Caram (ABR) Limited

Arbour Lodge

Inspection report

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Date of inspection visit:
23 June 2016

Date of publication:
27 September 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Our inspection took place on 23 June 2016 and was unannounced. Arbour Lodge is a care home which provides personal care and accommodation for up to 29 older people. The location provides long term care, short stay and respite care. At the time of our inspection the registered manager told us there were 29 people living at the location.

We last inspected the service on 6 August 2014; we rated the service as requires improvement overall and there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, management of medicine. Although requirements of the regulation had now been met, further improvements were still required.

At our inspection carried out on the 6 August 2014 we found the registered manager had moved to work at another location and was no longer employed at the home. We had not been informed of this as is required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we found that the provider had appointed a registered manager. 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.

People's medicines were not always stored safely. Medicines were not being stored at the correct temperatures and therefore were at risk of being ineffective. We also saw staff being disturbed during the administration of medicines which increased the risk of people's medicines not being administered safely. People told us they received their medicines as prescribed.

People were not always supported by sufficient numbers of staff to respond to their needs in a timely and caring way. Staff, relatives and visiting professionals told us that there was not always enough staff deployed appropriately across the location to ensure that people were responded to promptly. People and their relatives told us that they sometimes had to wait for their requests for support to be responded to. We observed some people having to wait long periods of time for staff to respond to them.

People were not always cared for in a kind and compassionate way and were not supported to regularly engage in activities they enjoyed. Interactions between people and staff were often task orientated, although we did observe some examples of positive interactions during our inspection.

Mealtimes may not always have been a pleasant experience for everyone. People were offered a choice of food and drink, however there were inconsistencies in how people were afforded choice about what they ate and drank. We saw some people being offered choices whilst others were not. People were not always provided with drinks when they requested them.

People's personal and sensitive information was not always kept safe. We saw that people's daily notes were

left unattended in communal areas. We also found notes relating to other people in people's care records.

People were supported by a staff team who had been subject to appropriate pre-employment checks to ensure that they were of a suitable character to provide care and support to people. Staff understood how to recognise and report harm or abuse and how to keep people safe.

People were asked for their consent by staff before they provided care and support. The principles of the Mental capacity Act were being followed and people were offered choices.

People had good access to healthcare when required and staff were able to recognise any changes in a person's health or wellbeing and act on this promptly.

People's privacy and dignity was promoted and they were encouraged to maintain their independence and supported to maintain relationships that were important to them

People and their relatives were involved in the assessment, planning and review of their care. People were supported by a staff team who knew their care and support needs well and carried out care and support in a way that reflected people's needs and preferences.

People and their relatives knew how to raise a complaint. The provider had a complaints procedure and people and relatives felt confident to use the procedure if they had a concern or complaint.

People and their relatives knew who the registered manager was. Staff told us the registered manager was a visible presence on the floor and offered practical help when needed.
Staff felt well supported by the registered manager and told us that the registered manager was approachable and supportive. Staff felt that they were well communicated with and involved in the development of the service.

The registered manager had systems in place to monitor the quality of the care and support provided to people, however these were still being developed. The registered manager had a good understanding of their roles and responsibilities and kept up to date with current legislation, guidance and best practice. They had a good understanding of the areas that required development and had started making steps to address this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always stored safely.
People were not always supported by adequate numbers of staff to be able to promptly respond to people's requests for care and support.
People were supported by staff who had a good understanding of how to recognise and report abuse and how to keep people safe.
Risks to people were assessed and appropriately managed and we saw staff paying regard to the risk management plans when providing care and support.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always afforded choices in what they ate and drank.
People were not able to help themselves to drinks when they wanted them.
People were supported by staff who understood the principles of the Mental Capacity Act.
People had access to health care when they needed it and staff were able to recognise, report and act on changes in the health and well-being of people in order to help them to maintain good health.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always interacted with in a way they would like, as staff were often too busy.
People's personal and sensitive information was not always kept safe.
People were provided with choices about how they spent their time.
People's privacy and dignity was promoted and they were encouraged to maintain their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have always have opportunities to participate in activities they enjoyed.
People and their relatives were involved in the planning, assessment and review of their care.
People were supported by staff who carried out care and support in a way that reflected people's needs and preferences.
People were supported to maintain relationships that were important to them.
People and their relatives knew how to raise a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives were not always aware of the systems in place to provide feedback. Quality assurance systems required further development. Staff felt well supported, communicated with and involved in the development of the service.

