore appropriate footwear. People had their pictures placed on their bedroom doors. There was a notice on each door reminding people about dignity, respect and requested that they knock before entering. One person did not want their picture on the door and their wish was respected. People's right to confidentiality was protected. All personal records were kept locked in the office and were not left in public

areas of the service. Staff understood the importance of keeping information confidential. They would only discuss things in private with the person or other appropriate people when necessary.

Requires Improvement

Is the service responsive?

Our findings

People had their needs assessed before they moved to the service. Information had been sought from the person, their relatives and other professionals involved in their care. This information was then used to compile the plan of care and support.

People had care, support and treatment plans in place that were detailed and described daily routines specific to each person. Some people we spoke with were not sure whether they were involved in developing their care plans. Relatives felt they were involved as a family member. Support plans included information that enabled the staff to monitor the well-being of the person. Support plans explained how people would like to receive their care, treatment and support. However, some information was not always clearly explained. For example, information about help getting dressed was confusing. One person's support plan said the person could make their own decisions of what to wear. Then the next sentence said, "Now I am needing help choose clothes and put them on in correct order". There was further information how to support the person with independence and their behaviour.

There was a programme to engage people in activities, maintain their social skills and achieve emotional wellbeing. Activities were listed and available to people, visitors and staff throughout the service. We observed a few activities going on and we saw people enjoyed getting involved, chatting to others in between. During the morning and afternoon activity sessions people were encouraged to join in if they wished. Some people went out for a walk or to meet their family. We observed when activities were not happening, most of the people were sitting in the lounges in a big circle with the television or music on. Some people were snoozing or asleep most of this time. Dementia best practice states sitting in smaller circles would have encouraged more interactions between people. However, this was not happening on a regular basis. We observed a few people got involved in board games and puzzles. Another two people were sitting alone by the table with no interaction. One person got upset as they said they could not remember "anything". We had a chat with them and they seem to calm down. However, we had to ask staff to help this person to do something they liked so they felt occupied with a meaningful activity. We saw in the files people had their interests, hobbies and likes described. However, it was not always evident people were encouraged to do things that mattered or interested them. Even though the service had a programme of activities, some people may not be protected from isolation and there was a lack of stimulation for them. People were not always helped to maintain their emotional wellbeing or encouraged to participate in an activity suited to their needs.

We saw instances throughout our inspection where staff were not always responsive to people's emotional needs. For example, when people got frustrated with something during lunchtime, staff were not always proactive to intervene and calm people down. One person was teasing another person sitting at the same table. Staff saw this and said, "Leave [person] alone". They continued to tease the person a little bit longer then stopped. There was no further engagement with the people involved to ensure they were alright. When staff supported people to eat, they were kind and friendly, not rushing the person. However, we observed on a few occasions some staff were helping people eat while standing or standing further away watching them eat rather than sitting down with them to have a chat. Some people were sitting without anyone checking

on them in between main meals and puddings served. Some staff supported people to eat then went to carry out other tasks, leaving the person to wait to finish their meal.

We looked at whether the service was compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. Records indicated whether people had disabilities or sensory impairments. There was some guidance in communicating with people in a manner they could understand. The management team was not fully aware of the Accessible Information Standard and its requirements. We spoke about the standard, what it meant to people and what kind of records would be kept. The registered manager agreed they had to review people's communication needs to ensure the information was highlighted and in line with the guidance. This would ensure all information presented was in a format people would be able to receive it and understand it.

Where a person's health had changed, it was evident staff worked with other professionals and this was recorded in their files. The daily records clearly described what support and care people received. This information enabled the service to monitor the well-being of people and respond appropriately making timely referrals to appropriate professionals. We saw if a person's behaviour or health changed, the service responded promptly to get professionals involved. For example, one person was getting distressed and would show behaviour that challenged. We saw the service involved appropriate consultants regularly to review and adjust treatment for this person and improve their wellbeing. Another person was recently back from hospital. Their health deteriorated and the registered manager sought advice and support from appropriate team of professionals to ensure the person was supported to get better promptly.

People were supported to develop and maintain relationships with people that mattered to them. We observed relatives visiting people throughout our inspection. People could stay and spend as much time as they wanted with their relatives in their rooms, lounge or dining room.

Staff used shift handovers to inform the staff team about any tasks to complete and what was going on in the service. Staff used a communication book to record important information and any actions to take that would help manage risks associated with people's care and support. The registered manager also shared any information relevant to the service with staff. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support. Professionals had no issues with the service providing care and support responsive to people's changing needs which reflected their personal and cultural preferences.

