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Holwell Villa Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 25 April 2016 and was unannounced. The visit started at 6.10am to enable us to meet with the night staff and see people being supported in the early morning.

Holwell Villa Residential Home is a long established care home providing care and accommodation for up to 17 people. 16 people were living at the home at the time of the inspection. People living at the home were older people, some of whom were living with a significant dementia, mental health needs or physically frailty.

There was 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. The manager had been registered with the Care Quality Commission (CQC) in March 2016.

We saw much good practice in relation to people's care. However we also identified concerns over the safety and management of the home including people's medicines, maintenance of records and assessments of risks. Immediately following the inspection the registered manager sent us information about changes they had already made in response to the inspection. The registered manager was working with the local authority's quality team and had a service improvement plan in place.

People were not protected from the risks of unsafe medicines management. Some records had not been properly completed to show that people had received their medicines and some prescriptions were not clearly written. Guidance for staff on the administration of 'as required' medicines was not clear, and this meant that a full audit trail of medicines could not be carried out. The registered manager took immediate action on this.

People were not being protected because the home had not operated a fully safe staff recruitment process. The registered manager took immediate action to address this.

There were enough staff to support people and meet their needs, but not all staff were aware of information needed to keep people safe, such as the numbers of people staying at the home in the case of a fire. Although staff understood how to safeguard people from abuse, the registered manager had not always followed local procedures initially when concerns had been raised with them, which could have compromised further investigations.

Some risks from the environment had not been assessed or plans put into place to reduce risks. For example we saw that some fire doors were being held open inappropriately. The registered manager took immediate action to address this. Risks to people's care, such as from swallowing difficulties, poor nutrition or pressure areas were being assessed. Plans showed that staff had taken action to help reduce the risks to people,

through providing appropriate equipment to relieve pressure or supplementing their diet.

The service was not always supporting people in line with the Mental Capacity Act 2005 (MCA), and protecting their rights. Assessments of people's capacity and decisions made in their best interests were not always being carried out or recorded in accordance with the MCA. However we did not identify any decisions made by the home or staff had been inappropriate or unduly restrictive. We have made a recommendation about the implementation of the MCA with regard to best interest decisions.

People's care files and plans did not always reflect in detail people's needs or wishes about their care and how this was to be delivered. We have made a recommendation in relation to the need to increase the detail in people's care plans. Relatives told us they had been involved in giving information about their relations care need, wishes and social and personal history. However, activities people were supported to follow at the home were not always being recorded, which meant it was not possible to see how people's wishes or interests were being supported. People who were able told us they were happy with the activities provided, and that they were enabled to be as active as they wished to be. One person went out for a long walk with a community care worker which they enjoyed.

People told us they respected the registered manager, and staff said the home was a relaxing and comfortable environment to work in. However we identified concerns over failures in management systems and a lack of robustness in auditing practices. Records were not all well maintained.
The registered manager told us they were keen to learn and develop their skills and were accessing support and training to help them develop professionally, including support in developing leadership skills.

People were involved in having a say about the service they received. Quality assurance and quality management systems were in place to ensure people had a chance to share their views and experiences. However feedback had not been analysed from the last quality assurance processes, and no action plans had been put into place to address any issues. The home had complaints policies and procedures but these were not always being followed or a record kept of minor issues that had been quickly resolved. This meant it was not possible to monitor if issues kept re-occurring or what actions had been taken in response.

Areas of cleanliness were being addressed and rooms were being upgraded to provide a more comfortable environment for people. This included making adaptations to the environment to help people with dementia orientate themselves and remain more independent. A small extension was being built to the rear of the home to provide new dining space and en-suite rooms. This would give an additional area for people to spend time away from a busy communal area if they wished.

Staff told us they received the training they needed for their job role and were knowledgeable about people's care needs. Staff were supported by the home's management and received regular supervision and appraisal, including spot checks on their performance. However management systems for recording training needed development.

People were supported by community healthcare services as they needed this, including for both physical and mental health needs. Staff were aware of people's healthcare needs and of signs that a person's physical or mental health was deteriorating. They understood how to escalate these concerns to support the person, and where to intervene to de-escalate issues.

People were supported to make choices about meals and they told us they ate well. People who needed additional support to prompt or support them to eat well received this from staff.

