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Haslington Residential Home

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Haslington Residential Home on 24 and 25 January 2017. The inspection was unannounced. Haslington Residential Home provides care, support and accommodation for up to 46 older people some of whom have a form of dementia. At the time of inspection there were 40 people living at the service.

A registered manager was in post at Haslington Residential Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 25 April 2016, we found six breaches of the Health and Social Care Act 2008 (Regulated Activities). These breaches were in relation to meeting people's needs and preferences and to provide consistent care, fire evacuation plans, keeping accurate and up to date records, effective systems in place to monitor the quality of the service, recruitment practices. The provider sent us an action plan stating that they would address all of these concerns by 26 August 2016. At this inspection the service was compliant with breaches involving fire evacuation plans, keeping accurate records and recruitment practices.

At this inspection, we found that the registered provider had not fully addressed the issues relating to ensuring effective systems were in place to monitor the quality of the service and meeting people's needs and preferences to provide consistent care. The registered manager had updated the auditing system that was in line with current regulations but these were not completely robust in identifying all shortfalls within the service and ensuring that any shortfalls identified were fully embedded within practice. Activities were being provided but people and relatives told us that this was an area that still required improvement. Activities were not being consistently communicated and reported to people.

The registered provider had not ensured that all potential risks had been mitigated. There were no risk assessments for activities that staff had to undertake. There was no risk assessment available to ensure residents' health, safety and wellbeing were protected and maintenance practices were not ensuring consistent regular checking of all equipment.

Staff were not safely managing medicines. Medicine checks were not being carried out on a regular basis to ensure that stock levels were accurate.

People's needs had been assessed. Care plans had appropriate risk assessments that were specific to people's needs and gave staff appropriate guidance.

People were protected against abuse and harm. The provider had effective policies and procedures that gave staff guidance on how to report abuse. Staff were trained to identify the different types of abuse and knew who to report to if they had any concerns.

There were appropriate levels of staff to provide support for people's care needs. The registered manager would identify if more staff were required and there was evidence to show that there had been a recent increase in staffing levels. The registered provider had safe recruitment practices.

The registered provider had put in place emergency evacuation plans. However, there was not identified learning from fire drills. We have made a recommendation about this in our report.

The principles of the Mental Capacity Act 2005 (MCA) were not being completely adhered to. MCA assessments were generic and not decision specific. The registered manager had identified this in an audit but this had not been fully embedded into practice. We have made a recommendation about this in our report.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

Staff had a full training program that gave them knowledge to provide support and care for people living at the service. The registered manager was testing staff for their competencies.

People were supported to have a healthy and nutritious diet. Staff could identify when people required further support with eating and appropriate referrals were made to health professionals and staff were seen to be following the guidance provided.

The service had been designed for those living with dementia. There were the use of bright colours, clear door signs and textured walls.

People and their relatives told us they were involved in the planning of their care. However, this was not made clear in people's care plans. We have made a recommendation about this in our report.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose to participate in any activity. Staff respected people's decisions. However, there were not completely effective communication methods in place for menus. We have made a recommendation about this in our report.

People's private information was not always kept secure. We found that care plans were left unattended in a communal area and the secure storage unit was, at times, not locked correctly.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with them at any time and were confident these would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider produced a yearly survey for people living at the service and their relatives.

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 ●

The service was not consistently safe.

Environmental risks were not completely mitigated by the provider.

There were inconsistencies in stock levels of some people's medicines.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

The provider had safe recruitment practices in place.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 were not being completely applied in practice.

People were referred to healthcare professionals promptly when needed.

Staff received appropriate training to give them the skills and knowledge required to provide care.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their dietary requirements.

Is the service caring?

Good ●

The service was caring.

People and relatives told us they were happy with the staff at the service. Staff had good knowledge of the people they supported.

People's confidential information was not always kept secure by staff at the service

People and their relatives told us they were involved with their

care but this was not reflected in people's care plans.

Is the service responsive?

The service was not consistently responsive.

People had access to a range of activities but these were not organised, communicated or recorded effectively. People and relatives told us that activities could be improved.

People were encouraged to make their own choices at the service but menus were not communicated in a way that suited all people's needs effectively.

People's friends and family were welcomed by staff and could visit when they wished to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

A new auditing system had been put in place but this did not identify all shortfalls within the service. The auditing system did not always ensure full implementation of any identified shortfalls.

The registered manager knew when they were required to inform the Care Quality Commission of notifiable events.

