

Anexas Care Limited

Stanholm Residential Care Home for the Elderly

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected Stanholm Residential Care home for the Elderly on 25 and 26 August 2016. The inspection was unannounced. Stanholm is a residential care home providing care support and accommodation for up to 26 older people some of whom had dementia. At the time of inspection there were 21 people living at the service. The service has a hair salon, one dining room and garden.

There was a registered manager in post who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 29 May and 1 June 2015, we found 13 breaches of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. These breaches of regulation related to safeguarding people, safe care and treatment, maintenance of premises, good governance, safe staffing, consent, person centred care, and acting on complaints. The provider sent us an action plan stating that they would address all of these concerns by July 2015.

At this inspection we found that the provider had taken action on all these areas, and was fully meeting regulations in nine areas where breaches had been found, relating to maintenance, safe staffing and recruitment, notifications and acting on complaints. The provider had implemented an effective system to ensure that the home was maintained to an appropriate standard. There were effective processes in place to fully investigate any complaints, and the registered manager was informing the CQC of all notifiable events detailed in the regulations. People told us there was enough staff available to meet their care needs. The registered manager was using an approved agency list to ensure that there were no gaps in staff numbers during times of leave and absence. The provider was using appropriate methods and systems to recruit staff that was safe. The provider had produced a new budget for training that ensured that staff received all mandatory training and could take part in additional training if requested. Staff received regular supervision and a yearly appraisal.

We found that the provider had also taken action to improve safe care and treatment, and good governance. Individual risk assessments were being completed and included risk of falls, pressure areas, bathing, moving and handling. People had their own personal emergency evacuation plan in place to give guidance to staff. People's confidential information was being stored in a locked room accessible to senior staff only. However, we found other areas in which regulations were not being fully met.

At our last inspection on 29 May and 1 June 2015, we asked the provider to action and make improvements on how medicines were administered to people. At this inspection we found that action had been taken, and staff were seen to be administering medicines to people in a safe and dignified way. However, the management of medicines was not always safe. There was no safe storage for medicines that required refrigeration and medicine room temperatures were not being recorded. The provider took immediate

action to ensure the safe storage of medicines at the time of the inspection. Medicine records did not always contain clear directions for the application of patches, or were not always double-checked or clearly updated with changes in dosages.

At our last inspection on 29 May and 1 June 2015, we asked the provider to action and make improvements on protecting people from harm and abuse. At this inspection we found that action had been taken to ensure that staff knew how to respond to potential abuse. Staff had received appropriate training to identify the forms of abuse and were given guidance on how to report this. However, we found that one incident was not effectively communicated to the registered manager. We have made a recommendation about this in our report.

At our last inspection on 29 May and 1 June 2015, we asked the provider to action and make improvements relating to staff understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and to ensure effective assessments were taking place. At this inspection we found the provider had made these improvements but was not fully meeting these regulations. Staff had received training on MCA and DoLS and could demonstrate a good understanding. However, there were no records to show the processes used to gain consent from those who were deemed not to have capacity to do so. Consent was not being reviewed on a regular basis.

At our last inspection on 29 May and 1 June 2015, we asked the provider to take action and make improvements on activities that are on offer to people living at the service. At this inspection we found the provider had made improvements and people were offered activities that were based around their needs. The provider had plans to increase art therapy and to employ an activities co-ordinator. However, there were still periods of time where there were no activities on offer and there was a lack of choice for people with restricted mobility.

At our last inspection on 29 May and 1 June 2015, we asked the provider to take action and make improvements on the monitoring systems that were in place. At this inspection we found the provider was meeting these regulations and the registered manager had carried out audits on a monthly basis. The provider also took part in service audits to identify shortfalls so that the service could be improved. However, the registered manager was not fully auditing people's daily notes. People's records documented that they were being reviewed but there was evidence to show that in some cases they were not being fully updated with new information received. We have made a recommendation about these issues in our report.

People were being appropriately referred to health professionals when needed. Care plans showed referrals to GP's and nurses and these were done in a timely manner. People were also supported to attend routine appointments such as health checks with a GP, chiropodist and opticians.

People were supported to have a healthy and nutritious diet. People could choose what they wanted to eat from a set menu or ask for an alternative meal.

People and their relatives told us they were involved in the planning of their care. Care plans were being reviewed by staff. People told us they were very happy with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways they were able to understand when giving support. Staff respected people's privacy and dignity at all the times. The registered manager communicated outcomes of the investigations to relevant people.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and

choose if they wished to participate in any activity. Staff respected people's decisions.

