Nicholas James Care Homes Ltd

Dale Mount

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Dale Mount on the 7th and 8th April 2016. Dale Mount provides accommodation, care and support for up to 13 older people living with dementia. Accommodation is provided in one large detached building in a rural setting. Bedrooms were located on the ground and first floor of the building. The second floor was for storage and archiving. There was a large communal garden, one social communal area and a dining room. There were 11 people living at Dale Mount at the time of the inspection.

The service 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.

Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, fall assessments and choking.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited they were subject to checks to ensure they were safe to work in the care sector.

Medicines were stored safely at the service. Staff had been trained in handling medicines and followed safe practice to do so. The registered manager reviewed medicines.

Staff had regular supervision and told us they were supported by the registered manager to develop. Staff received training that was suited to the needs of the people living at the service.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

People were asked for consent for their personal care. Staff were seen to be asking people for consent before carrying out an activity.

Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Staff supported people who required assistance with eating. People told us that they were happy with the quality of the food and the range available.

People were supported to access health care professionals for routine appointments and when required. Staff were aware of the processes in place to report concerns about people's health.

Staff communicated with people in ways they understood when giving support. Staff were kind and caring towards all people at the service.

Staff and the registered manager had got to know people well. Staff provided care based on guidelines and good communication. This means that staff could build relationships with people to fully understand their needs.

People were involved in the planning and review of care plans. Each person had a dedicated member of staff who would spend time with them to review and update care plans.

Staff respected people's privacy and dignity. The management ensured that those that needed it only accessed all confidential information and information was passed between staff in a dignified way.

People's families and friends were made welcome and they spoke positively about the service. The staff at the home were welcoming to friends and relative's pets.
Staff had guidance and information to care and support people in a person centred way. Each person had a named member of staff who would work with them to develop their care plans that reflected their needs and wishes.

People were encouraged to be involved in all aspects of the home and their independence valued and supported. People could decorate rooms to their own tastes and could choose their daily routines.

The registered manager ensured that information on how to complain was available to people living at the service. People and relatives knew how to complain if they needed to.

Although the feedback related to the registered manager was positive, we found the service was not always well led. The provider had not informed the CQC of outcomes of deprivation of liberty safeguards and safeguarding investigations through statutory notifications.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately.

The registered manager had acted on the results of a recent resident and family survey that identified shortfalls in the service.

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff were knowledgeable and confident about their responsibilities and the procedures to follow to keep them people safe.

Staffing levels were sufficient to make sure people received the care they needed.

Risk assessments were person centred and gave staff clear concise guidance regarding people's individual needs.

Medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and sought people's consent before providing care and support.

Staff had the skills and knowledge to meet people's needs.

People were support to maintain good health.

People were able to make decisions about what they wanted to eat and drink.

Is the service caring?

Good

The service was caring.

People were treated with respect and compassion and the culture of care was person centred.

People were treated with dignity and respect and were encouraged to make decisions about their care.

Care records were maintained safely and people's information

kept confidential.

Is the service responsive?

Good

The service was responsive.

People were empowered to make choices to suit their own lifestyle and interests.

People's care plans were reviewed regularly and were personalised to meet their needs, wishes and aspirations.

The registered manager carried out resident meetings used this to develop the service.

There was a clear complaints policy available to people. People knew how to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Statutory notifications for deprivation of liberty safeguards and safeguarding had not been submitted to the Care Quality Commission.

Quality assurance systems were used effectively to drive improvement within the service.

Staff felt supported by management and said they were supported and listened to.

The provider ensured that policies were up to date and that staff were aware of them.

Dale Mount

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

We inspected this service on the 7th and 8th April 2016. This was an unannounced inspection. The inspection team consisted of three inspectors.

Prior to the inspection we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. 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. The manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report. Before our inspection we looked at records that were sent to us by the manager to inform us of significant changes and events. We also reviewed our previous inspection report.

During the inspection, we spoke with five people who lived at the service, five care staff, four relatives, the registered manager and a health care professional who worked with people at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We looked at six care plans, two staff files, staff training records and quality assurance documentation.

