Sandhall Park (Goole) Limited

Sandhall Park

Inspection report

Sandhall Drive
Fairfields
Goole
East Yorkshire
DN14 5HY
Tel: 01405 765132
Website:

Date of inspection visit: 6 July 2015
Date of publication: 02/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Sandhall Park provides accommodation for up to 50 people who require support with their personal care. The service provides support for older people and people living with dementia. There are two separate units. Honeysuckle unit supports people with residential needs and Jasmine unit supports people living with dementia.

We carried out an unannounced comprehensive inspection of this service on 6 July 2015.

This service re-registered with the Care Quality Commission on 13 April 2015 following a change of provider. This is the first inspection since its re-registration.

The registered provider is required to have a registered manager and 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

Summary of findings

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.

On 6 July 2015 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

You can see what action we told the provider to take at the back of the full version of this report.

The recording and administration of medicines was not being managed appropriately in the service.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and that there were enough staff to meet people's needs. Staff had been employed following appropriate recruitment and selection processes.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health professionals based in the community.

People spoken with said staff were caring and they were happy with the care they received. They had access to community facilities and most participated in the activities provided in the service.

Staff received a range of training opportunities and told us they were supported so they could deliver effective care; this included staff supervision, appraisals and staff meetings.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We saw from recent audits that the service was meeting their internal quality standards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

The recording and administration of medicines was not being managed appropriately in the service.

There were processes in place to help make sure the people who used the service were protected from the risk of abuse and the staff demonstrated a good understanding of safeguarding vulnerable adults procedures.

Assessments were undertaken of risks to the people who used the service and the staff. Written plans were in place to manage these risks. There was sufficient staff on duty to meet people's needs

Is the service effective?

Good

The service was effective.

Staff received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

We saw people were provided with appropriate assistance and

support with regard to nutrition and hydration and staff understood people's nutritional needs. People reported that care was effective and they received appropriate healthcare support.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by kind and attentive staff. We saw that care workers showed patience and gave encouragement when supporting people. People were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

We saw that people's privacy and dignity was respected by staff and this was confirmed by the people who we spoke with.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

Summary of findings

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well-led.

The registered manager made themselves available to people and staff. People who used the service said they could chat to the registered manager, relatives said the registered manager was understanding and knowledgeable and staff said they were approachable.

Staff were supported by their registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Sandhall Park

Detailed findings

Background to this inspection

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

This inspection took place on 6 July 2015 and was unannounced. The inspection team consisted of three adult social care (ASC) inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience who assisted with this inspection had knowledge and experience relating to older people and those living with dementia.

Before this inspection we reviewed the information we held about the service, such as in notifications we had received from the registered provider and information we had received from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring Department and Safeguarding Team. We did not ask the registered provider to submit a provider information return (PIR) prior to the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered provider, registered manager and area manager. We also spoke with three care staff and the office administrator. We spoke in private with 18 people who used the service and 10 relatives. We spent time in the office looking at records, which included the care records for eight people who used the service, the recruitment, induction, training and supervision records for three members of staff and records relating to the management of the service. We spent time observing the interaction between people, relatives and staff in the communal areas and during mealtimes.

Requires improvement

Is the service safe?

Our findings

The people who used the service said the medication was given to them appropriately and they had no complaints regarding this. One person told us they were on tablets for blood pressure and said, "You don't have to worry, they bring them, which is a good thing." Another person said they were on tablets for pain relief and informed us, "The staff bring them to me when I need them." A visitor told us, "They deal with all [relative's] medication but they tell me everything."

We found that policies and procedures on the safe manage of medicines were in place and we saw that medicines were stored safely and medicines that required storage at a low temperature were kept in a medication fridge. We saw that the temperature of the fridge and the medication room were checked daily and recorded to monitor that medication was stored at the correct temperature.

We saw that senior staff in the service had completed medicine management training. However, we found unsafe practices around the administration and recording of medicines.

