Whitehall Care Limited

Whitehall Lodge Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service over one day on the 6 November. 2017 The inspection was unannounced and carried out by one inspector and an expert by experience.

Whitehall Lodge is a care home which provides residential care and accommodation to older people. It is not registered to provide nursing care; this would be provided by the community district nursing team. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whitehall Lodge accommodates up to 29 people in one adapted building. At the time of our inspection there were 25 people living in the home.

There was a registered manager in post who had come into post since the last inspection. 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 our last inspection to the service on the 31 August and 1 September 2016, we rated this service as requires improvement overall and in three out of the five areas we inspect. We found two breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were for: Regulation 12 Safe care and Treatment and Regulation 17 Good Governance. The registered manager had left the home a few days before that inspection. Following this inspection, the provider sent us an action plan to show how our concerns had been addressed.

At this inspection, we found the service was run in the interest of people using it. Staff knew people well and there were enough staff to provide timely, effective care. Improvements had been made but we identified a breach in Regulation 12 as we were not confident individuals and generic risks were well managed.

There were some issues with the environment and some remedial work which required attention. Audits and maintenance checks were being completed but did not always produce clear audits of actions and when actions had been achieved.

Staff understood what constituted abuse and what actions they should take including reporting it to necessary agencies as and when required.

There were adequate systems in place for the safe administration of medication and people received their medicines as intended.

Staff recruitment was good and systems and processes helped ensure only suitable staff were employed. Staff were supported through adequate induction, training and supervision of their work practices although

the latter was not always recorded.

Staff supported people to eat and drink sufficient to their needs and monitored this to ensure people were protected from the risks of malnutrion and dehydration. Weights were regularly monitored and steps taken to reduce unplanned weight loss.

Staff understood how to provide care according to peoples expressed wishes and needs and knew how to act lawfully to support people with consent and decision making.

Staff were caring and supported people with positive mental health and keeping active. People's health care needs were met and people had opportunity to stay mobile and connected with their communities and their family.

Staff encouraged people to stay independent and respected their privacy and diversity.
Care plans gave enough information about people's needs and how care should be provided in line with their need and wishes. There was a programme of planned activities and spontaneous activities which helped people stay engaged and active.

There was an established complaints procedure and systems to capture people's feedback and views of the service. This helped identify what people would like to change or were happy with.

Overall the service was an improving one and people were satisfied with their care. There were audits designed at ensuring the building was safe and people were receiving appropriate care around their needs and wishes. However audits were not always sufficiently robust in identifying the issue or action to be taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were enough staff to deliver the care in a timely way.

Risks were not always well managed as there were some risks that had not been identified.

Medicines were well managed and people received their medicines as intended.

Staff recruitment was robust and helped ensure only suitable staff were employed.

The service was clean and there were good systems in place to reduce the risk of cross infection.

The service reflected on what it did including what it did well or what went wrong to help ensure lessons were learnt.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the necessary competencies for their role.

Staff supported people lawfully and sought their consent before providing treatment and care.

People were supported to eat and drink in adequate quantities for their needs.

People's health care needs were being met and monitored.

The environment was mostly fit for purpose and suitable for peoples assessed needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and promoted their well-being and respected their wishes.

Staff promoted peoples independence and dignity.

Staff delivered care according to peoples preferences and consulted adequately with people.

Is the service responsive?

Good

The service is responsive.

The care plans reflected people's needs and wishes and helped staff deliver effective care.

People had the opportunity to socialise with others, stay engaged with their community and take part in social activities.

The service took into account people's feedback and had an established complaints procedure and quality assurance process.

Is the service well-led?

Requires Improvement

The service was mostly well led.

Risks were not always mitigated as far as it was reasonably possible to do and audits were not always robust.

The registered manager was well liked and respected and has had a positive impact on the service.

The service was planned and delivered around people's individual needs and wishes.