The acting manager was seen to be open, transparent and approachable. People, relatives and staff could approach the acting manager at any time with a concern.

The provider had systems in place to obtain feedback from people using the service.

Requires Improvement ●

Haslington Residential Home

Detailed findings

Background to this inspection

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

The inspection took place on 24 and 25 January 2017. The inspection team consisted of one inspector, one health and safety specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this information in consideration.

As part of the inspection, we spoke with the registered manager, registered provider, seven care staff, three relatives, six people living at the service, the activities coordinator, chef, one GP, one district nurse and a specialist nurse. We made observations of staff interactions with people and the general cleanliness and safety of the home. We looked at eight care plans, three staff files, staff training records, medicine records and quality assurance documentations.

At our last comprehensive inspection of Haslington Residential Home on the 25 April 2016, the service was rated as 'Requires Improvement.'

Is the service safe?

Our findings

People at the service told us they felt safe. One person told us, "I feel safe because there's always people around. Another person told us, "I feel safe because the staff are here when you need them. Relatives we spoke to told us that they felt that their loved ones were safe. One relative told us, "My relative is safe here because they have the equipment she needs to keep her safe." Another relative told us, "My mum is safe here." However, we found that the service was not consistently safe.

The provider had not ensured that all risks were mitigated so that people were completely safe. The service had a set of generic risk assessments and these were only related to the environment. There were no risk assessments in place regarding tasks that staff were required to undertake or risks that could prove hazardous to health. There was no lone working risk assessment for staff working in the laundry. Those working in the laundry were at risk of slips, trips and falls as the staircase was very steep. There was a service lift that services the laundry, however, in the event of an accident or incident occurring in the laundry room, there was no means of summoning assistance. In addition, there was no risk assessment in place for leaving the tumble drier running in the absence of staff presence. The service had window restrictors in place. There was no risk assessment in place to determine the need for such restriction. The type fitted could be over ridden and as such, the window could be opened deliberately or by accident. The registered manager kept a dog at the service that was free to walk around the top floor of the home. There was no risk assessment available to ensure residents' health, safety and wellbeing were protected. For examples allergies for residents, staff and visitors. There were no internal checks of mattresses, pressure cushions checks and electrical profiling beds. These were serviced yearly but there were no further checks to ensure that these were being maintained throughout the year. We also found that two first aid boxes contained dressings that were prescribed to people who no longer live at the service. We reported our concerns to the registered manager who told us, "We will make appropriate changes straight away." Following our inspection, we received confirmation that the first aid boxes had been replaced and systems were put in place for maintenance to carry out checks on equipment.

The registered provider had not done all that is reasonably practicable to mitigate risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People at the service had personal risk assessments that were specific to their needs. People had falls risk assessments that identified the specific risk to the person and gave staff guidance on how they should act and what they would need to look out for when providing care. For example, one care plan told us that a person might become dizzy and out of breath. A mobility risk assessment told us that one person has a condition that means that they struggle to get out of a chair. It highlighted that the person may become anxious when they struggle to get out of the chair and that staff are to remain calm and reassure the person. People had manual handling assessments that gave staff guidance on how to safely move people throughout the service. During our inspection, we saw no poor moving and handling techniques used. People also had skin integrity risk assessments that gave staff guidance on what assistance was needed such as support with turn throughout the night. Staff were recording the times when they assisted people to turn in the person's daily notes. One person also had an infection risk assessments due to a medical

condition that increases their risk of obtaining infections.

People's medicines were not being correctly managed. We looked at the medicines and found discrepancies between the records and stock levels. The number of tablets recorded in the MAR chart for one person did not match with the dose of medicines that had been administered. The date that medicines were received was not being recorded which made it difficult to check the amount of medicines against what had been delivered. We also found that staff were not effectively recording when liquid medicines and creams were being opened.

The failure to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were being given by staff that had appropriate training to do so. Only staff who had appropriate training and were deemed competent to do so would administer medicines to people. We observed staff giving people medicines and they did so safely. There was guidance to staff with regard to people taking medicines that were prescribed on an as needed basis (PRN). Medicines were stored in a locked trolley and were not left unattended during the inspection. Staff were recording temperatures of the medicine storage room, records showed that there were no concerns identified. Controlled drugs were stored separately in a locked safe. We checked the amounts of controlled drugs being recorded against actual stocks and found no discrepancies.

At our previous inspection on 25 April 2016, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there were shortfalls with the checks made on new employees. At this inspection, improvements had been made and the provider was no longer in breach of the regulation.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff was suitable to work with vulnerable adults.