We saw evidence that in some instances staff were giving people their medicines, but not always signing on the medicine administration record (MAR) to show that it had been administered. We also saw evidence that staff were signing for medicines and not administering it as there were too many signatures on the MAR for the amount of medicine we found in stock. This was not safe practice and could result in people being put at risk of harm. We saw that handwritten entries on the MAR had only one staff signature, which did not follow best practice guidance and the staff did not always record the quantities of medicines held for each person. This made it difficult to audit the medicine stock held in the service.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

The people who used the service said they felt safe living at Sandhall Park, and that they felt the staff supported them safely and they had confidence in the staff. One person told us, "Yes I feel very safe and secure here and its more than I did at home living alone." Another person said, "Yes I feel very safe, I have never doubted any of them here…I feel they manage me when moving me – well."

One person who was sitting in their room said, "I feel safe, yes. With the door open, they pop in and you can talk to them when they go past … if you want anything you just push that" – indicating the call button hanging on their table. However, whilst visiting one person in their room we saw that they were unable to operate their call button. Either the button was faulty – although it worked when we pressed it – or they had insufficient strength to press it enough. We saw that when a carer responded to the bell when we pressed it they tried to show the person who used the service how to operate the button, but also saw that the individual was not able to do so. This was raised as a cause for concern with the registered manager at the end of our inspection. The registered manager told us they would look at purchasing a different type of call button for this person, which would be easier for them to use.

We saw rotas indicated which staff were on duty and in what capacity. The rotas showed us there were sufficient staff on duty during the day and at night, with sufficient skill mix to meet people's assessed needs. The staff team consisted of care staff, domestic and laundry assistants, administrator, activity co-ordinator, catering staff and maintenance personnel. There was a tool used to calculate the dependency levels of people who used the service and this could be used to identify how many staff were required.

People who used the service, relatives and staff we spoke with felt that the service was adequately staffed. We saw that staff appeared to have time to engage socially whilst carrying out tasks. We found the atmosphere of the service was calm and unhurried. With regard to staff response to calls for assistance, one person who used the service told us, "It just depends on what they are doing, you have to wait, not a couple of hours but sometimes a quarter of an hour." However, another person said, "They are pretty good, maybe you have a few minutes to wait if they are busy." One visitor who had come to see their relative said, "There weren't enough staff a while ago but that's all changed" and a second visitor told us, "There's always people about, you can usually find someone quickly."

A member of the domestic staff told us about the number of domestic staff on duty and said, "Yes, there are enough. There's two on in a morning and another does follow up in the afternoon." A carer said, "We do now (have enough carers) they have taken more on … there were five of us yesterday and that gives you the chance to do that little bit

Requires improvement

Is the service safe?

extra, I did a lady's nails." Another carer we spoke with gave a specific example of the impact of increased staffing levels which they believed had made a significant difference to one person**.** They said, "[The person] was in a low mood, not really eating and since extra staff have been there for [them] and really supported [them] they've been off the weekly weighing list, [their] weight has built up and is now stable."

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. There had been instances when the safeguarding risk matrix tool had been used, when alert forms had been completed and when the CQC had been notified. These were completed appropriately and in a timely way. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

We spoke with three staff about their understanding of SOVA. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. Staff said they were confident their registered manager would take any allegation seriously and would investigate it. The staff we spoke with were aware of the whistle blowing policy but said that they had never used it. The staff told us that they had completed SOVA training in the last year and this was confirmed by their training records. The training records we saw showed that all staff were up-to-date with safeguarding training.

Care files had risk assessments in place that recorded how identified risks should be managed by staff. Risk assessments were in place for different activities such as eating and drinking; bathing; use of the hoist and Zimmer frame. Where any incidents had been recorded there was a plan in place to address the changed risk and the plan had been amended accordingly. One person whose plan we looked at had fallen twice during the night and the senior carer was able to explain what they thought the reason for this was and how they had addressed the issue to minimise the risk. This meant that staff were reviewing and updating the plans and risk assessments as required. This helped to keep people safe.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed what action had been taken and any investigations completed by the registered manager. Since the service re-registered in April 2015, no notifications had been necessary to the Care Quality Commission (CQC).

We looked at the recruitment files of three care staff recently employed to work at the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). These measures ensured that people who used the service were not exposed to staff who were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We spoke with the maintenance person and looked at documents relating to the servicing of equipment used in the service. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety and the nurse call bell, moving and handling equipment including hoists and slings, portable electrical items, electric systems, water systems and gas systems. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

The registered manager spoke with us about the provider's business continuity plan for emergency situations and major incidents including flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. The care plans identified how people would be evacuated in the case of a fire.

