Clovely Care Limited

The Croft Residential Care 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?	**Good** 
Is the service caring?	**Good** 
Is the service responsive?	**Outstanding** 
Is the service well-led?	**Requires Improvement** 

Overall summary

The inspection took place on 20 and 24 October 2014. This was an unannounced inspection. We last inspected The Croft Residential Care Home in December 2013. At that inspection we found the home was meeting all the regulations that we inspected.

The Croft Residential Care Home provides residential care for up to 33 people, most of whom are living with dementia. At the time of our inspection there were 30 people living at the home. The home had a registered manager in post. 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.

Summary of findings

We found the provider had breached Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider did not have accurate records to support and evidence the safe administration of medicines. We found gaps in medicines administration records (MARs) for seven out of the 30 people who used the service where medicines had not been signed for to confirm it had been given. You can see what action we told the provider to take at the back of the full version of the report.

People we spoke with told us they felt safe living at the home. Their comments included, "I am not worried about anything", and, "I am not scared anymore, it is topper." Family members also confirmed that they felt their relative was safe. Their comments included, "I have no concerns with safety", "[My relative is] definitely safe", and, "Safe and well looked after." People were also happy with the condition of the home. Their comments included, "Always spotless", "Nice and warm", and, "Beautiful rooms."

Staff undertook risk assessments where required and people were routinely assessed against a range of potential risks, such as falls, mobility and skin damage.

Staff we spoke with had a good understanding of safeguarding and the provider's whistle blowing procedure. They also knew how to report any concerns they had. The provider had a system in place to log and investigate safeguarding concerns.

Staff had a good understanding of how to manage people's behaviours that challenged the service and had individualised strategies to help them manage people's behaviours that challenged.

People who used the service, family members and staff all told us they felt there were enough staff to meet people's needs. The registered manager monitored staffing levels to ensure there was enough trained staff available to meet people's needs. There were systems in place to ensure that new staff were suitable to care for and support vulnerable adults.

Staff were well supported to carry out their caring role and received the training they needed. Training records confirmed that staff training was up to date at the time of our inspection.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make a specific decision. The registered manager had also made DoLS applications to the local authority where required. People confirmed that they were asked for permission before receiving any care. One person told us staff, "Ask you what you want always."

People and family members were happy with the food provided. People said, "We get well fed", and, "Can't fault the food." Family members said, "[My relative] needs coaxing to eat. They [staff] are very patient", "Food is fine", and, "[My relative] is eating properly now." The provider had systems in place identify and support people who were at risk of poor nutrition. Where people had lost weight unexpectedly, action was taken to keep them safe.

We observed over the lunch-time that staff made sure people were safe and had support if they needed it, such as prompts and encouragement to eat their lunch. We also observed that staff interaction with people was warm, kind and caring.

People were supported to maintain their healthcare needs. One person said, "My family don't worry about me now, they know that if I took bad there is somebody on hand." One family member told us that staff supported their relative to attend health appointments. They said, "If [my relative] needs to be taken anywhere they take her."

People and their family members told us they were well cared for and were treated with dignity and respect. They said, "Can't fault it." "We like our care home." Family members' comments included, "Very good care, absolutely amazing", "They look after [my relative] brilliantly", and, "It's great in here."

The provider had adapted the service to meet the needs of people who were living with dementia. Doors had been painted orange and dementia friendly signage was used to help aid orientation. There were designated quiet areas and brightly coloured crockery and specialist cutlery was available. The home had involved family members in 'life history' work and care records contained detailed information about people's preferences.

Summary of findings

People had their needs assessed and the assessments had been used to develop individual care plans. Care plans had been evaluated consistently each month. Where people's needs had changed action was taken to keep them safe.

The home's complaints procedure was available in different formats. None of the people or family members we spoke with had made a complaint about the care they received.

People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service.

The provider undertook a range of audits to check on the quality of care provided. Medicines audits had not been successful in identifying gaps in medicines records. Information was analysed to look for trends and patterns and to identify learning to improve the quality of the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Most aspects of the service were safe. Medicines records were inaccurate and did not evidence the safe administration of medication.

