

Westward Care Limited

Headingley Hall Care Home

Inspection report

5 Shire Oak Road
Headingley
Leeds
West Yorkshire
LS6 2DD

Date of inspection visit:
22 February 2016

Date of publication:
27 April 2016

Tel: 01132759950
Website: www.westwardcare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Headingley Hall on 22 February 2016. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

Headingley Hall is a large converted property with a modern extension attached. The service provides care and support for up to 57 older people and is accommodation for people who require personal care. The service is close to all local amenities.

The home had a registered manager in place. 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.

We found systems in place for the management of medicines were not robust or effective in ensuring people received their medicines safely.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate checks of the building and maintenance systems were undertaken to ensure people's health and safety. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Where changes were made to people's care following incidents the information was not always transferred into the care plan documentation. Staff were able to tell us verbally the changes that had been made.

The call bell system in the old part of the building cannot be heard throughout the service. The registered manager told us they would implement a risk assessment to ensure staff members were available in this area so call bells would be answered effectively until a new system was installed.

We saw staff had received supervision on a regular basis and an appraisal. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

People told us there were enough staff on duty to meet people's needs. We were reassured people were protected by safe recruitment process.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw staff treated people with dignity and respect. Staff listened and were patient with people. Observation of the staff showed they knew the people very well and could anticipate their needs. People

told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly reviewed but at times updates needed were not always reflected in the care plans. We saw evidence to demonstrate people were involved in all aspects of their care plans.

We saw there was a supply of activities and outings. Staff encouraged and supported people to access activities within the community. There was a current vacancy for the activities worker which had affected the level of activity on offer at the time of our visit.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We saw the frequency of audit was not based on risk or procedure meaning some high risk areas such as medication had less frequent audit.

We found that the registered provider had breached The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There arrangements in place to ensure people received medication in a safe way were not effective.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. Changes to care plans following incidences were not always completed to ensure staff knew how to prevent a reoccurrence.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were supported to maintain good health and had access to healthcare professionals and services. The mealtime experience was negative for some people.

People were supported to make choices in relation to their food and drink. The system for recording decisions of care and treatment for those who lacked capacity in line with the Mental Capacity Act (2005) needed to be more decision specific.

Staff received training and supervision.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was

Good ●

individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice inside and outside the service.

People told us if they were unhappy they would tell the registered manager and staff.

Is the service well-led?

Good ●

The service was well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality assurance systems were in place to ensure the quality of care was maintained. The frequency of some audits were not based on risk to ensure high risk areas were monitored frequently enough.

Headingley Hall Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 22 February 2016. This was an unannounced inspection. The inspection team consisted of three adult social care inspectors.

Before the inspection we reviewed all of the information we held about the service.

The registered provider 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 received feedback from commissioners of the service prior to our visit. We received feedback from two professionals who visit the service. We also took into account the information we received from statutory notifications since the last inspection.

At the time of our visit there were 47 people who used the service and one person was due to move into the service on the day of the visit. We spent time with 14 people. We spent time in the communal areas and observed how staff interacted with people. Some people also showed us their bedrooms.

During the visit we spoke with the registered manager, deputy manager, one chef, two senior support staff and three other staff members on duty. We also spoke with two family members and a friend of someone who used the service.

During the visit we reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at arrangements in place for the safe management, storage, recording and administration of medicines. We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We spoke with people about the support they received with medicines and they told us they had no problems and staff were very good. One person told us, "I take medication in the morning and at night, someone always helps me and I can ask for pain relief."

The service had a medication policy in place dated April 2014. Staff we spoke with and observed administering medications understood and followed the procedure during the visit.

We checked peoples' medication administration record (MAR) and the controlled drugs record. We found they were not fully completed because on two occasions the administration of a medicine was not signed for. On one occasion the balance of medicine that should have been in the controlled drugs cabinet was not present. This was brought to the attention of the senior staff on shift. They immediately started to look into the situation.

The senior team and registered manager completed regular audits of the medication system. A daily check of any missing signatures was in place and we were told by staff their colleagues would be asked to sign the MAR when next on shift if it was found the medicine had been administered. We spoke with the registered manager about this and they told us in future they would capture the missing signature as a medication error and record the investigation.

