

Speciality Care (EMI) Limited

The Oaks

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 and 22 February 2017 was unannounced. The inspection was prompted in part by notification of an incident following which a person using the service died. This inspection looked at the safety of other people at the service. At our last inspection of the service in June 2016 we found a breach of legal requirements in that records for people, who lacked capacity to make a particular decision, showed their capacity was not separately assessed for each decision in line with the Mental Capacity Act 2005. We carried out this inspection to check that the action plan the provider submitted had been completed and legal requirements were now met and to provide a new rating of the service.

The Oaks is a large nursing home which accommodates up to 113 older people with dementia or mental health needs across six units. At the time of our inspection there were 83 people living at the home. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had met the breach of regulation in relation to assessing people's capacity in line with the Mental Capacity Act 2005 and continued improvements were on going. However, whilst we found that the provider had made improvements to the specific area identified; at this inspection we found new breaches of regulations. We found failures to operate effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and to effectively operate systems to assess monitor and improve the quality and safety of the service. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

People's risk assessments were not always completed appropriately and were not always reviewed on a regular basis in line with the provider's policy to ensure they remained up to date and reflective of people's needs and risks. There were failings in ensuring there were effective systems in place to assess, review, monitor and improve the quality and safety of the service, maintain accurate complete and contemporaneous records and to mitigate risks relating to the health, safety and welfare of people using the service.

Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place. There were appropriate numbers of staff to meet people's needs.

Staff new to the home were inducted into the service appropriately and staff received training, supervision and appraisals. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for

themselves. People's nutritional needs and preferences were met; however some people's meal time experience required some improvement. People had access to health and social care professionals when required.

People told us they were treated with kindness and respect. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. People were provided with information on how to make a complaint and told us the registered manager and staff were approachable. People using the service and their relatives were asked for their views about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Peoples risk assessments were not always completed appropriately and were not always reviewed on a regular basis in line with the provider's policy to ensure they remained up to date and reflective of people's needs and risks.

Medicines were safely stored, administered and managed.

There were arrangements in place to deal with foreseeable emergencies and there were safeguarding adult's policies and procedures in place.

There were appropriate numbers of staff to meet people's needs and staff new to the home were inducted into the service appropriately.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's nutritional needs and preferences were met; however people's meal time experience required improvement.

Staff sought consent before they provided care and there were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. However further improvements were on going to ensure people's capacity issues were appropriately assessed.

Staff were supported through supervision and appraisals of their practice and performance. Staff received training that meet people's needs.

People had access to health and social care professionals when they needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People and their relatives told us staff were kind and caring and we observed this to be the case.

Interactions between staff and people using the service were positive.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs and wishes.

Staff respected people's privacy and dignity and promoted independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their involvement and preferences.

People's needs for stimulation and social interaction were recognised and provided for.

People and their relatives knew how to make a complaint and complaints were managed appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There were failings in ensuring there were effective systems in place to assess, review, monitor and improve the quality and safety of the service, maintain accurate complete and contemporaneous records and to mitigate risks relating to the health, safety and welfare of people using the service.

There was a registered manager in post and they were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014.

People using the service and their relatives were asked for their views about the service.

The Oaks

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 21 and 22 February 2017 and was unannounced. The inspection was prompted in part by notification of an incident following which a person using the service died. On the first day the inspection team consisted of one inspector, a specialist advisor 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. On the second day of the inspection three inspectors returned to the service to complete the inspection.

Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for commissioning services at the home to seek their feedback, including any information they held about complaints or concerns. The provider had also previously completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) on several units within the home to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with fourteen people using the service and eight visiting relatives. We also spoke with 18 members of staff including the registered manager, deputy manager, nursing staff, care staff, administrative staff, maintenance staff, activities coordinators, the provider's training coordinator, the chef and kitchen staff. We spoke with the regular visiting general practitioner and a visiting health professional.

We looked at 11 people's care plans and records, staff recruitment and training records, records related to the management of the service such as minutes of meetings, records of audits and service and maintenance records.

Is the service safe?