Arbour Lodge

Detailed findings

Background to this inspection

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

The inspection took place on 23 June 2016 and was unannounced. The inspection team consisted of two inspectors, and a specialist advisor who was a pharmacist.

As part of our inspection, we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that providers are asked to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We looked at this information as part of our planning. We also reviewed statutory notifications the provider had sent to us since the last inspection. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We also contacted the local authority safeguarding team and service commissioners. We considered this information when we planned our inspection.

During this inspection, we spoke with twelve people who used the service and five relatives. We also spoke with three visiting professionals. We spoke with three care staff, the chef, the newly appointed deputy manager and the registered manager. We observed how staff interacted with the people who used the service throughout the inspection.

We looked at five people's care records to see if these records were accurate, up to date and supported what we were told and saw during the inspection. We also looked at staff records and records relating to the management of the service. These included complaints, accidents and incident records, medicines records and the provider's self-audit records.

Requires Improvement

Is the service safe?

Our findings

During our last inspection carried out on the 6 August 2014 we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, management of medicine. People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the safe administration of medicines. Following our last inspection we asked the provider to complete an action plan detailing how they were going to address this breach. During this inspection we found the regulation had now been met. Medicines were now being stored securely however further improvements were required.
During this inspection, we found the temperature of the medicines storage room had a reading that exceeded the recommended maximum temperature for the safe storage of medicines. We saw there were no room temperature records being kept. This meant the effectiveness of medicines being stored in this room could have been compromised. We looked at the storage of medicines which were required to be refrigerated. We found all of the maximum and minimum temperatures were the same. When we asked the senior carer about how they recorded maximum and minimum temperatures they told us they didn't check the temperatures on the fridge, instead they recorded what the maximum and minimum temperatures should be. We checked the actual temperature of the fridge and it recorded a maximum temperature that exceeded the recommended safe temperature for storage of medicines that require refrigeration. This meant the medicines that were kept refrigerated, such as eye drops or insulin could be compromised. We asked the senior carer what the policy was for fridge temperatures that exceeded the maximum or minimum recommended storage temperature and they were unaware of what action should be taken. We spoke with the registered manager and they were equally unaware of what action should be taken. However, at the end of the inspection the registered manager advised that a new fridge was being delivered and that all stock would be replaced.

We observed staff administering medicines. We observed the staff administer the medicine to the person but was then called by another staff member to attend to another person During this time the medicines administration records were left unattended and the medicine that had been given to the person had not been recorded. After 10 minutes the staff member returned to enter the medicine that had been administered to the person on the medicines record We asked the staff member if this was a regular occurrence and they told us that they were regularly disturbed when administering medicines due to staff shortages. This meant that there was an increased risk of medicines not being accurately given to people as staff were being regularly disturbed when completing the administration of medicines.

We looked at staff training records and saw staff were not always kept up to date with medicines management training. For example, whilst all staff administering medicines had attended initial training we found no evidence that staff received regular refresher training or checks to ensure their competency. Staff we spoke with confirmed this. We saw that staff were not aware of the provider's policies and procedures on the safe storage of medicine and were not following these policies. This meant that people were at risk of being administered medications by staff who were not suitably kept up to date with current legislation and training in the safe administration and storage of medicines.

People told us they received their medicines on time and as prescribed and understood what their medicines were taken for. One person told us, "I know what my medicine is for". Four people we spoke with told us that they always got their medicines. One person told us, "We've never not had our medicines". One person told us they received their medicines that were prescribed on an as and when required basis when they needed them. They told us, "If you need paracetamol you can ask for them from the staff". One relative we spoke with told us "[Person] has medication in [persons] room when they go to bed early, I have no concerns at all about [persons] medication". People received their medicines as prescribed and when required.

