Prestige Estates (North East) Limited

Roseville Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Roseville Care Centre on 24 and 25 January 2017. This was an unannounced inspection which meant that the staff and registered provider did not know that we would be visiting.

We last inspected the home in November 2015 and found people had limited access to activities; evidence that people had consented to their care was not always available; the dining experience required improvement; there were gaps in staff training and supervision; there were insufficient staff; the management of cleaning products needed to be improved; medication administration arrangements needed to be enhanced; and the performance management and audit systems needed to be improved. We found that the home was breaching regulation 12 (Safe care and treatment), regulation 17 (Good Governance) and regulation 18 (Staffing). We rated Roseville Care Centre as requires improvement in four domains.

Roseville Care Centre is a large residential and nursing home situated in Ingleby Barwick. It has a three storey building and two storey annexe which are currently divided in to five units. All floors are accessible by lift. There are lounges, dining rooms and bathrooms on all floors and bedrooms are en suite. The service provides care and support for people with nursing care needs, dementia and those who require residential support. It is registered to provide care and support for 103 people. At the time of the inspection 93 people used the service.

The home has had a registered manager since October 2010. 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.

Following our last inspection the registered provider sent us information, in the form of an action plan, which detailed the action they would take to make improvements at the service.

At this inspection we found the action the registered provider and registered manager had taken had made significant improvements to the way the service was run. The registered provider had increased the support provided to the registered manager by creating more deputy manager roles and reviewing the clinical lead role. The team had worked collaboratively to ensure all of the previous breaches of regulation were addressed.

The registered manager with the support of the registered provider had introduced a full and comprehensive assessment and monitoring system. They were in the process of delegating some of the tasks within this system across the new management team. We found that the system had improved the care being provided to people, staff training and staffing levels as well as the management of cleaning products and fire risk assessments.

We found that although some improvements had been made to the management of medication, further work was needed to ensure all medication was administered in line with people's prescriptions.

People told us they were happy with the service and felt the staff did a good job. We heard how people felt the service was well-run and that the registered manager was extremely effective.

We found that since the last inspection and feedback from relatives meetings the registered manager had sought to improve the range of activities that were available. Additional activity coordinators had been employed so people could be engaged in meaningful occupation seven days a week. People told us that in recent months stimulating and engaging activities were being provided at the home. We saw that there were enough staff to support people to undertake activities in the service and community. We saw there was a full programme of activity provided through the week at the service. During the visit we enjoyed joining people for a coffee morning and quiz.

The registered manager told us that on the nursing unit this was an area they continued to work on as people were often unable to join group activities so they had asked the activity co-ordinator to look at the one-to-one activities that could be provided. We saw the activities coordinator was already starting to work on increasing the available activities on the nursing unit and while we were there we saw people enjoying aromatic massages.

People's care plans were tailored for them as individuals and created with them and their family involvement. People were cared for by staff that knew them really well and understood how to support them. We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful. We saw that they were aware of how to respect people's privacy and dignity.

Staff were supported and had the benefit of a programme of training that enabled them to ensure they could provide the best possible care and support. Staff were all clear that they worked as a team and for the benefit of the people who lived at the service.

The registered manager understood the complaints process and detailed how they would investigate any concerns. The registered manager took on board the issues raised in complaints so for example had improved the care records by introducing a one-page summary sheet, as a family member pointed out this could readily assist staff to understand people's needs.

The operations manager discussed with us how they were supporting the team to fully incorporate a reflective learning culture in the service. This type of reflection allows staff to critically review even the smallest of incident in order to determine what lessons could be learnt so improvements to staff practice can be made.

The registered manager and staff had a clear understanding of safeguarding. The registered manager had ensured staff training and supervision were up to date.

We found that there were enough staff on duty to meet people's needs. The registered manager had closely considered people's needs and ensured there were sufficient numbers of staff.

Where people had difficulty making decisions we saw that staff worked with them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations.

People told us they were offered plenty to eat and we observed staff to assist individuals to have sufficient healthy food and drinks to ensure that their nutritional needs were met. The cook provided home cooked meals, including dietary specific such as vegan and vegetarian meals. They also provided a range of fortified and adapted meals for people who needed extra calories to ensure they maintained their weight. People were supported to maintain good health.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Where improvements were needed to ensure people's medicines were managed safely and audited regularly. These were immediately put in place.

