

## Cullum Welch Court

# Cullum Welch Court Care Home

### Inspection report

Morden College, 19 St Germans Place  
London, SE3 0PW  
Tel: 020 8463 8399  
Website: [www.mordencollege.org](http://www.mordencollege.org)

Date of inspection visit: 06 and 07 October 2015  
Date of publication: 26/11/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection was carried out on 06 and 07 October 2015 and was unannounced. At our last inspection on 13 August 2013, we found the provider was meeting the regulations we inspected.

Cullum Welch Court Care Home provides accommodation with nursing and dementia care for up to 60 older adults. At the time of our inspection 53 people were living at the home. The home had 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.

People said they felt safe living at the home. Before staff began working at the home appropriate recruitment checks took place to ensure people were safe. The provider had robust safeguarding protocols in place and staff knew how to protect people who use the service

# Summary of findings

from abuse. Staff were aware of the whistle blowing procedure and had followed it when needed. Where allegations of abuse were raised this was investigated and prompt actions taken to protect people. People were supported to take their medicines as prescribed as part of their treatment plans.

There were sufficient and suitable staff available to ensure people's needs were met. Each care record we looked at had relevant risk assessments in place and where people were found to be at risk, there were plans in place to ensure the risk was prevented or minimised. People had care plans in place and the care delivery was in line with the care that was planned for.

We found a breach of legal requirements in relation to the way staff were supervised. Staff supervisions were not always being carried out in line with the provider's three monthly policy. All staff did not receive supervision at the frequency it should be occurring to ensure their competencies were maintained to perform their roles effectively. We found a breach in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the back of the full version of the report

Staff training records we looked at were up to date and were in line with the support people required. People had been consulted about their care needs when they first started using the service and the management team and staff we spoke with had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People had access to relevant healthcare professionals such as a general practitioner (GP) when required. People were supported to have sufficient food and drink for their wellbeing. People were engaged in various activities of their choice to ensure they were stimulated.

People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken where necessary. People's views were sought through annual surveys and residents meetings. The provider had systems in place to regularly assess and monitor the quality of service that people received. All staff we spoke with said they enjoyed working at the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. There was a safeguarding and whistleblowing policies in place and staff we spoke with knew of their responsibility to protect people from abuse and neglect. We saw that staff had followed the whistleblowing policy to escalate their concerns when needed.

There were safe recruitment protocols in place before staff began working at the home. Staff and people who used the service told us there was enough staff on each shift to ensure people received safe care delivery.

Medicine records showed that people were receiving their medicines as prescribed by healthcare professionals.

Good



### Is the service effective?

The service was not always effective. Staff supervision was not always carried out in line with the provider's own policy of every three months to enable them meet their roles effectively.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Both management team and care staff demonstrated a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had acted in accordance with this legislation.

People were supported to eat and drink sufficient amount for their safety and wellbeing. However, improvements needed to be made on how people's choices were promoted. For example, in formats that supported their understanding. People had access to relevant healthcare professionals when they needed it.

Requires improvement



### Is the service caring?

The service was caring. Staff treated people in a caring, respectful and dignified manner. People told us their privacy and dignity were respected and we found that people's independence was promoted for their wellbeing.

People using the service and their relatives were consulted about their care and treatment needs.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records appropriate to people's care and support needs were being maintained.

Good



# Summary of findings

All the people we spoke with said they knew how to make a complaint. The provider had a complaints policy in place and where people had raised concerns or made a complaint these were investigated in line with the policy.

## Is the service well-led?

The service was well-led. There was a registered manager in post and they were supported by a deputy. Staff told us management team were open and they felt valued.

There were systems in place to monitor the quality of the service. This included monthly, quarterly and annual audits carried out by the management team. Where issues were identified they were actioned to improve the quality of the service provided.

**Good**



# Cullum Welch Court Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 06 and 07 October 2015 and was unannounced. The inspection team consisted of four inspectors 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, the provider 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 also looked at statutory notifications including safeguarding concerns, notification of death and serious injuries that the provider sent us. A notification is information about important events which the service is required to send us by law. We reviewed information shared with us by the Local Authority and information on the provider's website.