People were not always supported by sufficient numbers of staff. Relatives we spoke with felt there were not enough staff available at times to ensure people were kept safe and their needs were promptly responded to. A relative we spoke with told us, "It's debatable whether they have enough staff, at times there may not be enough, evenings are not good". They went on to tell us, "If there are three staff on and someone needs two carers to support them then it only leaves one care staff to monitor the rest of the people living here". Another relative we spoke with told us, "There are not always enough staff here to respond to people quickly". Another relative told us, "It would be nice to see more staff here, especially in the evenings or afternoons, three staff in the afternoon are not enough to make sure people are safe". During this inspection the registered manager told us they had a staff member absent due to sickness. The registered manager told us they had contingency arrangements in place to manage staff absence and used staff from within the service and staff from other locations that the provider had. The registered manager told us that they were seeking cover for a member of staff that was absent from work. However we spoke with staff and later in the day one member of staff told us. "One staff member called in sick today but the shift has not been covered". Staff we spoke with told us that they were very busy and would benefit from additional staff.

During the inspection we saw times where there were not enough staff to meet people's needs. For example, we saw the maintenance staff supporting one person back to the lounge from the first floor. The maintenance member of staff told another member of staff the person had been found walking upstairs without their frame and we saw the member of staff locate the persons walking aid. We saw responses to people's requests were not always prompt. For example, we observed one person in considerable pain and discomfort. The person was shifting about uncomfortably in their chair, holding and rubbing their legs and was crying out in pain. It took staff 20 minutes and two prompts by the inspection team to respond as staff were busy supporting other people. We observed people who were requesting a drink as they were thirsty being told to wait for tea time for a drink. We spoke with the registered manager who told us that staffing could be improved. People were not always supported promptly as there were not sufficient staff deployed appropriately across the home.

People told us that they felt safe and knew who to talk to if they had a concern or were worried about anything. One person told us, "The carers here make me feel safe". Another person told us, "I feel safe here, that's my favourite thing about living here". Another person told us, "If I felt anxious or concerned I would talk to a carer". Relatives felt their family member was safe and knew who to speak with if they had any concerns about their family members safety. A relative we spoke with told us, "[Person] is safe, much safer here than before, [person] doesn't wander or fall now". One relative told us, "If I had any concerns about [persons] safety I would go to the office and speak to the manager, the deputy or the senior carer". One visiting professional told us, "We have never been concerned about someone's safety to the point where we have had to act".

People were supported by a staff team who knew how to recognise and report harm and abuse. One relative told us, "I trust the staff to keep [person] safe". Staff were able to tell us what abuse was and were aware of the providers policies and procedures for reporting any concerns relating to people's safety. One staff

member told us, "I would always go to the manager if I saw something bad". Staff were also aware of how to report and record accidents or incidents. People were protected from the risk of harm and abuse as they were supported by a staff team who were able to recognise and report concerns about people's safety.

People's individual risks were assessed, regularly reviewed and managed. One person told us, "I am at risk of falls so I use a frame, Staff always make sure you can reach your frame". We spoke with two visiting professionals, they told us that staff followed risk management plans in relation to wound care. One visiting professional told us, "Staff follow instructions, when we come to someone who has complex needs we have to show staff what to do for example, by drawing diagrams or showing them to reposition someone, but then they are able to do it with no problems". We saw pressure care aids were in place for people who were at risk of developing pressure sores. For example, we saw one person's pressure care risk assessment and management plan which detailed the need for a pressure cushion to be used and some bed rest. Staff were able to tell us about this persons needs and we observed a pressure cushion was in place and the person was offered bed rest after lunch. People who had risks of falls had support to reduce these risks. For example, staff understood which people were at risk of falls; there were plans in place to manage this such as having pendant call buttons so they could call staff. People had support to move around the home safely. For example, we saw one person receive support when moving from the lounge to the dining room using their walking aid and another person used a wheelchair. Staff had a good understanding of people's individual risks and how to manage them.