Staff were knowledgeable in recognising signs of potential abuse and reported any concerns to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

People's risks were monitored and managed appropriately with the least restrictive option always considered

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard authorisations.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored effectively, working with healthcare professionals in the community.

Is the service caring?

Good

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

Staff were considerate of people's feelings at all times and always treated people with the greatest respect and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were produced identifying how to meet them. These plans were tailored to meet each person's individual requirements and reviewed on a regular basis.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be looked into and reviewed in a timely way.

Is the service well-led?

Good

The service was s well-led.

The registered manager was always looking for ways to improve. A new management structure had been put in place and these staff were assisting the registered manager to embed assessment and monitoring tools.

The registered provider was ensuring the assessment and monitoring tools identified gaps in practice.

The values of the registered manager were consistently demonstrated by the staff in their interactions with people and with each other.

People's views were sought and acted upon. Relatives' views were sought.

Roseville Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 January 2017. The visit commenced at 6am so we could meet the night staff and look at nightshift practices. At the time of our inspection 93 people were using the service.

The inspection team consisted of two adult social care inspectors, an inspection manager, a pharmacist inspector and two experts 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.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We contacted external healthcare professionals to gain their views of the service provided at the service. We spoke with relatives who had contacted us previously about the operation of the service.

We spoke with 18 people individually and a group of 12 people who used the service; seven relatives during the inspection and two relatives who contacted us following the visit. We spoke with 27 members of staff, including the director of operations, the registered manager, the deputy manager, a unit leader, two nurses, clinical lead, four senior carers, ten care staff, the head of housekeeping, an activity coordinator, the cook, assistant cook, kitchen assistants and three maintenance staff. We looked at ten care records, Medicine Administration Records (MARs), six staff files, including recruitment records, as well as records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission), all of the bathrooms and the communal areas. We observed how staff engaged with people during activities.

Good

Is the service safe?

Our findings

At the last inspection we found that records relating to medication were not completed correctly, placing people at risk of medication errors. For example medicine stocks were not properly recorded when medicines were received into the service or when medicines were carried forward from the previous month. The records did not always show how much medicine the person had been given at each dose. Appropriate arrangements for ordering and obtaining people's prescribed medicines were not in place.

At this inspection we found that the previously identified issues had been rectified.

We looked at five people who were prescribed creams and found that the application of these creams had been delegated to care workers. The service had topical medicines application records (MAR) in place with information on where to apply and the frequency of application but we found some of these were incomplete or not accurate. We were told that staff signed the MAR to show creams had been applied after checking the carer application records, however the records we looked at showed the administrations did not always match-up between these two documents. This means we could not be sure that creams in the service were being correctly applied. We discussed this with the registered manager and they took immediate action to ensure staff rectified the issue.

We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information were in place for some people however some of these records were not accurate. For example we looked at one record for a person who had 'when required' guidance in place for a medicine prescribed for pain; however this medicine was no longer prescribed on their MAR. We looked at another record where the 'when required' guidance referred to two different people in the service. In addition, staff did not record the reasons for administration so it was not possible to tell whether these medicines had had the desired effect. Some medicines were prescribed with a variable dose i.e. one or two tablets to be given. We saw the quantity given was not always recorded meaning that records did not accurately reflect the treatment people had received. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way. We discussed this with the registered manager and they took immediate action to ensure staff rectified the issue.

Medicines which required cold storage were kept securely in fridges within the medicines store rooms. Processes were in place for the checking of fridge temperatures across both floors. We saw records for the downstairs unit minimum and maximum temperatures showed the temperature exceeded the recommended range. We noted that when this occurred the registered manager had reported the matter to their local pharmacist and a new fridge was obtained. On the day of the inspection we found the fridge on the middle floor to be out of use due to high temperatures however the contents of this fridge had not been relocated appropriately. This means the service could not confirm that medicines stored in these fridges were safe to use. We discussed this with the registered manager and they took immediate action to ensure staff rectified the issue and confirmed action was being taken to repair or replace the fridge.

Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were

appropriately stored and signed for when they were administered. Eye drops, which have a short shelf life once opened, were marked with the date of opening. This means that the home could confirm that they were safe to use. We discussed this with the registered manager and they took immediate action to ensure staff rectified the issue.