The registered provider had ensured that sufficient numbers of staff were deployed in the service to respond to people's requests and meet their needs. People told us that they believed that there was enough staff on duty to keep them safe. One person told us, "There are enough staff." Another person told us, "I feel safe because there are always people (staff) around." The registered manager told us, "We do not use a formal tool for assessing staffing. We increase staff when it is needed." Records showed that there had been a recent staff increase due to an identified change in staffing levels. The rota showed us there were eight care staff on duty during the day. There were also five domestic staff, maintenance, a cook, kitchen assistant and the registered manager. There were four care staff on duty overnight and these were deployed appropriately based on people's needs at the home. The staffing rota showed that these levels were consistent and cover was obtained if needed.

At our previous inspection on 25 April 2016, the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there was not a clear fire evacuation in place or individual evacuation plans. At this inspection, improvements had been made but this was still an area that required improvement.

The registered manager had completed personal emergency evacuation plans (PEEP) and these were

available on each floor of the service. Each PEEP had the persons next of kin details and gave staff guidance on the assistance required. For example, one told us that the person required the assistance of one carer to get to the safety point. They also included information about the person that may be of significance during an emergency, such as, 'is hard of hearing or sight'. The registered manager was conducting fire drills on a regular basis and these were being recorded. However, there was no evidence of a simulated evacuation or lessons learned from the experience of the fire drills.

We recommend the registered manager put in place systems to effectively record learning experiences from fire drills.

Staff at the service were recording accidents and incidents and the registered manager when required was carrying out investigations. Staff demonstrated good knowledge of how to record an accident or incident and whom they needed to inform. Staff told us that they would use handover to pass over information to staff regarding any accident or incidents that took place during the day.

People were protected against potential abuse. The provider had an effective system in place to recognise record, investigate and track any safeguarding incidents. Staff had received appropriate training and could identify abuse and the action they should take. Staff told us they had a good understanding of safeguarding and the providers' policy. All staff we spoke to told us that safeguarding is to protect people from abuse and that they can inform the senior members of staff, registered manager or provider if they had any concerns. Staff were also aware that they could contact the local authority or the Care Quality Commission if they had any concerns. We saw evidence to show that the registered manager and provider acted appropriately with safeguarding concerns. Appropriate action was taken in line with the providers policy and investigations took place. The registered manager also informed the local authority when required and notified the Care Quality Commission.

Is the service effective?

Our findings

People and their relatives told us that staff had the skills and understanding required to meet their needs. One person told us, "The staff know what they are doing." Another person told us, "The staff know how to look after me." One relative told us, "My mum's needs are understood by the staff." A visiting district nurse told us, "The staff are good at what they do."

The principles of the Mental Capacity Act 2005 (MCA) were not applied in practice. 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 people 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's care plans had mental capacity assessments but these were not decision specific and were generic under the title health, safety and wellbeing. Under the best interest section, it told staff that a best interest decision needed to take place but there was no evidence in the care plan to identify that this was happening. We reported our concerns to the registered manager who told us, "This has been identified in a recent audit and appropriate training had been provided to staff." We were shown a working example of their new approach in a care plan. The mental capacity assessment was for a specific piece of equipment that was required to reduce injury. The mental capacity assessment included all risks and alternative options for the person. A best interest meeting included input from relevant health professionals and the family. The staff training schedule identified that staff had received training and all staff we spoke with demonstrated good knowledge of the mental capacity act.

We recommend that the provider puts in place systems to ensure that the principles of MCA are embedded within service delivery.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the manager and they demonstrated a good understanding of the processes to follow. Appropriate applications to restrict people's freedom had been submitted to the DoLS office for people who needed continuous supervision in their best interest.

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. The training schedule identified that staff had recently undergone training in safeguarding and mental capacity assessments. Staff told us that they had regular training and this was updated when required. Training also included courses on dementia, medicines and moving and handling. New staff would go through an induction period that included an enrolment in the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. However, we found that whilst staff had received a one day training course in first aid no members of staff had received a full training course to allow them to be qualified to give first aid and treatment in the event of an injury or illness. We

reported our concerns to the registered manager who informed us after the inspection that the appropriate courses had been booked.

