St Michael's Care Homes Limited

Dorley House Residential Care Home

Inspection report

19-20 Bedfordwell Road
Eastbourne
East Sussex
BN21 2BG

Tel: 01323729545
Website: www.stmichaelscare.com

Date of inspection visit:
21 November 2017
27 November 2017

Date of publication:
17 January 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Dorley House Residential Care Home on 21 and 27 November 2017.

Dorley House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Dorley House Residential Care Home provides accommodation for up to 33 people. There were 25 people living at the home at the time of the inspection. People who lived at the home required a range of care and support.. Some people required support for example with personal care and moving and walking safely and some people were living with a dementia type illness. Staff provided end of life care with support from the community health care professionals but usually cared for people who needed prompting and personal care support. There was no-one at the home requiring end of life care at the time of the inspection.

This comprehensive unannounced inspection took place on 21 November 2017. A further day, 27 November 2017 was spent talking with health professionals and relatives. Dorley House was last inspected in March 2016 and was rated good. We brought this inspection forward to follow up on concerns raised and because there had been a number of safeguarding referrals. This inspection found that the service remained 'Good' overall

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. However this inspection found that improvements were needed to ensure that learning from complaints and concerns were taken forward and monitored for improvement within the quality assurance systems. Not all care documentation was up to date and accurate. This included peoples' resuscitation status and not all 'as required' medication was supported by a protocol.

The service continued to provide safe care. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to support people in taking their prescribed medicines safely. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff. Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. There were enough suitably skilled staff to meet people's needs. Staff had been recruited using safe recruitment practices.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005. The registered manager understood their responsibilities and referred people appropriately for assessment under the Deprivation of Liberty Safeguards (DoLS). A DoLS is used when it is assessed as necessary to deprive a person of their liberty in their best interests and the methods used should be as least restrictive as possible). People received care from staff who had received training to meet people's specific needs, and had supervision to assist them to carry out their roles. People were supported to access healthcare professionals and staff were prompt in referring people to health services when required. Staff understood people's dietary needs and people received a balanced diet which they enjoyed. Staff had a good understanding of Equality, Diversity and Human Rights.

Staff treated people with respect and helped to maintain their dignity. People received care from staff they knew, which helped them to forge positive relationships. Staff supported people emotionally and practically to maintain their independence and well-being.

Care plans were updated regularly and people and their relatives were involved in their care planning where possible. Risks to people's health and well-being were assessed and staff had followed plans that were centred on the person as an individual. People were supported to pursue their hobbies and interests and continue to celebrate special days.

People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. People's individual needs were met by the adaptation of the premises.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Dorley House Residential Care Home remains safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Comprehensive staff recruitment procedures were followed. There were sufficient numbers of staff deployed to ensure peoples safety.

Medicines were stored and administered safely.

Is the service effective?

Good

Dorley House Residential Care Home remains effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had been submitted when required.

People were given choice about what they wanted to eat and drink and were supported to stay healthy by staff who had received the necessary training and supervision.

Is the service caring?

Good

Dorley House Residential Care Home remains caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Is the service responsive?

Good

Dorley House Residential Care Home was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide

support in line with people's wishes, including on the best way to communicate with people.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them. Peoples' end of life care was discussed and planned and their wishes had been respected.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

Dorley House Residential Care Home was not consistently well-led.

Whilst quality assurance systems were in place, improvements were required to ensure that the service continues to evaluate and monitor care delivery and sustain improvements.

The management team worked well together and had a good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes. Staff had a good understanding of Equality, diversity and human rights.

Dorley House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 21 November 2017 and was unannounced. A further day, 27 November 2017 was spent talking with health professionals and relatives. The inspection team consisted of one inspector and an expert-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 expert-by-experience for this inspection was an expert in care for older people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. Many people could not fully communicate with us due to their condition, however, we spoke with six people, three relatives, five care staff, the cook, the head of care and the registered manager. We were able to also speak with one visiting health care professional. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch and supper time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the

management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for six people living at Dorley House Residential Care Home. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I have no worries". Another person told us, "I feel safe, sometimes I get worried at night but they reassure me." Some people were not able to tell us their experience so we used our short observational framework for inspection (SOFI) and that told us people were comfortable with the staff and approached the staff throughout our inspection. Everybody we spoke with said that they had no concern around safety.

