Meridian Healthcare Limited

Millbrook Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 25 and 27 October 2016 and was unannounced. At a previous inspection, undertaken in May 2014 we found no breaches of legal requirements.

Millbrook Care Centre is a purpose built service that provides residential care and accommodation for older people. The home has 46 beds and is situated across three floors with lift access. The home also provides short stay care and end of life care where required.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2015. A registered manager is a person who has registered with the CQC 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 told us they were safe living at the home and staff had a good understanding of safeguarding issues and how to recognise and report them. There was regular maintenance of the premises and fire risk and other safety checks were carried out on a frequent basis. Staff undertook fire drills to practice their response to such an emergency and people had emergency evacuation plans in place. Accidents and incidents were monitored and reviewed to identify any issues or concerns. A new falls team had recently been established to monitor and review the home's response to falls.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. All staff had been subject to a Disclosure and Barring Service check (DBS). We found some issues with the management of medicines at the home. Recording of when medicines were administered was not always complete and some people did not have "as required" care plans. Where people were dealing with their own medicines, these were not kept securely, as required by the provider's own policy.

Staff told us they had access to a range of training and updating. The registered manager told us a new on-line system had been introduced and staff were being encouraged to fully complete all required training. Staff told us, and records confirmed they received annual appraisals and half yearly reviews. Staff were also subject to situational supervisions, if an incident or issue arose.

People told us, and our observations confirmed that the home was maintained in a clean and tidy manner.

People's health and wellbeing was monitored and there was regular access to general practitioners, dentists, district nurses and other specialist health staff. We witnessed staff responding immediately and appropriately to health concerns.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not

inappropriately restrict their freedom. The registered manager confirmed that all people living at the home had capacity and no applications for DoLS had been made or granted. People were asked their consent on a day to day basis, some newer care records did not have explicit consent forms or care agreements in them, to say people had agreed to care delivery.

People were happy with the quality and range of meals and drinks provided at the home. They told us they could request alternative items and we saw this in practice. Special diets were catered for and kitchen staff had knowledge of people's individual dietary requirements, likes and dislikes.

People told us they were happy with the care provided. We observed staff treated people patiently and with due care and consideration. Staff demonstrated a good understanding of people's individual needs, preferences and personalities. People and relatives said they were always treated with respect and dignity.

Care plans were comprehensive, person centred and related appropriately to the individual needs of the person. Care plans were reviewed monthly and a dedicated form was used to try and ensure people's voices were recorded as part of the review. A range of activities were offered for people to participate in. People and relatives told us they had not made any recent formal complaints and would speak to the registered manager if they had any concerns. The registered manager had dealt appropriately with any complaints received.

The registered manager told us she carried out regular checks on people's care and the environment of the home. The regional operations directors also undertook regular reviews of the service. However, the checks on medicines had failed to note that those items being self-administered were not stored in line with the provider's own policy and audits had not identified certain legally required notifications had not been complied with. Staff felt well supported by management, who they said were approachable and responsive. People and their relatives told us there were meetings at which they could express their views. The provider had sought people's views through the use of questionnaires, which were overwhelmingly positive. Records were well maintained and up to date.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the Safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

Some aspects of medicines management were not always safe or in line with the provider's policy. Relatives and people living at the home said they felt they were safe at the home. Staff had undertaken training on safeguarding issues and recognising potential abuse and said they would report any concerns.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Safety checks on equipment and the home were completed and up to date. Accidents and incidents were recorded and monitored.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. The home was clean and tidy.

Is the service effective?

Good

The service was effective.

Records confirmed a range of training had been provided and staff had been supported to update their training. They confirmed they received supervision sessions and annual appraisals.

People were offered choices and staff understood the concept of best interests decisions and the provisions of the Mental Capacity Act (2005). There had been no DoLS applications made by the home. Formal consent forms were not always available.

People had access to a range of meals and drinks and specialist diets were supported. People's wellbeing was supported through regular contact with health professionals. The environment of the home was good with themed areas for people to relax in and access to gardens.

Is the service caring?

Good

The service was caring.

Relationships between people and staff were friendly and reassuring.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. There was evidence people had been involved in determining the care they received. People were involved in reviews and relatives were kept up to date on any issues or changes.