We spoke with 25 people using the service and seven visiting relatives. We used the Short Observational Framework for Inspection (SOFI) to help us understand people's experiences during the day. SOFI is a specific way of observing care to help us understand the experience of

people who could not talk with us. We interviewed 16 staff including the registered manager, the deputy care manager who was also the clinical lead, the human resources and training manager, activity coordinator, kitchen staff, registered nurses and care staff. We spoke with a visiting general practitioner (GP). We looked at six care and support plans and six medication administration records (MAR). We also looked at six staff recruitment records, 35 staff supervision records and a training matrix. We looked at records relating to the management of the service including audits, surveys, accidents and incidents records, complaint log, policies and procedures guidance.

After our inspection, we contacted the local authority Commissioning and Quality Team to obtain their views about the home.

At our inspection, we asked the registered manager for further documentations on staff supervision, training, monitoring checks and audits within 48 hours after the inspection visit and they provided this in a timely manner.

# Is the service safe?

## Our findings

People all agreed that they felt safe at the home. One person commented, "It is safe...they gave me the instructions on what to do if there is a fire alarm." Another stressed, "Oh yes! No question, it is very safe here." All relatives we spoke with also felt that their loved ones were safe at the home. One said, "She is safe, yes. Staff have worked very hard to assure her of that." Another noted, "Oh yes, she's safe here." A third commented, "Yes, no problems here." A fourth noted, "Safe? All the time, yes."

The provider had safeguarding and whistleblowing policies in place. A 'Stop Abuse' poster by the local authority was also displayed on notice boards in the communal areas to ensure information was readily available to staff, people using the service and visiting relatives if they needed to report any concerns of abuse. The staff we spoke with demonstrated a clear understanding of the types of abuse that could occur, the signs they would look out for, and what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One member of staff said, "I have had all my training on safeguarding, which gives me confidence. Because we are working with vulnerable people, it is all about keeping them safe." Another told us, "We know their ways and can pick up very quickly if something is not right." They told us they understood the whistleblowing policy and knew how to escalate an issue. We saw that staff had followed the whistleblowing policy to report issues of concern to the management team and appropriate actions were taken to ensure people remained safe. The staff training records confirmed that all staff had completed safeguarding adults training.

The provider had responded appropriately to allegations of abuse and had followed appropriate local safeguarding protocols including notifying the local authority and the Care Quality Commission (CQC). We noted that the provider had carried out thorough investigations into all allegations of abuse. Where the outcome of the investigations had been substantiated, appropriate disciplinary protocols had been followed to ensure people received safe care. We saw that management plans were put in place to prevent future occurrences.

The provider had safe systems in place for the recruitment and selection of staff. Thorough recruitment checks were carried out before staff began working at the home.

Personnel files contained completed application forms which included references to staff's previous experiences, their qualifications, their employment history and explanations for any breaks in employment. Each file included completed criminal record checks, two employment references, and proof of identification. In addition, records contained evidence of the right to work in the United Kingdom and an occupational health assessment to declare the person fit for work. We were shown a separate record relating to nurses which included confirmation of their current professional registration with the Nursing and Midwifery Council [NMC].

The registered manager showed us a separate file which contained all bank staff records and included the profiles of bank nurses and care workers. We looked at 10 profiles, of nurses and care workers and found all relevant information, including their photograph, training details and NMC registration for nursing staff were in place.

People using the service and staff told us there was always sufficient staff available to meet people's needs. A relative we spoke with told us, "there is someone always available to help." We observed a good staff presence on all units in the home on both days of our inspection visit. The registered manager told us the provider had its own bank staff to ensure staff were familiar with people's needs; agency staff were never used and relatives we spoke with confirmed this. The home manager said staffing levels were always reviewed to meet the needs of people using the service and where required more staff would be brought in to ensure people's needs were met. A staffing rota we looked at showed the number of staff planned for corresponded with the number of staff on duty at the time of our inspection visit. This showed that there was enough staff available to ensure people's needs were met.

All the people we spoke with told us that call bells were answered very quickly. People said they did not have to wait for long before being attended to. People felt call bells were answered quicker at night than during the day. At our inspection, we tested two call bells during the day and both were answered within two minutes. This showed where people needed support, they were attended to promptly and their needs were met.