Whitehall Lodge Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 6 November 2017 was over one day and completed by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we considered any information we already held about the service including notifications, which are important events the service is required to tell us about. We reviewed "Share your experience" forms which gave feedback from people who used the service or their representatives. We also received a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with seven people using the service and six staff including two care staff, the senior, the registered manager, the cook and the activities coordinator. We observed people taking part in activities, having lunch and throughout the day. We observed medication being administered. We reviewed two care plans, medication records and other records relating to the management of the business including recruitment records for two staff.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection in 2016, we found a breach of regulation 12: of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated this area as requires improvement. There were concerns about the safe administration of medication and concerns about how the service managed individual risk in relation to choking. We also found infrequent checks on equipment and the premises to ensure it was safe. The provider sent us a satisfactory action plan telling us how they had addressed the shortfalls identified at the inspection. At this inspection, we found improvements had been made in regards to the issues identified last time. However we continued to have some concerns about the safety of the premises which were discussed with the manager and we were given assurance these would be addressed. We identified concerns about medication practices at the last inspection and were not assured people always received their medicines as intended. At this inspection, we did not identify any concerns and people's medicines were managed in a safe way. People told us they were assisted with their medicines and received them as required. One person said, "The only tablets I get are for pain relief when I need it. They always check it is alright and make sure that I take the tablet." Another said, "They are very good at making sure that I take my tablets and don't leave until they are sure I have taken them."

We spoke with a senior member of staff who was administering the medication. We observed them giving people their medicines. They firstly established if people wanted any analgesics for pain relief. They checked people had taken their medicines before signing the medication record. They demonstrated a good working knowledge of the processes underpinning the safe administration of medication. They also understood the importance of administering medication on time and ensuring sufficient spacing between each dose. They were aware of what medication people were taking and any specific considerations such as if medicine was time specific. They told us no one took their own medicines but would be supported to do so if this was something they wished to do. They told us no one received their medicines covertly in food or drink.

Medicines were stored safety and held at correct temperatures. There was sufficient stock to ensure people had their medicines as intended. There were clear processes for ordering, administering and disposing unwanted medication. Regular medication audits, both weekly and monthly helped ensure that stocks tallied with medicine records and helped to identify any errors could be identified. Staff were not aware of any recent medication errors but as part of the medication audits a few missed signatures had been identified. This had been followed up to ensure it was a recording issue rather than people not having their medicines as intended.

Staff received adequate medication training and there were assessments of their competence to ensure they were following the correct procedures.

We viewed people's records which told us what medication people were taking. There were protocols for staff to follow if the medicines were for occasional use. The protocols gave advice for staff about when and how medicines should be administered. There was a list of staff that had been trained to give medicines and their sample signature. We saw from one person's care plan that due to poor mental health they did not always comply with taking their medicines. There was no guidance in the person's care plan as to what

actions staff should take. The person was considered as having capacity to make their own decisions but the impact of them not receiving their medicines as intended had not been considered. Staff kept a separate record for the administration of cream and pain relieving patches were rotated to help avoid skin irritation. This was supported by records on pain charts and body maps.

During our inspection, we spoke with people about their safety and observed the care provided to people. People told us they felt safe. One person said, "I love it here. People could not be nicer. We all get on really well and I have no concerns. The staff are really nice to everybody. They are pretty good at responding to me if I press the buzzer, but that is not very often. They take their work seriously." Another said," I do feel very safe here and we all get on with each other and I have every confidence in the staff who are really wonderful. They always respond pretty quickly when I ring for help from my room."

Staff told us about people's needs and were familiar with them and risks associated with people's care. For example staff were able to tell us what people's dietary preferences were and any hazards such who was at risks of falls. We observed most people sitting in the communal lounge or, in the dining room. People had easy access to walking frames or other walking aids. They had drinks to hand and staff were always close by to give necessary support and assistance as required. Call bells were answered promptly but there was no evidence of call bell audits to help ensure people always received prompt assistance. People were given appropriate supervision at meal times to reduce the risk of incidents of choking and staff knew people really well and any known risks to people's safety and well-being.

We reviewed people's care plans and risk assessments and these identified what support people needed and any risks associated with their care. However there were no individual risk assessments or an environmental risk assessment for the premises. The potential risk from the open stairwell was a concern. People living upstairs had access to a stair lift and a lift and the registered manager said they were assessed as being able to use the stairs. We did not see documentary evidence to support this. We found the stairs very steep and only had a rail on one side. There was no barrier to stop people falling down the stairs or indeed falling up the stairs if attempting to climb them. Some people upstairs lived with a visual impairment and other health issues which might make them vulnerable to falls. The registered manager assured us that at the point of assessment they would ensure people's needs could be met within the service and they took into account the physical layout of the building and proximity of the stairs. However without records to support this we could not see how risks were mitigated. Following the inspection the registered manager stated these were now in place and there were only a number of people choosing and able to use the stairs and this was their choice but the risk of doing so was documented.