The provider had safe and effective processes in place to look after people's personal allowances. Individual records

Requires improvement

Is the service safe?

of all transactions were kept, with receipts. Printouts were available to families or people who used the service on request. One person who used the service told us, "One staff member has been excellent in helping sort out things with my solicitor for me, with my bank statements and things."

Good

Is the service effective?

Our findings

People who used the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs. Most people who spoke with us felt their health needs were being met. One individual said, "Yes I get to see my GP as and when I need him… and they are always very quick to get him if needed." Another person said, "I see the optician regularly and the chiropodist visits regularly and keeps my toes in good condition. She`s made my feet a lot better and I am very grateful for that." The interactions and rapport we saw between people who used the service and staff were good. One relative said, "The staff are excellent."

People were able to talk to health care professionals about their care and treatment. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required). For example, we saw in one person's file that they had lost weight and had been seen by a dietician. Their care plan stated that the dietician had asked for a 'grazing tray' to be introduced. We saw this was in place in their bedroom and that the individual was helping themselves to snacks from the tray. We saw that another person had been supported to go to the dentist on a regular basis as they had concerns about their teeth. Staff had supported this person to discuss their concerns with their dentist and ensured that they were supported with a diet of their choice to enable them to eat comfortably.

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) in care files for use when people were admitted to hospital to provide hospital staff with important details about health needs including mobility and personal care.

One visitor who had come to see their relative told us, "When [relative] was ill they dealt with it well, they got me straight away and got an ambulance straight way – it was possibly a mini-stroke but we don't know." Feedback from health care professionals on the effectiveness of the care was positive. For example, a visiting district nurse told us, "The staff are friendly. They do listen. They keep us in the loop and report things quickly and ask for advice."

We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who lived at the service. The registered manager told us that the induction programme was carried out over the 12 weeks probationary period for new staff. One member of staff told us that new staff were supernumerary for five shifts and they had a mentor who supported them through their first few weeks. They explained that they worked in pairs and sometimes worked as a third person to watch and learn from more experienced staff. They said, "Some people prefer to be hands on straight away".

In the first three days of employment staff were expected to cover corporate issues in respect of employment and complete the training deemed essential by the registered provider on subjects including moving and handling, fire safety, infection control, food hygiene, health and safety and first aid. This was confirmed on the training plan and in the staff personnel files. The registered provider had identified service specific training on dementia awareness, pressure care, wound management, care planning, communication, catheter and stoma care and end of life care and this had also been made available to staff.

Staff we spoke with told us they felt they had adequate training. One member of staff told us, "I've had training on dementia care over the years – videos and paperwork". Staff also talked about speaking to people clearly and giving them chance to respond to the conversations. One member of staff said, "We make sure if that people wear their spectacles or hearing aids so they can see and hear clearly, which helps them orientate themselves and reduces their confusion".

The staff told us they had supervision meetings and appraisals with their line manager. The registered manager showed us their supervision plan that indicated sessions took place every one to two months. This was confirmed by the records we looked at. Staff told us that they found the supervision sessions really helpful and they felt supported by the management team. However, we found the records did not include information to indicate that staff had input to the meetings and the opportunity to give feedback on what was discussed. We spoke about this with the area manager and registered manager at the end of our inspection. We were informed that the supervision format would be reviewed as a priority.

Good

Is the service effective?

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager understood the principles of DoLS and was aware of the 2014 supreme court judgement and its implications on compliance with the law. At the time of our inspection three people were subject to a DoLS authorisation.

Staff had completed training on Mental Capacity awareness during the last year and were aware of how the DoLS and MCA legislation applied to people who used the service and how they were used to keep people safe. For example, the senior carer was able to describe what was meant by DoLS and showed us on the care files where people had DoLS in place. We saw in care records the service had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. Literature about MCA, DoLS, advocacy and SOVA was readily available to staff, people who used the service and visitors as it was on display in the entrance hall of the service.