This service was previously inspected on 13 October 2014 and met the requirements of the HCSA 2010.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Of course I feel safe here, the staff look after me." Another person told us "I know I am safe living here, if I need anything they just come and help me."

People at the service were protected against the risks of potential abuse. Staff had received recent training on safeguarding of adults. Staff knew how to identify abuse and how to respond and report any concerns. One member of staff told us "If I had any safeguarding concerns I would report it to my manager who would deal with it." Another member of staff told us "I have had safeguarding training. Safeguarding is there to ensure people were protected from abuse. I would report any concerns to my manager." Staff were confident that the registered manager would act appropriately. The provider had a clear and up to date safeguarding policy that was seen and signed by staff. The registered manager referred safeguarding concerns to the local authority. The registered manager had acted on concerns to keep people safe.

Risks to people's personal safety had been assessed and plans were in place to minimise the risk. All six care plans we looked at during the inspection had individualised risk assessments, for example on pressure area care, nutrition and falls. Assessments identified how risk would be reduced. Assessments were reviewed monthly or if there was a change of need.

Peoples' medicines were managed, stored and administered safely. People received their medicines when required. Medicines were stored securely. The fridge and room temperatures were checked daily to ensure medicines were stored at the correct temperatures. A member of staff told us, "If the temperature goes above 25 degrees Celsius then the medicine may not be safe. If the temperature does go above this we have access to portable air conditioning units." We checked the medicine being stored with the amount described on the medication administration record (MAR) and found it to be correct. People living at the service had their own medicine file that identified any medicine that was to be taken as needed. It described the dose and when to give the medicine. Some medicines were prescribed to be taken 'as required' this included medicine for pain relief. Staff had clear instruction and guidance on the circumstances in which this medicine should be given. For example, one person's medicine file stated that paracetamol was to be given when experiencing headaches or general pains. There was also guidance available on each of the drugs being stored. Staff who had received the necessary training to administer medicine were checking the medicine daily. Medicines were checked weekly by the registered manager and audited monthly to check the records and stocks levels were correct.

People involved in accidents or incidents were supported by staff to stay safe and action had been taken to prevent further injury or harm. One member of staff told us "If there is an accident I would call for assistance and make sure the person is safe. I would call an ambulance if required. After I would write up in the care plan and complete an accident form." When people had accidents, these were recorded in an accident and incident logbook. Accident and incident records were clear and the included the outcome and action taken. For example, one person had an unwitnessed fall. The accident log noted any visible injuries following a full person check. It was also noted that the GP was contacted following the incident and the next of kin was informed.

People were living in a safe environment that was clean and well presented. An infection control audit took place March 2016 where no serious concerns were identified. Fire equipment checks were being carried out weekly. In January 2016 the fire alarm systems, emergency lighting, internal call system, hoists, slings were all independently tested. The report stated that everything was in good working order. Documentation showed that all safety checks and servicing was taking place, including gas and electrical tests. Portable appliance testing (PAT) was recently completed and no issues identified. Water hygiene checks were completed every month and the most recent was satisfactory. Water temperatures were checked and the provider was following current Health and Safety Executive (HSE) guidelines. The location also obtained a food hygiene rating of five in October 2015.

There were arrangements in place to keep people safe in an emergency. Staff understood these and knew where to access information when required. Each person at the location had a personal emergency evacuation plan. These were reviewed monthly or when required. We noted that one person's plan identified when they were absent from the service and when they returned. This ensures that the service had up to date information on people so that staff could be more effective during an emergency. Each plan included the person's individual needs for evacuation during an emergency, for example, some people required assistance of two staff. There were other emergency contingency plans in place for the service that were reviewed yearly. These included clear instructions on what staff should do in the event of a fire, gas leak, heating and power failure, staff absence, water leaks and major accidents. Plans identified where to relocate residents in the short term and a list of contact numbers required for each plan.