People told us they felt safe living at The Croft and family members also confirmed that their relative was safe.

There were enough staff to meet people's needs in a timely manner and there were systems in place to ensure that new staff were suitable to work with vulnerable adults.

Requires Improvement

Is the service effective?

The service was effective. Staff told us they were well supported to carry out the role and that they received the training they needed. We saw from viewing training records that staff training was up to date. Staff followed the requirements of MCA and DoLS and people were asked to give permission before receiving any care.

People told us that the food provided was good. Family members said that their relative was supported to meet their nutritional needs. The provider had systems in place to identify and support people at risk of poor nutrition.

People were supported to maintain their healthcare needs. They had access to a range of health professionals when required and attended their health appointments.

Good

Is the service caring?

The service was caring. People and family members were happy with the care they received. People and family members we spoke with gave us only positive comments.

We observed the lunch-time period and saw that staff were present at all times to provide people with the support they needed. Staff interaction with people was kind, considerate and caring.

People told us they were treated with dignity and respect. Staff gave us examples of how they adapted their practice to ensure people maintained their dignity.

Good

Is the service responsive?

The service was responsive. The provider had adapted the service to meet the needs of people living with dementia. Family members and staff had been actively involved in person-centred 'life history' work and the home had been adapted to meet the needs of people who were living with dementia. The home was pro-active about raising awareness of dementia through staff training and providing information about dementia for visitors.

Outstanding

Summary of findings

People had their needs assessed and the assessments had been used to develop individual care plans. Care plans had been evaluated consistently each month. Where people's needs had changed, action was taken to keep them safe.

The home's complaints procedure was available in different formats. People were aware of how to complain. None of the people or family members we spoke with had made a complaint about the care they received.

Is the service well-led?

Requires Improvement

The service was well-led. There was an established manager in post. Staff told us the registered manager was supportive and could be approached at any time for advice. Some required statutory notifications had not been submitted to the Care Quality Commission.

The home had a quality assurance programme to check on the quality of care provided. There was a service improvement plan which identified the provider's goals for the next 12 months.

We found that medication audits had not been effective in identifying gaps in medication records. The registered manager and deputy manager were also unaware of the gaps.

The Croft Residential 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.

This inspection took place on 20 and 24 October 2014 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one adult social care inspector.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We reviewed other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). We did not receive any information of concern from these organisations. On the day of our inspection we spoke with a district nurse who was visiting the home.

We spoke with nine people who used the service and six family members. We also spoke with the registered manager, the deputy manager and four other members of care staff. We observed how staff interacted with people and looked at a range of care records which included the care records for three of the 30 people who used the service, medication records for the 30 people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

Some medication records were inaccurate and did not support the safe administration of medicines. We viewed the most recent medication administration records (MARs) for the 30 people who used the service. We found that there were gaps in signatures for seven people where staff had not signed the MAR to confirm that some medicines had been administered. We also looked through people's previous MARs and found other gaps in signatures. For example, for one person we found gaps in signatures in April 2014 and June 2014. We discussed our findings with the registered manager and deputy manager. We asked them to tell us about their expectations of staff when there was a gap in a person's medication records. The registered manager and deputy manager told us they would expect the staff member administering the next medication to alert them of any gaps. We found no evidence that this had been done as the registered manager and deputy manager told us that they were not aware of these gaps. This meant that the gaps in medicines records had not yet been identified and investigated.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People we spoke with told us they felt safe living at the home. One person said, "I feel safe here. I always shut my door on a night. I have a key for the door which I lock on a night", and, "Here you have somebody all the time even just to say good morning. If I wasn't here I would be lonely." Other people said, "I am not worried about anything", and, "I am not scared anymore, it is topper." Family members also confirmed that they felt their relative was safe. They said, "I have no concerns with safety", "[My relative is] definitely safe", and, "Safe and well looked after."