People were supported by staff who had suitable pre employments checks completed to ensure that they were of a suitable character to provide care and support to the people living at the location. The registered manager had completed checks with the Disclosure and Barring Service (DBS) on staff where this information was lacking. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use services. This meant that the provider was ensuring staff had been safely recruited and were suitable to provide care and support to people.

Requires Improvement

Is the service effective?

Our findings

People did not always have access to drinks when they required it. We observed one person saying they were thirsty and asking staff for a cup of tea. The staff member told the person they needed to wait for tea time which would be in twenty minutes. Three people also told us they had not had a drink for some time. We observed the same person again asking for a drink fifteen minutes later. A staff member replied, "There is nobody in the kitchen". A member of the inspection team raised this with a member of staff and they then proceeded to check what the person wanted to drink and fetched them a cup of tea. We spoke with the registered manager about this. The registered manager told us people could have access to food and drink at any time and not just at the set mealtimes. However, this was not what we observed happening on the day of our inspection. They also told us drinks were normally left out in the lounge areas, however during our inspection we saw people were not able to help themselves to drinks when they wanted them. People had to ask for drinks and sometimes were observed having to wait unacceptable periods of time for a drink.

We observed the lunch time meal. People began to go into the dining area for lunch and the tables had not been cleared or wiped down from breakfast. One person tried to wipe the tables down. We observed staff putting aprons onto people without telling them what they were doing or asking for their consent. People's meal was put in front of them with little or no interaction from the staff member. We saw a staff member eating lunch with people but they offered no form of interaction with people. People were supported to eat and drink where required, however staff that were supporting people to eat had to crouch down beside people as there was insufficient space to sit. Mealtimes may not always have been a pleasant experience for people.

People told us that they had a choice of what they ate. One person told us, "For breakfast we have a choice of porridge or cereal". Another person told us, "We have a choice of two main meals and they are very nice". We observed staff asking people what they would like to eat at lunchtime, for example we saw staff ask a person, "What would you like for dinner, mince beef or pork stew?". They went on to ask, "Would you like sandwiches or soup for tea?". We saw that there were menus available offering a choice of two meals at lunchtime and tea time. People told us that they could ask for an alternative if they did not like what was on the menu. One person told us, "If I didn't want something to eat that was on the menu I think they would do you something else if you wanted it". Another person told us, "The cook will always do me mash when its chips as they know I don't like chips". We saw that one person refused to eat the meal they had chosen. The staff member asked them if they would like something else to eat. The person asked for soup and we saw that this was provided.

However, there were some inconsistencies with regards to people being offered alternative food choices. Some people were offered alternatives when they didn't like the options available, whilst others were not. For example, one person did not eat their meal and staff did not ask if they would like an alternative, instead staff asked them to eat their food. We saw another person saying to a staff member, "I don't like it, I don't want it". The person was not offered an alternative. We saw staff pouring juice into cups for people without asking them what they would like to drink. People were not consistently provided with choices about what they ate and drank.

People were supported to have sufficient to eat and drink and specialist diets were being catered for. One person told us, "I am diabetic and they make sure I get the right diet". One relative we spoke with told us, "[Person] is diabetic but they are not deprived of anything, there is a good choice of sugar free puddings for example". We spoke with the chef who told us how they provided gluten free meals for people who had coeliac disease and how they made two different puddings to cater for people who were diabetic. Staff we spoke with were able to tell us about people's specific individual risks and how they were managed. For example, we observed a staff member fork mashing food at lunch time. We asked the staff why they were doing this, the staff member told us, "We have to mash [persons] food it's a recommendation from the dietician to reduce the risk of choking, we also have to add thickener to [persons] drinks". We looked at the person's care plan and saw this information clearly detailed in the persons care records and risk management plans. We saw weight monitoring charts were being completed for people at risk of poor nutrition and weight loss. We saw that one person was at risk of weight loss and there were clear actions detailing how staff should encourage the person to eat and the type of diet that they required.