There was sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. The service used a dependency tool to determine the amount of time each person required for care. Staff responded to people in a timely manner throughout the inspection. Staff were very happy to assist people with whatever they wanted. For example, we saw that if a person wanted to go in the garden they would ask a member of staff and they would open the door and spend time with the person if they wanted company. If the person wanted to be on their own this was respected and we observed staff checking on people in the garden at regular intervals. There was no delay in meeting these requests.

The service followed safe recruitment practices. We looked at the personnel files for two members of staff. The information included completed application forms, two references and photo identification. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us "The staff here are very good." One resident told us "The staff here are very nice." The training schedule showed that all staff had received mandatory training to meet the needs of older people and those living with dementia. The training provided included dementia, person centred care, communication methods and challenging behaviour. The registered manager had identified gaps in the training and when staff were due to renew training in line with the provider's policy. The registered manager told us "We like staff to develop whilst working here." There was evidence to show that many staff were working towards a National Vocational Qualification (NVQ) in care. One member of staff told us "I have completed NVQ level three in care and just started my level five."
People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff spoke clearly with people and informed them what they were doing before they did it. For example, we observed staff assisting one person to use the stair lift. They spoke clearly to the person through the processes of a transfer from wheelchair to stair lift. They also assisted by holding hands and elbows during the transfer. Staff supervisions took place on a regular basis and each member of staff had an appraisal once a year and completed regular self-assessments to assist with development during the year. Staff were supported to complete an induction period that included compulsory training. New staff had to shadow experienced members of the team to ensure that people received consistent care during the training period.

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. We checked whether the service was working within the principles of the MCA. We looked at five care plans and all had appropriate MCA assessments for functions of daily living such as washing and bathing. Each had a four part test to determine if a person had capacity. On the back of the assessment there was an 'X' to identify where a person did not have capacity. Formal assessments were undertaken for decisions that are more significant where deprivation of a person's liberties needed to be considered such as restriction of movement. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The five care plans we looked at had DoLS applications and the provider had ensured that correct procedures had been followed. Best interest assessors with social services completed the applications after a meeting with the person and any other interested parties that included relatives. The registered manager told us that one person had been authorised for DoLS. We checked the authorisation in the care plan and the service had ensured that the terms of the authorisation were met. Staff told us, "If someone was not under DoLS I would use the guidance in the care plan on what is in their best interest." Another member of staff told us, "MCA is a person's ability to make a decision on a specific question." Staff had the knowledge to show that MCA and DoLS were understood and the provider had put effective systems in place to ensure that staff followed correct procedures.

Staff asked people for consent when required. Staff asked people if it was ok to enter before entering their rooms. We observed staff asking people for consent before assisting with movement of people. Two people shared one room at the service. The people gave consent to this arrangement and the provider had ensured that the room was separated with a curtain when this was wanted.

People's nutrition and hydration needs were being met. One person told us "I like the food here" another person told us "the food is good." Each of the care plans had a malnutrition universal screening tool (MUST). A MUST is a tool to identify adults who are at risk of malnutrition (undernutrition) or obesity. It allows the staff to manage people's nutrition correctly and identify any risk. One care plan showed that a person had a medium risk and included ideas on how to prevent further weight loss. For example, the care plan said to offer extra butter and cream with meals where appropriate. People at the service are weighed monthly. Staff told us, "We noticed that one person was losing weight so we weighed them every week and noticed that there was week on week loss. We notified the GP who advised fortified milk and extra cream and butter with meals when wanted and appropriate. Since this the weight has started to increase." During inspection we saw staff offer this person fortified milk. Staff had received appropriate training and had knowledge on how to respond if someone was to lose or gain weight rapidly or over a period of time. The service provided a three week menu plan that was reviewed so that people received a varied and balanced diet.