We saw a homely remedies book which recorded when a person had been administered a homely remedy their GP had given permission for them to have. Each administration to a person was recorded within this book but there was no individual MAR so the person's usage and the effectiveness of the remedy could be assessed. Where people had prescribed medicines to be used 'as and when required' (PRN) for when specific symptoms were present there was no guidance for staff to follow to ensure the person received the right dose at the right time for the right reason.

Through audits carried out on medicines the service had noted the system for recording administration of creams and topical medicines was not working. Staff were not recording each administration on the MAR. The registered manager at the time of our visit was working with the team to improve this by trialling a new system. If the system being trailed was effective the registered manager told us this would be implemented across the service.

One person's needs had recently changed and the person's GP had given permission for staff to covertly administer medication in the person's food. This can happen where a person is refusing medicine they need to take to prevent ill health. We saw the GP had provided written consent for this to happen on the persons behalf. However, there was no guidance for the staff administering medicines in this way to ensure they did

this safely and in an appropriate way. The senior support worker on shift immediately contacted the pharmacy whilst we were on site to check the details of this for the person.

We saw the controlled drugs storage cupboard was too small for the volume of controlled drugs on site at the time of our visit. The registered manager told us this had been recognised and they were seeking more controlled drugs storage. In the interim controlled drugs that would not fit into the correct storage were being held within a medicine cabinet within the medicine room.

We saw for one person they had to have regular blood tests to determine the dose of a specific medicine they took. The community nurse after each check told the staff in a letter the date the next blood check was due. We saw this blood check had not happened on time for the person. The staff instigated this check immediately by arranging for the practice nurse to visit from the GP the following day. The registered manager told us they would be implementing immediately a system to put in the diary when tests were due to prevent it being missed again the future.

We saw from training records most of the senior staff responsible for administering medication had received medication training. We saw a system was in place to assess the competency of staff administering medication, not all staff had an up to date competency check in place.

The system in place to ensure people received their medicines safely was not robust or effective. This was a breach of Regulation 12(2)(g); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I feel safe with staff." A visiting professional told us, "I have not had any concerns about safety issues."

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all incidences were recorded and the service investigated concerns. Records we saw confirmed this was the case. All the staff we spoke with said they felt confident reporting concerns to either their line manager or the registered manager. All staff told us they were confident the registered manager would deal with the issue appropriately. Staff told us they had all been trained to recognise and understand all types of abuse. The training records we saw confirmed this was the case.

We looked at the arrangements in place for managing whistleblowing and concerns raised by staff. A procedure was in place and it directed staff to where to report concerns. Staff confirmed to us they knew this procedure. The registered manager told us this information alongside safeguarding information was also available in the staff handbook.

We looked at the arrangements that were in place to manage risk so people were protected and their freedom supported and respected. We saw in people's care plans risk assessments had been completed in areas such as pressure care, falls and nutrition. We saw the risk assessments were updated regularly.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw records which told us the registered manager reviewed all accidents and incidents monthly and analysed the patterns of occurrences for each individual supported to try to prevent future incidences for them.

We saw one example where following a fall which had resulted in a person sustaining an injury that incident reports had been completed. Staff we spoke with about the fall could tell us changes had been made to the

environment and during personal care. This meant staff knew what actions to take to minimise the risk of falls for the person. We could not find in the person's care plan a description of these changes. Staff told us they had been informed at handover about the changes.

We were told by the registered provider in the PIR, they were awaiting approval to update the call bell system because there were two systems in use currently. During our visit we observed in the older part of the building when a call bell sounded it could not be heard in the new part of the building. We noted it took five minutes on one occasion for a call bell to be answered. The registered manager told us staff were always available in the old part of the building so someone was always aware when a call bell sounded. The registered manager told us they were going to undertake a risk assessment and communicate this with staff to ensure everyone was aware of what system was in place to ensure call bells could be heard by staff and responded to efficiently until the new system was installed. This meant people were kept safe.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed recent evacuation practices had been undertaken in January 2016. The registered manager told us they were looking to develop the records they had in place with regards to fire evacuations so they could evidence all staff had taken part in regular evacuations. A test of the fire alarm were undertaken each week to make sure it was in safe working order.