People received support from trained staff. One relative we spoke with told us, "Staff often mention doing training, they know their stuff". Staff we spoke with told us they received appropriate training to enable them to carry out their duties effectively. One staff member told us, "I am doing a level two qualification in health and social care, I do online courses too". Staff told us they received an induction into the role which included training, looking at the provider's policies and procedures, watching other staff perform their duties and being observed in practice by the manager. One staff member told us, "We have to shadow other staff first to get to know about peoples care and support needs before we can work on our own". We looked at staff records and saw staff received regular training. The registered manager told us all staff had been enrolled to complete the care certificate. The care certificate is a set of standards that care worker should apply in their practice and should be covered as part of the induction training of new care workers. The registered manager had introduced a system to ensure that people were kept up to date with core training. We saw that two staff members were not up to date with some core training, however when we spoke with the registered manager they told us about their plans to ensure staff received this training.

People were supported by staff who received regular support from the registered manager. One staff member we spoke with told us, "I have supervision with the manager, the last time was three months ago". Another staff member told us, "I have a meeting with the manager every couple of months and I can raise anything I want to at the meetings". This showed staff received support from the registered manager to carry out their roles.

People were asked for their consent to care and support. One relative we spoke with told us, "If [person] refuses to be washed they will leave it and try again later". One staff member we spoke with told us, "One person refuses food, we wait and try again later, we always get consent". Another staff member told us, "I explain everything I am doing, I always ask if it is ok to provide personal care, for example I will ask people if it is ok to undress them". Staff were able to tell us what they would do if a person refused care and support. One staff member told us, "I would try to encourage them, perhaps offer a different member of staff to support them or try again later, I would never force them to do something they didn't want to do". We observed a staff member asking a person if they wanted some lunch, the person told the staff they were not hungry yet, the staff left and came back to try again later. People were consenting to care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw the provider had completed assessments of people's capacity in accordance with the

MCA. We saw the specific decisions people could make for themselves were recorded and those decisions that needed to be made in the best interests of people were also documented. Staff understood the principles of the MCA and applied them in their practice. One staff member told us, "I know that people have the capacity to make some decisions for themselves but some decisions have to be made in their best interests". Another staff member told us, "Where people lack the capacity to make decisions we talk to family and other professionals and discuss and agree how to act in the persons best interests".

We saw people did not have their liberty restricted unnecessarily. For example, people had access to the garden area at any time and we observed people coming in and out of the garden independently. We also observed people being able to move freely around the home. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw the registered manager had made appropriate applications for people where it was recognised their liberty was being restricted in some way in order to keep them safe. Staff were able to tell us when a DoLS would need to be sought and had a good understanding of what might be deemed as restricting peoples liberty.

People were able to access healthcare when they required. One person told us, "I can ask someone to call a doctor if I feel unwell". One relative we spoke with told us, "Staff are good at getting prompt medical attention". They told us their family member had high sugar and potassium levels and were not drinking enough fluids so the staff promptly called an ambulance. A Visiting health professional we spoke with said, "The staff contact us when they need us". We looked at peoples care records and saw healthcare visits had been recorded.

Peoples change in health or wellbeing was responded to and relatives felt they were informed of any changes to their family members health or wellbeing. One relative told us, "Staff informed us straight away, when [person] was taken to hospital". Staff were able to recognise a change or deterioration in people's health and knew how to respond. For example one staff member told us, "If we notice a change in a person's health or wellbeing we would make an appointment with the GP". Another staff member told us how they had noticed a decline in a person's behaviour. The person was living with advanced dementia. They told us how they noticed the person was shouting out more than they normally did. The staff member told us this had concerned them so much that they had called the emergency services. The person was admitted to hospital and had been diagnosed with a serious infection. People were supported and cared for in a way that responded to any changes in their health and well-being.

Requires Improvement

Is the service caring?

