Anchor Carehomes Limited

Brackenfield Hall

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 2 August 2016 and was unannounced. The service was registered with a new provider by the Care Quality Commission in July 2014 and this is the first inspection since its registration.

Brackenfield Hall is a care home without nursing, which is registered to provide accommodation and personal care to a maximum of 60 older people, some of whom may be living with dementia. The service is accommodated in a purpose built building which was first developed into a care service seven years ago. The service is provided over three floors; the first two floors are split into four units; on one side of the building (ground and first floor) are two units called Endcliffe, which accommodate people living with dementia. On the other side of the building are two units both called Rivelin and on the ground floor is the unit for residential care and on the first floor a unit for people living with dementia. The second floor level is used for the kitchen, laundry and staff area. At the time of our inspection there were 59 people in residence, 46 of whom were living with dementia.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (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.

During our inspection we found that recruitment procedures were not robust and did not follow the registered provider's policy and procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were some inconsistency within the fire and emergency practices and procedures within the service. This potentially put people at risk of harm as staff did not have the skills and knowledge to evacuate people safely should there be a fire in the home. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the induction, supervision and support for new staff was not robust and did not adequately enable them to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Record keeping within the service needed to improve. We saw evidence that care files and risk assessments were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm. This is a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

You can see what action we told the registered provider to take at the back of the full version of this report.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and there were enough staff to meet people's needs. People received their medicines safely and where errors were noted the registered manager took appropriate action to improve staff practices.

Some people who used the service were subject to a level of supervision and control that amounted to a deprivation of their liberty; the registered manager had completed a standard authorisation application for each person and these had been reviewed by the supervisory body of the local authority. This meant there were adequate systems in place to keep people safe and protect them from unlawful control or restraint.

People were able to talk to health care professionals about their care and treatment. People told us they could see a GP when they needed to and that they received care and treatment when necessary from external health care professionals such as the District Nursing Team or Diabetic Specialists.

People had access to adequate food and drinks and we found that people were assessed for nutritional risk and were seen by the Speech and Language Therapy (SALT) team or a dietician when appropriate. People who spoke with us were satisfied with the quality of the meals.

People spoken with said staff were caring and they were happy with the care they received and had been included in planning and agreeing the care provided. They had access to community facilities and most participated in the activities provided in the service.

People knew how to make a complaint and those who spoke with us were happy with the way any issues they had raised had been dealt with. People had access to complaints forms if needed and the registered manager had investigated and responded to the five minor complaints that had been received in the past year.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Staff recruitment practices were not robust and did not follow the registered provider's policy and procedure. This meant people were potentially put at risk of harm from unsuitable people working within the staff team.

We found there were some inconsistency within the fire and emergency practices and procedures within the service. This left people at risk of harm as staff did not have the skills and knowledge to evacuate people safely should there be a fire in the home.

There was sufficient staff on duty to meet people's needs and there were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

New staff did not receive a robust induction or have the right levels of support and supervision during their probationary period to ensure they had the right skills to carry out their role.

We saw people were provided with appropriate assistance and support with regard to nutrition and hydration and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff. We saw that care staff showed patience and gave encouragement when supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Is the service responsive?

Good

Some aspects of the service were not responsive.

Care plans were person centred, but there were a number of blank documents within the files and risk assessments had not always been reviewed and monitored appropriately. This meant there was not an up to date record of people needs, which could put people at risk of not receiving responsive care and support.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible. Staff encouraged people to join in with social activities, but respected their wishes if they declined.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Record keeping within the service needed to improve. We saw evidence that care files and risk assessments were not always accurate or up to date.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the registered manager was making progress in improving the quality of the service.

Brackenfield Hall

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 registered 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 2 August 2016 and was unannounced. The inspection team consisted of two adult social care (ASC) inspectors.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR 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.

At this inspection we spoke with the registered manager and the deputy manager. We spoke with two visiting health care professionals and we also spoke with two staff members, three visitors and two people using the service. We observed the interaction between people, relatives and staff in the communal areas and during mealtimes. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the office looking at records, which included the care records for three people who used the service, the recruitment, induction, training and supervision records for four members of staff and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

One person using the service told us, "I feel very safe here. The premises are secure and we have very good staff who take great care of us." Another person said, "The staff are 'on the ball', they are good at checking people over when they have had a fall. They make you feel safe and looked after." One relative said, "The premises are safe for people and I trust the staff." Another relative said, " [Name of service user] has plenty of space to walk around inside and out in the enclosed gardens, so has lots of freedom but stays safe."