There were systems in place to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls, malnutrition and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse and ensuring their human rights were promoted. Records confirmed staff had received safeguarding training as part of their essential training and this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. Information relating to safeguarding and what steps should be followed if people witnessed suspected abuse were displayed around the service for staff and people. Documentation showed that the provider co-operated fully and transparently with relevant stakeholders in respect to any investigations of abuse.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us how staffing levels were amended to ensure that staff could attend training and to reflect peoples changing needs. Management staff were also given supernumerary time to ensure that paperwork was completed in a timely manner. We were told that if agency staff were required they ensured as far as possible that long term agency staff were used for consistency of care. Existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave.

Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "They answer my bell quickly if I need help". A member of staff said, "It's enough staff. We all work together as a team. It's all good". Documentation in staff files supported this, and

helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs. Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get my pills every day". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

People were cared for in an adequately clean and hygienic environment. During our inspection, we viewed people's rooms, communal areas, bathrooms and toilets. We saw that peoples' bedrooms and their equipment and furnishings were clean and well maintained. There was an infection control policy and other related policies in place. People told us that they felt the service was clean and well maintained. One person said, "I like living here, because it is always clean and comfortable. They clean my room every day". Staff told us that Protective Personal Equipment (PPE) such as aprons and gloves were readily available. We observed that staff used PPE appropriately during our inspection and that it was available for staff to use throughout the service. Hand sanitisers and hand-washing facilities were available. Information was displayed around the service that encouraged hand washing and the correct technique to be used. Additional relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control. The registered manager told us that infection control training was mandatory for staff, and records we saw supported this. The service had policies, procedures and systems in place for staff to follow, should there be an infection outbreak such as diarrhoea and vomiting. The laundry had appropriate systems and equipment to clean soiled washing, and hazardous waste was stored securely and disposed of correctly.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence. Any subsequent action was shared and analysed to look for any trends or patterns. Discussion with staff told us that they had had training in falls prevention and that foot wear was checked regularly.

Good

Is the service effective?

Our findings

Staff knew people well and had the knowledge and skills to look after them. One person told us, "They look after us very well. A visitor told us, "The staff seem to know what they are doing, well trained from what I've come across so far, they call in regularly to check on my (relative)." People told us they enjoyed the food. One person said, "The food is good; there is always a choice, and we get lots of cakes. Tea and coffee comes round regularly." Another person told us, "Food is good, you can have a drink whenever you want and I am certain I have put on weight."

People were supported to receive effective care because care was delivered in line with current legislation, standards and evidence based-guidance. This included guidance from The National Institute for Health and Care Excellence (NICE) in relation to medicines and dementia. There were equality and diversity policies in place which helped staff promote people's equality, diversity and human rights. For example ensuring that peoples' religious and cultural needs were acknowledged and respected. One person had as their illness progressed, returned to using their first language and so staff had worked with family to produce key words that had meaning for the person. One of the challenges the new registered manager had found was the language barriers between oversea staff and people. The registered manager had arranged English and maths classes for the staff to overcome the barrier. This had improved communication within the service.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and signed to show they were understood. Nobody living at the service had a protected characteristic, however, the registered manager explained that staff were knowledgeable of equality, diversity and human rights and people's rights would always be protected.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around the care of people with dementia. Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, and were kept up to date with best practice guidelines and signed a document to say they had learned. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They received regular training and told us how they supported people to make their own decisions and choices. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The MCA says that assessment of capacity

must be decision specific and it must also be recorded how the decision of capacity was reached. Where people lacked capacity best interest decisions had been made through discussions with people, their representatives, staff and health and social care professionals. These decisions were recorded to ensure everybody was aware of how the decision had been made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS applications had been submitted for people who did not have capacity and were under constant supervision. Copies of the applications and authorisations were available to staff. At the time of the inspection no DoLS were subject to conditions.