We observed staff supporting people with dignity and respect in a range of care situations. People were supported to maintain their independence. Where appropriate, people had details how they would like to be cared for at the end of their lives.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs had been undertaken and care plans reflected these individual needs. Plans were reviewed regularly and updated as people's requirements changed and incorporated advice and guidance from health professionals.

There were a range of activities for people to participate in. People told us they could make choices about how they spent their days or the care they received.

The provider had a complaints policy in place and people were aware of how to raise any complaints or concerns. Recent formal complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective. These checks had failed to identify the issues we noted around the management of medicines. A small number of incidents had not been notified to the CQC, as legally required. Questionnaires had been used to gather people's views and there was a high level of satisfaction with the service.

Staff, were positive about the leadership of the registered manager and deputy manager. Staff said they were happy working at the home and that there was a good staff team there.

Regular staff meetings took place and staff told us that management listened to and acted on their suggestions. Records

were up to date and contained good detail.

Millbrook Care Centre

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 25 and 27 October 2016 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with 12 people who used the service, four relatives, two friends and a visitor from a local church, to obtain their views on the care and support they received. Additionally, we spoke with the registered manager, deputy manager, three care workers and the chef. We also spoke with a health professional who was visiting the home during the inspection.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, eight medicine administration records (MARs), four records of staff employed at the home, complaints records, accidents and incident records and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

The majority of people living at the home were supported with taking their medicines and helped with applying creams and lotions. We examined medicines administration records (MAR) for people living at the home. We found some issues with the recording of medicines. For example, one person who had recently been admitted to the home was prescribed a particular medicine in the morning and the evening. Their medicines came in a measured dose system (MDS) and the particular medicine was easily identifiable in both the morning and evening section. Whilst the body of the MAR detailed it should be given twice a day, it was only highlighted as being required once per day and was only signed for by staff in the evening.

We saw another person had an "as required" care plan for the use of an inhaler. "As required" medicines are those given only when needed, such as for pain relief or to deal with periodic conditions such as asthma. We could find no MAR related to the inhaler and so asked a member of staff if the person used it. The staff member told us the person took the inhaler each morning. This meant there was no record of when the person was receiving this medication. We saw a number of other people were prescribed "as required" medicines, but protocols detailing when these should be given were not always available. A further two people were prescribed pain relief with the instructions it should be taken four times a day. We found gaps in the MAR records suggesting the medicines had not been given as regularly as prescribed.

Two people were identified as dealing with their own medicines. Risk assessments had been undertaken in relation to this and people had signed forms saying they were happy to deal with their own medicines. We looked at the provider's medicines policy for this situation. We saw the policy stated such medicines should be kept in people's rooms in locked drawers or locked cabinets. We checked one person's room and found the medicines kept in an open drawer. We accompanied the registered manager to the second person's room and found they kept their tablets on the dressing table. They said they could not recall ever having a key for their drawer to lock things away. This meant medicines were not stored safely in a way that kept them safe from being picked up by other people at the home or visitors. The registered manager made arrangements to immediately lock the medicines away safely in the clinic room.

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

Medicine trolleys and clinical rooms were maintained neatly and tidily. Some people were prescribed controlled medicines. Controlled medicines are those were there are special laws related to their use and safe storage. We checked the number of controlled medicines tallied with those recorded on the controlled medicines register. We also saw temperatures were monitored for both the clinical room and the small fridge used to store some items, to ensure medicines were maintained at an appropriate temperature.

People we spoke with told they felt safe living at the home and when staff cared for them. Comments from people included, "I always feel safe because there is always someone here" and "Yes, I feel safe." Relatives told us, "I feel confident that the staff are looking after them and that they are safe" and "I know I can go home and know that if anything does happen they are not alone; someone will help them. I know they are

checked through the night. I don't lie awake at night."

The provider had in place a safeguarding policy and the registered manager showed us she had dealt with four safeguarding issues in the previous 12 months. We saw details of the concerns had been recorded and, where necessary, a referral made to the local safeguarding adults team. Where required, investigations had been carried out. Staff told us, and records confirmed they had undertaken training regarding safeguarding vulnerable adults. Staff were able to describe the range of concerns that could indicate potential abuse and said they would immediately report it to the registered manager or senior staff. This meant the provider had in place systems to protect people from the risks of abuse.