Where staff had identified a potential risk, a specific person-centred risk assessment had been completed to ensure people were safe. For example, a risk assessment had been completed for one person who liked to go outside into the garden. The assessment focussed on the potential benefits of taking the risk, such as the person's enjoyment from spending time outdoors, as well as considering the possible hazards. We found from viewing care records that people were also routinely assessed against a range of potential risks, such as falls, mobility and skin damage. We saw that these had been completed and maintained for each person and corresponding care plans had been developed to help staff maintain people's wellbeing.

Staff we spoke with had a good understanding of safeguarding and how to report any concerns they had. Staff told us, and records confirmed, that they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. For example, people becoming withdrawn, not eating, shutting themselves away and bruising. Staff said if they had any concerns they would report them immediately to the manager. We found the provider had a system in place to log and investigate safeguarding concerns. We viewed the log and found concerns had been logged appropriately. We received positive feedback from the local authority about the positive way in which the home had responded to previous safeguarding concerns. They also told us about a specific example of multi-agency work to keep a particular person safe in which the home had played an important role.

Staff were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They told us they currently had no concerns and would have no problem raising concerns if they had any in the future. One staff member said, "The manager would deal with concerns straightaway. She wouldn't tolerate anything in the home."

People and their family members told us they felt there were enough staff to meet people's needs. They said if they needed assistance, staff saw to their needs quickly. One person commented, "There are enough staff. They help us quickly." Other people commented, "They are pretty quick", and, "We never have to wait for anything." One family member told us, "Yes there are enough staff, there is always someone at hand." Another family member told us, "The staff have been here for a lot of years", and, "Staffing levels are brilliant." Other family members told us, "There are loads of staff", and, "[There] seems enough staff."

Staff also told us they felt there were enough staff and that there was a consistent staff team. They said staffing levels were, "Alright, there is a consistent staff presence", "There is never any bank or agency staff. Most staff are flexible and will come in at short notice", and, "Yes there are enough staff." We saw that the manager had systems in place to regularly monitor staffing levels and the impact on people

Requires Improvement

Is the service safe?

who used the service. We also saw that the provider had recently introduced a monthly dependency assessment which was analysed as part of the review of staffing levels. This meant there were systems in place to check that staffing levels were appropriate to meet people's needs.

There were systems in place to ensure that new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records for five recently recruited staff. We found the provider had requested and received references in respect of prospective new staff, including one from their most recent employment. A disclosure and barring service (DBS) check, previously known as Criminal Records Bureau (CRB) checks, had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people.

People were happy with the condition of the home. We asked people what they liked about their environment. One person told us the home was "well looked after." They also said, "My room is clean and tidy. Somebody comes in to hoover and dust, I like it. They keep my bed clean." Other people commented that the home was "always spotless", "nice and warm" and they had "beautiful rooms." Family members told us, "It smells fresh, there are no smells", and, "There is an on-going programme of improvements, new hygienic flooring, new furniture, extension." We observed during our inspection that the home was nicely decorated and well-maintained. We saw that the home was clean and fresh with no unpleasant odours.

Good

Is the service effective?

Our findings

Staff told us they were well supported to carry out their caring role. They said they had regular supervision and appraisal and could discuss any issues they had in private. Staff said, "I am really supported, there is always someone to turn to", "The manager is really good", and, "I am very well supported." Staff also told us the provider was very pro-active about staff training. They said, "There is loads of training", "The manager is very supportive [about training]", and, "Training is all the time." As well as mandatory training, staff gave us examples of additional training they had completed, such as training in end of life care, epilepsy, diabetes and dementia. We viewed training records which confirmed that staff training was up to date at the time of our inspection.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. It helps to ensure that decisions are made in their 'best interests.' Staff told us that they had completed MCA training. They were able to tell us what MCA was and when it applied to people. We saw from viewing people's care records that where there were doubts about a person's capacity, a MCA assessment and 'best interests' decision had been made. For example, one person had a MCA assessment and 'best interest' decision in place to allow staff to administer medicines covertly. We saw that this decision had been made jointly with staff, a family member and health professionals.

The provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. The registered manager had a good understanding of DoLS and was aware of recent changes in legislation about what constituted a deprivation of liberty. The registered manager had also been pro-active in liaising with family members about the changes and had provided them with specific guidance to alleviate some of their concerns about their relative. We saw from viewing people's care records that DoLS applications had been made to the local authority where required.