We also had concerns about fire safety. Evacuation sledges were seen on the first floors, stairs were very steep and staff had not been trained or practiced using these chairs in an emergency. People had individual risk assessments in the event of an emergency evacuation and the registered manager explained the process of horizontal evacuation and how fire doors would protect people initially from fire. We suggested that the evacuation chairs are reviewed for their suitability and if they remained staff should receive some basic training/instruction on their use.

We found a bolt on a fire door which could slow down emergency evacuation. We saw from some paper work that the fire authorities had recommended this be removed in favour of a different mechanism, (quick door release.) We sought assurances from the registered manager who said the work was being carried out. They had lots of regular contractors and were just waiting for replacement locks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Care plans included detail of how staff should promote a person health and well- being with guidance about how to maintain their skin integrity, reduction of falls, promoting a healthy diet and stable weight, The registered manager kept accident/incident records and showed us weekly and monthly weights which showed appropriate actions were taken where a nutritional risk was identified. Most people's weight was static or increasing slightly. The registered manager had an overview of falls and did some analysis of this. This helped ensure they were identifying any themes or trends such as when and where falls were occurring which could be indicative of staffing levels or other factors.

People told us they felt safe within the service and were confident with the staff team. Staff understood the importance of reporting any concerns that people were at risk of harm or abuse and had received training in safeguarding adults. Training helped staff to understand signs and types of abuse and who to report concerns to. Staff documented the care they were providing so there was a contemporaneous record and changes in people's condition were noted. The registered manager told us they followed joint adult safeguarding procedures and protocols and had a good relationship with social workers and other health care professionals. They felt confident they would pick up and act on any changes in a person's need or change in their behaviour.

The registered manager told us they had not had any safeguarding concerns for a long time and there were no records for us to view. This is unusual given the size of the service and in comparison with data from other services of similar size. The registered manager said they had been advised by the Local authority to record any concerns people might raise even when it is clear that a safeguarding alert was not required and the concern did not constitute a formal complaint. This would help the service to demonstrate how they dealt with concerns and what actions had been taken to reduce the risk in any given situation.

There were enough staff to meet people's needs safely. The rotas we inspected showed this was always the case. People told us staff were attentive to their needs and we saw this through our observations. Staff told us there were enough staff to deliver the care and most had long service so worked in a consistent way and knew people well. The registered manager told us that they were actively recruiting and had a number of vacancies which meant it necessary to use agency staff. They said some staff picked up overtime and they tried to use regular agency. However at times the registered manager picked up shifts both day and night. This reduced the amount of time they had for administrative duties. We observed that the home was always very busy and asked the registered manager if they would benefit from an administrator. They told us they would rather have 'more activity hours.' Staff were visible throughout the day and their response to people's needs was quick. Staff spent time talking to people and there were meaningful activities taking place throughout the day so most people were observed as being content and socially engaged. A few people were more isolated but said it was their choice but staff did try and engage them.

The recruitment of new staff was robust. The registered manager told us about their recruitment process and had a clear understanding of what they should do to help ensure that only suitable staff were employed. Staff records confirmed they had the necessary documentation in place. Staff files showed references were obtained from previous employers. There was a completed application form showing previous work history and experience. Checks were carried out with the Disclosure and Barring Service (DBS) to check the suitability of staff to work with people in a care setting. There was proof of identification and current address. There were records to show staff were interviewed to check their suitability to work in a care setting. The service employed agency staff and held information about them confirming they had been recruited appropriately and the supplying agency held all the necessary documentation for them. This provided evidence of their recruitment, experience and training.

The service was clean throughout and there were sufficient arrangements in place to help ensure the

cleanliness of the service. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. All areas of the service were subject to daily cleaning and deep cleaning as required. One room was identified as having odours but the registered manager explained that flooring was regularly cleaned three or four times a week and the flooring was due to be replaced. Infection control policies and audits were in place to help ensure standards were maintained and staff received training in infection control. This helped to ensure they were following policy and had a good understanding of how to minimise infection.