Our findings

There were inconsistencies in what people told us about how caring staff were. One person told us, "I wouldn't like to stop here, I don't like what I've seen". Another person told us, "I don't like living here, you don't see the staff, they look after themselves". However, other people we spoke with felt that staff were caring. One person told us, "Staff are very kind to me". Another person told us, "All staff are kind and helpful". One relative we spoke with told us, "Staff are very caring, they listen". Visiting health professionals we spoke with told us that staff were helpful and caring and they had no concerns about how people were treated.

People found it difficult to have positive caring relationships with staff. People told us staff didn't spend time talking to them as they were busy. One person told us, "The staff don't have time to talk to you, they will talk to you if you talk to them first". Another person told us, "Staff don't take the time to talk to us, they have too much to do". Another person we spoke with told us, "Staff don't really have time to sit and talk to you because they are busy helping other people". A staff member told us, "If we had more staff we would have more quality time to spend with people chatting and taking part in activities, at the minute we are very task orientated". During the inspection we saw staff were very busy and did not always have the time to sit and talk to people.

There were inconsistencies in how staff responded to people in a kind and caring manner. For example, we saw one person who looked upset and confused. A staff member told us, [Person] is always like this". The staff member did not respond to their anxieties and the person became upset and tearful. We also saw some positive interactions during our inspection. For example we saw the registered manager saying hello to people and asking them how they were. We also saw some people being supported to mobilise with the use of a hoist and saw that staff were talking through what was going to happen, asking the person if they were ready to be hoisted. We observed a member of staff asking a person if they were ok whilst supporting them to eat, we saw the staff member regularly checking that they were ok and ready for another spoonful of food. Whilst some staff showed consideration to people when providing support this was not always consistent across the staff team.

People's personal and sensitive information was not always kept securely. We saw two people's daily notes had been left on a tray in the corridor. We also saw people's daily notes had been left in the lounge area unattended. We spoke to a member of staff about this and they told us the daily records were kept in the lounge area when they were being completed. We told the member of staff there was nobody there completing them at this time and we discussed the implications of this for maintaining people's confidentiality. We spoke with the registered manager about this issue, they told us that daily notes should not be stored in this way and they immediately removed the daily records from the lounge area. The registered manager told us they would address this with staff. This showed that staff did not always take the time to keep people's personal information safe.

People could make choices about their care and support. One person told us, "You can please yourself when you get up in the morning, you decide when you want to". Another person told us, "The staff come and offer

you the choice of a bath". One relative told us, "Staff always give choices". Another relative we spoke with told us, "[person] chose to go to their room to watch the football, [person] wasn't forgotten about they brought [person] drinks and medication to their bedroom". One staff member told us how a person normally liked to go to bed at 8pm but one evening did not want to go to bed at this time. They told us they asked the person what they wanted to do and supported them to do it. We observed people being asked to make choices for themselves. For example we saw one staff member asking a person, "Do you want to go to the dining room for lunch?" We saw them asking the person who they would like to sit next to. The registered manager told us, "We treat each person as an individual, we respect their right to choices and empower them to make choices and decisions for themselves". People were supported and cared for by staff who provided people with choice and control over the care and support they received.

People were supported by staff who encouraged them to maintain their independence. One person told us, "Staff like us to be as independent as possible". Another person told us, "Staff try to do things to keep us active". Another person we spoke with told us, "Staff encourage you to look after yourself as best you can, they encourage you to keep trying and not give in, but they will support you with the things that you can't do". One staff member told us, "We encourage people to feed themselves where they can and encourage them to mobilise independently where they can". We observed people being encouraged to use walking aids to move between rooms. This showed that people were encouraged to maintain their independence.

People were supported by staff who maintained their privacy when delivering personal care. One person told us, "Staff always knock on my door before coming into my room". One staff member told us, "When I am delivering personal care I keep the doors closed". During our inspection we observed a visiting professional talking with a person in the dining room. Staff closed the dining room door to enable the person to have confidential discussions with the visiting professional. People's dignity was promoted. One relative told us, "They always use people's names correctly, they are considerate about that". Another relative told us, "Staff make sure peoples clothes match and people look nice". Another relative we spoke with told us, "They [staff] treat people as individuals, they are respectful and not over familiar, but they are considerate". People's privacy was maintained and their dignity promoted.