People told us they received effective care and their individual needs were met. Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, community nurses and social workers. Access was also provided to allied health services, such as opticians and dentists if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person told us, "They look after me well. I see the doctor when I'm not well," Staff told us that they knew people well and were able to recognise any changes in peoples' behaviour or condition if they were unwell to ensure they received appropriate support. Staff ensured that when people were referred for treatment that they were aware of what the treatment was and the possible outcomes, so that they were involved in deciding the best course of action for them. One person told us, "I had a funny turn and they sent for the GP and he gave me some different pills and now I'm fine. You can't fault them in their care."

People had an initial nutritional assessment completed when they moved into the home and their dietary needs and preferences were recorded. This was to obtain information about any special diets that may be required, and to establish preferences around food. People who had been assessed as having difficulty swallowing had been seen by the speech and language therapist (SaLT). Directives from the SaLT were clearly stated in the care plan and also given to the cook and kitchen team. There was a varied menu, people could eat at their preferred times and were offered alternative food choices depending on their preferences. People chose where they wanted to eat their meals. We observed both lunch and supper. Three people ate their meal in the conservatory, whilst 10 people ate in the dining room. The rest chose to eat in the lounge or in their individual bedrooms. Food was served by the chef and carers all wearing aprons. People were offered macaroni cheese, fish pie or minced beef with green beans, followed by tinned mandarins or chocolate tart. There was a menu on the wall and we saw people were shown pictures or the plated meals in order to choose what they would like. The meal times were relaxed and we saw that people chose to sit with friends and called people over to join them when they entered the dining room.

People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. Staff continually checked that people liked their food and offered alternatives if they wished. People were complimentary about the meals served. People told us, "Food is very nice, very pleasant, yes I get enough to eat and drink," "Food is very good, plenty to eat and drink," and "I am a fussy eater but the food is very good." One person told us, "Food is ok but portions are small." Relatives told us that the food is always plentiful and good, ""Food is very good, plenty to eat and drink plus cakes." The chef told us that she catered for varied diets to include Diabetics, Vegetarians and Pureed meals plus people under SALT guidance.

People's weight was regularly monitored, with their permission. The registered manager had oversight of people's weights and we saw that those who were identified as being at risk were monitored closely and advice sought from the GP and dietician as necessary.

People's individual needs were met by the adaptation of the premises. The service was over three floors with a large accessible garden. One person told us, "The garden is nice and I like to sit there in good weather." Communal areas were on the ground floor but there was a quiet lounge on the top floor. The registered manager told us of plans that were going forward to improve the layout and décor of the premises. This included building a conservatory to the rear of the premises leading out in to the garden. The conservatory at the front would be the entrance to the premises with seating. At present a lounge is being decorated and the carpets replaced. The management team were aware that there is a lot of work to do to improve and refurbish bathrooms and hallways. A rolling programme of renewal was in place. Visual aids in communal areas were discussed as they were to be introduced as part of the programme. This would be beneficial to support the orientation of people who lived with dementia to move around the home and increase their awareness of their environment.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared and, treated with respect and dignity and had their independence promoted. Comments received included, "Can't fault the staff, they do as they say they will, with respect and dignity, they really do always knock and ask permission," "I choose what I wear, I lay it out and they help me, they do try and promote my independence. My room is nice, my son says so too, I have my own things in it. Visitors whenever I want, they are made very welcome. I am very happy with how I am treated, very caring here."

Throughout the day, there was sociable conversation between staff and people. Staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. Staff appeared to enjoy delivering care to people. One person told us, "I have a good quality of life". A member of staff added, "We make people happy. When I see them smile and laugh, it makes it all worthwhile."

Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. There were individual person-centred care plans that documented peoples' preferences and support needs; this enabled staff to support people in a personalised way that was specific to their needs and preferences. Some people had a sensory impairment and therefore staff needed to use adapted ways of communication. This ensured that people received the information they required in relation to their care, and that they could in turn express their choices and preferences. For example, there were visual aids for those who lived with dementia, enabling them to make choices. Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Staff demonstrated a commitment to providing kind and compassionate care. From spending time with people and talking to staff, it was clear that they knew people well and had a good understanding of how best to support them. A relative told us, "The staff know how to interact with my mother, they can calm her instantly." We also spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families, friends who are important to them and some of their interests.