The registered manager was creating new links with the local community that included new activities for people to participate in and to find ways to get the local community involved with the service.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service.

On this inspection, we found breaches in Regulations. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were being safely administered. Medicines storage practices required improvements, and there were gaps in directions for and records of medicines.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns. Communication of incidents was not robust. We have made a recommendation about this.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

The provider completed health and safety assessments to ensure the environment was safe for people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The principles of the Mental Capacity Act 2005 (MCA) were not consistently applied in practice.

People were referred to healthcare professionals promptly when needed.

Staff received appropriate training to give them the skills and knowledge required to provide care.

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People told us they were involved with the reviews of their care plans.

People spoke very positively about staff and told us they were happy with the service they had received.

Staff had good knowledge of the people they supported.

Is the service responsive?

The service was not always responsive.

People had access to activities that met their needs, but there were periods where people had little or no stimulation.

People were encouraged to make their own choices at the service.

People's friends and family were welcomed by staff and could visit when they wished to.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Accurate and complete records had not always been maintained to allow the registered provider to ensure that all people's needs were met. We have made a recommendation about this.

The registered manager was creating new positive links with the local community.

The registered manager was ensuring there were processes in place to notify the Care Quality Commission of all notifiable events.

The provider had systems in place to obtain feedback from people using the service.

Good ●

Stanholm Residential Care Home for the Elderly

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 25 and 26 August 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacist 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. At our last inspection on 29 May and 1 June 2015 the service was rated as required improvement, and we issued 13 requirement notices in relation to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider sent us an action plan detailing the improvements they would make.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. The manager had not received and completed a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we made the judgements in this report.

We spoke with seven people who lived at the service, six members of care staff, three relatives, cook and the registered manager. We looked at people's bedrooms with permission and all facilities at the service. We made observations of staff interactions and the general cleanliness and safety of the home. We observed people with higher support needs in a communal area to help us see how their needs were met. We looked at seven care plans, three staff files, staff training records and quality assurance documentation.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person told us, "I feel secure here, there is always someone around." Another person told us, "I feel safe here." Relatives of people living at the service told us that their relatives were living in a safe environment. One relative told us, "It is very safe, I do not worry about my relative." However, despite the positive feedback we received, we identified areas of practice that needs improvement

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that there were examples of poor practice in the safe handling and oversight of medicines, and that controlled medicines were not being stored safely. We received an action plan from the provider that stated that they would organise training for the administration of medicine on a yearly basis to address these issues. The provider told us these actions were completed 1 July 2015. At this inspection, improvements had been made and we found that these issues had been addressed.

People told us that they were receiving their medicines on time. One person told us, "They are always on time." Another person told us, "I received my medicines every day and they are on time." We observed a medicines round and saw that medicines were given to people safely and the medicine trolley was not left unattended at any time. The medicine trolley was stored in a room that only staff had access to. Controlled drugs (CDs), medicines that are more liable to misuse and therefore need close monitoring, were stored securely and registers to record their handling were completed accurately. GPs ensured appropriate monitoring of people's medicines was undertaken. Medicines Administration Record (MAR charts) were completed appropriately, but did not always include people's allergy status. However, allergies were clearly documented in people's care plans so that staff had sufficient knowledge of any allergies. Gloves were available to staff who were administering medicines.

Most medicines were stored securely at the service. However, at this inspection we found that some aspects of medicine storage were not safe. Medicines that required refrigeration were stored in an unlocked food fridge in a public area. Unauthorised people, including people living at the service, some of whom were living with dementia, could access these medicines. We reported this to the registered manager who told us that the fridge previously used had recently broken. The registered manager ordered a new lockable medicine fridge. No medicine records of temperatures for medicines were recorded. The room in which medicines were stored did have an electrical thermometer that was connected to the medicine trolley that showed the current temperature of the medicine storage that staff observed. We reported this to the registered manager who put in place a system so that staff were recording all temperatures. Following inspection the registered manager confirmed that the new fridge was in place and that temperature records were being kept. We were shown records to confirm that the new methods were in place.

At this inspection, we also found that handwritten MARs had not been double checked to reduce the risk of errors. MAR charts did not state where patches had been applied to a person and the application of creams was poorly documented. One person was self-administering one of their medicines but no risk assessment

had been completed for them in line with the home's policy. Records of dose changes to a medicine, which required regular monitoring, were not always completed clearly. This could result in an incorrect dose being administered.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that people were not protected from harm and abuse because staff did not know how to respond and did not have guidance to follow. At this inspection, improvements had been made.