One person was being given medicines covertly (disguised in food or drinks); however a mental capacity assessment had not been performed with regard to medicines. Furthermore, there were no records of how the decision to administer covertly had been reached. There were also no details of which medicines could be given covertly, or how these should be given. This practice does not satisfy the requirements of the Mental Capacity Act 2005 or the homes' medicine policy. We discussed this with the registered manager and they took immediate action to ensure staff rectified the issue.

At November 2015 inspection we found the fire risk assessment completed in August 2014 had a list of remedial actions to ensure safety. Although the registered manager had delegated these actions to the handyman we saw in the September 2015 risk assessment that a lot of the same actions were highlighted. We also found that action was needed to ensure stairwells was marked 'fire door keep locked' were kept free of clutter. Evacuations were recorded but no system was in place to ensure a process was in place to ensure all staff were involved in them. Personal Emergency Evacuation Plans (PEEPs) were in place but needed updating. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

The registered manager did not have a full history of the servicing of the equipment. The registered provider's head office produced this list. The registered manager said that they were going to keep this on site in the future. Everyday checklists for bed rails and so forth did not have a section to record errors so there was no ability to track issues to see if they were resolved in a timely manner. Control of Substances Hazardous to Health Regulations (COSHH) data sheets were in place but risk assessments did not include decanting of products and high risk products.

At this inspection we found that the previously identified issues had been rectified.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We saw that the water temperature of showers, baths and hand wash basins in communal areas records showed the hot water was kept within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and the portable appliance testing (PAT) were scheduled to be tested. The registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

Accidents and incidents were managed appropriately. The registered manager discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment and additional measures such as pressure mats that could be put in place, which had led to a reduction in accidents. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff could explain to us when they needed to use protective equipment. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH

details what is contained in cleaning products and how to use them safely.

We saw evidence of Personal Emergency Evacuation Plans (PEEPs) for all of the people living at the service. We also found that fire drills and training had been completed for all the staff.

People told us they were very pleased to be living at the service. They told us there were sufficient staff on duty to care for them safely.

One person told us, "[Name of nurse] is lovely and makes you feel safe. Well in fact all of them [care staff] do." Another person said, "There is always one or other of them around [staff] if you need something. They are a lovely bunch of lasses." Another person said "I feel very safe. I never close my door during night or day because I'm nosy. The girls patrol up and down all night. Sorry that makes it sounds like a prison but I don't mean it like that! I find it very reassuring to know they are keeping a close eye on us." Another person said, "I didn't want to come here to start with but love it now." And another person said, "The staff reassure me and if I want attention there is always someone here."

The majority of relatives told us that they found staff effectively cared for the people who used the service and were very kind. They told us that they thought the staff provided care that met people's needs and kept individuals safe. Some people contacted us after we visited to discuss the care their relative received whilst at the service. They felt the care staff worked hard to ensure their relative received safe care and treatment but felt there needed to be more staff on duty.

Relatives said, "We are absolutely delighted with care provided at the home." And, "In general we are very happy but they could do with extra staff on a weekend." And, "There are enough staff 90% of the time." And "They do call me mind, at home if there are any problems or if [relative's name] is not feeling well or if she has had a bad night, they are very good like that."

People who were identified to be at risk had appropriate plans of care in place such as plans for ensuring action was taken to manage pressure area care. Charts were used to document change of position and food and hydration were clearly and accurately maintained. The records reflected the care we observed being given. This meant people were protected against the risk of harm because the registered provider had suitable arrangements in place. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis.

Staff were able to clearly outline the steps they would take if they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and they knew how to take it further if need be. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures. Staff said, "We are here to make sure the people get the best possible care and I would not hesitate to report any incidents or concerns to the manager."

The registered manager told us safeguarding policies and procedures were in place and all staff had received safeguarding adults training which was kept up to date. We saw records which confirmed that staff had received safeguarding training during 2016.

We found information about people's needs had been used to determine the number of staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of

the people who used the service. For the 93 people who lived at the service there was one nurse, four senior carers and 14 care staff on duty during the day. Overnight there was a nurse, four senior carers and nine care staff. In addition to this a deputy manager and unit leader were on duty seven days a week and the deputy managers often commenced their shifts at 6am. A head cook worked during the week and each day there was a cook and three kitchen assistants on duty. The head of housekeeping was on duty during the week and each day four domestic staff and two laundry assistants were on duty. A full-time and two part-time maintenance staff worked at the home. The registered manager was also on duty during the week and started work at 7am.