Staff recruitment procedures were not robust and did not follow the registered provider's policy and procedure. We looked at four staff files and found there were issues with the recruitment of staff. File one had an application form within it, but this document did not ask the potential employee for any past work history. The registered manager told us that the registered provider (Anchor) were looking at this as an area for improvement. File one also only had one reference in it which was received after the member of staff started work. File two had no application form only a Curriculum Vitae. File three had one generic reference (addressed to whom it may concern) and this was not dated. There were also gaps in the person's employment history which had not been explored further by the manager. The fourth file was satisfactory. However, this meant there was a pattern of the registered manager not ensuring appropriate and robust employment checks were carried out prior to staff being employed. This left people at risk from potentially unsuitable staff working with vulnerable client groups.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment serviced included the fire alarm and the nurse call bell, moving and handling equipment including hoists and slings, the lift, portable electrical items, water systems and gas systems. There was also an electrical wiring certificate in place that showed the electrics were checked every five years. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

At the time of this inspection we found one lift was out of order, but there was a second one available for people to use so this had a minimal impact for people using the service. A contractor had been out to the lift and repairs were underway.

Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency. These were kept in a central file in the nurse's office on each unit and each individual sheet had a person's assessment and photographic identification on it.

We found there were some inconsistency within the fire and emergency practices and procedures within the service. The registered manager spoke with us about the registered provider's business continuity plan for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan we were shown was very basic in detail and did not identify the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The plan had been reviewed in 2015, but this was prior to the new provider taking over the service. The registered manager told us that this would be reviewed as soon as possible.

We saw that a fire drill was last held in July 2016. The notes on the record stated that staff had demonstrated a really poor response to the alarm, they had ignored the fire signs and did not know how to operate the fire panel and forgot to bring the 'walkie – talkies' (used for emergency communication). We asked the registered manager what was being done to improve the staff performance and they said, "All the staff need fire training to senior staff level so they know how to operate the fire panel and respond appropriately. This is being sourced and will include practical and theory sessions." This meant people were at risk of harm because staff did not have the skills and knowledge to evacuate people safely should there be a fire in the home.

The fire risk assessment was dated May 2016 and had a number of high risk action points on it. The health and safety officer from the registered provider's head office was at the service during our inspection, looking at the progress being made. They told us that a number of actions were still required and we asked for written confirmation of when these were completed. We received confirmation shortly after our inspection from the responsive repair manager, to say that the work had been completed by contractors. This reduced the risk to people using the service and others in the home.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. The CQC had been notified by the registered manager of any serious injuries or deaths within the service and the information we gathered was measured against national statistics for similar services. This showed there was no evidence of risk identified with the service with regard to the number of reported incidents.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition; the majority of the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. However, we found in one of the care files we looked at that the person had their risk assessment for falls last reviewed in April 2016 and then they fell again in May 2016. There was no evidence in the file that staff had looked at the person's falls risk assessment following the May incident, which meant this person was potentially at risk of further falls as the assessment to keep them safe was not reviewed and updated. Please see the well-led section of this report for the action we have taken.

People told us they got their medicines on time and staff waited until they had taken them before moving on. One person said, "I am anaemic so I get tired easily, but I am taking iron tablets to make me feel better." Everyone we spoke with was happy for the staff to administer their medicines. Discussion with the registered manager indicated that no one using the service currently self-administered their own medicines, but that

this would be risk assessed and discussed with their GP if people's wishes or capacity changed.

We observed staff completing a medicine round. They asked people discretely if they had any pain in a way they would understand. For example, one person was asked, "Are you hurting anywhere? Would you like some medicine to stop it hurting?" The staff member was very patient with people ensuring medicines were taken appropriately before moving onto the next person. The member of staff told us that if a person refused their medicine then it would be, "Put into a labelled bag with the person's name and the dosage on it. This is then returned to the pharmacy for destruction." This indicated the member of staff was aware of best practice and worked in accordance with the registered provider's policy and procedure for medicine management. We saw that staff recorded when medicines were not given, for example when a person was asleep. The staff also recorded the time that the medicine was eventually given later on in the day.