Before people were admitted to the home, any risks were assessed to ensure the service could meet their needs. Each care plan we looked at included risk assessments in areas such as moving and handling, use of bedrails, risk of

## Is the service safe?

falls and skin integrity. Where risks were identified, relevant action plans were in place with clear guidance for staff on how to prevent or minimise the risk. For example, one person had a history of falls due to visual impairment and a medical condition. There was guidance for staff to ensure the person's room was well lit, their walking frame was within reach to them at all times and they wore well fitted shoes. Care staff we spoke with were aware of the individuals care needs and the support they provided to ensure people remained safe. People's care plans also included the number of staff required to provide safe care to reduce risks. Staff we spoke with knew which people needed two staff to support them mobilise.

The provider had arrangements in place to deal with foreseeable emergencies. People living at the home had personal emergency evacuation plans displayed on the door in their rooms to ensure that information was readily available to staff to support people in the event of an emergency. There was information displayed about emergency call out numbers in staff rooms. All staff we spoke with were aware of the provider's emergency protocols and told us of actions they would take to ensure people remained safe. During our inspection, we found that one person had slipped from their chair onto the floor. A member of staff informed a senior staff on duty and the person was attended to immediately. We saw appropriate emergency protocols were followed to ensure the safety of the individual. This person had a care plan with risk assessments in place and staff told us they would update it to reflect their current needs for a safe care delivery.

Staff we spoke with told us they followed the provider's protocols by reporting and recording all accidents and incidents. The accident and incident records we looked at included details of any accident or incident that had occurred and what actions were taken to ensure the safety and welfare of the people who used the service. Learnings from accidents and incidents were shared with staff to prevent future occurrence.

There were systems in place to ensure people were appropriately supported to take their medicines as prescribed. People we spoke with told us they felt safely supported to take their medicines. One person commented, 'I do feel safe, yes; my memory was going so I needed the nurses to do my medication.' The provider had

various policies and procedures relating to the safe handling of medicines. This included procedures for disposing of unwanted medicines, safe storage of medicines and medical equipment, administering of medicines and medication errors. We saw staff had signed the medication policy to demonstrate they had read and understood the policy. We looked at six people's medication administration records (MAR). We checked balances stored in the medication room against the MAR and found these records were up to date and accurate. The MAR included individual photographs, any known allergies and colour coded body maps to state prescribed cream and where they should be applied. Medicines were administered by nursing staff on the nursing unit and a senior carer known as the person in charge (PIC) on the residential units. PICs we spoke with told us they had been trained in safe handling of medicines.

The training records showed staff had undergone medicines training to ensure they had the appropriate skills for the safe handling of medicines. We saw that some staff were due to refresh their safe handling of medicines training. The registered manager informed us that refresher medicines training had been booked for staff and showed us an e-mail correspondence to confirm this.

Medicines were kept safely in a locked cupboard or trolleys in a locked room. Medicines requiring refrigeration were stored securely and the temperature of the fridge was checked daily to ensure medicines were stored between the minimum and maximum temperatures required. Controlled drugs were stored safely and administered in line with appropriate guidance. Staff told us that the home's clinical lead carried out monthly audits to ensure safe handling of medicines and we saw medication audit records to confirm this. We saw people's medicines were given to them in a safe and caring manner in consideration of their individual care needs and preferences. A visiting GP we spoke with told us they had no concerns regarding people being supported to receive their medicines safely.

Weekly fire tests and monthly fire drills were carried out by the maintenance team. We saw a portable appliance test (PAT) records which showed that electrical devices had been checked to ensure they were safe for use. A bi-annual Legionella tests had also been completed in September 201 to ensure that the water supply was safe for use.