Our findings

People told us they felt safe with staff that supported them and safe within the home environment. One person said, "Yes, I do feel safe, the staff are lovely you know and take good care of us. The other people make me feel safe as well." Another person commented, "Oh yes, I do feel safe, staff are really good and helpful." A third person said, "I feel safe here yes, the carers make me feel very safe." Although people were positive about the support they received from staff and people told us they felt safe, we found people's safety was not always maintained. People's care records including risk assessments were not always completed appropriately and were not always reviewed on a regular basis in line with the provider's policy. This meant they were not always up to date and reflective of people's needs and risks.

People's care plans and records contained risk assessments which assessed levels of risk to people's physical and mental health and included information and guidance for staff in order to promote people's health and safety whilst ensuring known risks are minimised. Care plans and risk assessments included areas such as nutrition and hydration, mobility and falls and physical health and well-being. However risks to people's physical and mental health were not always assessed appropriately and reviewed in line with the provider's policy to monitor and mitigate risks relating to the health, safety and welfare of people using the service. For example we saw that one person's specialist feeding care plan did not reflect the advice given by health care professionals which stated and detailed how the person's needs should be met. The home's care plan failed to state the specialist advice that was given and the treatment that should be provided by staff on a regular basis. These concerns placed people at risk of infection from not receiving the appropriate method of care.

We noted there was no nutritional care plan in place to guide staff despite the person being on a specialist feeding regime and requiring a soft diet when eating. There was no food or fluid chart in place to monitor their daily intake of foods or fluids and staff had not followed the advice and recommendations of health care professionals when they visited in December 2016 regarding completing a referral to the Speech and Language Therapy (SALT) team for further assessment of swallowing difficulties and managing the persons high risk of choking when eating and drinking. We brought these concerns to the unit lead's attention who took immediate action and referred the person to the SALT team for assessment and monitoring of swallowing difficulties.

During lunch we observed a person eating unsuitable foods unsupervised, which was not in line with their care plan. We drew these concerns to the unit leads attention who confirmed the person should not have been given these foods. We drew these further concern to the registered manager and unit leads attention who took immediate action to implement a nutritional care plan for the person detailing staff must remain with the person at all times whilst eating and drinking and must be sat upright whilst eating and drinking to minimise the risk of choking.

Another person's care plan documented that the person had been assessed by the SALT team and required a pureed diet plus thickened fluids to ensure the risk of choking was minimised. We noted their nutritional care plan was reviewed on 2 February 2017 and stated the person was at high risk of choking; however their

choking risk assessment scored them at a low risk of choking. We also noted their care plan did not state whether staff should remain with the person at meal times or whether they required assistance with feeding despite the SALT team's guidance recommending the assistance of one member of staff during meal times. This meant the person was at risk of choking as there was a failing to adequately assess, monitor and take steps to mitigate the risks associated with choking. We drew these concerns to the unit lead and registered manager attention who took immediate action to ensure staff supported the person at meal times and to remove the providers choking risk assessment from use and to update the person's risk assessments to reflect their needs and risks. The registered manager also referred the person to the SALT team for further assessment and advice. Following our inspection we saw that people were referred to health care professionals as appropriate to ensure risks were appropriately monitored and assessed.

We also found that risks relating to the use and monitoring of equipment within the home was not managed safely. For example, we saw that one person who used a pressure relieving air mattress to help reduce the risk of pressure areas, had their air mattress pump settings set too high. We brought this to the unit lead's attention who told us they would ensure the settings were correct to ensure the person received the level of support required. On the second day of our inspection we noted the persons pump setting had not been adjusted to their correct weight but the dial had been altered from a firm to a medium setting. This meant that people who were cared for on pressure relieving air mattresses may be at risk of developing pressure areas due to inaccurately set pumps. We drew our concerns to the registered manager and the deputy manager's attention who took appropriate actions to ensure checks were implemented ensuring people received the correct care and equipment to meet their needs.

We observed another person who was cared for in bed throughout the course of our inspection. However, their care plan contained a bed rail risk assessment which documented that bedrails must not be used as the person was at risk from falling if bedrails were used. We saw that pages of the bed rail risk assessment was missing and the risk assessment was not dated. We drew these concerns to the unit leads attention who confirmed that the person's risk assessment needed to be reviewed to reflect the person's current needs and risks and later confirmed that bedrails and bed bumpers were in use by the person to prevent falls. This posed a risk to the person as their care plan and risk assessments failed to guide and inform staff of the person's current needs and risks.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

During and following our inspection the registered manager and deputy manager took actions to address the concern raised. We saw that the provider's choking risk assessment had been removed from use, referrals to health care professionals had been made as appropriate and systems were implemented to ensure people's needs and risks were documented and monitored as appropriate. We will check on this further at our next inspection of the service.