The senior care staff informed us that they had received training regarding the handling of medicines. This was confirmed by our checks of the staff training files. We looked at the systems in place for medicines management. We reviewed the medication administration records (MARs) for one of the units and looked at storage, handling and stock requirements. We found that appropriate arrangements for the safe handling of medicines were in place. The medicines policy and procedure was reviewed in May 2015 and was linked to best practice guidance.

Medicines were stored securely and the keys were held by the senior care staff on duty. Controlled drugs (CDs) were regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

There were a few minor issues that we discussed with the registered manager on the day of our inspection, which were considered by us to have a low impact on people using the service. These included the fact that staff were sometimes using the wrong key code on the MARs to show why medicines had not been administered; such as using F which meant 'other', but not writing on the back of the MAR what the non-administration was about.

We found that topical medicine charts (used to record the application of external creams and lotions) were not completed appropriately, with instructions for the use of these medicines being vague or not recorded at all and staff were not always signing when they administered these. This meant we could not be certain that these were being administered appropriately and as prescribed. However, people we spoke with said they were having their creams administered by the staff on a daily basis.

We also found that handwritten entries on the MAR charts did not have two staff signatures to show that what had been recorded by the staff matched the instructions on the pharmacy label of the medicine packet or bottle; this is considered to be good practice. The registered manager told us that they would speak to the staff immediately and ensure best practice was followed at all times. We were informed shortly after our inspection that meetings had been held and investigations into the errors, with disciplinary action taken against relevant staff. These actions assured us that medicines were being safely managed in the service.

Information on whistle blowing was on display in the service. Staff told us they had completed safeguarding training and could tell us about different types of abuse. They were confident of reporting any concerns and said the registered manager would listen and take appropriate action as needed.

The registered provider had policies and procedures in place to guide staff in safeguarding of vulnerable adults from abuse (SOVA). The registered manager described the local authority safeguarding procedures when making referrals to the safeguarding team for a decision about investigation. Checks of the safeguarding records held in the service showed that there had been a total of 15 instances in the last year when alert forms had been completed and when the CQC had been notified. Information collated by CQC which looked at national statistics for care homes indicated that this level of reporting was within normal parameters. Safeguarding alerts were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

Relatives said there were enough staff on duty, but the people using the service thought there could be more. One person using the service told us, "The staff are lovely, but we could do with more. We often have to wait for attention and sometimes this can be for 10 to 20 minutes. They tell you they will only be a couple of minutes and once one of them did not come back and left me on the toilet. I complained after that and it was listened to and acted on by the registered manager."

One relative said, "Usually there are lots of staff around and you can always find someone. They always speak with people as they walk by. I visited Brackenfield Hall five times and checked the staffing levels before I made the decision to move [Name] here." Visitors said, "There are enough staff on duty, usually two staff are always around and there is always someone in the office. It is a small service so you get to know everyone, which is nice."

Staffing levels were such that two care staff were based on each unit. The deputy manager and one team leader then worked in addition to them to offer support where needed. This meant that on an average day there were 10 care staff on duty. In addition to the care staff there was also a housekeeper and one domestic assistant, one laundry assistant, two kitchen assistants, the maintenance man and an administrator. We saw that permanent staff covered any sickness or leave and no agency staff were being used, although the registered manager did have a team of bank staff to use if needed. At night the care staff numbers were two team leaders plus three care staff so one on each unit and one team leader for additional support.

The registered manager told us that going forward they would be using the registered provider's dependency tool to assess if staffing levels met the needs of people using the service. However, this was a new document being introduced to the service so was not fully embedded.

Relatives told us, "The premises are always clean and hygienic. I have never found fault with the cleanliness here and there are no malodours." The staff we spoke with had good knowledge of infection control including use of personal protective equipment or PPE (aprons and gloves). We observed this being used appropriately during our inspection.

Infection control audits were carried out yearly and included an action plan for the outcomes noted as needing improvement. These were signed off by the registered manager when completed. All areas within the building were clean, well lit, spacious and free from clutter. All areas we looked at, including the bathing facilities were clean, tidy and there were no malodours around the service.

Requires Improvement

Is the service effective?

Our findings

Some aspects of the service were not always effective. The staff induction was very basic and the paperwork for the reviews held during the probation period was not being signed off or completed. This indicated that new staff without previous experience of care work did not receive an appropriate induction to give them the knowledge and skills they needed to work effectively within the service. Discussion with the registered manager indicated that the 'Care Certificate' induction programme was due to be used going forward and that the registered manager and key senior members of staff had been trained in its use. The 'Care Certificate' was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource.

