Care Quality Commission

Botany House Limited

Danesmoor Residential Care Home

Inspection report

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Ratings

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

Overall summary

We carried out an unannounced inspection of Danesmoor Residential Care Home on 19 and 20 May 2015. Danesmoor Residential Care Home provides accommodation and personal care for 24 older people. The service does not provide nursing care. At the time of the inspection there were 15 people accommodated in the home.

Danesmoor Residential Care Home is an older detached house situated in a residential area on the outskirts of Haslingden in Lancashire. It is on a main bus route and close to local amenities.

The registration requirements for the provider stated the home should have a registered manager in place. There was no registered manager in post on the day of our inspection. The Care Quality Commission has however

Summary of findings

received an application from the home manager to register as registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 19 December 2013 we found the service was meeting all standards assessed. Since our last inspection visit there had been safeguarding concerns raised regarding cleanliness, mealtimes and the delivery of people's care. Improvement meetings had been held with the registered persons and the manager, Care Quality Commission (CQC), the safeguarding team and commissioners of services.

Individual risks had been identified in people's care plans and kept under review. However, the process of identifying the level of risk was not accurate and the action to be taken by staff to reduce or eliminate the risk had not always been documented. This meant people could be placed at risk of receiving inappropriate care. You can see what action we told the registered provider to take at the back of the full version of the report.

People had mixed views about the staffing levels but overall considered there was enough staff. People living in the home told us, "Staff are lovely; they always come when I call" and "Staff have never not come yet when called." Visitors said, "There are enough staff and they are always busy", "Buzzers are always answered properly; people aren't left waiting" and "Staff are lovely but they are stretched to the limit at times." We made a recommendation that the service seeks further advice about the provision of appropriate staffing levels taking into account the needs, dependency and numbers of people using the service and the layout of the building.

Prior to the inspection the home had been visited by the local authority infection control lead nurse and a number of recommendations had been made. We noted some action had already been taken, audits had been completed and an improvement plan was in place. We generally found the home was clean and odour free although we noted some areas were in need of attention. We made a recommendation the service followed appropriate advice and guidance regarding infection prevention and control matters.

People's medicines were managed safely and staff had received appropriate training in this area. We found a safe and fair recruitment process had been followed for staff and appropriate checks had been completed. Staff had access to a range of appropriate training and induction to give them the necessary skills and knowledge to help them look after people properly. Most staff had achieved a recognised qualification in care. Staff told us they received the training and support they needed and spot checks were completed on their practice to ensure they were following safe procedures.

Danesmoor Residential Care Home is an older style property set in its own gardens. The home was comfortable, bright, spacious and well maintained. Improvements were ongoing and from looking at records we saw equipment was safe and had been serviced. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. The gardens were safe, accessible and well maintained.

During this inspection people told us they enjoyed the meals. They told us, "I get sufficient food; it is very nice" and "There is a good choice of meals; there is always a cup of tea and something to eat available". A visitor said, "They are given lovely meals; always well prepared and nicely presented." The menus were varied and nutritionally balanced and the meals looked nutritious and appetising. Fresh fruit and hot and cold drinks and snacks were served throughout the day. People were offered a choice of meal and staff were aware of their likes and dislikes. The atmosphere was relaxed with friendly banter and encouragement throughout the meal between staff and people living in the home. People's dietary preferences were recorded. Any risks associated with people's nutritional needs were monitored and appropriate professional advice and support had been sought when any changes had been noted.

People living in the home told us they did not have any concerns about the way they were cared for. People said, "I am looked after properly", "The girls are very kind; I am treated very nicely" and "Staff are gentle with me." Staff

Summary of findings

had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Staff had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

Records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We found the service had links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A visitor said, "They work closely with GPs and specialists."

People who we spoke with told us they were happy with the approach taken by staff. People said, "I'm well cared for; it is beautiful, really beautiful here", "I am looked after really well" and "Staff are very gentle." A visitor said, "Staff are very caring and helpful." People were able to make choices and were involved in decisions about their day and about the care and support they needed and wanted. Staff we spoke with had a good understanding of people's needs. We observed people being treated with respect and supported to be as independent as possible, in accordance with their needs, abilities and preferences.

Each person had a care plan that was personal to them which included up to date information about the care and support they needed. We noted care records were stored at a work station in the lounge which meant information about people could potentially be seen by others. We discussed this with the manager who gave us assurances people's information would be stored securely.

People were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers.