Systems were in place to monitor and check for risks related to the environment. The registered manager showed us certificates regarding the safety of the gas and electricity at the home and checks on the safety of the water system. We saw there were regular checks on fire alarm and detections systems, both by the home's handyman and by outside contractors. The deputy manager told us the recording of staff attending fire drills was now part of the provider's training system. We saw some staff were still to participate in a recent fire drill. It was also not possible from the records to identify any issues highlighted by the drill. The deputy manager said this was a new system that had only recently been introduced. People had personal emergency evacuation plans that detailed the support they may require in the event of a fire or other emergency at the home. The registered manager also showed us the home "grab and go" bag which contained important equipment that may be needed in the event of an emergency. People's care plans contained risk assessments related to the care and support they required. People's care was regularly reviewed in terms of any risks of falls, skin integrity issues and potential choking or swallowing risks. This meant people were supported to live safely at the home because the provider had in place appropriate system to monitor and limit risk.

The majority of people we spoke with told us there were enough staff available to support their care needs. Comments included, "There is always a member of staff around"; "I think they have been a bit short. I think there are enough staff at night but the staff work hard"; "There are plenty of staff" and "I think there are enough staff; I can always find someone when I need to." One person told us they sometimes had to wait for assistance when they pressed the call bell. We did not witness call bells ringing for long periods and noted there seemed to be staff available around the home. A community professional who was visiting the home on the day of the inspection told us they never had any problems finding staff to assist them and staff always had people ready when they called. Staff we spoke with told us it could be busy at time but there were enough staff to deliver care safely.

We looked at personnel files for staff currently employed at the home. We saw an appropriate recruitment process had been followed, with two references requested, identity checks and Disclosure and Barring Service (DBS) checks undertaken. DBS reviews ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. Where any issues had been highlighted on a DBS check then consideration and an assessment of potential risk had been made. This meant the provider had in place appropriate systems to recruit suitably skilled and trained staff.

The registered manager maintained a record of accidents and incidents at the home. She regularly carried out an analysis of falls at the home looking at the location and time of falls, to identify any potential trends. Where necessary we saw action had been taken to prevent further accidents. For example, we saw in one report a falls mat had subsequently placed by a person's bed at night to try and prevent further events. The registered manager told us about a new falls group the provider was establishing in each of their homes. We saw the local group had met twice and had looked at recent falls information to try and identify possible actions to prevent falls.

People told us the home was always clean and tidy. Comments from people and relatives included, "Very nice and clean: spotless"; Very good here; they keep the place nice and clean" and "The facilities, such as bathrooms are very good." We walked around the home and saw all aspects of the service were maintained in a clean and tidy manner. Toilets, bathrooms and en-suite facilities were very clean and there were no odours in people's rooms or on corridors. Domestic staff we spoke with said they had enough time and equipment to maintain the cleanliness of the home. Laundry facilities were kept clean and tidy and kitchen facilities were exceptionally clean and well kept. The kitchen had been awarded a five star food hygiene rating from the local authority. We observed staff wore protective equipment when supporting people with care or dealing with food. This meant the provider had in place appropriate systems to maintain a clean environment and manage potential infections.

Good

Is the service effective?

Our findings

People told us they felt staff had the right skills and experience to look after them and support their needs. A professional who was visiting the home on the day of the inspection told us they felt staff were experienced and appropriately sought additional advice when necessary.

The registered manager and deputy manager spoke with us about the training system. They said the provider who had taken over the home about a year ago had introduced a new online training system, which staff were now working well with, although it had been initially quite challenging. The registered manager said that ensuring staff were updating and revising their training had been a key matter over recent months and we saw the issue had been discussed in various meetings. Staff told us, and records confirmed they had completed a range of training. We saw each staff member had a training record which detailed the training they had completed and that which still required updating. There was also an overall record detailing how many staff had completed various training. Completion rates for 'safe handling of people' training were at 95.8%, for 'safeguarding' at 81.8% and for 'infection control' at 84.8%. We saw this was an improvement on the figures available for the July review period. The registered manager told us staff were continuing to be encouraged to further update their training and were able to attend the home before their shifts to carry out online training or visit on their days off, and would receive payment for this time. She said the matter remained an ongoing issue which she and the wider organisation were monitoring.