The registered manager had a supervision plan and we were given a copy during the inspection. However, we found that supervision was not very frequent for staff during their probation period. In all four staff files we looked at, for new starters, we only saw one record signed by the mentee and mentor. This person started work in January 2016 and their first supervision meeting was recorded as 2 August 2016. We saw in another file that the member of staff had been spoken with about their poor performance, but as they had not had any previous feedback or supervision then this seemed to indicate that new staff did not receive the support and guidance they needed to ensure they succeeded at delivering good care.

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

Staff told us about the training they had completed. One said, "I have just completed dementia care and activities/interactions (Oomph training). We have enough training to do our jobs well." There was a rolling programme of e-learning training available and staff were assigned courses as they became due for refresher training. Staff had the opportunity to enrol for a Qualifications and Credit Framework (QCF) Diploma in Care. We were given certificates of training, which indicated all staff had attended training that the registered provider deemed to be mandatory or essential for their roles. This included topics such as moving and handling, safeguarding adults, health and safety, fire safety, food hygiene, infection control, emergency first aid and medicine management.

People said staff had the right skills for the job. One person told us, "You could not wish for better staff. Most have the right skills, there is just the odd one that does not." Relatives told us, "Staff are very good, but some are more skilful than others. They all seem to have had the right training to meet [Name's] needs and I am very satisfied with them."

We received good feedback from people about staff practice and communication skills. Relatives told us that staff kept them up to date with GP visits, changes to medicines and people's general wellbeing. Each unit had their own daily handover sheet which was kept in a central file. The information was basic, but completed daily. The staff used a variety of communication aids such as picture cards and picture menus to aid communication with people who had memory problems.

People told us that communication in the service was good. One person said, "We always know what is going on here." Relatives said that staff were good at communicating with them about people's health and wellbeing. They told us that staff would always take their family member to an appointment if they could not attend saying, "I know of another care service where people have to go on their own, that would never happen here."

One relative said, "The staff keep me informed, for example we were told about the new provider. I felt reassured by the letter we received from the service. The staff tell me about any GP visits for [Name] and they let me know how they are doing. I visit every day and I can always ask the staff about anything."

People were able to talk to health care professionals about their care and treatment. All individual health needs, visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). One person said, "The district nurse visits me every week to treat my legs" and this was confirmed by the entries in their care file. We asked people who used the service what happened if they did not feel well and one person told us, "I did not feel well at the weekend so I used the call bell. The staff attended immediately, rang 999 and got me to hospital, luckily it was not serious. The staff always ask you if you feel okay and if there is anything you need."

We spoke with two healthcare professionals who said "The staff are very good. They call us out if they have any concerns about people's health and wellbeing. They tell us if they feel they cannot meet people's needs and involve the multi-disciplinary team when necessary. The staff try their very best for people using the service and follow expert advice when it is given. The staff handle people's behaviours very well, whilst always being caring and compassionate."

From looking at care records and speaking with staff we found people had regular access to multidisciplinary healthcare professionals. This included regular visits from a GP, district nurse and the Speech and Language Therapy (SALT) team. Staff used the Malnutrition Universal Screening Tool (MUST) to monitor people for malnutrition. We saw this tool was used alongside food and fluid charts to provide a comprehensive overview of each person's nutrition needs. People were able to eat their meals wherever they wanted, such as in the privacy of their bedroom.

Lunch was served between 13:00 and 14:00; this had been decided by people using the service and was documented in the residents' meeting meetings and surveys. Two or three times a week the lunch was a lighter meal with the main meal of the day being served at tea time. The evening meal was available between 17:00 and 18:00. The decision to alter the type of meals offered at lunch and dinner times was also based on people's choices.

We observed the lunch time meal on the ground floor. People were offered a choice of juice and could sit where they wished for lunch. The atmosphere in the dining room was calm and relaxed. We did not observe people being offered a choice of meal, but staff did tell people what was on their plate. When we asked the staff about this they said people had made their choices the previous day and staff had a list of what each person had requested. One person said, "The food is alright. You get a couple of choices and I prefer my main meal at lunch time. I enjoy the seafood salad they serve here and I can ask for this even if it is not on the menu."