People and relatives who spoke with us displayed a good understanding of individual's rights under MCA and DoLS. Most of the people we spoke with felt there were not any restrictions placed on them. For example, they told us that they had choices in regard to when they got up and went to bed. One person said, "You can get up any time, I get myself up. They come round and you can have a cup of tea – you can have it in bed if you want."

Other people said they could have a bath when they liked. However, the service / people did have a rota with a given day for their bath. One relative told us that their partner who used the service did not like being hoisted into the bath and unfortunately there was no alternative as there was no wet room / shower room at the service. They did feel this was a restriction. We discussed this with the registered manager and area manager who said they would put forward to the registered provider the development of a shower room from an existing bathing facility.

We discussed people's care with different members of staff. Staff demonstrated to us that they were aware of the care each person required to meet their needs. Staff were able to say which people had input from the district nurse or dietician; they also knew what health problems each person had and what action was needed from them to support the person. Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. One person said, "We get weighed about every month I think it is" and another person told us, "They weigh us regularly.. and they told me I was losing weight so I have a special yogurt thing fortified drink full of additives – in a morning - to help fatten me up a bit."

Most people who used the service and relatives we spoke with told us they thought the food was good and that there was a reasonable choice. One person told us that the food was, "Good, you get a choice, it's really nice". Another person said, "The quality of the food varies, it's sometimes better than others but generally it's quite nice, we have a choice, they come and ask what we'd like". A third individual said that the food was, "Not too bad, good actually, you always get a choice. When we asked what happened if they did not like either of the choices they said, "They will do a sandwich".

The food and fluid charts we looked at were completed daily and up to date. We spoke with two people in their rooms and saw that in both cases there was a water jug and glass or beaker on the table within reach. One person told us, "There's always a jug of water left for you at night". We saw that in the lounges and in corridors there were jugs of water and glasses and we observed people having hot and cold drinks (and biscuits) throughout our visit mid-morning and mid-afternoon. We observed one or two people who required assistance with eating and drinking. Staff interacted appropriately with these individuals, for example sitting alongside at the same level and giving encouragement and eye contact. However, we also saw that some people did not receive an efficient service and were leaving the table before having their sweet course as they thought one was not available.

Jasmine unit was designed / adapted to assist those people living with dementia. Hand rails were painted a different colour to the walls. People's bedroom doors were made interesting and identifiable using transfers in different colours and they had large, easily read door numbers and memory boxes with names, pictures and memorabilia. There were photographs of local scenes along most corridors and in communal rooms. All the bedrooms and communal rooms we saw had large clocks

Good

Is the service effective?

clearly visible. Bathrooms and toilet facilities were furnished with coloured toilet seats to make finding and remembering the use of the facilities easier for people with memory problems.

All the bedrooms we saw had personal furniture, photographs, CD players, televisions and appeared "Homely". One person told us, "I like the decoration, it's nice". Another person said, "I do feel happy here, when you'd be on your own at home you're better in a place like this provided you are well looked after – and we are here."

The registered provider and registered manager were aware that some aspects of the service needed more attention. The inner courtyard garden although enclosed did not appear `safe` for people with restricted mobility to walk around. The doorway had a ramp, but no railings and the step was cumbersome. The quadrangle garden, although attractive with shrubs and pots, was hazardous with many obstacles. The bottoms of the ramps were obstructed with large shrubs or benches. Paths were similarly obstructed with benches, planters or ornaments. The provider told us about their plans to improve these areas within the next three months. We were told that contractors had been booked to fit hand rails and sort out the step and the pathways; the maintenance person was to take more immediate action to cut back the shrubs and clear the pathways of obstacles.

Good

Is the service caring?

Our findings

Staff appeared to be kind, and caring when assisting residents and speaking with them. All the people we spoke with (who were able to respond) said they felt the care they received was carried out to their wishes, and they were treated with privacy, respect and dignity. Relatives we spoke with confirmed they thought the staff were kind, courteous and treated the residents with respect. One relative said, "We couldn't ask for anything better…. We know [relative using the service] is happy… they are all good lasses here."