Staff told us, and records confirmed they had access to regular supervision and annual appraisals. Staff said they had annual reviews and also a mid-year review. Staff were able to comment on their performance and raise any issues as part of the appraisal process. We saw that where any particular issues had arisen then a supervision session was undertaken to review the matter and reinforce the provider's policy. For example, we saw specific supervision sessions had taken place following a medicine error, where a member of staff had been reported as using their mobile phone at work and also around issues related to the home's dress code. The registered manager said that with the exception of the annual and mid-year reviews there was no ongoing supervision, although staff could speak with her or the deputy manager at any time. Staff confirmed they could approach the registered manager or deputy manager for support or supervision if they required. This meant staff were supported to maintain their skills through regular training and updating and supervisions and appraisals were undertaken as appropriate.

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.

The registered manager told us people living at the home had capacity to make their own decisions and therefore no DoLS had been applied for or were in place. She said there had been no recent best interest decisions as people were able to consent. We saw some people had signed consent forms to say they agreed with their care plans or care being delivered or were happy to manage their own medicines. We noted these were not always included in newer care records. The registered manager told us these documents were not automatically provided with the new care record documentation. She later showed us copies of the various consent forms from the provider's online system and said she would ensure people signed relevant documents, as necessary. As part of the admission assessment process matters related to people's capacity to agree and consent were considered. Where family members had Power of Attorney (PoA) then a note was made of this. In some cases a copy of the document was available on people's care records. PoA is a legal process that allows other people to act on the behalf of an individual where they may not have the capacity to do so themselves. PoAs are granted on application to the Office of the Public Guardian. The registered manager told us that in all cases she had been shown a copy of the PoA to ratify it was appropriately in force. We witnessed on a day to day basis staff sought people's consent before delivering care. This meant people's rights were protected and the home ensured people had consented to care being provided and delivered.

People's well-being was supported. Care records indicated people were supported to attend hospital appointments or had been seen by general practitioners or other health professionals at the home. We spoke with a health professional, who was visiting the home on the day of our inspection, who told us staff sought health advice appropriately and where recommendations were made then this was followed. People we spoke with told us staff would call the doctor for them, if they requested. We witnessed an incident where a relative raised concerns about the health of their relation. We noted the deputy manager immediately telephoned the local surgery and sought advice on the most appropriate actions to take.

People we spoke with were complimentary about the food. Comments included, "The food is good and there is plenty of it"; "The food is good and staff tell you what is on the menu and you can say what you like"; "There is a choice of drinks such as tea, coffee, juice or a milk shake"; The food is adequate; nothing exceptional but I eat the majority of meals that are brought to me" and "The food is nice; it is very good." One relative told us, "He eats all that is put in front of him and had two puddings today." We observed meal times at the home and saw people were well supported and that the food looked hot an appetizing. People were shown plated meals by staff to help them decide which of the two options on offer they wanted. This enhanced people's ability to make an informed choice. We noted some people did not want the meals on the menu. Staff were very supportive and offered them a range of alternatives, including baked potatoes, soup or sandwiches. They both requested baked potatoes and these were provided.

We spoke with the chef at the home. He was able to tell us about how people's special diets were supported and said he received copies of people's dietary preference sheets. He told us he enjoyed working at the home and enjoyed working with fresh ingredients rather than just heating pre-prepared food items. We saw there was a good selection of fresh, frozen and dried food stuff available. As part of their ongoing review of care people's MUST (malnutrition universal screening tool) was regularly updated and weights monitored at appropriate intervals. MUST is a nationally recognised system for monitoring and reviewing people's nutrition intake and any risks associated with nutrition. This meant people were supported to access appropriate food and fluids and had their weight and nutritional intake monitored.