People were protected against abuse by staff who had received appropriate training to identify forms of abuse. Training records showed that staff had received recent training on adult abuse and safeguarding. The registered manager had introduced a safeguarding folder to record all safeguarding referrals that required reporting to the local authority. The safeguarding folder also gave staff guidance on what to do if they witness a potential safeguarding incident. Staff demonstrated that they could spot the potential signs of abuse and what to do with the information. One member of staff told us, "Safeguarding is identifying the different types of abuse, such as, physical, psychological, financial and neglect." Another member of staff told us, "I can report any safeguarding concern to the local authority but I would always go to the manager first." During the inspection, we saw that a recent potential safeguarding case had been documented in the communications book and in people's individual files but a safeguarding investigation had not taken place. We reported this to the manager who was unaware of the recent incident. The registered manager told us, "I will start an investigation immediately to find out what happened." Following the investigation we were informed that a safeguarding alert was made to the local authority and were shown the appropriate referral.

We recommend that the registered manager seek guidance regarding fully effective communication methods to ensure that essential information is not missed.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that not all people were protected from the risk of harm because staff had not identified all potential risks, and did not have easily available guidance to follow. At this inspection, improvements had been made.

Risk assessments were being completed and were individualised to people's needs. Individual risk assessments included the risk of falls, moving and handling, bathing and pressure areas. For example, one person's falls risk assessment told us that the person required the assistance of one member of staff to transfer from chair/bed to walking frame. There were also individual risk assessments in place for those who had specific medical conditions and for environmental risks. For example, one person had a risk assessment for the use of headphones when alone in their room. This was updated when the person started to use cordless headphones. Where people were at risk of suffering depression risk assessments were in place to guide staff on identifying when a person may be at risk. Each person had a personal emergency evacuation plan (PEEP) in place. The PEEPs gave basic information that would be required in an emergency and included current medicine, any known allergies, next of kin and GP contact. The PEEPs gave guidance to staff and the emergency services to people's individual need. For example, one person's PEEP told us that they could get confused when hearing the fire alarm. Another PEEP told us, that the person can walk independently with a frame and knows how to react on hearing the fire alarm. Contingency plans were in place and reviewed yearly. They included what actions staff should take in the event of fire, loss of water and loss of electricity. The contingency plans gave numbers for staff to call and what processes should be

followed, they also identified alternative accommodation for people living at the service if it could no longer function following an emergency evacuation.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that there was a lack of an effective system to ensure that the home was maintained to an appropriate standard. At this inspection, improvements had been made.

The registered manager had put systems in place to effectively maintain the home to an appropriate standard. The registered manager had put in place a maintenance log where staff could identify any repairs that had been reported. It included information of any action taken and if there was going to be a delay for a repair, for example, if certain parts had to be ordered. During inspection, we noted that a member of staff had identified a repair that was required to an emergency exit following it being used by a person to go into the garden. The member of staff appropriately recorded the information in the maintenance logbook and this was repaired during inspection. The assistant manager completed daily room checks that did identify if any rooms any repairs and additional cleaning was required. Appropriate health and safety checks were being completed at the service. Following our previous inspection the registered manager had sourced a new lift operating company to maintain and service the through floor lift and the newly installed stair lift. Records showed that there had been recent portable appliance testing, gas safety checks, pest control and servicing of moving and handling equipment that included hoists and slings. There were regular fire safety checks that included testing of the fire alarms, emergency lighting, fire extinguishers and the call bell system. There had been no fire risk assessment in the last year or electrical installation check since 2010. It is good practice to ensure that a fire risk assessment is carried out yearly and electrical installation test is carried out every five years. However, the service was undergoing extensive roofing repairs and these safety checks were booked in following the completion. Documents showed that the fire risk assessment was booked early September and the electrical check early October. The registered manager contacted us following inspection to inform us that the fire risk assessment had been completed.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 18 and 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that there were not sufficient numbers of staff deployed to safeguard the health, safety and welfare of people living at the service. We also found that there was a failure to carry out safe recruitment practices. At this inspection, improvements had been made.