People told us they received their medicines from staff when required and as prescribed by health professionals. One person said, "The staff are very good. They come on time when I need to take my tablets." Another person commented, "The nurses give me my medicines when I need them. They know what to do."

The provider had a medicines management policy in place which provided guidance for staff and included areas of medicines management such as safe administration, supply, storage and disposal of medicines. Medicines were stored safely. Medicines were stored securely. We looked at the CD register and noted this had been completed correctly. Medicines which required refrigeration were kept in lockable refrigerators in medicine rooms and the temperature of refrigerators and rooms were monitored to ensure medicines were

safe to use. We saw that medicines were disposed of safely and appropriately.

During our inspection we saw medicines being administered to people in a safe manner by appropriately qualified staff at the times they were prescribed. We looked at 12 people's medication administration record (MAR) charts which had been completed correctly with no omissions or errors recorded. Photographs were kept on people's MAR to identify them to new staff ensuring medicines are administered to the correct person. Records of allergies were recorded on people's MAR charts to prevent the risk that people could receive medicines they were allergic or have an adverse reaction to.

We spoke with the registered manager about the management of medicine errors. We saw there had been one medicine error since our last inspection. We noted the error had been documented correctly, lessons learnt and further training and supervision was arranged for clinical staff where required to ensure the risk of reoccurrence was minimised. Medicine audits were conducted on all units within the home on a regular basis. An external pharmacist had also performed a medicines audit in January 2017 and recorded there were no significant findings or concerns.

There were policies and procedures in place to safeguard people using the service and which provided staff with guidance on identifying and reporting concerns. Staff we spoke with confirmed they had received training in safeguarding adults and were able to demonstrate they were aware of the types of abuse that could occur and the action they would take if they suspected abuse had occurred. The registered manager and deputy manager understood their responsibilities to safeguard people and knew how to report safeguarding concerns to the local authority in line with procedures and the CQC as appropriate. At the time of our inspection a safeguarding concern was being investigated by the local authority. We cannot report on the safeguarding investigation at the time of this inspection. We will monitor the outcome of the investigation and actions the provider takes to keep people safe. Staff were also aware of the provider's whistleblowing policy and told us they felt confident in using it should they have any concerns.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which documented the level of support they required to evacuate the building safely in the event of a fire. Records confirmed fire drills were carried out on a regular basis and staff had completed training on fire safety. Checks on the home environment included window safety, water temperature checks and checks to prevent legionella. Gas and electrical appliance checks were also carried out and equipment was maintained to ensure safe usage.

People told us they felt there was enough staff to meet their needs in a timely manner. One person said, "I don't have any problem with staff. I think they have enough." Another person told us, "There is a lot of people here and everyone has different needs, but yes, it is ok." A third person commented, "Yes, they have enough staff here, it doesn't have any impact on my care."

The registered manager and staff told us there was always sufficient staff available to meet people's care and support needs. We observed a good staff presence throughout all units within the home and staff were attentive to people's needs. One member of staff said, "We have enough staff to meet people's care needs, nobody is placed at risk here. If extra staff is need for example for sickness then full time staff can take the shifts as overtime. We use agency but not a lot on this unit." Another member of staff told us, "There are plenty of staff, enough to do what we need to do for people." The registered manager showed us a staffing rota and told us that an assessment of people using the service dependency needs was carried out on a monthly basis and staffing levels at the home were arranged according to the outcome of the assessment. Extra staff were arranged to escort people when they needed to go for hospital appointments and an extra staff member was arranged for a day to support any new person admitted into the home. The home

employed a team of bank staff to cover vacancies, staff annual leave or sickness. The registered manager told us bank staff received the same training and supervision as regular staff and this was confirmed by staff training and supervision records.

The registered manager told us they used agency staff mostly to support people using the service who needed one to one support. They said currently there were no vacancies at the home as they had recently recruited a high number of staff, these staff had replaced some bank staff employed by the provider but rarely worked any shifts at the home. Two new members of staff had been employed during our inspection and the home was awaiting recruitment checks to be completed before they started work.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC). The registered manager monitored the on-going suitability of staff and took action in line with their policy in relation to concerns about staff suitability.