Overall these were systems in place to help staff know what actions they should take if they had concerns about people's health, safety and welfare. Daily handovers, regular daily notes for each person and shift leaders helped ensure people received continuity of care. Any risk to a person was recorded and flagged up with the relevant professional or the next shift if it required monitoring. Staff knew what their responsibilities were and had a good understanding of reporting concerns and what constituted abuse. The registered manager had an overview of the whole service, knew people well and often delivered the care so could monitor its effectiveness. Regular audits and review of accidents, incidents and falls meant they were able to see how effective their actions had been. This helped reduce the number of repeated incidents Lessons learnt were shared with staff through meetings, 1-1 supervisions and handovers.

Good

Is the service effective?

Our findings

At the last inspection in September 2016, we found this domain to be good and continued to be good at this inspection. However we found the frequency of staff supervision was not in line with good practice and induction should be recorded for agency staff.

People described the staff as being well trained and said that they knew how to meet their needs. Two carers were observed twice moving a person prior to lunch and this was done in a safe and appropriate manner. One person told us, "The girls certainly know what they are doing and know what help I might need. Another said, "I think they know how to care for me. They are all nice, kind and friendly. They are always there when I shower to support me and they always ask if it is alright to do things for me."

Staff felt well supported and able to ask for support or advice if they were unclear about anything. Two care staff, one of whom had worked at the home for number years, were able describe in depth the backgrounds and needs of a number of people using the service. One staff member said they had been given in-depth training and this was linked with job experience, which they felt gave them a better preparation for the role of caring for older people. They commented very positively about the support they had received from both the senior carer and the registered manager in developing their skills. The senior carer told us how they supported people to maintain their routines and independence. They told us how they promoted people's choices and monitored their well- being and were extremely knowledgeable.

We observed staff working well together and demonstrating a good understanding of people's needs. Staff were confident and ensured people got the support they needed. We observed the senior in charge of the shift, planning the shift and giving clear support and guidance to staff about their expectations. This helped ensure the shift ran smoothly and nothing was missed. We observed staff supporting people safely with their moving and handling and using equipment competently. Staff supported people with eating and drinking and took every opportunity to encourage people to do so.

We looked at staff records and found they provided evidence that staff were supported to develop the necessary competencies and skills for their role. All staff completed mandatory training and had done a range of health and safety topics suitable for adult social care. Staff had opportunities to enhance the career through additional studies: national vocational courses, (NVQ) more recently replaced by the Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard. The registered manager told us some of the training updates had lapsed but there was a clear plan to address this and staff had been reminded they needed to complete their training.

Staff induction records were seen for new staff which included familiarising themselves with their role, the role of the organisation and familiarisation with the building. Staff were also made aware of policies and procedures underpinning their practice. Induction included staff shadowing more experienced members of staff so they learnt the job through being shown and being provided with support and mentoring. The

registered manager told us new agency staff would have an initial induction so they became familiar with the building, any safety procedures and the needs of people using the service. However there was no record of an induction and we advised the registered manager to do this.

Staff told us they were well supported and were knowledgeable in their role. However formal support for staff was not clearly evidenced. The registered manager told us that all staff had annual appraisals last year and these were being planned in again for this year. They were unable to show that all staff had regular formal supervision of their practice. However they were planning these in. They said they regularly supported staff and had a competent deputy manager and senior staff who they had confidence in to manage the service in their absence. They told us they often worked alongside staff delivering care so were aware of their strengths and needs of their staff and could tailor their support accordingly.

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

Staff supported people to make their own decisions and take risks as they so wished within a supportive environment. People told us there were no restrictions and we saw several people went out independently or with family. We observed staff promoting people's choices and taking time to explain things and wait for people to respond. For example at teatime there was a high tea with a mixture of assorted sandwiches and cakes. Staff took the time to tell people what filling was in each sandwich and asked people their preference. One person had soup and said it was disgusting, Staff tried to establish why and offered to provide an alternative taking time to establish what they might like. Staff asked people if they were taking sugar today or what their preference of hot drink was. Staff asked people if they could turn the television on/off. Staff asked people for their consent around all aspects of their care and respected their decisions.