We saw evidence of good relationships having been built up between people being supported and the staff supporting them. People told us they liked the staff and were happy with the service they received. Staff took time to understand people's wishes and spoke with them discreetly about their care. They demonstrated respect for people's dignity and individuality.

We identified a number of breaches of regulations during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

People were not protected from the risks of unsafe medicines management.

People were not being protected because the home had not operated a fully safe staff recruitment process.

There were enough staff to support people and meet their needs, but not all staff were aware of information needed to keep people safe.

Some risks from the environment had not been assessed or plans put into place to reduce risks. Risks to people's care were being assessed and mitigated.

Staff understood how to safeguard people from abuse. The registered manager had not always followed local procedures initially when concerns had been raised with them.

Areas of cleanliness were being addressed and rooms were being upgraded to provide a more comfortable environment for people.

Is the service effective?

Requires Improvement

The home was not always effective.

Staff received the training they needed for their job role and were knowledgeable about people's care needs. Staff received regular supervision and appraisal, including spot checks on their performance. However management systems for recording training needed development.

The service was not always supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were not always being carried out where they lacked the capacity to make a decision. We have made a recommendation about this.

People were supported by community healthcare services. Staff

were aware of people's healthcare needs and of signs that a person's physical or mental health was deteriorating. They understood how to escalate these concerns to support the person, and where to intervene to de-escalate issues.

People were supported to make choices about meals and they told us they ate well.

Work was being undertaken on the premises to provide a more comfortable environment for people with dementia.

Is the service caring?

Good

The service was caring.

Good relationships had been built up between people living at the home and the staff supporting them. People told us they liked the staff and were happy with the service they received.

Staff took time to understand people's wishes and spoke with them discreetly about their care.

Staff demonstrated respect for people's dignity and individuality.

Training was being accessed to support best practice in end of life care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care files and plans did not always reflect in detail people's needs or wishes about their care and how this was to be delivered. However we saw good practice in relation to supporting people with dementia and staff understood people's needs even though they were not always recorded in detail.

Activities were not always being recorded, which meant it was not possible to see how people's wishes regarding activity were being supported. People who were able told us that they were happy with the activities provided.

The home had complaints policies and procedures but these were not always followed or a record kept of minor issues quickly resolved.

Is the service well-led?

Requires Improvement

The home was not always being well-led.

Staff and people respected the registered manager. However we identified a lack of robustness in the management systems and auditing practices in place.

The home was being supported to improve through the quality team from the local authority. The registered manager was keen to learn and develop the service.

Quality assurance and quality management systems were in place to ensure people had a chance to share their views and experiences. However feedback had not been analysed from the last quality assurance processes, and no action plans had been put into place to address any issues.

Records were not all well maintained.

Holwell Villa Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Recent concerns had also been raised about the service which had been looked into by the local safeguarding team and quality team from the local authority. We discussed the concerns that had been raised with the registered manager.

This inspection took place on 25 April 2016. The inspection was unannounced and started at 6.10 am to enable us to meet with the night staff and see people being supported in the early morning. The inspection visit was carried out by one adult social care inspector.

We looked at the information we held about the home before the inspection visit. We received information from the local authority's quality monitoring team about the work they were carrying out at the home, and spoke with them about their recent involvement.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring and being given medicines. We spent two short periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. On the inspection we also spoke with six of the 16 people who lived at the home, four visitors, and six members of both day and night staff. We spoke with the staff about their role and the people they were supporting. We also spoke with three visiting district nurses, a community support worker, the registered manager and deputy manager.

We looked at the care plans, records and daily notes for three people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies. We looked at three staff files to check that the home was operating a full recruitment

procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Requires Improvement

Is the service safe?

Our findings

The service was not always safe. We identified concerns in relation to risk management, staff recruitment, medicines management and the premises.

People who were able told us they felt safe at the home. A relative told us they had no concerns over their relations safety and felt that staff managed this well. They told us "I think (person) is safe here – I never have any worries". We saw staff supporting people and being aware of their safety and whereabouts throughout the day. This included when people were being supported to move and when becoming distressed.