The home was purpose built and partly converted from a former school building. The environment had been designed to support people both physically and psychologically. There were areas of the home completed in themes to support people to reminisce. For example, one corridor was furnished in the manner of a railway station waiting area, with old railway related items and books for people to look

through, another corridor had a chess set available for people to use. In the main lounge there was a small display of school items as a nod to the building's original function. The registered manager told us one person had actually attended the school in their youth. The outside of the home had level access to extensive garden facilities and sunny patio areas. In the basement area was a cinema room, decorated and furnished in an appropriate style. There were lifts between all floors. This meant appropriate thought had been given to providing an inviting and stimulating environment.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us they found staff at the home supportive and caring. Comments from people included, "Staff are lovely and very kind"; "They have all been nice to me and I have liked it. I would probably come again"; "My overall view is that it is a very good place"; "The staff are quite affable and I can converse with them"; "I can't fault any of the staff, they are always pleasant" and "Yes, I'm happy here, there is always someone to talk to." One relative told us, "They are very welcoming and they want you to feel comfortable and part of the home."

We spent time observing care during the inspection. We found staff treated people politely and in a caring, thoughtful and considerate manner. We witnessed one care worker, who was singing brightly whilst carrying out their duties, went into a person's room and had a long conversation with them. They then noted the sun had moved and was shining on the person. They asked them if they wanted the curtains partly drawn to stop the sun shining in their eyes and subsequently did so. We also witnessed domestic staff chatting to people as they went about their business and enquiring how people were feeling that morning and commenting how a person looked smart. This demonstrated people were supported in a caring and compassionate manner.

People and their relatives told us they felt involved in their care. They told us staff asked them about their likes and dislikes and any changes they wished to make to their care. One person told us, "The staff are alright and they get me anything I ask for and they will come and speak with me about things." A relative told us, "The manager always speaks to us about any issues or concerns. If there are problems or they have to get the GP in they will keep us informed." We saw evidence in people's care plans that relatives had been approached about key matters in people's care. Care records also contained details of monthly reviews involving people and highlighting any changes they wished to make about their care. We saw one review had highlighted a person had not liked the seasonal change of menu and felt there were fewer meal options they liked. We saw the registered manager had sat with the person and sought their views and ideas on alternative meals they would like to eat. This meant there was evidence people and their relatives were supported to be involved in determining their care.

Staff told us no one at the home had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied namely; age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. People told us there were religious events at the home or that they were supported to attend church events if they wished. Questions about people's religious backgrounds and practices were included in the initial assessment document. The registered manager told us there was no one at the home who was currently supported by an advocate to ensure their wishes were supported and respected. The registered manager said people were able to make their own decisions and indicate how they wanted their needs to be met. She said most people were well supported by family or friends if they required any additional support.

Staff understood about the need for confidentiality and most care plan documentation was secured when

not in use. We did note some daily records were kept in cupboards in the lounge area and staff did not always secure them after use. The registered manager said she would look again at these arrangements to ensure personal documentation was kept private. People's privacy and dignity was respected. Room doors were closed when people were receiving personal care and people told us that if they were staying in their rooms they could ask for doors to be closed or left open. One person told us, "It's not like home but the rooms are reasonable, nice and private and I can't hear a lot of noise."

The registered manager told us that although the home did not provide nursing care they did sometimes support people with end of life care, if it was their wish to remain at the home in their final days. Where appropriate people had made decisions about the type of end of life care they would like and where they would like to be cared for. These plans or wishes were documented in people's care records.

Good

Is the service responsive?

Our findings

People told us staff responded to their requests for assistance and were generally available to provide help. Comments included, "I like it. We have a good laugh and the staff are very nice and will do anything for you"; "The staff are alright and they get anything I ask for"; "Clothes are always washed nicely and brought back to you nicely" and "They are looking after me properly and I like living here." People told us they had access to support with personal care such as baths and showers and could request a bath or shower when they wished. One relative told us, "(Name) always gets baths and showers. They always look fresh and clean and tidy."

Care plans were comprehensive, person centred and related appropriately to the individual needs of the person. There was evidence an assessment of needs had taken place prior to the person coming to live at the home, which highlighted both personal care needs and those related to any health conditions the person may have. Care records also contained a document called "remembering together." This contained information about people's life and backgrounds, their family and work history and the sort of music they preferred. Care records also contained a one page 'resident profile' document which contained a photograph of the individual but also detailed information that was important, such as their preferred name, whether they wished to be supported by male or female care workers and any preferences for activities they enjoyed.