People's records included documentation relating to consent and capacity. However these were not completed for the people we case tracked. Staff told us everyone had capacity to make decisions and if there was a concern about people's capacity this would be assessed at the time. They said each decision would be carefully weighed up and where there were concerns about capacity best interest meetings would be held with the relevant parties. The staff could not think of any examples but one staff said three people had recently refused to have the flu jab. The nurse had explained the reasons why having the flu jab was important but respected people's decisions not to. People were given the information to weigh up their decisions. Care plans included details of peoples finances and care arrangements such as whether a family member or other appointed person had responsibility for a person's care and welfare, and, or finance. The registered manager told us they could hold monies on people's behalf but encouraged people to manage their own finance and felt this important in helping them maintain a degree of autonomy and control over their lives.

People were supported to eat and drink sufficient to their needs and their weight was monitored to try and help prevent unplanned weight loss. People said the food was generally good. One person said, "The food is excellent here. There is always a good choice and if I want something then I just need to ask and they try and make it happen. I often like to have soup." Another said," The food is alright, the apple sponge is really lovely. My son checked the meals in all the care homes before we chose this one."

We spoke with the cook who understood people's dietary needs and tried to accommodate their individual preferences and food choices. They were aware of any specific dietary requirements and any risk associated with swallowing difficulties. They ensured food was served at the right consistency. The cook was not able to tell us if anyone had lost weight recently but said if they had staff would bring it to their attention. They said they could then fortify foods to ensure people had extra calories. However they said they already offered people a lot of choice and sweet options. They said in their experience people were more inclined to put on weight than lose it. The registered manager had a list of people who were prone to weight loss and were weighed weekly so they could be closely monitored. We suggested a copy of this could be kept up to date and provided to the kitchen staff so they were aware.

We observed lunch and saw food served was all homemade and looked appetising. People were seen enjoying their meal and some had alternative options from the two main dishes. There was appropriate staff supervision to help ensure people were served as efficiently as possible and that where people required it discreet assistance was provided.

We looked at the records and they showed us the cook worked to a six week menu which they had recently started to change in line with people's preferences. They told they people might ask for something new on the menu and they could accommodate this. The kitchen had been awarded five stars by the Environmental health department and was observed to be clean.

People were supported to maintain their health and staff monitored people's health care conditions. People told us their needs were met. One person said, "I am able to see the Doctor whenever I want to. In fact one is coming to see me this afternoon to check my condition out." Another said I can see the doctor when I need one. I use to get physiotherapy when I was in hospital but since I have come here I haven't had any. We asked the registered manager about this who told us the person had been asked if they want to see the physiotherapist but had refused.

Staff told us that they were well supported by three different GP practices and received regular input from the district nursing team. There was a weekly GP surgery or as required. Other health care professionals were also cited as being involved in the person's care. This included a record of when the chiropodist, optician and dental team had visited and any actions for care staff to follow up was recorded.

Staff promoted people to stay healthy. For example we observed staff regularly supporting people to eat and drink enough for their needs, to socialise and encouraging them to stay mobile. Regular exercises were encouraged.

Peoples records showed what their health needs were and how they should be met. There was evidence that advice was acted upon within people's care notes and care reviews. Regular input from heath care professionals was given as and when required. There was no condensed information about a person's needs, such as (a one page profile) which could be used to inform hospital staff about a person's needs should a hospital admission be necessary. However, the registered manager said people would be supported by family or staff if they went to hospital but agreed a one page profile might be a good idea. This would help ensure a greater continuity of care across the different services.

The environment was mainly suitable for people in regards to safety and cleanliness. The service was in a good state of décor and repair and there was planned and routine maintenance. This helped to ensure that equipment was safe to use and good standards of cleanliness were being maintained. The building was old and presented a number of risks including those from the steep stair case although there were alternative ways for people to get downstairs. We were not satisfied that the risk from the stairs and the general

environment had been sufficiently considered. To the rear of the property was a garden patio area. There was a slope in this area which would create a challenge for anyone with limited mobility. The proposed building work would further restrict people's access to the outside area as the work progresses One person told us they could not get out without support and we saw limited opportunity for people to get out regularly.
The rest of the home was accessible and people had access to outside space and minimal restrictions. The environment created space for people and was arranged in a way to make most of the space. For example chairs were arranged to give people privacy but also to enable people to converse easily. People had occasional tables and foot stalls if required and the television did not dominate the room. People were asked if they wanted it on or off and alternative music was offered. People ate where and when they wanted to and there was a relaxed feeling throughout the home.