Staff told us they would always ask people for permission before delivering any care. They also said they would respect their right to refuse care. Staff said if a person did refuse they would offer alternatives or leave the person and try again later. One staff member said, "I always ask people first, if they refuse it is their choice." People confirmed that they were asked for permission before receiving any care. One person told us staff, "Ask you what you want always."

Staff had a good understanding of how to manage people's behaviours that challenged the service. They were able to describe the specific strategies they used, which were individual for each person. For example, offering a cup of tea, sitting and chatting with people and spending time looking through their 'life histories' with them. Some people had been prescribed 'when required' (PRN) medicines to assist staff with managing some behaviours that challenged. Staff told us that this was only used as a last resort. We saw from viewing people's care records that people had specific care plans for staff to refer to and written guidance on the use of as required medication.

People we spoke with said they were happy with their meals. One person said, "You can ask for what you want for breakfast", and, "[The] food is alright up to now." Other people said, "We get well fed", and, "Can't fault the food." Family members told us their relatives were supported to meet their nutritional needs. For example, one family member told us that their relative was worried about going into the crowded dining room. They said that their relative was taken to the dining room after other people had left so that it was quiet. Family members told us, "[My relative] needs coaxing to eat. They [staff] are very patient", "Food is fine", and, "[My relative] is eating properly now."

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised tool (Malnutrition Universal Screening Tool (MUST)). This included monitoring people's weight and recording any weight loss. Where people had been identified as being at risk of poor nutrition, staff completed daily food and fluid balance charts. We checked people's charts during our inspection and found they were up to date with what people had consumed so far that day. We found that MUST assessments were reviewed monthly to ensure that any changes had been identified. We saw that where people had lost weight unexpectedly, action was taken to address the weight loss. For example, we saw from viewing one person's care records that they had lost weight. Staff had acted quickly and referred the person to their GP and a

Good

Is the service effective?

dietitian. We found that following this intervention the person's weight had increased and was now stable. Family members told us that they were kept informed about any changes in their relative's condition. One family member told us that their relative had experienced weight loss. They said that they had been involved in discussions about this and knew what was going to happen.

People were supported to maintain their healthcare needs. One person said, "My family don't worry about me now, they know that if I took bad there is somebody on hand." One family member told us that staff supported their relative to attend health appointments. They said, "If [my relative] needs to be taken anywhere they take her." We saw from viewing people's care records that they had regular input from a range of health professionals. This included consultants, GPs, district nurses, specialist nurses, speech and language therapists, physiotherapists and occupational therapists. We spoke with a district nurse who was visiting the home at the time of our inspection. They gave us positive feedback about the home and the care staff. In particular, they said they found the home was well organised and that people were treated individually. They said staff were good at identifying when people's needs had changed. They also said the home and the district nursing service worked well together.

Good

Is the service caring?

Our findings

People told us they were well cared for. They gave us positive views about the care they received at the home. People said, "Can't fault it", and, "We like our care home." Family members confirmed that they also felt that their relative received good care. One family member said, "Very good care, absolutely amazing." Another family member said, "They look after [my relative] brilliantly", and, "It's great in here." Other family members said, "Yes, well cared for", "There is nowhere else I would put [my relative] other than here. It is lovely", "Care is more than adequate" and, "Great, really good."

People also gave us positive views about the care staff. They said, "Staff are nice", and, "Staff are all lovely." Family members said they were happy with the staff delivering their relative's care. One family member said, "[The] staff are attentive and friendly", and, "All of the staff are outstanding." Other family members commented the, "Staff are so caring", "Very polite, very caring. Seems as though they want to help", "Really caring people", and, "Staff treat people very nicely."

Staff had a good understanding of the needs of the people they cared for. They were able to tell us with ease about the people in their care and any specific needs they had. Family members confirmed that staff knew their relative well and understood their needs. One family member said, "The staff always know how [my relative] is." Other family members said staff were "looking after [my relative's] needs" and staff had "entirely met [my relative's] needs."