People were not always being protected because systems for reporting concerns about people's welfare were not well understood. An incident where concerns had been reported to the registered manager had not been reported to the local safeguarding team before an investigation had commenced, as would be expected as part of local policy. The registered manager told us they had learned from this. We saw an investigation had been carried out of the concerns which had later been shared with the safeguarding team. Staff could tell us what they would do to report concerns and they had received training in how to safeguard people, although it was not clear when refresher training dates were due. The home had a policy and procedure in relation to safeguarding people and information on people to contact was available on the home's notice board. Staff told us they had no concerns over the quality of care or safety people were experiencing at the home, but would report them if they did. A staff member said "We are very open here. I am happy for any member of staff to challenge me".

People were not always being protected by the systems in place for the safe recruitment of staff. A recruitment process was in place that was designed to identify concerns or risks when employing new staff. We sampled three staff files, and identified concerns with all of the files and the recruitment process that had been followed.

Certain risks had not been identified or addressed, and some records were missing from the files. For example it is a requirement of legislation that prior to employment the registered person gains satisfactory evidence of the staff member's conduct in any previous employment in health or social care and of the reasons why they had left. Some files did not provide evidence of a full work history and gaps in people's employment history had not been explored. Another file did not include exploration about why the person had left their previous employment. The home's policy on recruitment stated that two references were required before the person was appointed but not all of the files we looked at contained this information. The registered manager confirmed that there was no system in place to record or risk assesses any previous criminal convictions from staff, although the registered manager told us they would be discussed before appointment to ensure they did not present risks to people. Immediately following the inspection the registered manager sent us information to tell us what changes she had made to address this.

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

Risks to people from the environment were not always being managed well. The registered manager showed us the environment was being assessed through monthly audits. However, we found risks in relation to the maintenance and safety of the building had not always been identified or attended to through this process. The fire precautions risk assessment had not been reviewed regularly. Approved devices to hold open fire doors which are automatically disabled when the fire alarm sounded were not all fully operational, or were indicating that their batteries needed replacing. This had led to staff propping open fire doors, including to door to the dining room with a stone owl and a tin of pineapple chunks. This meant that the door would not automatically be closed in the case of a fire, which put people at risk. The audits had not identified this. Individual evacuation plans were in place for people, but the night staff we spoke with had not been clear about how many people were being cared for at the home. This could put people at risk in the case of a fire. Immediately following the inspection the registered manager told us that actions had been taken to address this.

Radiator covers had been provided for the central heating system to prevent people coming into contact with hot surfaces, and window openings were restricted to prevent the risk of people falling. However some call bells were not available to people and one was no longer in the person's room and could not be located. Two call bells had been removed from people's rooms following a risk assessment, and regular checks were made of the person in their room to ensure their safety.

People were not always being protected against the risks associated with medicines. We viewed the records for the administration and return of unused medicines, looked at the storage facilities and discussed the systems with a member of staff responsible for dealing with people's medicines. Records for the administration of medicines (MAR) were not clear. There were gaps on the charts where medicines had been removed from the blister pack, but it was not clear if they had been given to the person as the MAR charts had not been signed. Some prescriptions were not clearly written or prescribing instructions were not always being followed. For example one person was prescribed medicine "Take one at night (sparingly)". We saw they had received the medicine for the last 24 out of 25 nights. This had not been clarified with the prescriber. On the 25th night the MAR had not been signed so it was not clear if the person had received the medicine or not. Another person's prescription said they were to be given one tablet daily in the morning. However records showed the person was given this every night at 10pm. There was no recorded rationale for this. Where there were handwritten changes to the MAR sheets these had not been signed or counter signed so it was not possible to tell when the changes had been made or under whose authority. Eye drops had not been marked with the date the bottle was opened, although the box stated they should not be used after 28 days, so it was not possible to tell if they were still safe to use. Systems did not always allow for a full audit trail, as staff were not always recording when one or two tablets were given in accordance with a variable prescription, i.e. 'take one or two tablets'. Immediately following the inspection the registered manager told us they had taken action to address this.

Where people had been prescribed "as required" medicines, in particular to manage people's behaviours the home did not always have clear protocols for their administration. One such prescription stated the medicine was to be given "for agitation". However there was no indication of how frequently, what the maximum dosage would be or how staff should try to help the person before resorting to medicines. The medicines systems were being audited regularly, but they had not identified these issues. Immediately following the inspection the registered manager told us they had taken action to address this.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed staff giving people their medicines, and saw they were given with sufficient time and

explanations to help people understand what they were taking. Staff understood how the systems for the safe administration, storage and recording of medicines worked and told us they had received appropriate training. Information for staff about how to use people's creams and ointments was clear, for example there were body maps indicating where creams should be applied available in with their notes. Storage facilities were secure, and medicines were moved around the home in a lockable trolley.