We looked at the recruitment records for six staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show prospective staff had attended interview and the registered manager had obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents, including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as, mobility and falls, using the hoist and wheelchairs and choking. Staff were able to tell us about the individual measures they put in place to keep people safe. Risk assessments contained general information on how to keep people safe, for example, if people were at risk of falling then to keep areas clutter free. However, they required additional information to ensure they were individual to the person. This was pointed out to the registered manager at the time of the inspection who told us they would immediately review and update the risk assessments of all people who used the service to ensure they were individual to each person.

Good

Is the service effective?

Our findings

People and the relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met individuals' needs. People told us the service delivered an excellent service. Relatives told us they thought staff were well trained, which they found meant staff were able to meet their needs and the needs of their family members.

One person said, "Staff are very good and I am well looked after." And "What can I say other than the staff are excellent!' And, "I am so much happier now I moved here and can't thank the staff enough for what they have done for me." Another person said, "Sometimes a volunteer from Stockton Social Services takes me out, which I enjoy." Another person said, "Mind you one thing I will say is you get plenty of drinks here and the food is not at all bad."

Relatives said, "I review the care plan as I have Power of Attorney and staff have always made this possible and an easy thing to do. The staff understand what they need to do around the fact [relative's name] lacks the capacity now to make decisions." Another relative said, "I caught the buzzer by accident last week and everyone came running in and I thought what wonderful people the staff are." Another relative said, "[Relative's name] was very underweight when [the person] came in here from the hospital but now [the person] has put two and a half stone on in weight and looks and feels much better."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 73 people were subject to DoLS authorisations. People subject to DoLS had this recorded in their care records and the service maintained an audit of people subject to a DoLS so they knew when they were to expire. The registered manager and staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

We found staff only completed mental capacity assessments when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish whether people could make decisions.

The registered manager told us that some people who used the service were living with a dementia and lacked capacity to be involved in their care planning process and all decisions surrounding their care and

needs were to be made by staff, family and other professionals. Mental capacity assessments were available within the care records we looked at, however at times they were not decision specific and best interest decisions were not always recorded within care plans. Yet other best interest decisions were clearly recorded. We pointed this out to the registered manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care and assisting people with eating and drinking. We found that the staff understood the requirements of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice.

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, health and safety, infection control, meeting people's nutritional needs and safeguarding, amongst others. They also discussed the e-learning they completed and felt the training sessions were extremely beneficial. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that they would facilitate this additional training.

Staff said, "We get regular supervision it's not long since I had one." And, "The nurses are brilliant and always teaching us stuff. They know I am interested and spend time explaining everything too me." And, "The training is very good. When I took up this post I was confident with my clinical skills but needed more management experience. I mentioned this to the manager who took this on board and made it possible for me to start doing my NVQ level 5 in management this month."

When new staff commenced work at the home they were provided with access to the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered provider had ensured the Care Certificate formed the basis for a comprehensive induction when new starters commenced work.

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. We confirmed that all of the staff had also completed refresher training.

Staff we spoke with during the inspection told us they had regularly received supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and appraisal had taken place. Following the last inspection the registered manager had ensured that staff received regular supervision and had completed competency checks.

The written records of the people using the service reflected that the staff had a good knowledge and understanding of people's care needs. We saw that the assessment forms were completed for people and these provided a comprehensive range of information about individual's needs.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the two doctor's practices in Ingleby Barwick and that they would visit people at the service whenever they needed. The registered manager told us community matrons were very proactive and visited the service each day and would see anyone who had been assessed as needing residential care. Community Matrons are experienced nurses who work closely with GPs, District Nurses and other community based

services such as therapists to help people stay as well as possible, for as long as possible. The service also had good links and worked closely with the tissue viability nurse and falls team to ensure people received the care, treatment and support needed in a timely way. People were accompanied to hospital appointments by staff and had regular health screening.

One person told us, "Our doctors are pretty good. If I'm not feeling so good the nurse will ring them and they come out the same day."

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. People also had the opportunity to eat at other times.