Good

Is the service caring?

Our findings

At the last inspection in September 2016, we found this domain was good and it continued to be good.

We spoke with people about living in the home. Most reported favourably about the care they received. One said, "The care I get here is very, very good and I can't fault it. Nothing is too much trouble. They always ask if I want anything and are always ready to have chat. They are very polite and always have a smile on their face. I am able to go out as I am reasonably mobile I love going into Norwich. I know that care was organised by the local hospital and Social Services. My son keeps an eye on my care plan and the manager keeps me up to date." Another person commented, "I haven't been here long so it difficult to say, but I would say that some are more caring than others. They do try to make sure I get the things I need. They never raise their voices and do chat with me when they get a chance. As I can't move my legs it's a bit difficult to go out. I hoping to go home once they have got things sorted out." Another person told us, "The care I get here is good. They always make sure that I get the things I need. They always make me smile and have always got time to talk to me which I like. I can sit in the garden when the weather is nice.

We spoke with staff who told us about people's individual needs and had an appreciation about people's background and preferences in relation to their care. Staff helped people and tried to keep them engaged and involved. Meaningful relationships had developed between people living at the home, their relatives and staff. This helped to increase people's well-being and increased staff job satisfaction. When we were being shown round we were introduced to all the residents. The registered manager told us something positive about each person and what their interests were.

There was a staff member responsible for providing activities and was employed mostly in the afternoon but said their hours were flexible. They were very experienced and had transferable skills including a qualification in music and movement for people who had undergone trauma. They were also working towards being a psychotherapist. They said they were able to provide emotional support to people and people often confided in them with regards to traumatic past events. We spoke with one person who had undergone some significant life changes and staff supported this person and helped them overcome some of the difficulties they had. Most people had visits from family and friends but a few people did not. The registered manager said they had set up a pen pal system where older people wrote to other older people who also lived within a residential service which helped alleviate some of the social isolation they felt.

People's privacy and dignity was respected. Staff told us they had support to do their job and this included providing personalised care which was reflected by the practices we observed and by the records we viewed... They and other staff were able to describe what was important to people and how they took this into account when providing care. There were daily routines but these were flexible and people got to choose where and how they spent their day. We observed staff asking people about their preferences and being discreet when offering personal care. For example, one person was assisted in the hoist, staff did this in a timely way, explaining to the person what they were doing and using screens to protect the person's privacy. They knocked on people's rooms before entering and addressed people respectfully.

Staff had a caring and compassionate nature and spoke with people in a kind way and showed tolerance in their attitude. People's preferences of care were known and where people were willing staff recorded peoples wishes when they were approaching the end of their life. Staff considered people's needs and wishes in relation to their experiences, belief system and religion.

Care plans told us what people could do for themselves and what they needed assistance with. This helped ensure people's independence was respected and staff only provided assistance according to the persons identified needs and wishes. We saw staff encouraging people to stay mobile and people had appropriate aids as required. Most people ate independently but staff were on hand to assist and encouraged people to drink throughout the day. People were consulted about their care and asked about their preferences. This helped ensure people received individualised care which was consensual.

There were resident meetings to hold general discussions of any improvements required or what people wanted to change in the future. These meetings were held infrequently. Relatives meetings were held and there was a discussion around what they would like to see happening in the service. Different social events were planned and attended by family and friends. People told us they were consulted about their needs. One said," The manager keeps me updated with my care plan." This was evidenced in their care plan. We observed the registered manager talking to a relative and although they were busy they were attentive and spent time reassuring the relative. This was evidence of a consultative service which took people and their relative's views into account. The staff and manager were familiar with people and knew what was happening on a day to day basis.

Good

Is the service responsive?

Our findings

At the last inspection in September 2016, we found this domain required improvement. People told us they sometimes felt bored at the service due to insufficient activity. At this inspection, people reported favourably about their experiences and we saw there were good support networks being developed with the community to try and enhance people's experiences.