Is the service effective?

Our findings

At our last inspection of the home in June 2016 we found that for people who lacked the capacity to make a decision staff understood the need to check their ability to make each decision separately. However completed assessments in relation to decision making were not decision specific in line with the Mental Capacity Act 2005 (MCA). Following that inspection the provider wrote to us to tell us what action they would take to address this breach in regulation.

At this inspection people told us staff sought their consent before support was provided and our observations throughout our inspection confirmed this. One person said, "The staff always ask me before they help me." Another person commented, "The carers are good. They are polite and ask me how I want things to be done." Staff we spoke with demonstrated their knowledge of the MCA and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. One member of staff said, "I always make sure I ask people before I help them. I never just do something without their permission." We spoke with the registered manager who informed us of the updated MCA training that staff had received and the support that staff were provided with to ensure people's capacity was assessed appropriately and in line with the MCA. Training records we looked at confirmed this and staff told us they had received further support to enable them to undertake MCA assessments.

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). 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 were being met. We saw that DoLS authorisations were applied for when required to ensure people's safety and these were monitored by staff to make sure any conditions were followed.

At this inspection we found that whilst the provider had taken actions to ensure completed assessments in relation to people's capacity issues and decision making were decision specific in line with the MCA and the breach of regulation had been met some records were still in the process of being updated. This required continued improvement and we will check on this at our next inspection of the service.

People and their relatives told us they thought staff had the skills, knowledge and training required to undertake their roles appropriately. One person said, "They are really good, respectful and kind." Another person told us, "Oh, the staff do a very good job and I am really pleased with their help." A visiting relative told us, "The staff are very good at their jobs and know how to help my loved one." Another relative commented, "They do a good job, work hard and they all know what they are doing."

We spoke with the home's training coordinator and senior health care assistant who told us about the provider's training programme and specialist training that they commission. They told us that most staff had recently received training on choking prevention and further training on this topic was on-going with training on dysphagia also planned in March 2017. One member of staff told us, "The choking training was very enlightening, I saw all the different signs of choking and we learned what we need to do, for example, call the nurse for help right away, back slaps or abdominal thrusts to remove objects lodged in people's throats." Another member of staff told us about the specialised training they received on dementia. They said, "I found dementia training very helpful. This raised my awareness, what people living with dementia are going through and what we need to do to support them." The training coordinator told us that 31 staff were currently completing the care certificate. The Care Certificate is the benchmark that has been set for the induction standard for new health and social care workers. One member of staff new to the home told us, "I am new here; this is my second day at the home. I am shadowing a regular member of staff and getting to know the people who live here and what they need. I am also starting on my care certificate and induction training." Training records showed that most staff were up to date with mandatory training and the registered manager and provider monitored staff training levels to ensure staff training needs were identified and met.

Staff told us they were supported in their roles through regular supervision and received an annual appraisal of their performance. They told us they were well supported by unit managers and the registered manager. One member of staff said, "I get supervision every two months and had an annual appraisal last year. I like working with the residents and the staff. There is very good teamwork here, we all support each other." We saw that staff received on-going supervision in their roles to ensure their competence and standard of practice was maintained. Records seen confirmed that staff were receiving regular supervision with unit managers and, where required, an annual appraisal of their work performance.

People we spoke with commented positively about the food on offer at the home. One person told us, "Food is food, I do like it, nothing better than home cooked food, but I can deal with it." Another person said, "I like the food, they know what I like and dislike, but you can't please everyone." A third person commented, "I like the food very much. I can't complain at all." A visiting relative told us, "He likes the food that is what keeps him going." Another relative said, "I haven't tried it, but I am sure the food is good, and it definitely looks good."

We observed the mealtime experience across the home and in particular on two units, one during lunch and one at supper time in the evening. People received a choice of meals from picture menus on display within the dining areas of each unit. On one unit we observed staff were on hand to support people promptly where required. Some people were able to eat independently with minimal assistance and others required more support. We saw that staff interactions and support on one unit was good and staff responded well to people's needs and requests in a timely and respectful way. However some staff interactions on the other unit were brief and task orientated with very little communication. This required improvement. We discussed our findings with the registered manager who told us they would discuss these issues with unit managers and staff on each unit and if required provide further training where needed to ensure a better meal time experience for all. We will check on this at our next inspection of the service.