We toured the home early in the morning and later with the registered manager, looking at cleanliness and infection control practices. As we toured the premises, the registered manager told us a bath and two toilets were not operational or in use; however these were not identified to people as not being available, so might be used by people who were unaware. Two toilets did not have toilet rolls in place, and others were missing handwashing soaps or paper towels. We had to request toilet paper and paper towels to be placed in the staff toilet so that staff could wash their hands adequately. One bathroom had used bars of soap and toiletries left out, despite these potentially presenting a risk to people with dementia, and a notice on the wall telling staff these needed to be locked away.

Although there were some issues with odour control these were related to a few specific areas. One person had some problems with continence management but chose not to wear continence pads. Their room had an unpleasant odour. The registered manager told us the person's carpet was cleaned every day and they were to have discussions with the person's family as the home wanted to replace the flooring with one that could be cleaned more easily. Staff confirmed the person's bedding was changed as a minimum daily and more often if needed. The home was installing new carpets and replacing old divans with more modern hospital style beds to improve the environment and comfort for people. One older divan base needed more urgent replacement as it was stained and could not be cleaned. A new cleaner was being recruited, as one had recently left.

Staff had access to aprons and gloves to help control the risks of cross infection, and these were being used throughout the inspection. Staff changed aprons after providing care to people and when serving meals. Staff wore gloves when giving people their medicines. However we also saw a member of staff put a biscuit cereal in a person's breakfast bowl with their fingers. This told us not all staff were vigilant about possible infection control practices. The home's laundry was clean and clear from a build-up of soiled items. The machines were capable of achieving a sluicing cycle to disinfect linens, and potentially contaminated items could be moved to the laundry in sealed dispersible bags to reduce the risk of cross infection. Training had been delivered to staff in infection control and good handwashing practice, but although the registered manager had an infection control audit tool this had not been fully completed.

Risks to people from their care needs or health were assessed and plans were in place to mitigate them where possible. We saw assessments were completed for pressure area relief and nutritional risks for people and action plans were seen that were aimed at reducing the risks of poor health outcomes. For example one person had been assessed as being at risk of poor nutrition and hydration. The person's weight had fallen and the home's staff had made a referral for them to be assessed by the dietician and speech and language service. They had begun weighing the person weekly to closely monitor their weight. The dieticians had suggested the home fortify the person's meals. We spoke with the cook who was able to tell us how this was done. The person's weight had stabilised. Another person was at risk of deterioration in their skin condition due to pressure damage. We saw the person had the correct equipment as indicated in their care plan, and this had been adjusted to the correct settings for their weight. Staff were aware of the risks and how they were being managed.

People were supported by sufficient numbers of staff on duty. The home was busy and active, but there were enough staff on duty to identify and meet people's needs in a timely way. The registered manager had

access to professional advice on managing staff employment issues.

Requires Improvement

Is the service effective?

Our findings

The home was not always effective.

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.

We checked whether the home was working within the principles of the MCA. We found the registered manager had not always ensured assessments of people's capacity to consent to elements of their care had been undertaken. Where there were doubts about people's capacity to consent this had not always formed the basis for a recorded 'best interest' decision. For example, we saw one person being given their medicines in the morning. They had taken these, and staff had explained to the person what they were for. However when we spoke with staff and the registered manager we identified that although the person had complied with taking them it was not clear that they understood what they were taking or what the consequences would be if they refused them. The person did not have a specific 'best interest' decision recorded in relation to taking their medicines. We could not see that other records showed the decision to continue to give the person their medicines had been made in consultation with other appropriate people, such as relatives and specialist medical staff. We did not find the person had been disadvantaged or in any way that the decision was not in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisations to deprive people of their liberty at Holwell Villa as people were not all free to leave the home if they wished due to safety considerations.

Where people had no-one to represent their wishes and no longer had capacity Independent Mental Capacity Advocates (IMCA) had been appointed by the Court of Protection to oversee their well-being and rights were respected. They visited people regularly.