We looked at five staff files to check if safe recruitment procedures were in place. The staff recruitment process included completion of an application form, a formal interview, previous employer reference which were carried out before staff started work at the home. Staff were also asked to complete a Disclosure and Barring (DBS) application. The Disclosure and Barring Service carry out a criminal record and barring check (Adult First check (ISA)) on individuals who intend to work vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable adults.

The registered provider had a recruitment policy dated April 2013. The policy stated 'new employees may be given a start date when an ISA adult first check has been received, prior to receiving a full DBS check.' This meant staff started employment once the registered manager knew the applicant was not on the barring list, but before they knew if the applicant had any criminal convictions. The registered manager told us this policy had been implemented due to the length of time it takes for the full DBS check to be returned and this had had a negative effect on recruitment as candidates would find roles elsewhere quicker.

For each staff that commenced employment with the ISA adult first check in place the service ensured they were supervised and they did not support people outside of the premises until a full DBS was returned. All five staff files we checked showed each staff member had started employment with the ISA adult first check. The registered manager said they would review the policy with senior managers to ensure they continued to have safe recruitment process.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed during the day seven staff members were on duty. During the night there were five staff members on duty. The registered manager told us staffing levels were flexible, and could be altered according to need. We saw the dependency tool used by the registered manager to determine if there was enough staff on shift to meet people's needs safely. The rota reflected more staff than the tool stated were

needed were always placed on shift. The registered manager told us they took into account the environment and feedback from staff when finalising the staffing numbers.

People who used the service confirmed staff were available should they need them. One person said "Quite a few staff have left and I think they are short staffed but they come quickly when I use my call bell." Another person said "There are plenty of staff around. Staff are very nice."

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We help each other out."

Is the service effective?

Our findings

We asked staff to tell us about the training and development opportunities they had completed at the service. One staff member told us, "Everything is covered. The attitude seems to be train everybody as much as you can." The registered manager told us they had supported staff to undertake the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The registered manager also told us induction involved reading the care plans of all people who used the service, reading policies and procedures and they shadowed experienced staff until they felt confident and competent. The registered manager also spent time with each new starter going through the values and expectations of the service. Other staff we spoke with told us there was a plentiful supply of training. They told us they had received training in common health conditions and safe handling as well as the required training.

Staff we spoke with told us they felt well supported and they had received supervision and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervision and appraisals had taken place. We were told by the registered manager that group supervisions also took place where staff had opportunity to reflect and raise ideas with colleagues.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make 'best interest' decisions. Care plans included peoples known preferences and staff were able to tell us how they offered choice and respected people's right to refuse care and treatment.

The records we saw where people had been assessed as not having capacity and what decisions had been made in people's best interests were not fully implemented within the care plan process Which includes assessment, care plan development and review. The registered manager told us how the system worked and how they would be working to develop the care plans to reflect in a decision specific way where people lacked capacity what best interest decision had been made.

Staff we spoke with had a good understanding of DoLS. The registered manager showed us records of

applications they had made to the local authority which were pending.

We asked people for their opinions of the food they were provided with at the service. One person said, "They cater for my diabetes." Another person said, "There is nothing wrong with the food it is how it is cooked, it needs to be cooked a little longer." Feedback from people also included, "Ice cream is always runny and it is sometimes put on the hot plate" and "Food is pretty good and you get choice, the tables are always set nicely and it is always clean."

A person said, "One week's menu is the same as the following week." We looked at the menu and found some of the language was not accessible to help people know what the food would be, for example, ratatouille and béarnaise sauce. The desert menu did not have a lot of choice, there were two options but both mainly contained the same main ingredient for example rhubarb crumble and rhubarb sponge. We spoke with the registered manager about this feedback and they told us they already worked with the group chef and the services chef to look at the menu and they would discuss this feedback with them. We were told of the opportunities people had to discuss their food and the menu and we discussed examples of how things had improved following feedback for example, changes to menus for specific diets.

We observed lunchtime and there was a pleasant atmosphere in the dining area. The tables had been set with table cloths and condiments, a menu and glasses. We saw staff asking people what they would like to eat for their main meal. People were sat chatting together at the tables. We heard staff respond to people specific requests for example, one person asked for a beer with their meal and this was provided.