People looked comfortable and they were supported to maintain their personal and physical appearance. People were well dressed and wore jewellery, and it was clear that people dressed in their own chosen style. For example, some people chose to wear casual clothes, and others wore smart outfits. One person wore a beautiful skirt and blouse they had made themselves and staff all knew the history of the clothes. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care

needs, knocking on people's doors and waiting before entering. One person told us, "When I have a bath, they ensure I'm respectable and cover me with a towel. They respect your privacy here."

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "They help me to wash and dress, but when I want it." Another person said, "They are very good. They help me to soap and shower every week and if I don't want to be bothered, I can say no". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "They all have a choice. Whether they want a wash, what they want to wear, how they want to spend their day. It can be difficult for people that have dementia, but they deserve choices as much as anyone else." Another added, "We always give choices. We know that some people have their habits and only want the same breakfast or lunch every day, but we still offer them choice, just in case they want a change."

Staff supported people and encouraged them, where they were able, to be as independent as possible. For example, one person was being encouraged to walk using their walking frame. When they got tired, staff went and got a chair. One person told us, "They encourage my independence. Yes definitely a caring environment here," Another person said, and "Staff encourage me to be independent which I like, if I need help I just ask. I had a care plan which I saw and I have a copy of it." Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff said, "I prompt people to promote their independence. Sometimes it can take a while, but it's very important that they do things as much as possible." The staff member gave examples such as buttoning their blouse and eating their meals. We saw one staff member sitting with a person at lunchtime and prompting them to eat; it took time but the staff member was very patient and did not leave them until they had eaten all their meal.

The service encouraged people to maintain relationships with their friends and families and to make new friends with people living in the service. People were introduced to each other and staff supported people to spend time together. As a result, genuine friendships were formed within the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. Visitors told us they were welcomed and always offered a drink. Staff engaged with visitors in a positive way and supported them to join in the communal activities in the lounge, or have private time together.

People's individual beliefs were respected. Staff understood people wanted to maintain links with religious organisations that supported them in maintaining their spiritual beliefs. Discussions with people on individual beliefs were recorded as part of the assessment process. People told us staff would arrange for a priest to visit if they wanted one. One person told us they had regular visits from their church and felt her spiritual needs were respected by staff. Religious groups visited the home monthly and will be coming to sing carols before Christmas.

Good

Is the service responsive?

Our findings

People told us that they felt staff were responsive to their wishes and health needs. One person told us, "If I feel off colour they take time to check me over and will call the doctor out to me." A visiting professional told us, "I am always made to feel welcome and if I ask for help with any of the residents, one of the staff will always make themselves available." A visitor to Dorley House Residential Care Home told us staff contacted them if they had any concerns about their relative or if there were any changes in their health. Another visitor said, "I have seen a care plan and they update it regularly, staff understand her needs, washing her is a problem. She sort of gets involved in the activities, she has poor hearing and concentration. Staff are very good at telling me if Mum is unwell." Relatives also told us they were invited to reviews and this was confirmed in the annual relatives' survey.

Before people moved into the home a member of the management team completed an assessment to ensure the person's needs could be met at the home. The assessment included people's care and support needs, their choices and preferences of how they would like to be looked after to ensure their equality, diversity and human rights were maintained. One visitor told us they had visited the home prior to their relative moving in to make sure it was somewhere their mother may like to live. They told us it was near the person's own home so they would be comfortable living in an area they knew. Information from the pre-assessment was then used to develop care plans and risk assessments when people moved into the home. Staff told us that most care plans changed as they got to know people, for example, their preferred routines and mobility. One staff said, "One person came to us a bit unsteady on their feet but once they got their confidence back their mobility improved and so their care plan changed." Care plans were reviewed regularly and updated when people's needs changed.

From our discussions with people, visitors and staff it was clear people were involved as much as possible in deciding their care and support needs. Relatives were regularly updated and felt involved with their loved one's care. Visitor's comments included, "I feel confident I'll always be informed of anything that is going on," and "The communication between the home and me is pretty good they keep me up to date of any changes ." People told us they received the care and support they needed. They were able to make choices about what they did each day. One person said "You can please yourself really ." A visitor said, "They (staff) take into account people's needs." Another visitor told us, "(Name) is able to make their own choices about whether they want to get up or stay in bed or go down to the lounge. It is their decision."