# Is the service effective?

## Our findings

Staff were not always supported with regular supervision to ensure their competency was maintained. The provider had a staff supervision policy in place which stated that formal supervisions should be carried out every three months. The head of care we spoke with confirmed that staff should receive "a minimum of four supervisions per year and more as required." Staff had not been supervised in line with the policy. For example, from September 2014 to September 2015, we saw that six out of 35 staff had received two supervision sessions and five out of 35 had received three supervisions for this period. The supervision records showed that some staff had received regular supervision but the frequency at which supervisions were being carried out had not been maintained for all staff. All staff we spoke with confirmed they have had supervisions; however, some staff said they had not had regular supervision sessions. For example, one staff told us they had not had supervision "since our previous supervisor left." Another staff told us their last supervision took place about six months ago. One other staff we spoke with said their last supervision was in November 2014. The deputy manager informed us that group supervisions were organised in the form of training sessions and some staff were not aware it was part of their supervision. The group supervision sessions had not been documented for all staff, therefore we were unable to confirm that all staff were being supported with regular supervision in line with the provider's own policy. The home manager informed us changes had been made to improve staff supervision. However, this had not taken effect at the time of our inspection and all staff had not received appropriate supervision to ensure their competency was maintained.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff received induction training when they started work. The head of care told us how newly employed staff had embarked upon the Care certificate, a new nationally recognised qualification for the induction of health care support workers and adult social care workers. Staff induction training was in process for new staff members, supervised by the clinical director and signed off by the head of care.

Staff were adequately supported with relevant training to ensure they had the required skills to care and support

people who lived at the home. Staff we spoke with had received appropriate training to support people with their care needs. For example, staff were trained in the use of hoists and caring for people living with dementia. A staff member told us, "I have done lots of training and find it quite good. We are reminded when something is due to be refreshed." The Human Resources and Training Manager informed us that there were systems in place to monitor staff training. They said when training was due to be refreshed, this was flagged-up by the training system and staff were alerted and booked for the next available training session. Staff said training was a mix of both face to face and e-learning. Mandatory training included Safeguarding Vulnerable Adults; Dementia Awareness; Moving and Handling People; Basic First Aid; Food Safety, First Aid and Fire Safety. All staff we spoke with told us that their training was robust and relevant to their job role.

People using the service and their relatives told us they were happy with the care provided. One person said, "they've managed to get the good ones!" referring to staff. Another person stressed, "the staff here are superb, all of them." One other said, "they are good staff, they all know what they are doing."

We found the provider engaged the services of other healthcare professionals such as GPs in order to safely deliver appropriate care and treatment to people. People told us they had access to healthcare professionals when they needed it. One person told us, "you never know when the doctor is coming but if you say that you want to see her, the message is passed on." Another said, "if you are not well, it is easy to get a doctor here." People told us they were taken to hospital when they needed additional treatment and care plans we looked at confirmed this. We saw that people had access to for example, physiotherapists, dieticians, tissue viability nurses, district nurses, chiropodists, ophthalmologists and dentists. We also met a visiting GP on the second day of our inspection. All relatives we spoke with told us they were happy with the care and treatment that people received.

People told us staff asked for their consent before providing the support they needed. Both staff and the management team we spoke with demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They said most people using the service had some capacity to make decisions about their own care and treatment needs. For example, which



## Is the service effective?

clothes they would like to wear and what food they would like to eat. Staff told us they gave people enough time to make decisions on their own. Care plans we looked at showed people had given consent in areas such as administration of medicines, care provision and use of bedrails. Where people were unable to make specific decisions about their care and treatment needs, best interests meetings were undertaken in consultation with the person's relatives, GP and other healthcare professions.

Both management and care staff demonstrated a good understanding of the MCA and DoLS. The MCA 2005 is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. The provider was aware of the recent Supreme Court judgement and had applied to the local authority to deprive some people of their liberty in specific areas of their care; for their own safety. We saw that DoLS application has been authorised for people where it was considered necessary in line with the MCA 2005. Staff had completed MCA and DoLS training to ensure they had the appropriate skills to support people in making key decisions concerning their care and treatment.

All the people we spoke with informed us that there was enough food to eat. People said they were given plenty to drink and we observed people had drinks within reach, in a variety of cups, mugs or adapted beakers with straws. One person told us, "There is drink coming round every couple of hours." Another person said, "Even at 4 a.m., if I want a drink, they make me one. You only have to ask, at any time." Most people we spoke with told us that the food was good. One person said, "There is a good choice and we are well fed here!" Someone else noted, 'I can usually find something I like from what is on offer'. Another called it 'excellent' and one another commented, "they cook well here." A relative commented, "it looks very good", and "it is the strength of the home," Despite this, some people told us that the food was not always good. One person told us "I don't like it really." Another said, 'it can get monotonous'. A third stressed, "They are very nervous about flavour, so it is mild and bland...the menus look lovely, but it isn't always."