The process of everyone being served was disjointed and it led to delays for some people. The registered manager told us a system should have been in place to ensure people did not have to wait. We did not observe this being used. The staff delivering trays to people who had chosen to eat in their rooms also caused more delay for those in the dining room. We received varying feedback from people which ranged from people saying they had long waits most mealtimes to the meal we observed was particularly disjointed and it usually wasn't.

The dining room was in a communal area where people who worked there or were visiting had to cross to reach the offices and different parts of the building. People passing through also created a disturbance for people eating. The registered manager told us they completed meal time audits and we saw records of these. People's feedback was recorded on the audit but it did not record if any action had been taken to resolve issues.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Staff did completed nutritional assessment documentation and weighed people on a regular basis. This meant peoples nutritional needs were met. The registered manager told us they would implement ways of assessing people's weight loss where the person could not be weighed.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said they had good links with the doctors and district nursing service. One visiting professional told us, "I have no concerns about the care given." Another professional said, "The senior care team is well informed about residents and have a good system in place for recording and communication of treatment for residents after health professionals visits. They are proactive in requesting reviews for residents who show signs of illness or deterioration, which is supported by well documented monitoring of residents health."

People told us, "If I need to see the GP they help make the arrangements." Staff confirmed to us people were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, "I think the chiropodist came to look at my feet." Another person said, "I have just got some new glasses."

The registered manager told us they analysed all visits to hospital made in an emergency to see if the home could work differently to prevent the admission to hospital. We saw records which showed none of the hospital admissions could have been prevented. This meant the service was working effectively with the community professionals to prevent unnecessary hospital admissions for people.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were caring. One person said, "They [staff] are very good. The girls are very caring." Another person said, "I would not stay here if I was not looked after well." A friend visiting a person told us, "There is good interaction from staff and people always look clean and tidy."

A visiting professional told us, "In my experience, the staff are friendly, helpful and caring." Another professional told us, "I have always received positive feedback from residents regarding the care provided to them."

During the inspection we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring and friendly way. During the visit we saw a person seek out a staff member specifically to ask after their visit to church the previous day and to tell them about their visit to the new café on the high street. The warm and friendly relationship was evident during this interaction.

We saw staff treated people with dignity and respect. Staff told us how they worked in a way which protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and waiting for permission to come in before opening the door. Staff were attentive, patient and interacted well with people. Observation of the staff showed they knew the people very well and could anticipate their needs. For example, we saw a person who needed additional support to understand the menu and where to sit and we saw staff took time to talk and listen to the person to reassure them.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Each person had a 'portrait of my life' which included details of the persons working life and important relationships. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day. This helped to ensure people received care and support in the way they wanted to.

During the inspection we visited people their bedrooms where they gave permission for us to do so. The bedrooms were very personalised. One person told us about the furniture they had brought from home to help their room feel more homely for them.

Staff we spoke with said where possible they encouraged people to be independent and make choices when assisting people with personal care and the importance of respecting these choices. We saw staff supporting people to move around the service, staff did this so sensitively and with care, matching the persons pace so they would not feel hurried. Staff told us how they encouraged independence on a daily

basis. People told us they liked to help out and maintain their independence; one staff member told us for example, where a person enjoyed going out shopping they were supported to do this. One person told us about how they maintain their fitness by walking every day in the local community and we saw on the activities board that 'keep fit' was available to take part in. This meant the staff team was committed to delivering a service that had compassion and respect for people.

One person told us, "It would be difficult to find a home as good."

The registered manager told us two people who used the service required input from an advocate at the time of our visit. An advocate is an independent worker who can support a person to make decisions and also at times support decisions made in a persons best interests.

Is the service responsive?

Our findings

We looked at the activities programme in the service which advertised flower arranging, games and fitness sessions, crosswords and puzzles. People told us the activities worker had recently left and they were waiting for a replacement worker. The registered manager confirmed this. People told us because of this there was not much to do at times. One person said, "Nothing to do but I get involved with the games and I like entertainers." Another person said, "Games on a Thursday morning, I like playing bridge, but there is not a lot going on. They take you on outings."