People received care that was person-centred and reflected their individual choices. Staff knew people well; they had a good understanding of them as individuals, their daily routine and likes and dislikes. Care plans contained information about people's needs in relation to personal care, communication, mobility, pressure area risks, nutrition, health and cultural needs. They included information about people's preferences, what they liked to eat and drink, what they liked to do and anything else that was important to them. The registered manager had stated that people's care plans did not contain all the person-centred information staff may need to support people and it was something they were addressing. The Head of Care confirmed and we saw action had been taken to address this such as care plan updates and reviews. This did not impact on people because staff knew people well and had a good understanding of their needs.

Staff were regularly updated about changes to people's needs during handover at each shift change. We heard staff being informed for example, that one person had not been walking very well and needed extra support. Staff explained that they had contacted the GP to get advice. Staff discussed changes to people's skin condition, health, continence and nutritional needs. This enabled them to make decisions about the support people would need for the duration of the shift.

Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, skittles exercises, films, pet visits, arts and crafts, knitting and themed events. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a quiz session in the top floor lounge. There was laughter and people enjoyed the stimulation. On the ground floor there were one to one reminiscence sessions with people. The activity lead had brought in a wedding dress and christening gown and we saw conversations taking place about these items. Some people told us that they enjoyed the activities, whilst others said," More activities would be good."

The registered manager acknowledged that activities were something they had identified as needing to improve and this had started with the lounge on the lower floor being refurbished so as to be more dementia friendly. One person told us, "The garden has been lovely this year and we have sat outside a lot." The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis in their rooms. One person told us, "I go down to the lounge to celebrate my birthday, but prefer to stay in my own room." The service also supported people to maintain their hobbies and interests, for example one person had been supported to continue to sew and knit, whilst another liked to draw. We spoke with the activity lead who arranges the activities alongside her chef role. "I love it here, have been here 17 years now, it is a family home, I feel part of a family." She informed us that she makes packs for people who spend time in bed or in their room based on their needs and choices. She had an information folder and a printed weekly activity sheet to include armchair exercises, card games, quizzes, board games, reminiscence and themed activities to fit the time of year. Cooking participation was also part of the activities on offer and this had been well received by people.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I have never complained about anything, because there is nothing to complain about". The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff ensured that peoples' communication needs were assessed and met. We saw that AIS training had been scheduled for staff and where required, people's care plans contained details of the best way to communicate with them. For example, records for one person who was hearing impaired, contained information and guidance for staff with regards to how to support the person effectively. Staff used agreed hand signals and ensured that they spoke clearly and face to face. For people who lived with dementia, staff used pictorial menus to assist them to make an informed choice along with two plates of food to choose from. The complaint procedure was made available to people if required in large print.

Peoples' end of life care was discussed and planned and their wishes had been respected if they had refused to discuss this. People were able to remain at the service and were supported until the end of their lives.

Observations showed that peoples' wishes, with regard to their care at the end of their life, had been respected. We found staff knowledgeable of how to support people to maintain a comfortable, dignified and pain free death. Staff told us that as soon as significant changes in people's health were identified, appropriate support and treatment was sought as required from the hospice community teams, GPs and district nurses. Staff told us they were mindful of people's discomfort, and told us that pain medication was important so as to ensure the person was comfortable. End of life care plans were in place which considered what the person's wishes were and where they would like to be cared for. These were completed as far as possible with people and their families. However, staff were also mindful of people's wishes to not discuss this. Staff were aware of people's spiritual and cultural needs at the time of their death and these were sensitively respected.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People and visitors told us they did not have any complaints or concerns but if they did they would raise them with staff or the manager. Comments included, "I wouldn't have any problem if I had to make a complaint, I would be discreet and complain to the manager" and "If I felt justified I would have no problem in making a complaint." We tracked one complaint through the process and saw that responses had been sent within the organisations time frames. We noted that the complaint had not satisfied the complainant and that further responses had been made until the situation was resolved.