People told us they enjoyed the food that was on offer at the service. One person told us, "The food is nice. We all eat together and there is always enough hot and cold drinks on offer." Another person told us, "The food is great and there is always a choice on offer." One relative told us, "The food is lovely and always freshly cooked on the premises. There is a lot of food and drinks on offer and everything is done properly." Another relative told us, "The food is very nice and staff are very good at helping her to eat when in her chair in her bedroom as she has trouble eating at the table." We observed two mealtimes during inspection and there were no concerns identified. People who required support received it and this was given in accordance to guidance in care plans. People were never rushed to finish their meals and staff had time to support people appropriately. The cook demonstrated good knowledge of people living at the service and there was a change of conditions folder available that identified any special dietary requirement. For example, a recent update showed that one person had moved onto a pureed and high fibre diet following a meeting with a dietician. One person was a diabetic at the service and the care plan gave staff guidance on what staff needed to be aware of and any specific behaviours the person may experience when blood sugar levels are too low or high. People were being weighed on a monthly basis and records showed that any concerns were reported to the GP, dietician or speech and language therapist if required.

People were referred to the relevant health services when their needs changed. A visiting district nurse told us, "They inform us promptly if there are any concerns. There is not a great deal of pressure sores at the service as they manage the people well. They have the equipment they need to support people safely." Skin integrity risk assessments gave staff guidance on how to effectively manage those at risk. For example, one care plan gave staff guidance on how and when to wash a person to avoid skin breakdown. Another gave staff guidance to observe specific areas that are at risk. Care plans had a treatment section for those that required specific treatment from health care professionals. For example, one person was having treatment that required visits to a local hospital. Appointment times were logged and arranged by the management team. Details were also given to staff on any medication the person takes when receiving treatment so that they were aware of any possible side effects and when they would need to contact the GP.

The premises had been designed and decorated to meet the needs of the people who used the service. The middle floor, which provided care for people in the advanced stages of their dementia, had been decorated with bright colours, textured wallpaper and wall activities for people to touch and feel. The hallways were decorated with items and paintings that may remind them of certain times in their lives. There was a quiet room for people to use if they wanted a place to go that was quiet and away from the main communal areas. There were clear signs throughout the service that identified what room a person was about to enter with clear wording, bright colours and a picture.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring nature of the staff at the service. One person told us, "The people working here are lovely." Another person told us, "The staff here are nice and always listen to us." A third person told us, "The best thing about living here is the staff. They are very good and caring." One relative told us, "The staff are lovely and create a lovely atmosphere." Another relative told us, "The staff are very caring, they are like extended family. They know my mum very well and cater to her needs." A GP told us, "I have no concerns about the staff. The staff are very caring."

People and relatives told us that they were involved with the planning and reviews of their care plans. One person told us, "They keep me informed of what is going on." One relative told us, "They contact me to let me know if there are changes." A member of staff told us, "We always contact the families if there are any changes or concerns." However, this was not reflected in people's care plans. Care plans were being updated when required but there was no evidence to show that people and their relatives were signing these. Some areas did identify family input in the decision making process but this was not consistent throughout care plans we saw.

We recommend that the provider put systems in place to ensure that records clearly identify when people and their relatives are involved in the reviews of their care.

Staff were seen to be kind and compassionate towards people. Throughout our inspection, care interactions seen were kind and respectful. When staff interacted with people who were sitting down, staff lowered their position so people who were seated could see them at eye level and talk in a clear way to make themselves understood. For example, one person had spilt some food on their top during breakfast, a member of staff noticed this and after breakfast spoke clearly and discretely to the person and asked if they would like assistance getting changed. The person was happy that this was pointed out and accepted the support that was quickly given. Staff noticed and responded when people needed support, for example, if they wished to get up from their chair and required assistance to do so. Staff were guided by people's care plans on how people preferred to communicate. For example, two care plans we looked at told us that the people were able to verbally communicate. Another care plan told us that a person was hard of hearing and staff would need to speak clearly in order to be understood.

People's dignity and independence were respected at all times. Staff had an understanding of what people were able to do for themselves and staff encouraged people to remain as independent as possible. Staff gave examples of how they assisted and encouraged people to be independent. One member of staff told us, "One person likes to get ready for bed themselves but needs a little assistance. We make sure that all the items that are needed are out and ready to use. It is important that we encourage people to do as much as they can, as this is good for them. The little things go a long way to help someone be independent." Another member of staff told us, "I assist people to be independent by prompting them to do things themselves. One lady loves to help out with a little cleaning. Another likes to help with washing up after dinner." Staff were never seen discussing people's private matters in public places and doors were always kept closed when giving personal care. Staff were also seen knocking on people's doors before entering rooms and asking for

permission to enter.