We undertook a specific observation for one hour over the lunch-time using SOFI. People in the dining room were independent with eating and drinking. We observed that people had their lunch in a relaxed and unhurried atmosphere. People were sat in groups and some people were chatting with each other. We observed that staff were always present in the dining room to make sure people were safe and had support if they needed it, such as prompts and encouragement to eat their lunch. For example, staff said to people, "Would you like me to help you with your food", and, "Can I give you a hand." We observed that staff interaction with people was warm, kind and caring. People were given the time they needed to eat their lunch and could stay in the dining as long as they wanted. For example, one person who had finished their lunch wanted to stay for a while in the dining room. Staff told the person "that is fine." Staff always checked that people had finished eating before taking away their bowl. We observed that staff were very attentive and considerate towards people. For example, one person told a staff member how much they had enjoyed their beef casserole. We observed that the staff member returned shortly after with another bowl of casserole. The person said to us, "That is how good it is here, I have got another bowl."

People had opportunities to have one to one time with care staff. Staff said that they had the time to see to people's needs in a timely manner and to have meaningful one to one time with people. We observed throughout the day of our inspection that staff were regularly sitting chatting with people. One staff member said, "We are always with the residents. Residents have one to one time every day." Staff told us they would spend this time sitting and chatting with people, having a cup of tea or looking through 'reminiscence books.' One person said, "Staff will chat with you." Family members confirmed that staff usually saw to people's needs quickly. One family member said, "If I need to speak to anybody anytime they are there and if I ask staff for something they do it straightaway unless there is an emergency."

Staff treated people with dignity and respect. One person said, "Staff were alright. They have never been cheeky or anything." They also said that staff "always knock" before entering their room. Other people said, "Staff treat me wonderful" and "We get a lot of respect". Family members confirmed that staff treated their relative with respect. One family member said staff were, "Very caring and compassionate towards [my relative]", and, "They treat my relative like their own family member." Staff gave us practical examples of how they maintained people's dignity and respect when delivering care. They said they would make sure the person's door was shut when they were receiving personal care and that they were kept covered up.

People were supported to maintain their independence. Staff described how they supported people to do as much for themselves as possible rather than them taking over. They said they would offer prompts and encouragement.

We spoke with staff about the care they delivered to people and we particularly asked them to tell us what the service did best. They commented, "Looking after the residents

Good

Is the service caring?

and giving them 100%. Making sure all of their needs are met", "Overall it is a good home, We are up to speed with everything", "Caring for our residents", and, "A high standard of care."

Outstanding ☆

Is the service responsive?

Our findings

The registered manager was pro-active in raising awareness of dementia within the home and how this affected the people who used the service. The registered manager and deputy managers were very knowledgeable about dementia and the good practice recommendations from Stirling University. They were trained facilitators in dementia awareness and all staff had completed more advanced dementia awareness training. The registered manager was pro-active in raising awareness of dementia within the home. For example, a 'dementia file' had been developed and placed in the reception area as an information resource for visitors. This included the home's policy on dementia and other information and publications relating to dementia. The registered manager undertook a specific quarterly dementia audit, which considered how the service impacted on people who were living with dementia. This included a check of the environment, people's appearance, sensory needs and people's weight. The audit also included gathering the views of people who used the service.

The registered manager had used their expertise of dementia awareness to make adaptations to the home specifically to meet the needs of people living with dementia. For example, doors had been painted orange and dementia friendly signage used to help people with orientation around the home. Other examples of adaptations were designated quiet areas, brightly coloured crockery and the use of specialist cutlery where required. The registered manager had employed three activity co-ordinators, one of whom specifically worked between 3.30pm and 7.30pm to support people's increased need for stimulation and engagement at this time of the day. This meant that consideration had been given to the specific needs of people who were living with dementia and changes made to improve their well-being.

The home had involved family members in 'life history' work. We viewed examples of people's life histories. These were individual to each person and had been presented in a format appropriate to their needs, such as using pictures and personal photographs. Family members confirmed they had been involved in providing input into their relative's life history. They said they had sat with staff and gave information about their relative's likes and dislikes. They said this information was kept in a file. Another family member told us they had worked with staff to develop their relative's "My Life" chart which was displayed on the person's wardrobe. Another relative said, "The manager and deputy sat down with us to talk about likes and dislikes a week before [my relative] came in." This meant that staff had access to detailed and personalised information to help them better understand people's needs.