People and relatives had been asked for their feedback through quality assurance questionnaires. The feedback was generally positive and any issues raised had been responded to. The new registered manager had not started at the service but had read the surveys so as to plan improvements.

Requires Improvement

Is the service well-led?

Our findings

Some people, relatives and staff spoke well of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "The manager is very good I think, he sits and talks to me." A relative said, "I can talk to the manager, he is approachable, well-mannered and calm, this reassures me." Other comments included, "I think I know who the manager is, staff are always lovely, they all come and talk to me, It is brilliant here," "Yes I know who the manager is, care is good, food is brilliant, very good," and "I know who the manager is, don't know his name I have never been to a residents meeting or asked my views on here, but the manager comes to talk to me."

However we also received some comments that were not positive," I don't know who the manager is, I don't go to any meetings, care is very good here, no complaints I can think of," " No I don't know who the manager is, manageress is very good. Very good here, no complaints." One relative said "I have never been asked to a residents meeting, staff always listen to me though if I question anything."

Whilst the provider undertook quality assurance audits to ensure a good level of quality was maintained there were areas that needed to be further developed to ensure peoples' and families views were listened to and areas of personal care were monitored effectively. For example, in April 2017 we saw that concerns regarding oral hygiene had been raised by family members. This inspection found that we could not be assured that all people were receiving adequate support with oral hygiene. This was because not all people had toothbrushes and tooth paste in their bathrooms. Care documentation did not identify clearly what oral hygiene was needed by people and how staff were to monitor peoples oral health. This had not been monitored within the audits despite concerns raised. We therefore could not see if lessons had been learnt.

There were areas of care documentation that had not been audited to ensure information was correct and reflective of the person. For example the "Do Not Attempt Cardiopulmonary Resuscitation" (DNACPR) for one person stated that they had capacity but also informed the person was frail and had dementia as the reason for not attempting resuscitation. There was no indication that this document had been discussed with family or an advocate. Despite medicine audits being undertaken we found that as required medicines did not all have a protocol to support its administration. For one person they received a medicine for anxiety and this was given every night over a two week period without any rationale for the reason or whether it was effective. This had not been identified and referred to GP for review of usage. Mattress checks that checked they were fit for use had been checked monthly up to September 2017 but not since. The above issues are areas that require improvement.

Following the inspection the registered manager sent us information of action taken immediately in respect of oral hygiene. A daily oral hygiene spot check to be undertaken to ensure oral hygiene was done. Training had also been sourced for staff in which is being attended on the 6th December at the local NHS hospital.

We saw audit activity which included health and safety, cleanliness, care plans, accidents and incidents and medication. The results of which were analysed in order to determine trends and introduce preventative

measures. Up to date sector specific information was also made available for staff, including guidance around the Mental Capacity Act 2005 and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery. The registered manager told us, "We are always looking to learn and develop".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "We get the opportunity to discuss care and treatment regularly." Satisfaction surveys were carried out, the last one was sent out in October 2017, but the response was poor. Surveys provided the registered manager with a mechanism for monitoring satisfaction with the service provided. The registered manager was looking at other ways to gather feedback.

Regular staff and resident meetings were held, the last ones being held in October 2017. Actions to the resident's meeting were documented with a timeline. An example was one person wanted cooked breakfast every morning and this was actioned immediately.

We discussed the culture and ethos of the service with people, the registered manager and staff. One person told us, "This is a wonderful place, I would talk to anyone if I needed to, no worries at all touch wood! I would rather live here than anywhere else." A relative said, "Really good place." The registered manager said, "I'm proud of what we have achieved in just a few months." We were also told by staff, "It's a great place to work, we all get on well. We have the time to sit with people, really nice to be able to do that."

Staff said they felt well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management including any issues in relation to equality, diversity and human rights.
Management was visible within the service and the registered manager and head of care took an active approach. The registered manager told us, "I haven't been here that long but I am settled in to the role." The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The manager listens to us. We work well together as a team." Another member of staff added, "We handover every day about the shift and the residents. Communication is good."

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. A whistleblower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation that is either private or public. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

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 manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.