People who used the service told us they were involved and supported in planning and making decisions about their care and treatment. Most of the people we spoke with said they knew about their care plans and that the staff wrote about them on a daily basis and why this was done, and they were involved in the decision making. One person told us, "Yes the chief writes all about me… all I want and don't want, and I agree with it." We saw in one care file that the person had signed to say they did not want to be included in the planning of their care, or have a relative included or an advocate.

We saw that there were leaflets about advocacy for people who used the service and this was on display in the entrance hall. Advocacy is taking action to help people to express their views and wishes, secure their rights, have their interests represented, have access to information and services and explore options and choices. Having an advocate can help people to become more aware of their own rights, to exercise those rights and be involved in and influence decisions that are being made about their future.

We saw that the interaction between visitors, people who used the service and staff were warm and positive. We asked people if they felt the staff had the right approach, and if they felt the staff really cared about them. One person told us, "I think it's nice the way I get treated. The young lasses are marvellous." Another person said, "They do a grand job because we're a queer old lot …there's nothing worse than a cantankerous old man and that's what I am." A third individual said of staff, "They are pretty good, always happy, not miserable with you" and then, as we heard staff and people laughing together in the dining area they added ".. see, you can hear how jolly they are."

It was evident from information in the care files we looked at that staff communicated any changes to relatives where people had a nominated next of kin. Details of calls made to relatives and meetings held with them were recorded. One relative was visiting their parent who used the service, they told us, "I am happy with it (the service). I've no concerns; my parent is very happy and well fed".

People who spoke with us said that they were able to make daily choices about their lives. One individual told us, "I can get around the home as I wish. I have my electric chair and the garden has a ramp into it to get up or down, but I go into the town myself." Another person said, "The staff are pretty fair I would say. Most of them are good to me – care and respect me… and make me as independent as I can be."

We asked people and visitors if staff maintained their privacy and dignity. One person said, "Yes, the staff are respectful – and if I need help – they respect my privacy if you know what I mean, they cover me up…" We observed that staff knocked on doors and ensured doors were closed during personal care to protect people's dignity. One staff member told us, "We speak with people about what we are going to do in steps so they understand."

Our observations of the service showed that the staff knew, understood and responded appropriately to each person's specific needs in a caring and compassionate way. We saw staff assisting people with their mobility; they assisted them into wheelchairs appropriately, using the footrests in the correct manner. We saw two carers help one person using a walking frame to their table. They did this in a safe, caring, kindly manner ensuring the person was safely and comfortably seated before leaving them. We also saw one individual who was being nursed in bed. Their room was clean, tidy and their call bell was accessible. Their television was on and the person had a drink to hand. They told us, "I am very comfortable, thank you."

The care we observed was person centred. Staff appeared to have the time and inclination to socially interact with people who used the service. Even during our observation of lunch when, of necessity a lot of interaction needed to be task orientated staff continually interacted socially, checking and reassuring people. We saw a member of the domestic staff on several occasions engaging in conversations with people. They did this in a confident, warm, kindly manner taking time from their work to do this.

Good

Is the service caring?

It was appreciated by people with one person telling us, “The cleaners are very pleasant”. A visitor said, “Even the cleaners are really caring. They let [relative using the service] go round dusting with them.”

Good

Is the service responsive?

Our findings

We looked at a total of eight care and support files, three in detail and five to focus on the particular issues of DoLS applications, activities and food and nutrition. We found that the care plans within the files provided information about what support was required for each person and how it was to be given. The plans showed that individual risks had been assessed and identified as part of the support and care planning process and that these were reviewed. The format of care plans was in the process of being updated and changed and this meant that there were two different formats being used during the inspection. The newer format described people's needs and preferences in greater detail were more personalised and the layout of the plans with risk assessments was clearer. We were told by the registered manager that everyone who used the service would have one of the new care files in place by December 2015.

When we talked with staff we found they were knowledgeable about people's individual needs. Each person had a named care planner (who was a senior carer) who was responsible for coordinating the care plan, undertaking reviews and updating each of the risk assessments. The senior carer we spoke with was the care planner for two people whose files we looked at and was able to provide detailed knowledge of the needs of these people. Key workers who were carers were responsible for ensuring that the person's room was tidy, their clothes were maintained and they had enough toiletries.