Another explained, "They use good ingredients but it is not always good!" and one relative felt "the food is fairly standard here." We found that the provider was taking appropriate steps to ensure people were happy with the food they were served.

People's care plans included their choices of food and their likes and dislikes. Staff told us that people were involved in planning the menu and we saw the provider had a food committee in place to ensure people's preferred choices reflected in the meals they were served. During lunchtime we observed the deputy chef visiting people both in the dining area and their rooms,

asking if all was well and if people were enjoying their food to which they responded positively.

We observed lunch time on two of the home's units and we saw that there was a choice of two options for people to choose from. We found that staff supported people to make their preferred choice of meal from a menu the day before. However, there was improvement required in the way people were supported to choose meals - the menu was not in a pictorial format and may not support some people's understanding. We raised this with the registered manager and they told us that staff were to show people alternative meals to choose from but this was not the case at the time of our inspection. Therefore we could not confirm that people were given the opportunity to make their choices in ways that supported their understanding.

People told us they were supported to eat safely for their wellbeing and both care and kitchen staff we spoke with knew of people's individual dietary needs. For example, one person told us that they were allergic to certain type of fruits and staff were aware of this and provided them with alternatives. We saw that people's care plans covered their nutritional needs and there was guidance in place for staff to follow to ensure people who for example had difficulty swallowing were supported to eat safely for their wellbeing. Staff told us sugar free drinks or cakes were available to people with diabetes. We saw that information was displayed in the kitchen relating to diabetes and hydration to inform staff of how to support people effectively to meet their nutritional needs.

# Is the service caring?

## Our findings

People told us they liked living at the home because staff were kind and caring. One person told us, "I have been here nine years and they could not have put me in a better place; I am happy and cared for." Another said, "You can always go and talk to someone, they find the time to talk to you if you need to." One person exclaimed, "I love it here! They all look after you as well as they can." One other added that the home was "one of its kind, it is a good one, I think." People said, "It was the best care one could ever receive." A person was keen to say, "I have a very good relationship with the staff; I like, trust and admire them all!" One relative spoke of 'a good paging system', whereby any messages were passed on to the staff they wanted to speak to'. Another explained, "I think they have to record everything, which is good for obvious reasons." We noted that many people and relatives used the word 'helpful' to describe care and nursing staff.

We observed positive interactions between people who use the service and staff both days of our inspection visit. We observed staff lower themselves to people's levels when talking with them and staff calling people by their preferred names as recorded in their care plans. A care staff member told us, "I pride myself on giving excellent care to people." Another commented, "I think the care here is of a very high standard." This showed people were cared for by staff they had good relationships with.

Relatives confirmed they could visit the home any time and that there were no restrictions in place. We found that each person had a telephone in their room which promoted communication with their family and friends. All relatives felt they were welcome at the home and one showed us the area for visitors to make their own hot drinks. All relatives we spoke with were happy with the care provided. One commented "I think it is one of the best care homes in England."

People were supported with their religious needs. People told us they were supported to practice their faith. One person said in terms of promoting spiritual needs; the home was 'the best one that I've ever seen'. Staff told us they supported people of all religious beliefs to practice their faith. However, where people were not interested in any faith, their views were respected.

People's privacy and dignity were maintained. People told us that each room was en-suite therefore they did not have to share such facilities with other people. Staff told us they maintained privacy and dignity for example by knocking on people's doors before entering their rooms and making sure doors were closed and curtains drawn when providing personal care. One care staff explained "You cover up the parts not being washed and always explain what you are doing." A hairdresser was also available for people to use to ensure their appearances were maintained.

Staff told us they offered people choices, for example with the clothes they wore or food they ate. One member of staff said "There is good information in people's care files so we know what their needs are and what we need to do to care for them." We saw that people's choices were respected. For example at lunchtime, we saw staff respect a person's decision when they did not want their food cut-up for them.

People told us that they were involved in discussions about their care. Staff told us "we always involve them or their family." All care plans we looked at had been signed either by the person using the service or their relatives to demonstrate they had been involved in making decisions about their care and treatment.