We spoke with kitchen staff who knew people's dietary preferences and we noted they had a list of people's dietary requirements and any allergies to assist in ensuring people's needs were safely met. However as highlighted in the safe section of this report, kitchen staff were not always promptly updated by staff of people's change in dietary needs and risks and this required improvement. The kitchen had scored a rating of four at their last food hygiene inspection and we observed the kitchen to be clean and appropriately stocked.

People were supported to access health and social care services when required. One person told us, "Yes I get to see the doctor when they come, if I need to." Another person commented, "The staff are very good at calling the doctor if I am unwell." We spoke with the visiting GP who provides treatment to people on all the units at the home. They spoke mainly positively about the care and support people received and told us communication levels between the home and the practice was good. They described how many people living at the home had complex health needs and with the high turnover of staff at times care delivery could sometimes be problematic, especially when people required one to one support. We saw that the provider had employed two new members of staff during our inspection to address any shortfalls in staffing needs and they were awaiting recruitment checks to be completed before they started work.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff that supported them and told us staff treated them with respect and kindness. One person said, "They are very caring, kind and compassionate towards me." Another person told us, "Oh yes, they are really caring, they are not rude at all." A third person commented, "They do a tough job and they do it so well. They are all very caring and I have no complaints with the care here." A visiting relative told us, "The staff have always been kind and friendly to me and my family. They do a good job looking after my loved one."

Some people were unable to verbally communicate their views to us so we observed the care and support provided within the home. We saw that staff interacted with people in a kind and considerate manner and addressed people appropriately to reassure them if they were anxious or distressed. We saw that people responded positively to staff showing familiarity when they communicated with them and offered them support. Staff demonstrated a good knowledge of the people they supported and knew people's personalities and behaviours well whilst understanding their physical and mental needs. The home operated a keyworker system which allowed staff to build relationships with people and their relatives and permitted for quality time spent with individuals to get to know them and their needs well.

People told us they were consulted about their care and support needs and felt involved in the planning and reviewing of their care. One person said, "The staff always let me know what's happening and if I want to change anything. They are very good like that." A visiting relative spoke positively about staff communication and told us they were frequently contacted by staff when needed and said, "Staff always keep me informed of what's going on. They let me know when my loved one's care needs reviewing or if there are any changes. I feel very much a part of my loved one care." Care plans demonstrated that people and their relatives where appropriate has been involved in their development and people's preferences were documented to ensure their wishes and needs were met.

People were provided information about the home in the form of a service user guide. This contained information about the provider's philosophy of care, the support and accommodation people could expect, introduction to the staffing team, residents and relatives groups, community involvement, details on how to make a complaint, the facilities and services available at the home and information about the values of the home.

People told us and we observed that people were treated with respect and staff promoted peoples dignity. Comments included, "They do respect my privacy and dignity, they always close the door and the curtains" and "Oh yes, they do respect my privacy and dignity, by closing the doors and asking me if everything is ok" and "I have no problems with that, they do respect my privacy, they knock before coming in." We saw that staff ensured people's privacy by drawing curtains and shutting doors when providing people with personal care. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I close the door and draw the curtains. I always explain to them what I am doing. I cover them up to maintain their dignity and I make sure no one comes into their room." Staff were

aware of the need for confidentiality and in ensuring people's care plans and records were kept confidential and stored appropriately.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. For example by respecting their choice of foods, method of communication or clothing preferences. Staff told us that everyone was different and people are supported in an individual way that met their needs. We spoke with the registered manager to told us how they were working to further promote and enhance an open culture where people are supported and encouraged to be themselves. They told us of the planned equality and diversity training provided to staff and their plans to seek external speakers, volunteers and trainers to highlight, address and meet lesbian, gay, bisexual and transgender (LGBT) people's needs and wishes within the home environment. We will review this when we next inspect the home.

Is the service responsive?

Our findings

People told us they received care and support in accordance with their needs and wishes. We saw that assessments of people's needs were completed upon their admission to the home to ensure staff and the home environment could meet their needs appropriately.