People at the service told us there was enough staff to meet their needs. One person told us, "There are enough staff, during the night definitely. Sometimes during holiday time they can get a bit short." The registered manager told us, "We have responded to this and now use agency staff to cover staff leave and absence. We have our preferred choices of staff that know our residents. We also have bank staff available." During inspection, there was the registered manager, a senior care assistant, four care staff, cook and housekeeper during the day. During the evening, there was the registered manager, a senior care assistant, three care staff and a cook. There was two waking night care staff to support people during the night. From observations this was sufficient to meet people's needs.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. People told us, "They look after me," and, "The staff do know me well." One relative told us, "My relative is well looked after by the staff and they definitely know her needs." A district nurse told us, "I have never had concerns about the service, everyone is well looked after." A GP told us, "Staff listen to our guidance and act accordingly." Despite people's high praise for staff, we found care and support was not always delivered effectively.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 relating to the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We asked the provider to take action and make improvements to ensure that staff and management understood the MCA and that effective assessments were taking place. At this inspection, improvements had been made, but this was an area of practice that still required improvement.

Staff had received training and could demonstrate a good knowledge of the MCA and Deprivation of Liberty Safeguards. The registered manager told us, "We have submitted DoLS referrals when it is needed. DoLS are there to protect people from harm." There had been five appropriate referrals made for DoLS to the local authority and there had been one authorised. The registered manager told us, "We would never stop anyone from leaving who was not under DoLS." People at the service were free to leave if they wanted to. There was evidence to show that people were going out with friends and families and on their own. One person told us, "I go out on my own". Another person told us, "I let them know when I am going out. It is never a problem." Staff received training on MCA and DoLS and this was documented in the training schedule. One member of staff told us, "I always assume a person is able to make their own decisions." Another member of staff told us, "It is an assessment to find out if someone can make specific decisions."

Staff were seen to ask people for consent before carrying out personal care tasks. There was evidence to show that in one case people who held a lasting power of attorney were involved with the decision making process regarding consent. However, the provider did not always take into account the principles MCA when assessing people's capacity to make specific decisions. Although the registered manager documented in people's care plans when they did not have capacity to make decisions, there was no supporting evidence to show how a person was involved with the process, if a mental capacity assessment had been completed or how a best interest decision was made. This could mean that people's views could have been missed when a decision was made. The process used to obtain consent for people sharing rooms was not consistent and was not reviewed. One person signed to show that they had agreed to share a room but for

others there was no documented evidence to support this, and this agreement had not been reviewed since 2014. People living at the service were aware of their arrangements regarding sharing rooms. One person told us, "I do not mind sharing a room." Another person told us, "It is not ideal but it suits me."

Assessments of people's capacity to make decisions had not always been carried out in line with MCA. This is a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that not all staff had received appropriate training and appraisals to ensure they could deliver care and treatment to people safely and effectively. At this inspection, improvements had been made.

The provider ensured that the staff were competent to carry out care tasks for people living at the service. The registered manager told us, "The provider has agreed a new training budget that allows for all mandatory training and additional training." Staff received a full training schedule that gave them the knowledge and skills required to support people. New staff went through an induction process that gave them the confidence to work with people living at the service. Records showed that staff received regular supervision that included testing staff competencies on areas, such as, moving and handling and safeguarding. The registered manager or senior staff carried out a different observation each time as part of the supervision process. Records showed that staff received a yearly appraisal that recorded their progress and identified goals for the following year.

People's nutritional needs were being met. It was documented in people's care plans if they required a specific diet or support with eating and drinking. For example, if people required assistance cutting food or if they were a diabetic. Those who were diabetic were supported with any routine appointments and meetings with a diabetes nurse. The cook had a list in the kitchen that identified the preferred portion sizes of meals, likes, dislikes and who needs food cutting up. People at the service told us they enjoyed the food they received. One person told us, "The food is very good." One relative told us, "My relative always tells me the food is very good." We observed the dining experience during the inspection. Staff were attentive and helpful and would assist with further cutting if it was required. Staff would engage with people when serving food and would ensure that people were happy with their choices. Staff also encouraged people to drink and this was observed throughout the inspection. One person told us, "There is plenty to drink, jugs of water, squash, tea and coffee."