People were assisted to routine health appointments and their changing needs were monitored to make sure their health needs were responded to promptly. One person told us "I see the doctor regularly. I have an appointment next week." Medical professional and GP visits were logged for each person in their care plans. It included the reason for the visit, the outcome and any required action. One person told us, "My dentist comes to the home to do a check -up." The registered manager told us, "People can choose to have the dentist come and see them if they wish as it is a service anyone can use. One person does not like the idea so we support that person to go and visit their chosen dentist." Waterlow scores were being completed for people. The Waterlow score identifies the risk of a person developing a pressure sore. We saw evidence in all care plans that the manager was reviewing the Waterlow score monthly to reduce the risk of people developing a pressure sore and requiring further treatment.

Appropriate signage is used to assist people living with dementia to find their way around. There were clear worded signs that included a picture and were brightly coloured. The service also had brightly coloured handrails downstairs so that people could easily identify them. The service had not fully implemented this throughout the building. The first floor had not been adapted. We were told by the registered manager that "Upstairs will be completed in the coming months as it is due a full redecoration."

Good

Is the service caring?

Our findings

People and visitors told us they were happy with the care they received. One person told us, "The staff are good, they really are, and they are good to me." Another person told us, "The staff are very kind." People received care and support from staff that had got to know them well. One relative told us "I think they are excellent, they treat her like family." We spoke with a health care professional who told us, "The service has friendly caring staff. They know people and their needs well. The people living here are friendly, cheerful, comfortable and at home." The relationships between staff and people receiving support demonstrated dignity at all times. Staff had a good understanding of the people that live there and how best to communicate with them. For example, we observed two members of staff helping a person to walk. Staff encouraged the person to do as much as possible by supporting their elbows and holding the person's hands. Staff spoke to the person throughout and explained their actions at every stage. Staff were talking clearly and close to the person's ear, and they told us, "The person is hard of hearing and this is the best way for us to communicate with him." One care plan told us that one person liked to have a cuddle from staff to reassure them during times of high anxiety.

People's religious preferences were respected and supported. One person told us "My own vicar has come out to visit and we have communion once every three weeks." The statement of purpose on display at the home included the statement "People may attend religious services within or outside the home." One member of staff told us "Religion is important to some people." Staff also assisted people who wanted to go to church to do so.
Staff respected people's privacy and dignity. We observed staff using doorknockers on people's doors before entering. After hearing someone acknowledge the member of staff at the door the member of staff would enter by saying hello and saying who they were before closing the door behind them. A healthcare professional told us "The staff always offer a screen for privacy if the person does not want to move from the communal areas." The registered manager told us "We are discreet. We do not shout out if someone needs the toilet. If clothes become dirty we ask the person if they need assistance." A member of staff told us "When assisting someone to wash I close the door and wrap a towel around them." We saw a person enter a room holding up their dress and appearing distressed. The member of staff responded instantly by chatting with the person and from this discovered that the person wanted to change her dress. The member of staff asked if she wanted to look in her wardrobe for something new, this was agreed. The member of staff took the persons hand and assisted her to her room to find a new dress. This showed that people at the service had access to staff that knew them well and how to react positively to a person who may be showing signs of distress.

People had access to independent advocates and information was available in the entrance hall. An advocate is an independent person who represents the interests of another. The registered manager told us "One person has an independent mental capacity advocate through Deprivation of Liberty Safeguards (DoLS)." This was recorded in the persons care plan. The service had a range of information on display that included how to complain. A statement of purpose that was produced in a format that met peoples varied communication needs. There was also information on dementia support services, safeguarding and the whistleblowing policy.

People's confidentiality was respected at the service. All handovers took place in a private area of the service so that no one could overhear the conversations taking place. Peoples care files were securely kept in a locked cupboard, and could only be seen by those authorised to see it.
People at the service were encouraged to be independent. One person told us "It is the simple things like I help with the clearing of the cups. This helps me to stay independent." We saw a person assisting with the dusting of the dining room. The registered manager told us "The person likes to do a bit of housework as this is what she did before coming here. We always try to encourage the person to do as much as possible."
People are involved with the development of their care plans. One care plan told us that the person had recently put themselves on a diet, as they wanted to watch their weight. Another care plan had the statement "I appreciate your patience in ensuring I am understood". This shows that staff had good understanding of people living at the service and gave them opportunity to live their lives in a way that the person would want to. This contributed to the happy feel of the service and a solid sense of harmony between people and the staff.