Not all of the old care plans were holistic and some focused more on the health needs of people living in the service. When we spoke with staff, they appeared to know people's needs and preferences and could describe the things that they enjoyed doing, but the care plans did not always reflect this knowledge. Social activities were recorded separately in the activity coordinator's monthly file. All of this meant that although staff were aware of people's holistic needs the care plans did not always reflect this information, which meant care needs could have been missed. The senior carer we spoke to said, " I find the new care plans brilliant."

Most of the people we spoke with said they knew about their care plan – and one person said, "Oh yes, I can talk to the staff about my care and every so often, I think every six months or a year, the social worker comes and we hold a bigger meeting …..a review its called.. about my care plan. I agree it and everything." One visitor told us regarding reviews, "Another family member attends those for me." A person when asked if they had a care plan said, "I don't think I have." However, their visitor told us, "Yes, they have a care plan and it is reviewed."

Our observations of the service showed that on the whole staff were responsive to people's needs and had a caring attitude. The activities coordinator particularly demonstrated a very caring manner with people and they explained to us how they treated everyone as an individual with a very personal life story. We found that the activities coordinator had attended training in reminiscence work, which they said had been very good and had given them a better understanding of how to use people's past history to communicate with them.

We observed the activity coordinator talking with people and it was clear that they understood their individual interests and their life history. They spoke with people who used the service about where some of them originated from, and explained to us how they spoke with some people's relatives to better understand people's background and family history if they were unable to explain these themselves. Some people had memory boxes outside their bedroom doors and the activities coordinator said that people and sometimes their families had been involved in the development of these. The memory boxes included photographs, small objects and cards which reflected people's interests and past life. With one person, the activities coordinator had created a life story book and said that not only did this help the person to recall their past life but said that it was valuable for staff to understand that person's history. This meant it gave staff topics to talk about when they supported the person with their care.

People were able to participate in a number of social activities within the service. Shortly after we arrived at the service we saw there were four people in the lounge playing dominoes, and they continued to do so until lunchtime. The reception area had evidence on the notice boards of the many activities the service had offered and had planned. These included Chair Zumba, Singers, a "Seaside Garden", an Organist and a Summer Fair. There was a raffle for people to contribute to for fund raising and we heard background music being played in and around the service. People and visitors said they liked to play dominoes, bingo and have sing-a-longs.

Good

Is the service responsive?

One person told us, "I only go out if my relatives come and take me out" and others said, "No we don't go out very often; we don't have any bus or anything like that." No one we spoke with attended church services. They told us that church services were held "Now and then" at the service. One person said, "I don't bother with church… but at Easter a bus came and took those that wanted to go." Another person who we had seen playing dominoes earlier with the Activity co-ordinator told us, "I feel alright here, there's always plenty to do". A visitor said, "They have good entertainment, they have people in, always playing bingo and things – they have fetes and do things on bonfire night."

We observed that on the dementia unit there were dolls, a crib and a pram. The activities coordinator said that these were used by some people who found comfort and reassurance in cradling a doll. They said that people were encouraged to be as involved in activities as they wanted to be and sometime just preferred to sit on the side lines and chat whilst others were doing some craft activities or playing a game. Although the activities coordinator did not work at the weekend, the senior carer said that the staff had "Raided the activities cupboard" the previous weekends for craft materials and games and had made sand sculptures with some people who had really enjoyed this. The senior said that they had been able to do this due to the increased staffing levels.

There was a complaints policy and procedure on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. We saw that the service's complaints process was available in a clear print format and an easy to read format, suitable for people who used the service. Checks of the information held by us about the service and a review of the provider's complaints log indicated that there had been four minor complaints made about the service in the last 12 months. These had been investigated by the registered manager and resolved quickly.

People who used the service and relatives we spoke with told us that they had not had to make any complaints but generally felt that they could raise any concerns with staff if the need arose. One person said, "I'd tell them about it, one of the girls and she'd sort it out with the boss." A visitor also said, "I'd tell them, tell [the registered manager], they are very nice, very helpful." Another person who used the service told us, "The staff are friendly, I can't complain about them. I would be able to talk to them though if I needed to."