Staff told us they had received the training and support they needed to do their job. We looked at three staff files and saw their induction and training records had been completed. Certificates of training achieved were kept in staff files, and training needs were assessed at supervision and appraisal sessions. There was a training and development matrix for the home but the registered manage told us this was not up to date. This meant it was not easy to assess the training that was needed, and there was no individual or overall training needs analysis for the home based on an assessment of people's needs. This would have made it easier for the registered manager to assess the overall training needs for the home, and identify when updates were needed. The deputy manager had taken over the role of monitoring training and supervisions for staff. They told us they had been working through the records left by the previous manager and had

allocated regular sessions for all staff, although not all staff had yet received this regularly. They also intended to carry out spot checks and monitoring of practice. Records showed the supervision sessions that had taken place included assessments of people's performance, any workplace issues and training needs.

Staff told us they felt they had received enough training to fulfil their role and felt supported. One staff member told us "I know enough and we can always ask if we don't know anything". Another said they did all the in house training and updates but did not want to do further training outside of the home. A district nurse confirmed that staff were always asking them questions and never had problems asking for advice on how to manage someone's care needs. Most staff were undertaking qualifications outside of the home, for example NVQs in care, following different pathways that interested them. This included assessment and observation of staff practice from an external training company.

People told us they liked the food and had a good choice available to them. One person told us they had a "very good appetite – too good - I am getting like a pig". Another person said "yes very good – just as I like it". People were supported to eat their meals where they wished, in the dining room, lounge or in their rooms. We observed people eating their breakfast and sat with one person while they ate their evening meal. People ate well and were encouraged to eat independently with prompting if needed. Meals were encouraged to be a communal and social occasion where possible, although this was flexible. For example we saw people ate their breakfast anytime between 8.30 and 11, dependent on when they wanted to get up. People who were up before this time had tea and biscuits before breakfast. The registered manager was ordering high contrast plates and utensils for helping people with dementia or visual impairments recognise and eat their food better.

People had access to community medical support services. We saw in people's files that they saw their GP or the community nurse promptly if they needed to do so. We spoke with three visiting healthcare professionals during the inspection. They visited the home daily to give people medicines and told us they were happy to speak with staff when they visited to discuss any concerns about other patients. They told us the home's staff called them in early if they had concerns, were knowledgeable about people's needs and followed any instructions they were given. They told us they did not have any concerns about people's day to day care. On the day of the inspection one person was unwell. Staff supported the person and called for paramedic support to review their needs as the local GP surgery had closed. Evidence was seen in people's files about podiatry services and other community support services being involved with people's care, including the local mental health services for older people.

All areas of the home seen were warm and comfortable. Holwell Villa is a period property set over three floors which meant that in many ways it was not an ideal environment for the needs of the older people living there, although there was a lift to the upper floors. Plans were under way to build a small extension to the rear which would provide new en-suite rooms closer to the ground floor with improved access through the building. Some people had personalised their rooms with photographs and small furnishings.

The registered manager and deputy had been researching enriching the environment for people with dementia. Patterned carpets were being replaced with plain ones and décor had been improved to reduce risks of sensory overload for people. Some easy read signage was in place to support people to find toilets and the registered manager was seeking to increase this with coloured doors, and toilet seats to help people locate the toilet easier. They told us this would be completed when the new extension was built, along with improved signage for directions around the building.

We recommend that the registered persons seek advice and support from a reputable source on ensuring the Mental Capacity Act 2005 guidance on 'best interest' decisions is implemented where people lack

capacity.

Good

Is the service caring?

Our findings

The home was caring.

People said they were supported by kind and caring staff. One person pointed at a staff member and said "She's a right little corker she is" and laughed. Another person told us "They treat you lovely here". Staff were engaged in good humoured banter and gentle laughter with people, but this remained professional and supportive. One person told us "They look after me". A member of staff responded to them and said "We all work as a team – we all help each other" and they both smiled.

People's privacy was respected and all personal care was provided in private. Staff took care not to discuss people's needs in front of other people, and we saw them speaking quietly asking people if they wanted to go to the toilet so as not to let others know where they were going. Staff quickly and discreetly intervened to help reassure a person and distract the other when one person was moving another person's feet off a support cushion. This was done with no fuss and each party was unaware that there had been an issue.

The home was a busy active place with plenty of visitors throughout the day. Visitors told us they were able to come to the home at any time and some came in every day to see their relation. Staff told us they cared for people as individuals and had built positive relationships with their visitors and families as well. One person was due to leave the home the next day as their needs had become beyond the care that the home could provide for. The staff told us there would be "many tears tomorrow" as they said goodbye to this person. The person's relations told us they were upset they had to move as they had found the staff to be "tremendous, excellent".