From these initial assessments care plans were developed to address people's needs. Care plans covered areas such as, communication issues, personal care and support, mobility, food and nutrition and support with medicines. Care plans were simple but covered all the key elements people needed support with and detailed how staff could best support people. For example, one person's care plan, regarding personal care confirmed they wanted support from only female care workers, liked to soak in the bath, preferred to wear trousers as opposed to skirts and liked to have their hair done by the visiting hairdresser weekly. Another person's care plan highlighted they generally liked to retire to bed around 9.30pm and preferred using a duvet for their bed covers. Care plans also contained risk assessments related to the care people were to receive. For example, one person was prescribed and was taking a medicine knows as Warfarin. Warfarin can help thin the blood and may lead to people bruising more easily. Care records highlighted staff should be aware of this and should monitor the individual for any concerning side effects. We looked at one care record of a person who was staying at the home on a respite basis for a few weeks. We saw that even though the person had only been admitted the previous day an assessment of their outline needs had been taken and recorded.

During the inspection we were aware the deputy manager was discussing a possible admission with a family member. We noted they asked the relative to provide as much information as possible about the individual, so they had a good understanding of the person's needs before they came to the home.

Care plans were reviewed monthly and a dedicated form was used to try and ensure people's voices were recorded as part of the review. Whilst there were some comments people had made about their care, the majority of reviews stated the individual had no particular comments. We spoke to the registered manager

about this and how reviews could more actively seek the views of people. Risk assessments were also reviewed monthly, so people's care records contained updated documentation related to risks around skin integrity issues, malnutrition and falls risks. Staff we spoke with had a good understanding of people's needs and about them as an individual. One care worker told us, "There's one resident who loves singing. If I have five minutes I'll pop upstairs and sing with them. They enjoy that." This meant people's care and support was effectively detailed and reviewed to ensure it continued to meet people's needs.

The home had a dedicated activities worker, who was present of the first day of the inspection. People told us there were a range of activities to participate in. The registered manager told us a range of events were provided including trips out to local pubs or tourist and beauty spots. We saw a range of events were advertised on the home's notice board. On the second day of the inspection the activities worker was off duty, but staff were engaged in a table quiz with people. People were sat around the table discussing the answers whilst at the same time enjoying cup of tea and some cake. The quiz generated much discussion between people and clearly brought out people's competitive edge. People said it was their choice to join in activities, or they could please themselves. On the second day of the inspection we observed three people spending most of the morning sat in a seating area at the entrance discussing where they had lived and sharing memories from growing up in the local area. One relative told us their relations did not join in the activities, out of choice, but that there was plenty going on at the home if they wished to participate. On both days of the inspection people were visiting the hairdresser, who had come to the home, and seemed to enjoy having their hair done and chatting during the process. This meant there were a range of activities for people to engage in if they wished to help promote their psychological wellbeing.

People told us they were able to make choices about their care. We saw people made choices around meals, activities, whether they managed their own medicine and whether they wished to stay on their rooms or join others in communal lounges. Some people told how they went out to visit family or attended local groups and events in the community. People's rooms were decorated in an individual manner, with ornaments of family photographs to make to room as homely as possible. During the inspection we witnessed staff supporting people to make choices about their care and spending time with people to ensure they received the preferences they had indicated.

The provider had in place a complaints policy and information about how to raise a concern or complaint was available around the home. People and relatives we spoke with told us they had not made any recent formal complaints but were aware of how they could do, if required. People told us that any concerns they did raise were dealt with appropriately. Comments from people and relatives included, "They are local girls and are alright. If there was anything bad I would tell the manager"; "The staff are friendly and open to complaints, if you have any concerns" and "I've got no complaints but would tell the staff if something was wrong." One relative told us, "As with all things in life there are minor annoyances, but any issues are dealt with. All I've got to do is to see someone in the office or one of the staff and then it's all sorted; no problem."

The registered manager kept a record of any formal complaints received. We saw there had been six formal complaints received in 2016 and, where necessary, these had been fully investigated and a response had been issued, with an apology. Where appropriate details of any actions taken by the home were listed. For example, one complaint resulted in a revision of the key worker process at the home and a change in systems to ensure personal care was being appropriately delivered. This meant the provider had in place an appropriate system for managing complaints, people knew how to raise any concerns and these were dealt with effectively.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2015. We were supported by the registered manager throughout the inspection.