People were supported to take part in activities such as dominoes, ball games, reading and discussing the newspaper and current events, church services, pamper sessions, and one to one sessions. People told us they enjoyed the gardens in the warmer weather. People told us about the ducks and alpacas and how they were involved in feeding them. We heard both serious and amusing conversations between staff and people living in the home.

People described the manager as 'approachable', 'supportive' and 'willing to listen. The manager worked at Danesmoor Residential Care Home three days each week and at Jalna Residential Home two days. We were concerned this may result in a lack of consistent leadership; however, a senior carer took responsibility for management duties in her absence. People confirmed the owners monitored the day to day management of the home on a regular basis.

There were systems in place to assess and monitor all aspects of the quality of the service and regular checks on systems and practices were completed by the manager and the owners. We found the records did not always clearly identify which records had been checked and how identified shortfalls had been acted on. The manager and owners assured us the auditing records would be reviewed to ensure all details were recorded clearly.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and there was evidence changes had been made as a result of this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Risk assessments did not fully address identified risk, placing people at risk of not receiving the right care and support.

There were enough staff to attend to people's current needs although people were left unattended for periods of time. Staffing levels did not take into account the routines and the layout of the home.

Staff had received safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they were happy with the approach taken by staff.

Accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective

The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. Appropriate referrals had been made to help ensure people receive the care and treatment they need.

Staff received a range of appropriate training, support and induction to give them the necessary skills and knowledge to help them look after people properly.

People's dietary preferences and any risks associated with their nutritional needs had been assessed. People told us they enjoyed the meals and we observed them being given support and encouragement with their meals.

Is the service caring?

Good

The service was caring

People who we spoke with told us they were happy with the approach taken by staff.

Staff responded to people in a kind and friendly manner and we observed good relationships between people. Staff we spoke with had a good understanding of people's needs.

People had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded.

Is the service responsive?

Good

The service was responsive

Summary of findings

Each person had a care plan that was personal to them which included information about the care and support they needed.

People were supported to take part in a range of suitable activities. People were able to keep in contact with families and friends.

People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers.

Is the service well-led?

Good

The service was well led

There were systems in place to seek people's views and opinions about the running of the home although the results had not been analysed or shared with people. People were satisfied with the service they received.

There were systems in place to assess and monitor the quality of the service and areas in need of improvement had been recognised.

Danesmoor 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.

The unannounced inspection of Danesmoor Residential Care Home took place on 19 and 20 May 2015. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service such as notifications, complaint and safeguarding information. We contacted the local authority contract and commissioning team for some feedback about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people living in the home and with four visitors. We spoke with two members of care staff, the cook, the manager and the owners. We also spoke with a visiting healthcare professional.

We observed care and support being delivered by staff. We looked at a sample of records including three people's care plans and other associated documentation, staff recruitment and training records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We looked at people's views from recent relatives and residents satisfaction survey. We also looked at information from recent visits by the local authority infection control lead nurse and from the medicine management team.

Requires improvement

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. One person living in the home said, "I am looked after properly." Another person said, "The girls are very kind; I am treated very nicely" and "Staff are gentle with me." A visitor said, "We are confident she is looked after and is safe." Another visitor said, "Staff have a lot of patience." A visiting healthcare professional said, "The staff are lovely with people." During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring, kind and patient.

We looked at how the service managed risk. Environmental risk assessments were in place and kept under review. Individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls, personal safety, mental health and moving and handling. However, the process of scoring individual risks to calculate an overall level of risk was not accurate and the action to be taken by staff to reduce or eliminate the risk had not always been documented in the care plan. This meant people could be placed at risk of receiving inappropriate care. For example, one person was found to have bruised hands. This had been documented on a body map record and from discussion with the manager and staff it was clear they were aware of the issue and had discussed preventative action. However, there were no records to support this. We also noted one person's pressure risk assessment was scored inaccurately as health related conditions had not been scored. This meant they could be at risk of receiving incorrect care and support. We discussed this with the manager who assured us clearer records would be maintained.

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

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We noted the contact information of local agencies and information about how to report abuse was included in the procedures although was not included with the whistleblowing procedures for staff to refer to. There was information about recognising and reporting abuse displayed in the hallway for people living in the service and their visitors to read. Staff told us they had received safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed this. The management team was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies.

We looked at the recruitment records of two members of staff. We were told there had been no new staff employed recently. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers and an appropriate criminal record check. The owner told us the recruitment policies and procedures were currently being reviewed to reflect safe practice.