Everyone was able to eat independently but staff offered encouragement to eat where needed. Staff sat at the tables to have lunch with people, which helped some individuals who needed visual and verbal prompts as to what to do next. We overheard staff saying to one person, "I am having the same meal as you. I am eating it, it is nice." This encouraged the person to eat a bit more of their meal. We asked people using the

service if they had any special dietary requirements and one person told us, "No. The staff know my likes and dislikes, for example I don't like sweet stuff." We asked people what they thought of the meals being served and about the choices offered to them and we received a lot of positive responses.

One person told us, "There is plenty of choice most days, but occasionally not enough of each choice to go around. The vegetables are repetitious and often we have peas and carrots. We get two choices of dessert and a choice at tea time of sandwiches, salad or a jacket potato." We saw that on the day of our inspection there were ample portions of both meal choices available. When people asked for another portion of food staff responded quickly and positively. Everyone was asked if they required more food or drinks. One person, who was struggling to eat their meal, was offered an alternative one to see if they like that meal any better than the first, the individual confirmed to staff that it was much better. No one was rushed by the staff and the meal time was a really social event with people chatting to each other and staff.

Each unit had a lounge/dining room with a kitchen area (satellite facilities) and food was delivered to these areas each meal time. The fridges in the satellite kitchens held snacks and drinks for people. Each unit had its own dishwasher, although some people liked to help the staff by washing up and we saw that this was used as a very social exercise with individuals chatting to staff and each other.

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 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.

Records showed that where needed people who used the service had a DoLS in place around restricting their freedom of movement. Documentation was completed appropriately by the registered manager who displayed a good understanding of their role and responsibility regarding MCA and DoLS. Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. We saw in care records the service had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions.

Staff talked about how they supported people to make their own decisions and choices. One member of staff said, "We explain things in simple terms so people understand what we are asking them and we also consult their families if appropriate." "We show them choices of food or clothing and explain what their options are." People said staff always asked them if they were okay and if there was anything they needed.

One relative told us, "I have power of attorney for [Name's] finances and I have been involved in decisions about their care. I went with [Name] to hospital recently where they did some blood tests." They went on to talk about their family member's diabetes and said they were very involved in their health care. They told us, "The staff would tell me if there was any changes to [Name's] medicines as I know [Name] is finding it hard to swallow their tablets. The staff are going to talk to the GP about liquid medicines."

Good

Is the service caring?

Our findings

We received very positive feedback about care staff and their support for people. We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. Music was playing around the service and we noted that staff and people using the service were singing along together as they went about their daily business.

The registered provider had a policy and procedure for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. Staff also supported people to maintain relationships with family, friends and other people in the community.

Discussion with the staff revealed there were people living at the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Staff said they really cared about the people using the service. One staff told us, "If I can get one person to smile or sing, then I have achieved my goals." One person told us, "When you don't feel very well, the staff are good at keeping a careful watch to make sure you are okay."

Staff said they encouraged people to maintain their independence, even if it was a small thing like buttering their own bread at meal times. One relative told us, "The staff let [Name] be as independent as they can. They do not take over, instead they may get [Name's] clothing out, but then leave them to put on their clothes themselves. The staff are there if [Name] needs assistance." One person told us, "The staff have asked me to run the shop. I enjoy doing this as it gives me something to do. I like to be quite independent, so do not need a lot of support."

People were able to move freely around the service, some required assistance and others were able to mobilise independently. One person said, "The staff help me with my wheelchair around the service." Another person told us, "I can make choices and decisions about my care, but the staff always make sure I am kept safe." Relatives told us that staff really cared about people using the service. They told us, "They help them with things they cannot do themselves. Their dignity is respected and staff are really supportive."

Two healthcare professionals told us, "Staff are very keen on protecting people's privacy and dignity. When we visit we are directed by staff to the person's bedroom or the clinic room when we have injections to give. If the person is reluctant to move due to illness or mobility problems then the staff do move the people sat near to the individual so they have more space and treatment can then be given discreetly. We have seen very good interactions between the staff and people, they listen to what people say and ask for their input

on daily living tasks." One person confirmed this saying, "We go into my room if the staff need to chat with me or if the GP or District Nurse visits."

Staff discussed how they protected people's privacy and dignity by locking doors, shutting curtains, giving them time alone and covering up when giving personal care. People told us they were very satisfied with how staff protected their privacy and dignity. One person told us, "We are asked if we want a male or female member of staff for personal care. I have requested female care staff and my wishes are always respected."