People told us they were supported to socialise within the home and within the wider community. They all said that staff knew their needs well. One person said, "They all know what I like and how I like things done I like to stay in my room in my bed as it's more comfortable so they don't push to change that. It does not mean I miss out on things as they still involve me." Another said, "I think the staff here know and understand me and things I like and don't like." A third person said, "They know me well by now. They even know how many sugars I like in my tea. I have no complaints at all, I'm happy with everything. They do ask me if there is anything I would like to change but I can't think of anything."

We asked staff asked about people's needs and they demonstrated a good understanding of both people's emotional and physical care needs. They recognised people's autonomy and independence and provided timely, considerate care.

We found the care and support offered to people throughout the day to be entirely appropriate to people's individual needs. There were opportunities for people to socialise with others or if they preferred to pursue their own interests and hobbies. People were occupied throughout the day reading, knitting or pursuing other hobbies. Staff offered people a newspaper and literature to read. One person told us how they were knitting and this was for a local charity.

The service employed a skilled activity coordinator who offered both planned and spontaneous activities, both group and individual. They told us every day they established what people wanted to do including one to one support for people who did not leave their rooms. Most people were observed socialising with others at lunch and through participation in a music and movement session and quiz. Lunch was a social occasion and we saw one person go out. In addition there were a number of visitors to the home including a mother and their baby. People we met were content living at the home and felt there was sufficient to do.

The home had developed a good working relationship with the community, family, friends and health and social care professionals. They had also established links with others homes in the area to help spread and share good practice. On the day of our inspection, a person from the voluntary sector had visited the home and could not speak highly enough of the registered manager and their enthusiasm and ideas about how they could enrich the lives not only of people living in their home but older people in general. They had supported the registered manager in arranging a sign and sing group to take part in the home. This was for parents and babies. They used the home to meet and older people were central to this. They were asked if they would like to be involved and spent time with the parents and babies. We were told and we observed older people interacting with mothers and were told they often gave advice and support based on a shared experience of motherhood. They interacted with the babies, something which generated a lot of love and

laughter as people using the service bounced babies on their knees. The scheme was going to be extended to other homes in the area. The registered manager said they were going to pay their activities coordinator to help introduce and set up this scheme in other homes.

This interaction had opened up other opportunities for people. For example, one of the mothers who had attended the sing and sign group had invited people living in the home to their older child's nativity play. The home had a relationship and input from local schools and explained how they had done some intergenerational work. For example, some young people had spent time with people in the home getting to know more about them and their experiences. They then put together a play to depict the person's life experience and past experience. Both young and older people were said to benefit alike. Staff told us some people attended a local charity bingo which was run by people with autism.

We reviewed care plans. These were acceptable but information was in more than one place making it more difficult to track through. This had already been identified by the registered manager who had had developed a mock file showing how they wanted to develop and standardise the care plan format. The registered manager had a good understanding of person centred care but had not had time to transfer people's current information into the new format. They had established changes within the service but had not wanted to do too much too some but wanted to ensure changes were embedded before making further changes.

The care plans contained all the information we would expect to see including details of the person's circumstances, next of kin, any health issues or social considerations such as hobbies, interests and social history. We saw that people were asked to contribute to their initial assessment of need and subsequent review of their care plans. The initial assessment did not show who else had been involved in the assessment which might be helpful particularly where a person was being supported by a spouse.

Care plans included an assessment of risk in relation to falls, skin integrity, moving and handling, nutrition and hydration, mental health and wellbeing and any impact from a physical illness such as diabetes. This helped staff understand risks associated with care and what should be in place to support people safety. In relation to the risk from stairs this was not explicit enough. The registered manager told us only two people used the stairs and felt they could do safely. However risks to everyone in upstairs rooms had not been considered in relation to stairs. The registered manager assured us they would now do this but we have identified this as a significant risk and the lack of oversight has resulted in us rating well led as requires improvement.

The service had an established complaints procedure which was accessible. We also saw in the entrance compliment cards where people had showed their appreciation for the care they received or comments were made by relatives. One person told us, "I think the staff here know and understand me and things I like and don't like. I have no complaints everything is just right for me. The staff are always checking if there is anything else we need and there is suggestion box into which we can put our ideas and they try and make it happen." Another said, "I have no complaints at all, I'm happy with everything. They do ask me if there is anything I would like to change but I can't think of anything."