Requires Improvement

Is the service responsive?

Our findings

People told us there was a lack of activities and things to do. One person told us, "I'm not up to anything today, there is nothing to do, I just sit and look for the sun to come out". Other people said, "It's the same every day, there's nothing to do". Another said, "There is nothing to do, we just lie about. There is a chart on the wall that says what the activities are, but we don't do them, it would be nice to have more activities to do during the day".

One staff member told us, "The activities have not taken place today due to staff shortages". Another staff member told us, "There is not enough time to spend with people, we have allocated activities but sometimes we don't have the time to do them". We asked staff what could be improved, all of the staff we spoke with told us that they felt they needed more time to spend with people and provide activities. One staff member told us, "We need more quality time with the residents, it's too busy to do this at the minute". This showed that people were not always able to take part in activities that they enjoyed.The provider told us that there were monthly activities that took place such as a singer, an exercise class and an arts a crafts session.

People's needs and request for support were not always responded to promptly. One relative we spoke with told us, "People have to wait sometimes for help. One relative we spoke with told us, "Sometimes people have to wait if there are lots of people wanting something, but staff are good at prioritising". We observed people having to wait long periods of time for their requests to be responded to as staff were too busy. This showed that staff were often too busy to be able to respond to people's requests for help in a timely manner.

People and their relatives were involved in the assessment, planning and review of their care. People were involved, where possible in their assessments of their care needs. Information from these assessments were used to inform people's care plans. Relative's we spoke with told us they were involved in the planning of their family members care. One relative told us, "Staff talk to us as though we are part of the team when they are arranging care". Staff told us people were involved in the assessment, planning and review of their care. One staff member told us, "it's about them, they need to be involved". Another staff member told us, "We talk to people and find out what they like and how they want things done".

People spoke positively about how well staff knew them, for example, One person told us, "The staff here know me very well". Relatives we spoke with all felt that staff knew their family members care and support needs and likes and dislikes. One relative told us, "Staff are aware of [persons] needs, they understand [person] and how they like to be cared for". Another relative we spoke with told us, ""Staff are very aware of the different needs, behaviours and differences of the people living here". They told us, "Staff always change the way they respond to meet how people are feeling on the day". One staff member told us, "You have to learn their likes and dislikes, you have to get to know them. We spoke with the newly appointed deputy manager who had only been in post for a week at the time of our inspection. They were able to tell us about the care needs, and preferences of most of the people living at the location. One relative told us, "The deputy is good, they are new, they spend time talking to people to get to know them". Staff took the time to

get to know people's needs and preferences.

We looked at peoples care records and saw that people's needs and preferences were documented. One staff member told us, "We have care plans, daily notes and a handover, we pass on information about changes to people's health and care needs". Any changes in care were recorded and we saw staff providing care and support in a way that reflected the change in the care plan. For example, a person's nutritional in take was being monitored in response to weight loss. Another person had pressure care aids recommended in response to concerns relating to skin care. We saw that people had hospital passports contained within their care plans. This document provided a quick reference for staff in the event that a person required to be taken to hospital. These documents detailed people's preferences for care and support. Staff were provided with information about people's care and support needs to ensure they were appropriately supported in a way they preferred.

People's cultural and religious preferences were taken into account. One person told us, "Some people have visits from the church". One staff member told us how some people had a visiting person from the church of their choice to come and read prayers or deliver a holy communion. The registered manager told us how they provided specific food to celebrate cultural events such as Chinese new year. We looked at peoples' care records and saw their religious and cultural needs had been assessed and were documented in the care plans. The provider was ensuring that peoples' individual cultural and religious beliefs were recognised and responded to appropriately.

People were encouraged to maintain relationships that were important to them. One person told us, "We have our family come to visit occasionally". Another person told us "I went to the pub last week with my son". Another person told us, "Visitors can come at any time, you never know when they may turn up". One relative we spoke with told us, "I feel welcome when I come to visit". Another relative told us "Staff keep me informed of how [person] is, they have told me if I am worried about [person] in the night I can ring to see how [person is]." The registered manager told us, "Relatives and friends could visit anytime". We saw relatives and friends visiting people at various times throughout the day.