A visitor told us, "Everything is done as privately as possible. My relative originally would not have support from the younger care staff, but as they got to know them that changed. My relative struggles with shaving, but they will let me help them and they will accept help from some of the staff. The staff have asked [relative's name] if they would prefer a male member of staff to give personal care, if a male staff is on my relative will let them assist with shaving."

Care files included information about a person's previous lifestyle, including their hobbies and interests, the people who were important to them and their previous employment. This showed that people and their relatives had been involved in assessments and plans of care. Visitors told us, "When our relative first came in we were asked for snippets of their history so the staff could get to know them better. They now know about our family and our relative's life story." "There is a consistent staff group, which means they know the people using the service and what their likes and dislikes are." Staff told us that they would read the care plans or speak to the families in order to get to know people's individual needs. One member of staff said, "We do get enough time to spend with people, but it would be better if we had more time available."

One person told us, "Yes, I know who my keyworker is, they are lovely and really care about me. They do not keep you waiting when you need them, unless they are with someone else. In that case they get to you as soon as possible." Another person said, "The staff are good at communicating with me. They bring any post to me directly and let me open it first. They have to read it to me as my eyesight is not good, but they wait for me to ask them to do this and do not presume. They also keep me informed about any events taking place."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available from the registered manager. There was a range of information leaflets available in the reception area including visitor survey forms, respite care, Alzheimer's disease, DoLS and a welcome leaflet. A notice board in the reception area had information on the statement of purpose, dignity, activities for the week, resident meeting minutes from July 2016 and 'You said, We did' responses from the management team.

People told us they did not use independent mental capacity advocates (IMCA) as they were either capable of speaking up for themselves or had a member of their family who acted in this capacity for them. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

Good

Is the service responsive?

Our findings

Discussion with the registered manager revealed that the service was in the process of changing the care file profiles from the previous provider's paperwork to the new registered provider's documentation. Staff had completed 75% of the care files and the remainder were due to be finished by the end of the month.

We looked at three care files during this inspection. We found that some people's care files contained a number of blank record sheets; for example in one file the 'Lifestyle' document was blank, the MUST tool was not completed and the 'my review' section was blank indicating the care plans had not been updated in the last month. The registered manager said that some of this may be due to the change over of documentation as detailed above. Please see the well-led section of this report for the action we have taken.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Relatives told us that they had input to the care files and one relative said, "Yes, the staff have information about [Name of relative], their previous life, family and other things important to [Name]." One relative told us how they had contributed to their loved one's care plan. They told us, "I was asked by the staff to complete a form about who [Name] is so I wrote them the story of their life in the Army and how they liked to play football. The staff must have read it as they often discuss it with me and [Name]."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. The care files we looked at were written in a person centred way. People who used the service said they were aware that they had a care file and that staff wrote in it, but they were not always involved in the monthly review process. However, they were involved in planning their meals and activities and individuals told us they could talk to their key workers about their care. We saw that some people had contributed to their care file as in one that we looked at the staff had written the life history as dictated by the person using the service.

Care staff carried out activities within the service as there was no activities co-ordinator. The service did not have a regular church service, but they did celebrate special occasions and Christian festivals such as Christmas and Easter. The service did not have its own transport, but used local taxis when necessary for outings or appointments.

People gave us very positive feedback about the social side of life within the service. One person told us, "I enjoy knitting and there are enough activities to keep me busy. I also get a lot of visitors." They said, "My family visit nearly every day and they have a good rapport with the staff. They are always made to feel welcome." Another person said, "I go out to see my husband, who is in another service, every Sunday. I am lucky I have a very good family."

People said, "The staff understand me, I kid them along and they love it. One of the staff is animal mad and we enjoy chatting about this subject" and "The staff know I like to have a bit of a dance, especially when the

singer is here. We all have a little dance then. When [Name of staff member] is on they get out the karaoke machine and I enjoy having a sing along with them."

One relative said, "[Name] plays dominoes, they may join in with the karaoke today and they are quite happy sitting in their room with a newspaper." "We can visit them at any time and the staff always make you feel welcome." One person told us, "I cannot join in the activities due to my health, but they will spend time with me looking at books on Sheffield and chatting to me."

A family of visitors told us, "We have just been looking at a video of the grandchildren and other people living here joined in." One of the relatives said, "I sometimes join in with the armchair exercises as it encourages [Name] to take part."