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person told us they spent their time in their bedroom as they had "everything they needed" there. Plans for the extension would include a new dining room which would give increased communal space for people to choose where they wanted to spend their time.

People's dignity was respected. Staff took the time to ensure people's grooming was maintained, for example trimming nails and facial hair. One relative told us how they enjoyed feeling a part of their relation's care as they were enabled to do some of this at the home alongside staff as they had done previously for their relation at home. Staff took time to support people with haircare, protect their clothes from food staining after meals and to co-ordinate clothing. People were given paper napkins at the table even if they were wearing clothes protectors, and tables were laid with tablecloths and cutlery. Afternoon tea was served from a domestic tea trolley, with people being offered a choice of biscuits to have with their drinks.

People were asked for their views about their care and relatives were being increasingly asked to support the home with information about the person's past social and personal history to help staff understand their care needs. Visitors told us they were kept in touch with any changes in their relation's condition, for example one told us "We keep in touch and they let me know what is going on with (person's name)".

No-one at the home was receiving end of life care, but the registered manager and deputy manager were enrolled in end of life care training at the local hospice later in April 2016. This training would then be cascaded through the staff team.

Requires Improvement

Is the service responsive?

Our findings

The home was not always responsive.

Each person at the home had a plan of their care based on an assessment of their needs. Care plans were personalised to each individual and contained some information to assist staff to provide care in a manner that respected their wishes. However not all plans contained sufficient detail to ensure that care was delivered consistently or in accordance with people's wishes. For example, one person's care plan said "I will need the assistance of two HCA's (staff) to bath and shower, though I am able to choose if that is what I want to do". However there was no clear indication recorded in their plan of how the two staff were to assist the person, what support they needed or what they were able to do for themselves to maintain their independence. Plans did not reflect sufficient detail to help staff who might be unfamiliar with the person how their care was to be delivered. Staff told us they understood people's wishes, but they were not always clearly recorded in the plans.

The registered manager had not always acted on advice given from visiting professionals about the content of the care plans. For example we found that a social worker had looked at one person's care plan in January 2016 during a review and made suggestions as to how the plan needed to be improved. This had not happened.

People's choices were respected with regard to their care where these were known. People got up when they wanted, for example one person liked to get up early from around 5am, while another liked to lie in until around 11am. Staff were aware of and respected people's wishes. When we arrived at 6.10 am two people were up. One was able to tell us that they always liked to get up early, and the other, although not able to tell us this had the information recorded in their care plan. One relative told us they had been very involved with their relation's care plan.

Staff had tried to be creative about understanding the support people needed where they were not able to discuss this themselves. We saw for example that staff had worked with district nurses to see if a person's agitation could be linked to changes in their blood sugar levels. They had also worked with the local Mental Health team and specialist workers to see if triggers for negative behaviours could be identified. Staff understood the importance of assessing people's behaviours as a method of communication. They were very aware of people's whereabouts and tiny changes in people's mood or presentation that might indicate the person becoming anxious or distressed. They took care to intercept this before it became an incident wherever possible. We heard one person being supported by a member of staff to control their anxiety. The staff member supported the person with breathing exercises, which helped them to calm.

The registered manager told us activities were being provided at the home and people's involvement was recorded in an activities book. However we found the activities book had not been written in for the preceding thirteen days, or how effective or well received these had been. This meant we could not be sure whether people had been offered or taken part in activities. Activities recorded in past weeks included playing skittles, visiting pets, darts, quizzes and music. One person who was physically very fit went out for a

long walk with a community support worker. This was a past interest of theirs and helped ensure they felt in touch with their local community and reduced the possible frustrations of being inactive. They told us they felt "very windswept, but it feels good" when they returned. Another person was helping staff with folding linens and staff told us they enjoyed helping out. The person told us "The staff are good…. I like them to be happy. I like to give them a hand". One person who was more able told us "I really like it here. I feel well looked after and safe here. I do knitting, I love to read, I like my art. I am quite happy; I have a lovely room. No concerns".