Requires Improvement

Is the service well-led?

Our findings

At our last comprehensive inspection 31 August and 1 September 2016, we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to demonstrate that they had sufficient oversight of the management of the home and were not able to demonstrate through their audits that they had identified areas of concerns. This was particularly in relation to the environment and maintenance and servicing of equipment. Where audits had been completely these were not sufficiently robust. Following the inspection, the provider sent us an action plan telling us what they had done to become compliant. We found during our latest inspection that the provider had addressed issues we had identified but we still had concerns about the safety of the premises and the lack of documentation around this. This was evidence of a repeated breach of Regulation 17.

Improvements had been made in terms of the auditing of the service to ensure it delivered safe and effective care. We found that although audits were being carried out with a degree of regularity some audits still lacked specific detail. They did not tell us sufficiently how the evidence was gathered and what it meant in terms of people's experience and risk. For example the provider visited but did not sufficiently record how people were experiencing the service ascertained through discussions and observations of practice.. For example the proximity of people's rooms to unprotected steep stairs had not been flagged up as a concern in the audits we saw. Audits lacked specific detail for example medication audits were carried out regularly but had not identified any issues. We could not see recorded as part of the audit how many medication records had been reviewed or if any common issues such as missed signatures had been identified. However there had been a marked improvement and the service was moving in the right direction.

A sample of maintenance records were reviewed and were up to date and showed regular checks on equipment which helped ensure they were safe to use. The recent fire risk assessment and report from fire safety officer showed remedial actions were required in some areas of the service and there was a plan to address these. The registered manager evidenced that staff had received training in fire safety and fire drills had been held to help ensure staff were competent and would respond appropriately in an emergency.

At this inspection, we found the home had a registered manager in post who brought with her a lot of energy and commitment for getting the service right for people. They were very motivated and keen to try out new ideas and help enrich people's experiences through better engagement with the community and increased community presence. They had recruited to vacant posts but still had some gaps in their staffing hours. They had invested a lot of time supporting and training staff to help ensure they had the necessary skills. They had gained staff confidence although a few staff said there had been a number of successive managers over the years. The staff team we met were able to deliver the care effectively and senior staff led and delegated throughout their shift.

The provider had not always been able to give time to the service and the registered manager's time had been compromised by staffing shortages where they had to provide staffing cover. They also had a mixture of people some with very complex needs and it was not clear if this was properly funded but meant the registered manager was investing a lot of time to ensure people's support needs were properly met.

We spoke with people about the care and attention they received and were given positive feedback. One person said, "I am very happy here. They care about me as a person which is so important. The manager is very good and very approachable and nothing is too much trouble for her." Another said, "I would be happier at home but that will take time. The place is well managed and I have confidence in the manager." Another said, "I'm happy here as all my needs are met by all the staff. I get on well with the manager who always has a laugh and a joke which makes me smile." Everyone we spoke with said the registered manager was approachable and had confidence in the service and the other seniors leading the shift.

Staff told us they felt well supported by the registered manager and felt able to speak openly to the registered manager when they had a concern or a change in practice. They also used the suggestion box to raise ideas to improve the quality of care in the home which was evidenced by a feedback openly displayed for all to see.

We observed the registered manager throughout the day and saw that she knew people really well and took an active interest in their well-being and the well-being of her staff. Morale was high and people were engaged. The registered manager knew she had a lot of work to do but in a short period of time had worked hard to change the culture of care to one that promoted the individual rights of people using the service.

The service was working closely with the local authority to help bring about positive changes within the service. We saw good links and working relationships with other professionals and the voluntary sector. The service as part of its quality assurance sent out surveys to residents and relatives. This last happened in the summer and from the results seen all were positive with minimal suggestion for changes.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have sufficient oversight of the service in terms of people's experiences and risks associated with the building, and the assessed needs of people using the service. Staff had not been trained to use equipment which might impact on peoples safety.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with the premises. Regulation 12.

The enforcement action we took:

We issued a warning notice against Regulation 12 in respect to fire safety and failure to assess the risks posed by the open stair case.