Providers are required by law to notify the CQC of significant events at homes, including: deaths, serious injuries, the granting of DoLS and any safeguarding incidents. We noted there had been four safeguarding incidents that, although dealt with appropriately locally, had not been notified to the CQC. The registered manager told us this had been an oversight. By the second day of the inspection she had contacted the CQC's National Customer Service Centre and completed retrospective notifications for each event.

The registered manager demonstrated a number of checks and audits were carried out at the home. These included a daily walk around check that looked at whether people appeared clean and well cared for, people in their rooms had access to calls bells, whether the home was clean and whether there were any odours, and checks on the general tidiness and operation of the home. The registered manager also carried out spot checks on people's individual rooms and chatted to them to ensure they were happy with the care they received. There was also a rolling programme of care plan audits undertaken by staff members, these were further checked by the registered manager. However, these audits had failed to identify the issues we noted at this inspection. We saw in one audit it had been noted a person now required a fortified diet and that this needed to be communicated to the chef. When we checked the kitchen we noted this change had been recorded and noted. However, these checks and audits had failed to identify the issues we found relating the management of medicines.

We also noted the assistant operations director visited the home approximately every two months to carry out a detailed review of the home's operation. The registered manager told us that recent changes meant the assistant operations director now visited more frequently. We saw the most recent inspection had been in early October and had looked at care delivery, the general ambiance of the home, the dining experience, reviewed care files and sought feedback from people and relatives. Where necessary an action plan had been produced and these actions were followed up at the subsequent visit. This meant the provider had in place a range of checks on the environment and the delivery of care.

Prior to the inspection we were made aware that, following an inspection of one of the provider's other homes, the provider had worked with the registered managers in each home to implement an action plan to ensure key processes were in place and followed. We checked the home's progress against this plan and saw that good headway had been made.

People we spoke with told us they knew who the registered manager was and that she spoke with them on a regular basis. Comments included, "The manager talks to you and I can talk to her and she listens to you" and "We sit down regularly with the manager and senior staff to ask how things are." One relative told us, "The manager is very approachable. You can share a laugh and a joke with her. She is easy to speak with on both a professional and personal level." A visiting professional told us they found the registered manager

approachable and said they found her, "Caring and happy to help."

People and relatives told us there were regular meetings which they could attend and express their views. We saw the most recent meeting had discussed matters such as lighting around the home, changes in menus and further ideas or activities and trips out. A relatives' feedback questionnaire had been undertaken in June 2016. Responses include; 91% describing the cleanliness of the home as either good or outstanding; 82% said people were always treated with dignity and respect; 80% said they were able to contribute to care planning and 82% said they felt choice at the home was respected. The questionnaire asked for relatives overall impressions of the home. 36% rated it as outstanding and 46% rated the home as good.

Staff we spoke with said they found the registered manager helpful and supportive. Comments from staff included, "(Registered manager) is a lovely manager. You are able to have a laugh with her, but she will also put her foot down and say if something is not right"; "It was a big change having a new manager but the manager is superb. This is a good home and it seems to be getting better" and "You can go to the manager or deputy manager about any issue. They are both so easy to communicate with." Staff also said they were happy in their roles and they enjoyed coming to work. Comments here included, "We all seem to be able to work as a team. It's like a big family. It's a nice place to work": "I like being with the residents; finding out about them and what they used to do. I like the home as it is, both the staff and the residents are lovely" and "I'm happy working here. It's a great place to work and a nice environment." Staff told us, and records confirmed there were staff meetings at the home, including night staff meetings. We saw a range of issues were discussed including uniform policy, the need for senior staff to check documentation was up to date and a discussion about future CQC inspections. We saw staff were able to ask questions and raise issues in these meetings.

With the exception of some of the medicines records, previously highlighted, we saw that records kept at the home were up to date and contained good details about the events or activities people had been engaged in. Records held in people's rooms were also well completed.

The registered manager told us that she was building links with the local community. She said local schools regularly visited the home and she was looking to strengthen such links. We noted that the local war memorial, which had been a part of the original school building had been retained and incorporated into the new build. The registered manager told us the local community still commemorated remembrance day at the memorial and this was a very poignant time for many people living at the home.

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 Systems were not in place to ensure the proper and safe management of medicines. Regulation 12(1)(2)(g).