We looked at the activities file and saw people had been out recently to see a film and for fish and chips. Entertainers had visited the home to play the keyboard. Staff told us people could also access local shops and cafes if they chose this. A mobile library visited fortnightly also. However, we saw in some people's records activities were not recorded for them. One person told us they did feel isolated and felt they needed companionship. We discussed this with the registered manager. Staff told us they worked one to one with people who chose not to join group activities or those who were cared for in their bedrooms. The registered manager also told us they would look at how they could support people to develop friendships within the service with each other to reduce the risk of social isolation.

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing their care plan. One person said, "My care plan is in my bedroom if I want to look at it. I can change things if I wish in my care plan." We saw each person had a key worker whose role it was to make sure people were in contact with their family, attend appointments and support the person with making their room personalised and caring for their clothes. A photograph of the keyworker was seen in people's rooms to remind people who their keyworker was.

The care plans detailed how people wanted to be supported. We found care plans were reviewed on a regular basis. We saw at times the changes identified at review did not always mean the care plan had been changed to reflect the change in needs. Staff could verbally tell us up to date information on how to support people as they had been told via staff handover but care plans were not always updated meaning there was risk people received the wrong support from staff. This was something the registered manager told us they looked for during care plan audits and they were working to improve.

We spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported them to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. One person who used the service said, "I would speak to [name of registered manager] who runs the business." A friend of a person said, "I would speak to staff if I had any complaint, but there is nothing to worry about."

Discussion with the registered manager confirmed any concerns or complaints were taken seriously. We saw the records of complaints for the past 12 months and all were dealt with appropriately. We also saw the compliments folder containing many compliments over the past months for example, "I just want to thank you so very much for the care and kind attention all staff shown to my father."

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post. People who used the service spoke positively of the registered manager. One person said, "[Name of registered manager] is nice." Another person said, "The management is good, the organisation is good and I am very satisfied with the place in general."

The staff we spoke with were unanimous in their view about the registered manager and senior staff. They said, "The manager is very approachable, really good and happy to 'muck in'. All the senior staff are very approachable.", "Do I feel supported by the manager? Absolutely, without a doubt" and "I honestly believe there is a good culture in this home. It is not an institution and people have free choice, they can do what they want to do, it is person centred."

Staff told us the morale was good and they were kept informed about matters that affected the service. One staff member told us, "The standards are good, I genuinely like it here, and it's a friendly place." Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. Topics of discussion included safeguarding, dignity, training and DoLS. The registered manager also met with the different departments to discuss issues affecting their own roles and we saw evidence of these meetings.

The registered manager told us people who used the service met with them on a regular basis with the families if they chose to discuss the service and to seek feedback. We saw minutes of these meetings were available. We saw people were also supported to meet to discuss the food and catering at the service with the chef and the group head chef. The registered manager also told us they had a system called 'resident of the week'. This is where the registered manager will seek in-depth feedback from one particular person or their family each week. The registered manager said they find this really beneficial for them and their role and also for the person to have more individual time to discuss their experience with them.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services.

The registered manager was able to show us numerous audits which were undertaken. These included checks on health and safety, medicines, infection control and accidents. Also there were visits from the registered provider.. The frequency of the audits completed were not always clearly defined or based on a reason such as risk or procedure. For example, high risk areas such as medication had less frequent audits than other areas of less risk such as mealtime experience. The registered manager told us they would look at developing a programme which clearly defined the frequency of audit in the future for each area.

We saw a business continuity plan which helps determine what to do in cases of emergency or if a situation happened which could affect the running of the service. We saw this was dated November 2013 and the plan stated it should be reviewed annually which had not happened. The registered manager explained this would be done following our visit.

We saw a survey had been carried out in 2015 to seek the views of family and people who used the service. People who used the service and family members were asked for their opinion on accommodation, housekeeping, care, social and leisure amongst other areas. The results for care remained consistently high and were rated as excellent. Social and leisure, choice of food and cleanliness showed a decline in results outcome. The results of the survey were shared with both people who used the service and their family. The registered manager had a plan to improve the results following the feedback received.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 12 (1) (2) (g).