The provider had ensured that people's personal information was stored securely at all times. People's personal files were stored in locked cabinets at the service. Handover meetings took place in private areas of the service that could not be overheard by any people living at the service or visitors.

Is the service responsive?

Our findings

People and relatives told us that staff were listening and responding appropriately to people's needs. One person told us, "The staff always listen to me and act appropriately." One relative told us, "They always call me if they have any concerns and they always make my mum feel comfortable."

At our previous inspection on 25 April 2016, the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that there was an inconsistent approach to planning to meet people's social and personal care needs that did not meet their personal preference. At this inspection, improvements had been made but this was still an area that required improvement.

People and their relatives acknowledged that there had been improvements with the activities provided but believed that the provider could still improve this area of the service. One person told us, "The activities are okay. We get a choice of activities." Another person told us, "The activities are not great." One relative told us, "Activities could be more stimulating for the service users." Another relative told us, "There is too much for the activity coordinator to do over the three floors." The provider employed one activities coordinator to cover the whole service with activities, and during times of absence, staff would provide activities. The activities coordinator told us, "We have introduced more activities and more one to one on the high dependency floor. Staff have access to the activities cupboard." One member of staff told us, "We provide activities during the day when the activities coordinator is not available. There is an activities cupboard that has games and other materials for us to use." We observed staff providing activities during the inspection that included afternoon tea with reminiscing, quizzes and pampering sessions. We also observed staff providing one to one activities to people in their rooms. Activities provided included carpet bowls, music and movement, sensory aromatherapy, dominoes, coffee mornings and assisted reading. The activities coordinator told us, "We also have external entertainers come in once a month. In the summer, we use the garden to do gardening. We also get people involved with the sort of activities they did at home that include polishing and food preparation." One person told us, "The activities coordinator is good. We do activities that people want to do such as cake making and bowls. If we do not want to do something we do not have to." During inspection it was noted that activities were being advertised on each floor, however, these were not the activities that people received. A member of staff told us, "We tend to ask people what they want to do on the day and do that." We also found that there was no clear record of what activities were being provided to people each day.

The registered provider had not ensured that activities were person centred and were being appropriately recorded and communicated to people living at the service. This is a continuing breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Pre-admission assessments gave staff the information required to start providing personalised care to people when they arrived. The pre-admission assessments included information regarding reason for admission, history of falls, pain control and how it is communicated, personal safety risk and social interests. In one person's pre-admission assessment under personal safety risk it identified that the person

required assistance with monitoring weight, this was evident in the updated care plan. In another person's pre-admission assessment, it told us that they were a keen gardener and enjoyed playing bingo. Care plans were being reviewed every month and when required. For example, one care plan was updated to show that the person had positive weight loss and this meant that certain areas could become sore and that staff should be aware when giving personal care and apply creams when required. Another care plan was updated to show that a health care professional had removed a certain treatment. It gave staff guidance on what they needed to be aware of during the transition phase. Care plans showed social interests and work history. One person worked in social care for 30 years. Another told us that the person was married and how many children and grandchildren they had.

People told us they were able to keep relationships with family and friends. Relatives were made welcome by staff, they could visit at any time and they were encouraged to take part in activities. One relative told us, "I can come here anytime I want, no appointments are needed and I do not need to call to tell them I coming." Another relative told us, "Every month we get invited to a cheese and biscuit evening which is always a nice experience."

People were encouraged to make their own choices at the service. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People were always given choice at the service by staff. Each day people could choose from a selection of food choices and drinks. One person told us, "There is always a choice when we have a meal. If we want something else we just ask." One member of staff told us, "People can and do make requests for something else that is not on the menu." The cook told us, "We make sure we have good supplies of alternatives such as jacket potatoes, eggs, sandwich fillings and sausage rolls." We observed during a lunch service that people who found it difficult to make choices were shown two plates of food to make their choice. However, the food menu was not advertised in a way that considered all people's communicational needs. On each floor, the menu was written on the wall and only included the information for that meal. There were no other methods of communication used other than staff asking people what they would like.

We recommend that the provider seek guidance from a reputable source to ensure that food menus are communicated in a way that are accommodating to all people's communicational needs.

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that people and their relatives told us they were aware of. The registered manager had in place a complaints log to record all complaints received, relevant investigations, their outcomes and how this was communicated to the people involved. People and their relatives took part in yearly satisfaction surveys. Regular monthly meetings took place for service users and their relatives. At the previous meeting December 2016 it was discussed that people would like more mince pies over Christmas and wine, cheese and biscuits. These were both implemented.