The laundry provision at the service seemed to be a common problem with people saying their clothing "Often goes missing" and this was backed up by relatives too. A relative told us, "I take the laundry home to my house as I am happier doing that so it`s nice and clean….. I don't want you to make a fuss about it… but between you and me… it could be better… and I want my mum to look her best.. so I just take it because it's easier." We saw that one person's clothes were all creased and squeezed into a small space in their wardrobe. We discussed these concerns with the registered manager at the end of the inspection. They were aware of the issues and said that work was on-going to improve this part of the service.

Good

Is the service well-led?

Our findings

We found the service had a welcoming and friendly atmosphere and this was confirmed by the people, relatives and visitors who spoke with us. Everyone said the culture of the service was open, transparent and actively sought ideas and suggestions on how care and practice could be improved. One visitor told us, "The registered manager and the administrator are very approachable, if you want something you can go straight to them for an answer." A relative said, "I think the home runs smoothly….. it appears to do although there are very busy times." People who used the service said, "The chief carer is very good to me, they are worth their weight in gold" and "I think the staff are all good and they are well trained."

There was a registered manager in post who was supported by a deputy manager and an office administrator. Visitors were very positive about the management approach and staff attitudes. They told us about the recent changes in the service. One visitor said, "The quality of care is improving. I don't worry about leaving my relative anymore, I can go home with a contented mind. The carers are really thoughtful and the staffing levels are better."

We saw that the registered provider had used current guidance to develop and review the service. This was most clear when we looked at the design and adaptation of the dementia care unit with regard to colour schemes, memory aides, signage and furnishings. Our observations of people on this unit showed they were settled, relaxed and were provided with things to do such as items from days gone by to mentally stimulate them and promote conversations with others.

Staff we spoke with were clear about the visions and values of the service. They told us, "People living here can have whatever they want, it's their home and we are here to assist them with whatever they need; we respect their privacy and dignity but we also have a bit of a laugh [with people, not at their expense]." Staff had regular supervision meetings with the registered manager and these meetings were used to discuss staff's performance and training needs; they had also been used to give positive feedback to staff.

We saw that the registered manager was completing an accident and falls analysis report monthly, which was then sent on to the registered provider. This highlighted any falls, risks or incidents in the service and gave an oversight of any triggers or trends that could indicate a potential hazard. Action could then be taken to reduce the risk of further incidents.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager and deputy manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in June 2015 and covered areas such as finances, reportable incidents, recruitment, complaints, staffing, safeguarding, health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We also saw that internal audits on infection control, medicines and care plans were also completed. This was so any patterns or areas requiring improvement could be identified.

There were residents / relatives meetings held at the service and some people who used the service were able to tell us about their attendance at these, particularly concerning the discussions regarding the meals. Staff we spoke with said that they listened to people's requests for changes and at residents and relatives meetings asked people if they were happy with the care they received. We were told that one person said that there were too many carrots on the menu and they would like lasagne occasionally and so staff discussed this with the cook and this was provided.

One person told us, "We are asked our views at the meetings, there are dates on the wall in the reception near the office I think. If I get there I do shout and stir things up a bit….. but I've never had to make a formal complaint." Another person said, "There's been a lot of decorating going on which has been disruptive but we have been well informed…. I do feel very safe here and secure… it's the only home I have been in ever, but I am satisfied with it… Apart from the food… I can't think of anything which could be improved." We were given the meeting minutes to look at as part of our inspection. These confirmed that people's views and opinions were sought and listened to.

Staff told us that communication within the service was okay, although at times it could be improved. They said they felt able to make suggestions to the management team. The service held regular staff meetings so that

Good

Is the service well-led?

people could talk about any work issues and there were up to date policies and procedures regarding work practices that staff could easily access. Staff said there was a positive culture promoted by the registered manager and the area manager and that they were also given feedback at staff meetings in respect of any accidents, incidents and safeguarding issues. We were able to confirm this by reviewing the meeting minutes and policies and procedures. This indicated that there was some 'learning from events' taking place within the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider failed to protect people against the risks associated with the unsafe use and management of medicines by the inappropriate arrangements for recording and handling of medicines used for the purposes of the regulated activity. Regulation 12 (1) (2) (g)