People at the service were supported with routine health appointments. One person told us, "I see the dentist, opticians and GP for my check-ups." Records showed that people were having their routine appointments when required. Records also showed that people were being referred to health services when their needs changed. Care plans documented interactions with healthcare professionals. One care plan showed that the staff were concerned about a change in medicine and guidance was sought from a specialist nurse. The guidance was documented and referred back to the GP who made further changes that had a positive impact on the person involved. A visiting GP told us, "They always contact us whenever they are concerned about someone." A visiting nurse told us, "The staff always make appropriate referrals." People's records also showed involvement of tissue viability nurses. Tissue viability nurses are specialists in wound care that includes pressure sores. Records detailed all interactions and guidance given until any wound had cleared. People who were at risk of pressure sores had a risk assessment in place that was being updated along with the guidance given. For example, one person's records showed that frequent turning was required and staff to complete turning charts to show this had been completed.

Is the service caring?

Our findings

People and their relatives spoke positively about the staff. One person told us, "The staff are lovely and very kind. Another person told us, "The staff are very friendly." One relative told us, "I am happy that my relative is in good company." Another relative told us, "I am happy that when I leave my relative is with very caring staff."

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that people's personal information had not always been kept confidential. At this inspection, improvements had been made.

People's confidential information was kept safe and secure at all times. People's personal files were kept in a locked room where only senior staff had access. Handover of confidential information was communicated in a private area where people and visitors could not overhear conversations taking place. During the inspection, staff were never seen discussing people's personal matters in communal areas. Staff told us that they took people's confidential information seriously and would never discuss people's personal matters in public area. One member of staff told us, "I would never discuss a person's personal information with a colleague." Another member of staff told us, "We have private areas if anything needs to be discussed."

Staff were seen to be kind and compassionate towards people. Throughout our inspection, care interactions seen were kindly and respectful, based on staff and people evidently knowing each other well. When staff interacted with people, who were sitting down staff would go down to their level and talk in a clear way that was understood by the person. For example, one member of staff noticed that person appeared uncomfortable in their seat. The member of staff asked if the person was ok and if they needed assistance moving or to go to the toilet. The person identified that they needed to go to the toilet. The member of staff told the person that they needed to get another person to assist and reassured them that they would not be long. Within a short space of time, the member of staff returned and led the transfer of the person to wheelchair. Throughout the process, the member of staff was talking the person clearly through the transfer and obtaining confirmation from the person that they understood. On the way to use the facilities both staff members talked to the person on topics of interest. The methods used by the staff were documented in the persons care plan. We observed a member of staff chatting to one person and using different points of interests whilst a made to order sandwich was being prepared.

People and relatives told us that they were involved with the planning and reviews of their care plans. One person told us, "I have been involved with the care I receive." Another person told us, "They keep me informed of the changes that I agree to." One relative told us, "We are involved with the care plan. They also keep us informed of any changes." Care plans did have reviews that included the input of family members and went through what was working well and if there were any areas for improvement.

People's privacy, dignity and independence were respected at all times. Staff had an understanding of what people were able to do for themselves and staff encouraged people to remain as independent as possible. Staff gave examples of how they assist and encourage people to be independent. For example, a member of

staff told us, "With washing and dressing I try to prompt the person to do as much as they can and only assist if it is needed." Another member of staff told us, "Everyone is different and it is important that we know people's needs so they can do as much as possible." Care plans gave personal care guidance to staff and staff could identify people's individual needs. Staff were observed knocking on people's doors and introducing themselves and asking if it was ok to enter, staff would close doors when giving personal care. People's dignity was respected during meal times. Meals were sent from the kitchen pre-cut for those that needed it, each meal was covered with plate covers, and people's names written on so staff could identify whom it was intended for. Staff told us this was more dignified than cutting people's dinner in front of them and others at the table.

Is the service responsive?

Our findings

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. We found that people were at risk of becoming socially isolated with little activity to stimulate or interest them in order to meet their needs or preferences. At this inspection improvements had been made, however, this was an area that still required improvement.