Some people at the home had been supported to engage with specialist dolls and toys. We saw one person had an attachment to an 'empathy doll', designed for people with dementia. This had improved their engagement with their environment and we saw they spent many hours happily talking with and nursing the doll. This clearly gave them great comfort and contentment. Other people were being supported to engage with sensory cushions, with different textures to stimulate their senses and keep their attention. The registered manager told us they would be purchasing more of these aids as they had been so impressed with the impact they had on people's well-being.

There were complaints policies and procedures in place at the home. A relative told us they had raised some concerns initially on their relation's placement and these had been responded to and managed by the home. They felt no concerns about raising issues as a result. The complaints process was available on a board in the entrance hallway, and contained information about agencies to contact outside of the home's management to report concerns. We discussed complaints with the registered manager. They told us that minor issues raised were 'just dealt with' at the time. Although this was positive, it also meant there was not always a clear record to identify whether more significant issues kept re-occurring or what actions had been taken to stop concerns from happening again.

We recommend the provider takes advice from a reputable source on the inclusion of more detail in people's care plans to better reflect their needs and wishes.

Requires Improvement

Is the service well-led?

Our findings

The service was not always well led.

People expressed confidence in the registered manager and the standards at the home. A visitor told us the home was "coming right back up" following recent staffing changes, and a visiting healthcare professional told us they found the staff and management "always helpful, always co-operative". Staff told us they would be happy for a relative of theirs to be cared for at the home, and one said they had "recommended the place to people" needing care. Staff also told us the home was a "very relaxed" environment in which to work and "Every day is different and we go with the flow", directed by people's needs and moods.

The registered manager had been registered since March 2016, but had been working in the role since the preceding August 2015. They had implemented a series of audits for the home, aimed at identifying what was working well and what could be improved. However we identified concerns and breaches of legislation on this inspection that had not been identified as issues by the registered manager or provider. Audits carried out had not always been robust enough to identify issues. For example the medicines audit carried out in the month prior to the inspection had not identified the concerns over medicines that we found. The registered manager told us they were "disappointed" over this as staff had all recently been retrained in medicines administration. Other lessons from the medicines management training had been implemented, for example safer practice with the management of blood thinning medicines.

The registered manager had learned from recent training delivered in best practice in dementia care and was implementing changes as a result. The home was being supported by the quality improvement team from the local authority, and a service improvement plan was in place. This set agreed actions for the registered manager to help improve the quality of the care and services provided. The registered manager had not yet provided their own development plan for the home.

Quality assurance questionnaires had been sent out to people using the service, staff and visitors in April 2015. However the results had not been collated or analysed to provide an action plan or give feedback to people on their responses by the previous manager. The registered manager had prepared another series of questionnaires which were being sent out during the weeks following the inspection. Information was available in the home's office on regulations and standards used by the CQC to assess homes. However the registered manager told us they had been waiting for the CQC to visit to let them know what they needed to do. This did not demonstrate a proactive approach to the management of the service or a clear understanding of legislation relating to care.

Records were not all well maintained. We found concerns over medicine records, lack of detail in care plans and a lack of understanding of policies and procedures in place. Some records regarding risks had not been updated regularly, and some policies and procedures such as the complaints procedure referred to out of date legislation. Later we identified other policies on a shelf, which contained more up to date information which the registered manager had not been aware of. This did not demonstrate good governance or understanding of the systems in use.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had not notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. This included the notification of DoLS applications granted.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager had identified that they and the deputy manager needed support to develop the culture and philosophy of the home and with the development of leadership skills. They had sought support to do this from an external training provider, and development sessions were planned. They were also looking for additional training in records management as they had identified this as an issue for the home. The registered manager told us that "record keeping is a big issue for us", but they were keen to learn from other services and sources of good practice. They told us they were attending as many training courses as they could with training being cascaded through the staff team.

Staff meetings were held regularly and one was due in the days following the inspection. The last staff meeting had been held in February 2016. The registered manager had recently set up a staff bonus scheme to reward performance and staff working "above and beyond" their role. The registered manager and deputy manager had also recently undertaken "Train the Trainer" qualifications so that they could train and support and monitor staff at the home with safe moving and handling practices as soon as it was needed.

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 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager had not notified the CQC of significant events in line with their legal responsibilities.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected because the provider and registered manager had not ensured that risks relating to the premises were assessed and mitigated. People had not been protected against the risks associated with medicines.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not all being well maintained. Quality assurance and audit systems were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service were not protected because the provider and registered

manager had failed to carry out a full and robust recruitment process for staff employed.