The cook told us that the registered provider gave them a very ample budget. They explained that the registered manager expected food to be of a high quality. The cook told us their expenditure was never questioned and this freedom had allowed them to ensure the food was made using fresh products and home-cooked. They discussed how they catered for different diets and met cultural needs. A number of people were vegetarian and vegan either because of their religious beliefs or their moral preference. The cook showed us the individual menus they put in place for these people. We saw these were well-structured and ensured the meals provided all of the nutrients people needed to remain healthy.

Staff told us that there is a set four-week menu, which is rotated and reviewed regularly. After breakfast staff asked each individual what they wanted and if the person did not want any of this there was an alternative list of choices. Staff said, "We go around every day with the options of the days menu and the cook has a list in the kitchen for people who are diabetic, on a soft food diet, need reduced salt intake or are vegetarian." The cook confirmed that they would cook alternatives if people did not want what was on offer.

We observed practices over the lunch time. We heard one of the carers offer an omelette or toast or sandwiches to someone who didn't want the meal they had originally picked. We saw staff appropriately used red plates in the unit for people living with dementia. Research shows red plates encourage people with dementia to eat more. Music was playing and there was a nice atmosphere and conversations between people and servers.

We saw that Malnutrition universal screening tool (MUST) tools, which are used to monitor whether people's weight were within healthy ranges were being accurately completed. We found that the majority of people had gained weight whilst at the home, including those individuals who had physical conditions which caused weight loss.

Good

Is the service caring?

Our findings

All of the people we spoke with felt they were well cared for and that staff were very respectful of their privacy and dignity. All commented that doors and curtains were kept closed when seeing to their personal needs i.e. showering and getting dressed. People told us all of the staff were kind.

One person said "I can't think of anywhere better." Another person said. "I can't think of anything they could do to make the home any better." Another person said, "All of them [staff] are very kind and will do anything for you." And another person said, "Everything is kept very private. The staff do try to keep me as independent as possible but to be honest I'm becoming more and more dependent on them."

Relatives told us they thought the staff were very kind. One relative said, "I always find the staff are kind and caring to everyone." Another relative said, "I can't say anything about the home and staff that would be detrimental, as I found they care a great deal about [relative's name] and go out of their way to make us feel at home and like a part of the family."

The staff explained how they maintained the privacy and dignity of the people they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door. The maintenance staff commented "We always knock on doors and never just walk in."

We found the staff were warm and friendly. Staff were very respectful. All of the staff talked about the ethos of the service being to place the people who used the service at the centre of the care.

We observed staff routinely using good practice such as getting down to peoples level [good eye contact] when speaking with them. Staff were also appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort.

The registered manager and staff showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. People were encouraged to remain as independent as possible.

We saw that information about advocacy services and when needed the registered manager accessed these services.

The people we spoke with had lived at the service both from when it first opened or had recently moved in. They told us they were encouraged to make their room homely by adding their own personal belongings and one person had been able to keep their budgie. They told us that staff had made sure the budgie was well cared for and risks around keeping birds were managed. The environment was designed to support people's privacy and dignity. People's bedrooms had personal items within them. All the bedrooms we went into contained personal items that belonged to the person such as photographs.

Good

Is the service responsive?

Our findings

At the last inspection we noted that there was limited opportunity for people to engage in activities. We saw from the resident and relative meetings that they had also raised the lack of activity as an issue. We found that at this inspection the registered provider had employed additional activities coordinators so there now were three in post and these staff worked across the full week.

We saw that people were engaged in a variety of activities. From our discussion with the activity coordinator we found that the activities were designed to be engaging. We saw lots of group activities occurred throughout the day but people who used the nursing unit were not as able to join in these events. One person on the nursing unit said, "I would like to do more activities I get a bit bored." We spoke with the registered manager and staff about activities on the nursing floor who acknowledged that until recently they had been limited as many people who used the service were unable to participate. However, the nurses told us they had been working with activity co-ordinators to help them to understand people and their needs.

On the nursing unit we saw two people enjoyed gentle massages on their arms and legs. We noted from the condition of their arms and legs that this appeared to be a regular activity. Some people also took part in a picture quiz. One person had their hair curled.

One person said, "In recent months we have seen a change and now there is always something going on." Another person said. "The activities staff always come up with good ideas."

We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. People told us they were involved in looking at how their care needs should be met. All of the relatives we spoke with told us they were involved with the care planning.