We found from viewing people's care records that each person had a 'See Me and Support Me' profile. This provided staff and others with a summary of what was important for each person, what others would say about the person and how the person wanted to be supported. For example, one person particularly wanted to be treated with dignity and respect, to have their family involved in their care and to be smartly dressed. The profile also gave a summary of the person's needs and the most effective way of communicating with them. For example, for one person staff were advised to use questions that required a yes or no response (closed questions) when supporting the person to make choices. People's preferences had also been documented into a 'Day in the Life' profile for each person. This gave staff information about each person's preferred routines throughout the day and what a typical day would be for them. We saw from viewing people's care records that these had been sent to family members to read and amend as required.

People had their needs assessed shortly after moving into the home. We found that the assessments were used to develop individual care plans. Care plans we viewed were individualised and took account of people's choices, likes and dislikes. For example, one person particularly liked flower arranging, knitting, crochet, bingo and travelling. Some family members told us they had seen their relative's care plans. One family member said their relative had a specific health condition and that a care plan had been developed for this. They also said, "We can see the care plans and there is scope to add bits in." We found that care plans had been evaluated consistently each month. The record of the review gave a meaningful update about each person that linked directly to the care plan being reviewed. This meant that staff had access to relevant and up to date information to refer to about the people in their care.

There were opportunities for people to take part in a range of activities. People and family members gave us examples of the activities that were available. One person said that

Outstanding ☆

Is the service responsive?

the home was, “Good for a social aspect.” Other people said they enjoyed, “Bingo”, “listening to records” and “dancing.” They also said, “Some people have gone to [a local supermarket] today.” One family member told us, “There are plenty of activities like arts and crafts.” Another family member told us that their relative had been, “Playing dominoes and had thoroughly enjoyed it. Also been for a walk in the park and out to the local supermarket.” Other family members said, “The activity co-ordinators try and involve all people”, and that their relative had, “Been to the theatre.”

People told us they were able to choose how they spent their time. They said if they wanted to take part in activities they could or if they wanted to have quiet time in their room that was also alright. One person said, “If I feel like I want quiet I just come upstairs.” Staff told us about other choices people were supported to make each day. For example, staff said people were asked what clothes they wanted to wear each day, what time they wanted to go to bed, food and drink choices and whether they wanted to have a bath.

We found evidence that staff had taken action to respond to people’s changing needs. For example, we saw from one person’s care records that they experienced swallowing difficulties when eating and drinking. We saw that staff had referred the person to a speech and language therapist for advice and guidance. We subsequently found the person had been assessed and staff had been given advice to manage the situation. The speech and language therapist’s recommendations had been incorporated into the person’s care plan. Family members also confirmed that staff were quick to act to keep people safe. One family member told us, “[My relative] started having falls and was referred to the falls team, every precaution was taken”, and, “[The staff] pick up on subtle changes quickly.” Another family member said, “[The staff] are good at dealing with situations.” Another family member said that staff were, “Quick to sort things out. For example, calling the doctor or the urgent care team.”

People and family members had opportunities to give their views about their care. We found that regular meetings for people who used the service were held. The provider also sent out a monthly newsletter to update people and family members about what was happening in the home. One family member said, “I get sent the newsletter by email and paper.” The provider also sent out annual questionnaires to consult with people about their care. We viewed the most recent feedback and found there had been 12 responses. We saw that 11 people had rated their care as either ‘very good’ or ‘good.’ The findings and actions from the consultation were publicised in a newsletter and provided to people and family members. Actions from the consultation included making fresh fruit available, new flooring and some redecoration.