People and their relatives were given support when making decisions about their preferences for end of life care. People, their friends and relatives wishes were heard and respected during this process. The registered manager told us "When someone comes to end of life we put in place an end of life care plan. We use the services of a local hospice to assist with end of life care." The service had recently put in place a palliative care champion who was selected by the registered manager. We spoke to the member of staff who was selected who told us "I was given extra training for this role and then share this knowledge with others when required." The registered manager also told us "A person's family is also very important during this time and we include them throughout."

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and described the routines specific to each person. Staff were knowledgeable about each person's care needs. Staff told us "Routine depends on the person. We always ask people what they would like to do. If someone does not want to get up at 7am that is ok and we will check later or wait for them to tell us." The registered manager told us "Keyworkers sit with the client and discusses the care plan, the family are also involved. The staff try to gather as much information as possible from family members." We looked at six care plans during the inspection. Each person had an 'at a glance' care plan that gave staff a 'snapshot' of the important information about that person for easy reference. It included specific information such as personal hygiene requirements, communication, mobility, allergies, food and drink, foot care, oral hygiene, sleep patterns, emotional and psychological. For example one 'at a glance' care plan told us that a person was allergic to penicillin, the person feels comfortable in tracksuit bottoms and can communicate verbally. There was detailed information about people including life history, family and friends, current and past interests and employment. One care plan told us that the person enjoyed knitting and watching sports on television especially horse racing. We observed staff using the topics in the care plans to engage positively with people. For example, one care plan stated that the person "loves animals" and we observed people were bringing pet dogs to visit. The dogs were welcomed into the home by staff and other people living there. Another care plan stated that "If the person is worried or upset that they would like a cup of tea and chocolate biscuit." We observed this practice during the day to assist the person become less anxious.

People living at the service were supported by staff that were responsive to their changing needs. The care plans had pre-admission assessments. People were assessed before moving to the service, which allowed staff to start to complete a care plan that was person centred to the person's needs. The pre-admission assessments were brief but covered essential information with a tick list of needs and added comments. The registered manager told us "The care plans evolves with the person as we get to know them better." Care plans were reviewed on a monthly basis or if there was a change in circumstance. For example, two care plans showed that when there had been a change in the person's weight, this was identified as a concern the care plan was reviewed. Staff followed guidelines and changed the diet of the people appropriately. A medical professional told us "If we give care instructions the staff always follow them. If the staff have any concerns they always call. The staff manage the care of people living here well." Records showed that information about all people living there was being handed over at the end of each shift.

People received a range of activities during the day and were encouraged to participate with the involvement and planning. The registered manager told us "We have recently employed an activities coordinator and this area was identified as a concern in a recent survey given to residents and relatives." A member of staff told us "We go out more in the summer. We go to garden centres and we went to the local theatre to see a show." During the inspection, a number of activities were taking place. Staff played board games with people living at the service. We also observed a game of bingo being played by all those that wanted to play. During all activities, we observed that the staff and people participating were enjoying themselves. People were seen to be having fun and a joke with each other and staff.

People were encouraged to be independent and have control over how they made choices. One person told us "I can choose my food every day. They give us snacks and drinks and if we want more we just ask." Copies of a picture menu were available throughout the home. Staff assisted people to make their choice for the day. One member of staff told us "Meals can be served at different times. We always ask people if they are ready to have their meals". The registered manager told us "If they do not want a specific meal there are other options available. They could have a sandwich, jacket potato or omelette. They can choose to eat in the dining room or in their bedroom." We observed a member of staff taking food to a person's room. One person wanted to go out but it was raining so an alternative activity was offered. We looked at three bedrooms with permission from the people who lived in them. People personalised their rooms with pictures and ornaments. One person told us "I am a football fan and I have a big picture of my team above my bed."