Care plans documented information about people's preferences and how they liked to spend their day, their life histories and things and people that are important to them. Staff we spoke with were conscious of people's individual needs and preferences and during our inspection we noted they were responsive to people's requests and choices. For example, staff on one unit knew one person's preference in the morning and at set times during the day was to visit the garden smoking area with staff in attendance.

We observed how staff on one unit were responsive to people's behaviour and change in mood and were skilled in how they approached people and communicated with them effectively. Staff told us and we saw that care plans and records contained information on how best to meet people's physical and emotional needs whilst providing guidance for staff in managing behaviours and ensuring positive responses.

People were supported to maintain relationships that were important to them. Throughout our inspection we observed visitors coming and going with no restrictions placed upon them. Staff told us people were encouraged and supported to have visitors to their home whenever they wished. People and their relatives confirmed this. One person said, "My family visit every week. I look forward to them coming and the staff always make us tea." Another person commented, "My husband visits all the time. They always make him feel welcome, like part of the family."

People we spoke with were positive about the activities on offer at the home and told us they felt there was enough to do. Comments included, "Well, I don't get bored because I talk to other people and the staff too," "I just had one of the girls playing me a song, which was amazing," "I like to read and do sing along, I don't think I get bored here," "I enjoy the activities, I like the coffee hub," "I like to watch sports, but we do a lot of activities with the girls."

We observed the activities on offer throughout different units within the home during our inspection. We saw the activities coordinator working with a group of people playing a ball game on one unit, staff playing board games on another and staff throughout the home spending time with people taking, singing and reading with people. We noted that staff participation in activities had a positive impact on people's emotional well-being. There was a range of planned activities on offer throughout the home and activity plans were displayed on notice boards so that people were aware of the activities on offer. The home also produced a daily newsletter which was made available to people and visitors which contained daily news items, puzzles and quizzes. Facilities within the home promoted and encouraged people's participation through gardening projects, a café with bar area which was a new addition to the home and a beauty salon which people told us they were involved in decorating.

There was an up to date complaints policy and procedure in place which provided information and

guidance to people on how they could raise any concerns or issues. Records of complaints received that we looked at were organised, detailed the actions taken to address the complaint and information on the providers response to the complainant. We noted there had been no complaints made since our last inspection.

People and their relatives told us they knew how to make a complaint and who they would speak to. One person said, "I don't have any problems at all, but if I did I think it would be dealt accordingly." Another person said, "I would speak to the manager or a member of staff." A relative commented, "I have complained before, but it was resolved really quick." The complaints policy was displayed in the reception area of the home along with a comments book and suggestions box to encourage feedback from people and visitors. We noted the comments book contained some positive comments from visitors about staff including, "The staff are very nice," and "They do the hardest job and they are amazing."

Is the service well-led?

Our findings

People and their relatives were generally positive about the way the home was run. They told us the registered manager and staff were friendly and approachable. One person said, "Yes I think the home is very well run. The manager knows what they are doing." Another person told us, "I think it's good. Everyone is always nice." A third person commented, "There is always something that could be better, but on the whole it's good." A fourth person told us, "I think they all do a great job."

Despite people and their relatives being positive about the care and support they received we found there were failings in ensuring there were effective systems in place to assess, review, monitor and improve the quality and safety of the service, maintain accurate up to date records and to manage risks relating to the health, safety and welfare of people using the service.

For example one person's records failed to detail what type of snack should be offered by staff to the person as they had swallowing difficulties and were at risk of choking. Another person's daily notes kept by staff were not maintained and updated to reflect the person's current needs. One person's choking assessment recorded that they had a low risk of choking which was contradictory to the details documented in their care plan stating they were at high risk, although staff confirmed they were aware of the person's risks despite their records not reflecting their needs. However this still posed a risk to people as staff that may not be familiar with people's needs would not have access to appropriate up to date information to meet their needs and risks safely.

The provider's tool for calculating the risk of choking was sometimes inaccurate in the systematic way it calculated risks as people who were formally assessed as being at high risk were calculated and scored as being at low risk on occasions. The registered manager took action and stopped using the choking risk assessment tool whilst seeking further advice from the provider. However, the provider's system to monitor and improve the quality and safety of the service had not identified these issues and taken action prior to the inspection. Following our inspection the provider sent us an action plan detailing the actions taken to improve the systems in place to assess and monitor the care and service provided. We will check on this at our next inspection of the service.