People at the service told us that they took part in activities that were suited to their choices and preference. One person told us, "I play bingo and do cross words and word searches. We have people come in and entertain every so often." Another person told us, "We do exercises a few times a week and yesterday the music lady came in which was really good." We observed the music therapist activity. There was a mix of styles of music, sing-along, and up-tempo sessions with percussion instruments for people to play. There was no pressure for people to join and they were always given a choice. Some people were seen to join in in the activity and others were enjoying the observation and still singing along to songs. There was a high level of involvement of the group activity that was seen to be a fun programme that gave physical, mental and emotional stimulation. People who could not join in due to health reasons received a one to one session prior to the group activity. We observed during inspection that staff had organised a game of dominoes for people to take part in. The game was enjoyed by those that took part. The registered manager told us that special activities do happen and these included Grand National and Ascot days, a jewellery day where someone comes in to make jewellery and two themed days a year that included American western day, an entertainer once a month and pets as therapy dogs. The special events were recorded in people's care plans. A member of staff told us, "We try to take small groups out once or twice a week to go to the town or market." People we spoke to told us that they were on occasions going out with staff for small trips into town. People at the service were free to pursue their own interests and there were no restrictions on visitors. One person told us, "What I like about living here is, I am my own boss, I do what I want, when I want." One relative told us, "We are free to come and go as we please." Another relative told us, "There are no restrictions on visiting times and I am always made to feel welcomed. We have been invited to events at the home such as barbecue."

Despite efforts made to improve, the lack of activities available meant that some people were still at risk of becoming socially isolated. The activities on offer were positive experiences for the people living at the service, but these were limited to once a day and there were times when people were left sitting in the communal lounge for long periods. Staff were seen to be attentive to people's needs during these periods by asking people if they were ok, assisting to go to the toilet, offering drinks and snacks and small occasional chats with people. However, there were no stimulating activities for people to participate in. This period was observed during both days of our inspection between lunch and tea service. Those that were free to move around the service did so and were observed spending times in their rooms, garden and taking themselves out. However, those with limited mobility had very little choice on what they could do and we observed that they looked withdrawn and disengaged. There was also little communication to people living at the service about what activities were taking place. People were aware of the outsourced activities the music and art therapist but internally arranged activities were poorly communicated. We reported this to the registered

manager who told us, "If the art therapist is a success we have to go ahead to make have it twice a week. We have also identified the need for an activities coordinator on a part time basis." Evidence was shown on a provider report that an activities coordinator was part of the short term plans for the service.

Some people were at risk of becoming socially isolated with limited activity to stimulate them in order to meet their needs and preferences. This is a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

People had a pre-admission assessment prior to arriving at the service to ensure their needs could be met. The pre-admission assessments were carried out by the registered manager and included basic information that could form the basis of a detailed care plan. The pre-admissions assessments identified any health history including allergies and any identifiable risk concerns. For example, those who were at risk of falls, anxiety, depression, possible self-neglect and harm. They also included essential contact numbers that included next of kin and their GP. There was also some limited information on likes and dislikes. From the pre-admission, it was recorded that there were routine reviews of care plans and risk assessments carried out by staff and reviewed by the registered manager. Care plans had a family tree section that included a brief life history of the person that included family members. People's likes and dislikes were also being recorded in people's care plans. One person told us that staff would regularly talk about his past passions and was supported to pursue his interest and that there were large events that incorporated what he enjoyed.

People were encouraged to make their own choices at the service. People's rooms were decorated to their own choosing and included their choice of furniture and personal items. People were given a choice of what they would like to eat. One person told us, "There is a good choice of food on offer and they can make you something else if you want to." A member of staff told us, "We always have other options for people available in the kitchen that can be put together if they change their minds." It was recorded that one person enjoyed to order an occasional take away pizza and there were occasional fish and chip Fridays from a local take-away.

People and their relatives were encouraged to communicate their views on the service they received. The provider had a complaints procedure in place that people and their relatives told us they were aware. The registered manager had put in place a complaints log to record all complaints received. All the recorded complaints included investigations, outcomes and how this was recorded to the people involved. Records also showed that people, their relatives and medical professionals took part in surveys that gave them a platform to identify what the service had done well and where it needed to be improved. People also took part in resident meetings where the staff would communicate upcoming events and people could express their views.

Is the service well-led?

Our findings

People at the service spoke positively about the registered manager and the home. One person told us, "She's lovely she comes and talks to you." Another person told us, "The manager is very nice. One relative told us, "The manager is very friendly and nice." Another relative told us, "Our overall experience as a family has been very positive." However, we found that some areas of the service were not well-led.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 17 Care Quality Commission (Regulated Activities) Regulations. We found that people who use the service were not protected against the risk of unsafe or inappropriate care because the registered provider did not have effective monitoring systems in place. At this inspection, improvements had been made.