Is the service well-led?

Our findings

People and staff spoke positively about the service. One person told us, "I think it is great living here." Another person told us, "I do enjoy living here." A third person told us, "It is clean, tidy and lovely living here." A member of staff told us, "I love working here. I like working with the people that live here." Another member of staff told us, "I enjoy working here and making a positive difference to people's lives." Staff we spoke to told us that the culture of the service was based around the people that lived there. One member of staff told us, "I treat the people like they are my own family." Another member of staff told us, "I treat the people here like my own mum and dad." One person told us, "The people working here are like an extension to my family."

At our previous inspection on 25 April 2016, the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that audits lacked a structure and it was not clear what criteria had been audited in order to assess quality. At this inspection, improvements had been made but this was still an area that required improvement and the service was not fully complying with the regulation.

The registered manager had put in place an internal audit schedule to identify areas that required improvement. A care plan audit completed in December 2016 identified that whilst mental capacity assessments were being completed these were generalised and not decision specific. Because of this, staff were given additional training. An accident and incident audit completed January 2017 identified that certain people were having more falls in the afternoon when in their rooms. A result of this audit was to obtain more bed alarms. A nutrition and hydration audit carried out identified that the mealtime experience was not completely positive as staff were making a lot of noise, this was disturbing people, and this was noted as being rectified. A staffing audit carried out identified that the staffing files needed to be re-arranged to identify any missing areas and this action was completed. The registered manager had implemented an audit schedule so that audits would be kept up to date. However, the auditing systems were not completely robust. Auditing around the premises and health and safety failed to identify that the contractor responsible for maintaining the equipment was not safety checking the slings and the medicine audit did not ensure that problems identified with checking and recording stock were re-checked to ensure that staff were complying with new methods. The registered manager told us, "I found the problem with staff not checking and recording down stock levels and so we introduced a form and I did not believe it to be a problem anymore." There were no consistent systems in place to ensure that any actions from previous audits were enforced and embedded within the service. There had also not been a pharmacist audit at the service during 2016 despite this action being part of the provider's policy.

The provider had not ensured that there was a completely robust auditing system in place. This is a continuing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 25 April 2016, the provider was in breach of regulation 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider did not

have appropriate knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and the service was compliant with the regulations.

The safeguarding policy was updated in 2016 along with other policies to keep up to date with current legislation and national guidance. The registered manager had updated the audit planner to include up to date regulations and there were copies of the updated regulations in the audit planner. The registered manager had good knowledge of their obligations concerning notifying the Care Quality Commission of significant events that included any serious accidents or incidents or any safeguarding investigations.

At our previous inspection on 25 April 2016, the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that records were not being updated to identify that all people's personal care needs were met and that care plans were not being accurately updated. At this inspection, improvements had been made and the service was compliant with the regulation.

Each person at the service had personal care records that identified when a person received personal care. The daily chart was being completed by staff and identified what people were receiving. For example, care plans identified when people were having assistance with baths, showers and washes. There were no gaps identified in the care plans and people were receiving assistance every day in line with their assessed preference. Care plans were being updated on a regular basis and when they were required due to change in needs.

People and staff spoke positively about the registered manager. One person told us, "We see the manager walking about ensuring things are running as they should." Another person told us, "The manager is approachable. If I have any concerns I know I can go to her and she will listen." One member of staff told us, "The manager is very supportive." Another member of staff told us, "I get on well with the registered manager. If I have a problem at home or work she will listen and help out where she can." The provider carried out yearly surveys that were completed by people and their relatives. The previous survey in March 2016 was completed by 12 people and did not identify any concerns. Staff spoke positively about communication within the service. One member of staff told us, "We have regular meetings and always go through topics like safeguarding. We are given opportunities to give suggestions." There was also senior staff meetings and maintenance meetings. At the previous maintenance meeting, it was identified that more training was required and this was put in place.

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 | <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered provider had not ensured a consistent approach to planning to meet people's needs and preferences and to provide consistent care.</p> <p>Regulation 9(1)(b)(c) 3(b)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not done all that is reasonably practicable to mitigate risks.</p> <p>Regulation 12(2)(b)</p> <p>The registered provider had failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12(2)(g)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had not ensured effective systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>Regulation 17(1)(2)(a)(f)</p> |