We saw there had been three complaints since the last inspection in March 2016. These had been investigated and responded to. There was evidence the provider had taken appropriate action regarding the concerns raised in the complaints. The management team explained they followed their procedure to ensure complaints were investigated and looked at as part of the learning. They said they did not want "small things to escalate to big things". We saw the service received a lot of compliments regarding the care and support provided to people. The management team thanked the staff and appreciated their work. People and relatives felt they could approach the registered manager or staff in the team if they had any issues to report. The staff felt they could approach the management team with any concerns should they need to.

Requires Improvement

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place and there was one. The registered person had notified CQC about significant events as required by law. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There have been seven serious injuries that were notifiable incidents indicating duty of candour was applied. Duty of Candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. The relevant person may be the person using the services or someone acting lawfully on their behalf as defined in the regulation. It also sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about an incident, providing reasonable support, providing truthful information and an apology when things go wrong. It requires the provider to understand their own role, and to put policies and processes in place to ensure they are supported by all their staff to deliver it.

We asked the registered manager to provide us evidence the regulation had been followed when serious injuries happened. People were supported to go to hospital to treat injuries. The registered manager updated the support plans following changes to people's care and support needs. However, there was a lack of evidence to show staff had followed the regulation. The registered manager did not ensure provider's policy was followed to complete all the actions set out such as provide step-by-step account of events, have face to face to meeting and offer an apology. The registered manager was not able to provide evidence each step of the regulation was followed.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had failed to record and keep a copy of actions taken as required in the Duty of Candour regulation when a notifiable safety incident occurred.

The provider carried out an annual survey of people who use the service, relatives, and professionals. The annual survey for 2018 had been completed to find out what was working well and not so well. We asked to see analysis of those responses and any action plans. There was a summary of comments received with areas identified for improvement. However, some responses were related to being rushed sometimes, not always asked for choices, not showing courtesy, the need to increase staff numbers and supporting a professional better. We did not see evidence to show this was reviewed and addressed as part of the action plan.

The registered providers must have systems and processes which assess, monitor and improve the quality and safety of the service. The registered manager had a quality assurance system in place to assess and monitor the service delivered. They received regular feedback from people and their relatives to help them monitor the quality of service provided and to enable them to identify any issues or prevent incidents. These included audits of the files, medicine records, observations and visual checks, feedback from staff and

outside services, staff performance, and supervisions. The registered manager and the deputy managers took appropriate disciplinary action if they needed to address poor performance. The management team reviewed reported incidents and accidents related to falls, health and any errors made when providing care and took action. However, they did not keep a consistently accurate record for prevention measures of risk of harm or injury. People's needs were not always accurately reflected in detailed support plans and risk assessments. This meant, whilst the provider had quality systems in place, these were not always used in keeping accurate information to identify and mitigate the risks posed to people.

The registered manager did not always ensure records were completed accurately or updated when necessary. For example, some of the care records we reviewed were not always clear and legible to ensure they indicated the care and support needs for the person. Care notes did not always indicate the outcome of the event. For example, where a person became distressed or agitated it was not fully described how staff supported the person to calm down. We reviewed health and safety records. Risk assessments relating to the safety of the service were not always reviewed. Staff did not record all the checks consistently. The registered manager did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because accurate records were not maintained.

Staff had defined roles but did not always understand their responsibilities in ensuring the service met the desired outcomes for people. Staff had the knowledge and skills that varied to support people and their complex needs. From staff feedback, we could see they wanted to ensure people were looked after well and able to live their lives the way they chose to. We observed some good practice. However, during the inspection we also observed some practice that could be improved such as support to people during meal times, ensuring correct use of personal protective equipment and deployment of staff.

The staff team had meetings and discussed different topics including practice at the service, care and support of people, care planning, safeguarding, medicines and activities. People using the service had also had some meetings. People, relatives and staff said they could raise any issues with the management and they were approachable. People and those important to them had opportunities to feedback their views about the service and quality of the service they received.

The staff were positive the service was managed well and were confident suggestions made were taken on board. Staff felt they worked well as a team and had good communication between each other. They felt the management team was supportive and staff felt comfortable going to them with concerns. The management team worked alongside staff which gave them an insight into their practice and how best to support the people. They also displayed to the staff team appropriate values and behaviours towards people. They promoted a positive culture and tried to engage staff in reflecting on practice and any lessons to be learned. The management team praised their staff team, saying, "I've got a good staff team. They are good staff and they try. They will come to us at any time and they support us."

We saw people and staff had good relationships with each other. We observed staff were respectful towards people and had friendly interactions. The service worked in partnership with different professionals to ensure people were looked after well and staff maintained their skills and knowledge.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured care and treatment was provided in a safe way for service users. Regulation 12 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred. Regulation 20 (3) (e) (6)