People told us that staff promoted their independence and were aware of the support staff should provide them when they needed it. People's care plans included things they could do for themselves and those they needed staff support with. For example, one person's care plan stated they were capable of washing themselves but needed staff support to apply creams to certain parts of their body. Staff we spoke with told us of ways they promoted people's independence. One staff said "I always encourage people to do as much as possible for themselves, no matter how small." We saw people mobilising in the home with walking frames and electric wheelchairs to maintain their independence.

People received appropriate end of life care and support. We saw that end of life care plans were completed by people who use the service, their relatives where applicable and staff. We saw that some people wanted their families to take charge of decisions for them whilst some had had a living will in place. People's capacity had been assessed in relation to their end of life care. Where people did not want to be resuscitated, we found Do Not

## Is the service caring?

Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed and signed by the people, their relatives [where appropriate] and their GP to ensure people's end of life wishes would be respected.

# Is the service responsive?

## Our findings

People told us of what they would do if they had a complaint. People said they would speak to the registered manager who was also known as the matron. For example one person said, "I'd go to the Matron first, then the clerk of the college to complain, but I haven't needed to." Another said, "I would see [the manager], but I haven't needed too." Information on how to make a complaint was easily accessible to people and their relatives and all the people we spoke with were confident that any concerns raised would be investigated and appropriate actions would be taken where necessary.

The provider had a complaints policy in place which included a response timeframe. We saw that the provider had received 25 complaints and comments between February to September 2015 both written and verbal. The complaints log we looked at showed that all complaints were thoroughly investigated. For example, we saw that one person complained that their call bell was not answered on time and we saw this was investigated and a meeting was held with the person and their relatives and they were satisfied with the outcome of the investigations. This showed the provider took into accounts people's complaints and comments and took action to improve the quality of the service provided.

We saw that the management team also met with people and their relatives and updated them through email and/or letter correspondence to ensure all parties were heard and an appropriate action taken to the satisfaction of the person using the service. Learnings from investigations were shared with staff at staff meetings, maintaining confidentiality where applicable. Where a need for further training was identified, the management team arranged for all staff to update their knowledge and have the necessary skills to ensure people were satisfied.

Each person using the service had a care plan in place. The care plans had been developed to identify people's support needs in areas such as their personal care, nutrition and medication and how these needs were to be met. We looked at the care files of six people using the service and

they contained people's health and social care needs assessments before they began using the service, care plans and risk assessments. People's care plans included detailed information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives had been consulted about their needs. All six care plans we looked at had been reviewed monthly to ensure people's changing needs were identified and met.

People were engaged with various activities to keep them stimulated. We found that the home had four activities coordinators in post who worked five days of the week. The activities team provided activities either as group or one-to-one sessions. All the people we spoke with confirmed there were a lot of activities available for them to access. People told us they participated in classical music sessions, artwork, exercise, cinema, book club; knitting, embroidery, ceramics and some people said they went to concert on Saturdays. An activity coordinator told us people had access to the provider's workshop which provided activities such as felting, enamelling and clay work. We observed people taking part in various activities including sing along and a reminiscence session in the home's dedicated reminiscence room and we saw that people were enjoying these sessions. We found that some people had a taxi card which they could use to transport themselves to and from events. The provider had a minibus which they used for trips and transporting people to group events. The activities coordinator told us that they had future plans to include gardening and cooking to increase the scope of activities available for people to participate in.

People who did not want to participate in group sessions were supported through one to one sessions. Individualised activities people enjoyed and could participate in alone were identified and the appropriate support provided. One person who did not like group activities told us, "I prefer to read; there's a library and newspapers. So I don't go to the groups, but you can." Another commented, "I'm quite happy with my TV and computer." This showed that people were supported in various ways to ensure they were stimulated for the day.

# Is the service well-led?

## Our findings

People and their relatives knew who the home managers were. People told us they felt the home was well-led. One person commented, "It is managed very well, a very well run home." Another person said, "I especially like the Matron, which makes a big difference." One other said, "she [the manager] pops in regularly to speak to me." Another noted, "I met the manager as soon as she came so I'd see her." All relatives we spoke with felt the home was well managed. A relative told us, "I was impressed with the Head of Care ...who recently gave me a good talk about the stability of the home; It was just what I needed." Another relative said, "The management team are wonderful, always available and always helpful."