People and relatives knew how to raise a concern or complaint. One person told us, "If I had a complaint I would go to the office and tell the manager that is on duty". One relative we spoke with told us, "I understand how to raise a complaint and would be happy to raise a concern if I needed to". We saw the registered manager had put a concerns and comments box in the reception area to encourage people to raise issues or make a suggestion or complaint. We also saw a service user guide on display, which clearly detailed the provider's complaints process. The provider has systems in place to encourage comments, complaints and suggestions.

There were some inconsistencies in how the provider handled complaints. Some people we spoke with felt that their complaints had not been handled appropriately, whilst other people we spoke with had confidence their complaints would be dealt with appropriately. One person told us, "If I asked someone to listen to a problem I had I believe that they would". One relative told us, "The management are proactive in addressing any issues raised".

Requires Improvement

Is the service well-led?

Our findings

During our last inspection carried out on the 6 August 2014, we rated the service as requires improvement in well-led. We found that the home did not have a registered manager in post, quality assurance processes required further development and there were gaps in staff training. During this inspection we found that some improvements had been made but further improvements were still required.

We found the provider had now appointed a registered manager, staff training was up to date and there had been some improvements to quality assurance systems. For example, the registered manager told us quality checks were being completed and records we looked at confirmed this. The registered manager was now analysing patterns and trends of accidents and incidents and actions were being identified and acted upon. In addition, systems were in place to monitor and respond to complaints, staff practices were spot checked and the provider's policies and procedures were being reviewed. The registered manager told us they had regular meetings with the director to discuss ongoing improvements to the service.
However, further developments to the quality assurance systems were required. For example, people were not always aware of how to provide feedback on the service. One person told us, "Nobody has ever asked us questions about what it is like to live here, I've never known a residents meeting take place". Another person told us, "I have been here for two years and there hasn't been a meeting". A relative we spoke with told us, "I've never been to a meeting or been given a survey to complete". We saw that the provider had a comment, suggestion and complaint box in the entrance area. They also had a service user guide which clearly detailed how people and relatives could provide feedback on the service. Whilst the registered manager had systems and processes in place to encourage feedback, people and their relatives were not always aware of these systems. We spoke to the registered manager about this and they told us about their plans to develop in this area.
The registered manager was aware of other areas that required further improvement and told us of the improvements they were planning to make to monitor and improve the quality of the service. However, at the time of our inspection, not all of these systems had been embedded into practice and the provider required further time to continue with these developments. The registered manager told us the appointment of a deputy manager meant there would be more time available to continue to fully embed and develop these quality assurance processes.

People and their relatives knew who the registered manager was and told us they were able to speak with the registered manager when they needed to. One relative told us, "I always get a response when I ring to check on [person]". Staff we spoke with told us that the registered manager was a visible presence and was approachable and supportive. One staff member told us, "The manager is visible on the floor". Another staff member told us, "The registered manager always comes out and helps us". Staff felt supported by the registered manager.

The registered manager was aware of their roles responsibilities and accountability. For example, they knew what specific incidents needed to be submitted as a notification to CQC and they were notifying us of these events, such as serious incidents. The registered manager had also displayed the certificate of the rating awarded at the last inspection as required by law. The registered manager told us how they kept up to date

with current legislation guidance and best practice in the field by using the internet, attending regional meetings and taking part in training.
Staff told us they felt the service was well managed and there was good communication between staff. One staff member told us, "The manager is good; we have good systems in place to enable us to communicate well". Staff told us that they had regular team meetings to discuss peoples care needs, feedback from any audits or checks and were able to talk about what needed to be developed. Staff felt as though they were involved in the development of the service. One staff member told us, "We have staff meetings; we talk about the service and what needs to improve". Another staff member told us, "I can go to the registered manager with ideas about how to improve the service".