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. One person visiting told us "I am made welcome at the home." I can talk to staff about anything I want." Friends and family were encouraged to give feedback as were people living at the service through surveys and resident meetings. A member of staff told us "There are resident surveys and meetings. Sometimes just by having chats with people things come up and we act on it." The recent resident and family surveys took place December 2015. Three relatives took the survey and ten people took part that lived at the service. Resident meetings also took place at the service. The last noted meeting in January 2016 and it identified that people living at the service would like take-away fish and chips once a month. The registered manager told us, "This has been put in place and starts next week." We observed this in the menu plan.

People's concerns and complaints were encouraged and investigated. One relative visiting the service told us "If I wanted to complain there is a complaints form in the lobby." There was an easy read version of the complaints policy in the communal hall. The registered manager told us "There had not been a complaint at the service for two years." A complaints policy and procedure was in place and displayed in the entrance area. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. There were no on-going complaints at the time of the inspection. The manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. All minor concerns raised had been documented along with actions taken to resolve them.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was open and transparent, however they had not consistently notified the Care Quality Commission of incidents as per the Health and Social Care Act 2008 legal requirements. When a submission to the deprivation of liberty safeguards (DoLS) had been authorised by the Local Authority, and when they had reported their concerns to the local authority safeguarding team, the Care Quality Commission had not been notified. We spoke with the registered manager who told us they were unaware of this obligation. Staff acted in accordance with the Mental capacity Act 2005 Deprivation of Liberty Safeguards code of practice and referred to the local authority when appropriate, therefore people were not at risk due to this omission.

The failure to notify the CQC of safeguarding investigations and the outcome of DoLS application is a breach of the Regulation 18 Care Quality Commission (Registration) Regulations 2009.

Audits were taking place at the service and action was taken to address the shortfalls. For example, the provider audit that took place September 2015 identified that whistleblowing and safeguarding information needed to be made available for staff and people in the home. The manager had displayed the policies and information in the entrance hall. The audit also identified that temperature readings in the medicine room needed to be carried out daily, and this was now being done. There was a provider visit in January 2016 that identified that the service should have a dignity champion. The role of dignity champion had been implemented at the service and a member of staff had been named. Audits were taking place for fire, environmental health and medicine management and administration. A manager audit took place March 2016 and covered care plans, accident reports and body maps. The audit also included medicine, cleaning and fire alarm testing.

Staff and management communicated information well to people through meetings and handovers. Staff told us "Communication is very good here. It is important that information is handed over correctly." Staff handover took place between shifts and was recorded. At each handover staff went through the needs of every person that lived at the service identifying any concerns that they may have that may require attention. Night staff shared information such as any falls that may have taken place during the night. Day staff following up with observations and involving a GP or district nurses when required. People's families and friends were told of any incidents or concerns promptly.

Staff were positive about the leadership of the registered manager. One member of staff told us "I have never had a problem with the manager and the manager is always good with advice". Another member of staff told us "The manager is very supportive". The registered manager told us "We are only here because of the people that live here. It is not about what is easy for us. We try to have a relaxed approach to the service as it is their home and we are here to assist." The registered manager told us "I have no issues with the provider, if we need something I find a good price and put it to them and they will generally supply what we want. We have recently had installed a stair lift and the outside walls have been painted."

The provider valued people's feedback and acted on their suggestions. People and those important to them

had opportunities to feedback their views about the home and quality of service they received .There was a residents and relative survey that took place December 2015. Both surveys identified that the activities on offer were not what the people were expecting and required improvement. Following this the registered manager recruited an activities coordinator for the service. The relative survey told us "Staff friendliness was excellent and one comment said, "They were very pleased with the way their relative had settled in."

The provider had a clear published statement of purpose that identified the vision and values of the service. These vision and values ran through the services policies. One member of staff told us "I treat the people here as if they are my own family". Another member of staff told us "I treat people with dignity. I offer to help but ask if they would rather do it themselves." The registered manager told us "This service is special because it has a family feel."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not fulfilled their statutory obligations to the CQC with regard to notifications. Regulation 18 (2)b (4B)c