People and their family members told us they had no concerns about the care they received. They also told us that if they had concerns they would raise them and felt confident they would be dealt with appropriately. One person said, “Can’t complain. I have no complaints at all.” Another person told us they had “no concerns.” One family member said, “I have no worries about how [my relative] is looked after.” Other family members said, “I have no concerns”, “No concerns, issues are dealt with appropriately”, “I haven’t had to raise any concerns”, and, “No concerns if I did I would speak up.” We saw that the complaints procedure was available in different formats to help with people’s understanding. This included easy read, large print and audio versions of the procedure. People and family members told us they were aware of the complaints procedure and knew how to complain. We viewed the complaints log and saw that there had been five complaints received since January 2014. These had been investigated and resolved jointly with family members to their satisfaction. We found that actions identified during the investigation had been completed. This included changes to procedures and people’s individual care plans.

Requires Improvement

Is the service well-led?

Our findings

The home had an established registered manager. The provider had been pro-active in submitting most types of statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns. However, we found the provider had not made the required safeguarding notifications. We discussed this with the registered manager who told us that this was due to a misunderstanding about when to submit the notifications. This is being dealt with outside of the inspection process.

The provider did not have effective systems in place to assess and monitor the quality of medication records. This meant the monthly checks currently undertaken of people's MARs had not been successful in ensuring that appropriate action was taken in a timely manner to identify and investigate gaps in the records of administration of medicines. During our inspection we found gaps in signatures on people's MARs. We viewed the records of previously completed monthly checks and found that these had not identified the gaps in people's medication records. For example, we found gaps on one person's MARs dated April and June 2014. We viewed the corresponding monthly checks and saw that these stated that there were no gaps in signatures on MARs.

Family members told us the registered manager was approachable and supportive. Family members said, "I came unannounced and the manager showed me round. It was no problem. The manager is lovely", and, "The manager is very open, she listens to you and will deal with things." Staff also confirmed that there was an open door policy. They said, "If I am unsure about anything I know I could go to the office at any time", "[The registered manager has] an open door you can go in and discuss any problems", and, "If I am unsure I know I could go to the office at any time."

There was good communication between the home and family members. One family member told us that whenever anything happened at the home the staff were really good at ringing and letting them know. Family members we spoke with said, "[The staff] are good at keeping in contact with family members", and, "[The staff] make me feel like more than just a customer." Another family member said, "I am always kept up to date. If anything is wrong they are straight on the phone." Other family members said, "If anything is wrong they ring straightaway", and, "I am very much kept informed by email and the phone. Staff would tell me anything that was happening with [my relative]."

The provider had a specific set of values that underpinned care delivery. At the time of our inspection these values had just been agreed and were not yet widely known to people who used the service, their family members and the staff team. We found the registered manager had recently displayed a copy of the values in the reception area for people and visitors to view.

People told us there was a good atmosphere in the home. Their comments included, "The majority get on well together", "We get a good laugh", "We just have some fun", and, "I am enjoying it." Family members also told us that the home was welcoming and open. One family member said, "From day one I knew it was going to be the right place." Another family member told us about the "amazing welcome" they received when their relative moved in. Other family members said, "Very homely", and, "The manager is very supportive, almost like a family."

There was a comprehensive quality assurance programme in place which consisted of a range of monthly and quarterly checks to keep people safe and ensure they received good quality care. Monthly audits included checks of people's weight loss and weight gain, quality of care plans and risk assessments, accidents, health and safety related checks and a dining room observation. Quarterly audits included checks of complaints and significant events, infection control and checks of equipment.

We saw that the findings from the audits were analysed and used to improve the quality of care that people received. For example, referrals had been made to health professionals, such as GPs, dietitians, speech and language therapists and the falls team, for people who had been identified as at risk. Although most of the audit records we reviewed were effective in identifying issues and concerns, we found medicines audits were not robust. This was because the gaps in medicines records we found during this inspection had not been identified and investigated during the provider's system of medicines audits. The provider had developed a 'service plan' which identified

Requires Improvement

Is the service well-led?

the aims and goals for the next 12 months. These included all care plans to be updated and reviewed, to promote family meetings, to send out monthly newsletters and to promote 'life history' work.

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 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People were not protected against the risks associated with medicines because the provider did not have accurate records to support and evidence the safe administration of medicines.