We noted another person's assessment report from a previous place of care detailed the care and attention the person required by staff at meal times. However we found no detail or reference of this important risk information in the person's care plan and records. This highlighted a failing in the provider's admission and transfer of care process and in obtaining and maintaining accurate records to mitigate risks relating to the health, safety and welfare of people using the service.

Systems to assess and monitor the quality of the service, and to take action to improve the quality and safety of the service were not robustly in place or effective. For example we noted there were equipment maintenance checks in place, however there were no checks or systems in place for the monitoring of pressure relieving mattress settings to assist in the prevention or healing of pressure wounds. This meant that people were potentially at risk of poor management of pressure wounds.

We looked at all the checks and audits in place to monitor the content and quality of care plans and care records for people using the service which were done monthly to ensure they were reflective of people's current needs and risks. We saw that care plan audits were lacking in detail on the actions required to address any issues and did not have an action plan in place or to record of actions taken. For example a care plan audit for one unit documented two assessments and a care plan needed to be completed for one person, however it failed to document if or when this had been completed. We also noted that audit systems in place had not highlighted the issues we found during our inspection.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place and staff spoke positively about the leadership provided by the registered manager and unit managers within the home. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff told us the unit managers and the registered manager had open doors and they felt they could talk to them at any time about anything they thought was important about the people who lived there or about themselves. Another member of staff said, "I feel well supported by the unit manager and the registered manager. The team work is very good." A unit manager told us, "I get good support from the deputy manager and registered manager. They do a walk around three or four times a day to make sure everything is okay in the home."

The unit manager told us about flash meetings held on Mondays, Wednesdays and Fridays. These were attended by the registered manager, deputy manager, unit managers, nursing staff, the maintenance team and the chef. The purpose of these meetings was to communicate the needs of people using the service for example, hospital appointments and individual health issues such as pressure wounds or weight loss and any new admissions to the home. Information from these meetings was passed to staff on each unit so they were aware of any issues or requirements. Staff told us they found the information received from the flash meetings very useful. One member of staff said, "After the flash meetings the unit manager tells us if there is anything important that needs to be done for the residents." Another member of staff said, "The unit leader feeds everything back to us, they tell us what needs doing and for whom. They also tell us where we need to do things better or if anything important is happening in the home." Minutes of the last flash meeting recorded who attended and their department and issues discussed included admissions discharges and people who were in hospital.

We saw that staff team meetings were also held on a regular basis and issues discussed at the last staff meeting held included staff and agency use, activities, leading by example and complaints from management. A member of staff told us, "The team meetings are good. We can talk about the needs of people using the service and things that are important such as training." There were daily handover meetings held by staff on each unit and handover and allocation sheets which informed staff of the work they were required to do. The unit manager also showed us records of daily medicines checks that had to be completed at the end of each shift to make sure there were no medicines errors or concerns. These were returned to the registered manager on a daily basis to be analysed for any learning.

The provider sought the views of people using the service, their relatives and staff through satisfaction surveys that were conducted on an annual basis. We looked at the results for the relatives survey conducted in November and December 2016. Most people rated parts of the service as very good or excellent. The registered manager told us that they had not completed a full analysis of the results as they had received a low response rate and so was going to send further surveys out to gain more feedback. We also looked at the results for the staff survey conducted in September 2016. Results were positive showing 97% of staff

agreed that they had received the training and development required to do the job, 92% agreed that the manager communicates to them clearly and 90% said they were proud to work for the provider.

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
Diagnostic and screening procedures	The provider failed to assess the risks to the health and safety of service users and doing all that is reasonably practicable to mitigate any such risks.
Treatment of disease, disorder or injury	

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider failed to ensure there were effective systems in place to assess, review, monitor and improve the quality and safety of the service, maintain accurate complete and contemporaneous records and to mitigate risks relating to the health, safety and welfare of people using the service.
Treatment of disease, disorder or injury	

The enforcement action we took:

A Warning Notice was served on the provider and registered manager.

They are required to become compliant with Regulation 17, section (1) (2) (a) (b) (c), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 above by 26 April 2017.