During our visit we reviewed the care records of 10 people. Each person had an assessment, which highlighted their needs. Following assessment, care plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Care plans provided guidance to staff about people's varied needs and how best to support them. For example, the personal hygiene care plan for one person stated they didn't always like a shower as they didn't like the feeling of being cold when the water was turned off. The care plan informed staff to be mindful of this and have plenty of hot towels ready to cover the person up. We found the care records were well-written. They clearly detailed each person's needs and were very informative.

Care plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

We saw that recently a one-page summary sheet had been added to the care records. Staff explained this assisted new staff and agency staff to readily understand people's needs.

Staff were able to explain what to do if they received a complaint but commented that they rarely received complaints. The registered manager showed us the complaints policy which was in the office on all floors. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action.

Relatives and people we spoke with during the visit who told us that if they were unhappy they would not hesitate in speaking with the registered manager. One person told us about a complaint they had raised regarding fees and how the registered manager had dealt with this issue. Relatives who contacted us following the inspection also discussed complaints they had about the way the registered manager ran the home. We heard that they felt staff did not understand the requirements of the MCA and the care records needed to provide succinct information about people's needs. We discussed these with the registered manager and found they had listened to the concerns and taken action. For instance the one-page summary sheet had been introduced and action had been taken to make sure staff understood the requirements of the MCA. The registered manager was able to discuss how they would thoroughly investigate issues. We reviewed the complaint and saw the investigations were thorough, critically reviewed the actions of staff and the outcomes were clearly reported to the complainant.

Good

Is the service well-led?

Our findings

At the November 2015 inspection we were provided with various audits such as kitchen audits, infection control audits and medication audits. Audits did not have the necessary remedial actions logged or evidence of completion recorded. Therefore the registered manager had no oversight into what was happening around the service. Also multiple clinical audits were evident; however there was a lack of clarity regarding action plans and lessons learnt. The registered manager said the head office had taken over the audits and they agreed that this prevented them having oversight. The registered manager said they would request to take over the audits immediately.

At this inspection we found that the registered provider had ensured the registered manager benefitted from the additional support of an operations manager and additional deputy managers, unit leads plus reviewed the role of the clinical lead. We found that this had increased the registered manager's ability to critically oversee the home.

However, after so many years of the registered manager having to undertake the full assessment and monitoring of the home they were still learning the art of delegating some of the tasks. The registered manager had, appropriately, expected the staff to critically evaluate practices within the home. The registered manager confirmed they were provided with the feedback from the audits staff completed. This enabled them to provide advice and guidance to the staff on the improvements that were required within the action plan. In addition to this the operations manager sampled and signed off monthly management of medicines audit. The operations manager also carried out their own audit six monthly and action plan provided when improvements were needed..

On the whole the people and relatives we spoke with were extremely complimentary about the home and how it was run. Relatives told us they found the care to be good and people were treated with the utmost respect. Some of the relatives felt the communication between the management team and them could be improved but others found the team were very effective.

A relative said, "The manager often pops in for a chat and I speak up for the other people, but there are no problems as it's really well managed." Another relative said, "I have no fear or nervousness about sharing any concerns or making suggestions, as I can approach the manager if I have a problem but again there is nothing to complain about."

People told us they were very happy with the service. They were happy with the management of the service and felt that there was a happy, homely atmosphere. They felt that registered manager was approachable and suggestions were listened to and acted upon.

One person said, "It is so lovely here and the staff are wonderful." Another person said, "The manager is approachable and always happy to come and chat with me."

The staff told us they were all comfortable about being able to challenge each other's practice as needed

and confident that any suggestions they made would be listened to by the registered manager. A member of staff said "I get on very well with the manager. We all work well as a team." The manager is really approachable and is fun to be around. She often works the floor and helps out whenever needed."

Staff told us the registered manager truly valued them as well as the people using the service. Staff also told us that the registered manager was approachable and supported them to have a work and home life balance. All the staff found that they were respected and this made them eager to come to work and deliver a high standard of care.

During the inspection the registered manager continuously demonstrated her in-depth knowledge of each person living there. Any question we asked was met with detailed information.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were sent out to people and their relatives annually, and meetings were held. We saw that all of the survey respondents reported being satisfied with the service. As well as formal methods of feedback the registered manager encouraged informal feedback. They had an open door policy and encourage relatives to see them to discuss individuals care and how areas could be improved.

The service had a monthly monitoring visit from the operations manager who reported their findings to the registered provider.