The provider and registered manager carried out an environmental and service audit on a monthly basis. This identified areas within the service that required improvement. Previous provider audits highlighted the need for new flooring and decoration in certain areas of the home to reduce trip hazards and to adapt the service to be more suitable for people with dementia. The registered manager told us, "We are changing the decoration throughout the home to show clear contrast between the floors and walls so that those with dementia can identify areas more clearly." A previous audit also identified the potential of relocating the communal lounge to the current dining area. The registered manager told us, "We do use the area for events at the home but we need to complete a full risk assessment for a permanent move due to the food service area that is located just off of the dining area. The move will give better access to the garden and assist reducing the risk to those that may suffer with depression as it has more natural light." The audit also identified the lack of light in the communal area and certain rooms within the home due to large trees. The registered manager told us, "The trees are also limiting the outside area where we intended people to do gardening as it gets no natural light." This action was still in progress due to the council confirming if any of the trees are protected. The provider audits also identified the need to continue with improvements with the activities for people living at the service following recent surveys. The outcome included the possibility of employing an activities coordinator along with increasing the current programme.

The registered manager also carried out audits for petty cash, falls, call bells, medicines and care plans. However, the registered manager did not consider the details that were being put in by staff on daily records and the updating of risk assessments, and we found some gaps in these records. For example, one person's falls risk assessment had not been updated to include guidance from a medical professional that stated that the person required two people to assist with transfers when it was previously one. This had been recorded in the person's care plan, and the risk to the person was limited as staff were aware of the change and this was seen in practice during the inspection. People's activities records only showed activities that were provided by outside sources such as entertainers and the music therapist along with full house activities that included Royal Ascot day and American Western Day. In two care plans, records showed that during a 13 day period the people only participated in one activity and in each care plan stated that the person spent the day in the lounge. Staff would provide activities to people during the day such as board games, dominoes or outings, but these were not being recorded in people's daily notes. We reported this to the registered manager who assured us that improvements would be made. Following the inspection the

registered manager showed us a new process with working examples that limited the risk of information being missed when updating and identifying risk. The new weekly risk assessment audit included falls, dehydration, malnutrition, low mood, self-neglect, pressure sores and moving and handling. There was an area for staff to identify other risks and includes areas for the changes so that these can be used to update the care plans. We recommend that the registered manager seek guidance to ensure that accurate and effective auditing systems are incorporated into all areas of the service such as daily records.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 16 Care Quality Commission (Registration) Regulations 2009. We found that that the registered manager had not been notifying the Care Quality Commission of serious incidents, events and death. At this inspection, improvements had been made, and the registered manager was notifying the Care Quality Commission (CQC) of all required notifications as per the Health and Social Care Act. The registered manager had put in place a CQC notification folder where copies were stored for auditing purposes. The registered manager demonstrated a good understanding on when it was required to notify the CQC.

At our previous inspection on 29 May and 1 June 2015, the provider was in breach of Regulation 12 Care Quality Commission (Registration) Regulations 2009. We found that the statement of purpose was out of date and contained incorrect information including inaccurate staffing and provider details. At this inspection, improvements had been made. The provider had presented a new statement of purpose that clearly defined the core values of the service and its aims and objectives. It described what service people living at the home would expect to receive and appropriate contact details that included the Care Quality Commission. The information provided was up to date and correct.

The registered manager was creating further links with the local community. The registered manager told us, "We have been advertising for local community volunteers but it is the matter of finding the right people who can volunteer." We have also identified a sensory room that is designed for those with dementia within the local community. We have agreed to this in principle but need to complete risk assessments, identify the ideal day when we can organise transport." People that could, were free to access the local community on their own or with friends and family. People who required support were supported by staff to access the local community.

The provider had systems in place to seek the views of people using the service. There were questionnaires and surveys completed by residents, relatives and medical professionals who frequently visit the service, there was also a food survey completed. It was identified that some people would like the occasional fried breakfast as an option in the morning. This has been put in place by the registered manager and was seen to be so successful that they have moved it to weekly occurrence for those that would like it. It was also clear from recent surveys that people had recognised an improvement to the activities on offer although some people and relatives said whilst there had been improvements there was still room for more activities. The registered manager has reacted to this by identifying new outsourced activities that include art therapy and increasing the amount of current activities that included music therapy.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not provide person centre care because people's care was not adequately and accurately assessed or planned for to ensure their social needs and preferences were met with a suitable provision of activities.</p> <p>Regulation 9 (1)(c)(3) Person centred care.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had not ensured that the requirements of the Mental Capacity Act 2005 were put into practice when obtaining consent.</p> <p>Regulation 11(1)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that medicines were managed safely.</p> <p>Regulation 12(2)(g)</p>