We observed staff sat with people, reading to them from magazines and having conversations about things that were of interest to the person such as family and activities. Staff maintained good eye contact with people and listened to what people had to say.

We did not see a copy of the complaints policy and procedure on display, although feedback forms for people and visitors were available. One relative told us, "If I had any concerns I would speak with the registered manager. If it was a minor thing then I would talk to the member of staff. I find they all listen to you and try to put things right. Any concerns are always dealt with straightaway."

Records kept by the registered manager showed that nine complaints had been received since March 2015, and five of these were received in the last year. All had been resolved and we saw that the registered manager had responded appropriately to them all and people's feedback had been recorded.

People who spoke with us were aware of how to make a complaint. One person told us, "I would speak with the team leader on duty, they always listen to you and put things right." Relatives were confident about making a complaint should they need to and said, "I would not hesitate to speak with the team leader or the registered manager if I had to."

Requires Improvement

Is the service well-led?

Our findings

We saw that the registered manager monitored and analysed risks within the service and reported on these to the registered provider. Monthly audits were completed and those for June 2016 showed that any issues were put onto action plans and dealt with by the registered manager through staff meetings, supervisions or face-to-face discussions.

However, there remained some areas of the service that could be improved. These included fire and emergency practices, staff recruitment, induction and supervisions. Record keeping within the service needed to improve. We saw evidence that care file documentation and risk assessments, were not always accurate or up to date. This meant that staff did not have access to complete and contemporaneous records in respect of each person using the service, which potentially put people at risk of harm.

The registered manager was aware of most of these issues and was working towards continual improvement through increased staff training, development and where necessary used staff disciplinary procedures. When we discussed concerns during the inspection, the registered manager took immediate action to rectify things and ensured staff were made aware of the changes needed.

This is a breach of Regulation 17 (2) (c) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives, visitors and health/social care professionals who spoke with us or gave us written feedback. Everyone said the culture of the service was open, transparent and sought ideas and suggestions on how care and practice could be improved.

There was a registered manager in post who was supported by a deputy manager and an office administrator. Staff spoke to us about the management and leadership in the service. They said, "The registered manager does a good job. The management role is a hard one, but the management team work together well. However, communication between all the staff could be better." People told us that they could always talk with the registered manager and they said, "The service is friendly and homely. Otherwise we would not live here."

Staff told us they got good support from the registered manager and through formal supervisions and staff meetings. They told us they could raise any issues and ask for advice and any conversations with the registered manager were kept confidential. Staff said, "It is a good care home. Friendly and lots of interaction with people. The atmosphere is cheerful and there are always staff around if people need attention."

People were aware of what was going on in the service and said they saw the manager most days. They told us about the resident meetings that they could attend if wished, although many did not bother. People told us how they kept up to date with things and said, "I find out everything on the grapevine and staff chat,"

"Yes, from everyone chatting" and one person said, "I definitely say what I think and sometimes I just listen to others."

One relative said, "I have been to one of the meetings; people who spoke up were listened to and minutes were taken so suggestions about the menu and meals were recorded and things did change as a result." Other visitors told us, "We have been to the meetings and find they keep us informed and up to date with things going on in the service. Not sure about the surveys, but these could have gone to another family member."

One visitor said, "It is really nice here, as nice as a care home can be. I feel I made the right choice and wouldn't like to move my relative. Our friends are very impressed with the service." Relatives told us, "This place is like a hotel, nice rooms and very homely." "Cannot fault the place, I have been in other services, but not as nice as this one."

We asked staff if there were any instances where there had been learning from an incident or complaint and how had this been shared with staff. They told us that the last fire drill had not been very effective and said the registered manager had spoken with the staff about ways in which their practice could improve.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

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 15 HSCA RA Regulations 2014 Premises and equipment The registered provider failed to ensure that staff had the necessary skills and knowledge to evacuate people safely in the event of a fire. They also failed to ensure that the findings of the fire risk assessment, with regard to improvements, were acted on without delay. The registered provider failed to ensure that their business and continuity plan in the event of an emergency was reviewed and up to date. Regulation 15 (1) (d) (e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to monitor risks relating to the health and safety of people using the service and failed to maintain an accurate, complete and contemporaneous record in respect of each person using the service. Regulation 17 (2) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person failed to establish and operate effective recruitment procedures. Regulation 19

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure that staff received appropriate support, supervision and induction training to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)