There was a registered manager in post who was also known to people as the head of care or the matron. The registered manager had an assistant also known as the clinical lead or deputy head of care. The registered manager we spoke with told us their goal was to drive improvement at the home. They told us of how there was a low turnover of staff and that wherever possible, they tried to retain staff. They said they offered permanency to bank workers when a vacancy arose and documents we looked at confirmed this. This showed that management team were keen to retain staff who had the appropriate skills to deliver safe care and treatment.

The provider had systems in place to monitor the quality of the service. This included both internal and external audits undertaken monthly, quarterly and annually. The home manager showed us records of regular monitoring audits that were being carried out at the home. The audit documents we looked at covered areas such as medicines, infection control, pressure relieving mattress, call bell response times, care plans, food hygiene, unplanned hospital admission audits and falls analysis. The management team carried out unannounced spot checks at the home to ensure people were receiving good quality care at all times. Where improvements were identified in these audits, action plans were in place with the required date they should be implemented. We saw that these were actioned to improve the quality of the service provided.

External audits we looked at included a pharmacist advice visit from the home's own appointed pharmacy for both March and July 2015. Where issues were identified and recommendations given, these had been completed at the

time of our inspection. For example, we saw that all staff responsible for the administering of medicines were required to read and sign the new medication policy and this had been done by staff at the time of our inspection. The local authority Commissioning and Quality Team inspected the home in 2014. The quality monitoring report showed the home had met all the standards they were inspected against. The Commissioning and Quality Team told us they felt the management team were "transparent and open" and sought their advice and assistance when needed. They told us the home reported matters of concern in a timely matter and provided investigation reports as needed.

The provider used various meetings to gather the views of people and their relatives. Residents meetings were held every other month. Topics discussed included mealtimes, activities, refurbishments, recruitment and new staff. At these meetings we saw that people were informed of changes, events and/or updates. People were also consulted on various issues and we saw that action plans were put in place and feedback given in the subsequent meeting. In one such meeting, we saw that people were asked for their views, for example, about how they felt about the care they received and staff responsiveness in request for assistance. The minutes of the meeting showed that most people were happy about their care and the staff response time for assistance.

People told us their views were sought regarding the care and treatment they received. We saw that the provider had undertaken both a residents and relative's survey in June 2015. The survey results were positive. For example, all 21 residents who responded to the survey questionnaire agreed that their religious and cultural beliefs were observed; staff treated them with dignity and respect; the home looked and smelled fresh and clean and they were able to complain to the management if the need arose. However, we saw that two out of 21 people did not feel that the home encouraged and supported them to make decisions and choices about how they lived. We saw that the provider actioned this to be discussed in residents' meeting to drive improvements and ensure people were happy with the service provided. We also noted in the relative's survey results that a relative wanted more staff understanding around dementia. We saw that the provider took action and engaged the services of Alzheimer's Society and we saw that dementia awareness training for all staff was ongoing at the time of our inspection till 2016.

## Is the service well-led?

Handover meetings were conducted during change of shift to ensure continuity of care. On the second day of our inspection, we observed handover meetings on both the ground and the first floor. We saw that an update was given on each person using the service. Where changes had occurred to an individual's care and treatment this was highlighted and action points identified. Care staff told us how they responded to individual needs and said, "the handover is really crucial because it informs us of how a person is on the day." Another told us "it is crucial to read the care plan, just in case something has changed from my previous shift." This showed that people received care that was consistent and met their needs.

Staff told us their managers were open and they felt valued. One staff member said the provider was a "very good employer to work for." Another said the home was "well-led." We saw that the home managers attended both staff and residents meetings to engage with people, cascade information and gather people's views about the service. A staff member told us, "They are supportive and I would not hesitate to go to either the head of care or the deputy."

Although staff supervision was not always carried out in line with the provider's policy, the management team had identified this and had a plan in place to ensure all staff received supervision in line with their policy. However, this had not been completed at the time of our inspection visit.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>The provider did not have suitable arrangement in place for the appropriate supervision of all staff. This could result in inappropriate care delivery for people who use the service.</b>  Regulation 18