People had mixed views about the staffing levels but overall considered there were enough staff to attend to their needs. One person said, "Staff are lovely, they always come when I call." Another said, "Staff have never not come yet when called." Comments from visitors included, "There are enough staff and they are always busy", "Buzzers are always answered properly; people aren't left waiting" and "Staff are lovely but they are stretched to the limit at times." Staff spoken with told us any shortfalls, due to sickness or leave, were covered by existing staff which helped to ensure people were looked after by staff who knew them.

We looked at the staffing rotas. There were two care staff on duty both day and night with a cook available each morning and a cleaner available five mornings each week to provide care and support for 15 people. Our observations confirmed people received care from staff in a timely manner. However, we noted care staff cooked and served the evening meal that had been prepared by the cook who finished work at 1pm. This meant the number of staff attending to people's personal care needs was reduced during this time. We were also concerned that people would be left unattended for periods when staff were providing care and support in other areas of the home

Is the service safe?

or behind closed doors. In the morning we noted a visitor had to wait before staff were available to open the door to leave the home. In the afternoon we observed one member of staff helping a person in the bathroom and another member of staff was assisting the district nurse, which left people in the lounges unobserved. We were told one of the people living in the home would let staff know if they were needed urgently. We discussed this with the manager and the owners. We were told staffing numbers were kept under review and were shown a recent staffing analysis. We noted the staffing assessment tool did not take into account the layout of the home. The owners assured us staffing levels would be adjusted to respond to people's needs.

We looked at how the service managed people's medicines. We found the home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. Policies and procedures were available for staff to refer to and these were being reviewed to reflect current practice. Staff who administered medicines had received appropriate training and regular checks on their practice were undertaken to ensure they were competent. We observed the morning medicine rounds were completed in a timely way.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. Appropriate arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them.

There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines. Care records showed people had consented to their medication being managed by the service on admission. However, where medicines were prescribed 'when required' or medicines with a 'variable' dose, guidance was not clearly recorded to make sure these medicines were offered consistently by staff as good practice. The manager assured us this would be reviewed and shared with staff.

There were records to support 'carried forward' amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people's medicines had been reviewed by their GP which would help ensure people were receiving the appropriate medicines. However this had been initiated by the GP practice as the home did not have a system to show regular reviews of people's medicines had been requested and undertaken. We saw checks on the medication system had been undertaken on a regular basis.

We looked at the arrangements for keeping the service clean and hygienic. Prior to the inspection the home had been visited by the local authority infection control lead nurse and a number of recommendations had been made. We were advised a follow up visit had not been necessary. The manager received a copy of the report on the first day of our visit. We noted some action had already been taken. We did not look at all areas and generally found the home was clean and odour free. However, we noted an offensive odour in one bedroom and two stained bedroom carpets. The manager and the owners were aware of the problem and a number of bedroom carpets had already been replaced with more suitable flooring. Staff confirmed this. We were shown an improvement plan which included ongoing replacement of carpets and furnishings.

We noted staff hand washing facilities, such as liquid soap and paper towels were unavailable in bedrooms. Staff hand washing facilities need to be in place to ensure staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Waste bins had been provided although not all bins were pedal operated as recommended to prevent the risk of infection. The manager was aware of these issues and assured us they would be addressed as part of the recent audit that she had completed.

The owners advised new infection control policies and procedures reflecting guidance from the Department of Health had recently been purchased and were currently being personalised to the home before being shared with staff. From our discussions and from looking at records we

Requires improvement

Is the service safe?

found staff had received infection control training. In 2014 the environmental health officer had given the service a three star rating; improvements had been completed at that time and a follow up visit had been requested by the manager. There were contractual arrangements for the safe disposal of waste.

A cleaner worked five mornings each week. Cleaning schedules had been completed and we were told sufficient cleaning products were available. Appropriate protective clothing, such as gloves and aprons, were available. A member of staff had been designated the infection control lead person for the home. We were told they would receive additional infection control training, receive additional support from the manager and would attend local meetings to support them with the role. There were audit systems in place to support good practice and to help maintain good standards of cleanliness. However the manager had been provided with a more appropriate audit tool which had been introduced. People living in the home and their visitors were happy with the cleanliness of the home. One person told us, "It is always very clean." A visitor said, "There are very good standards of cleanliness here."

We looked around the home and found areas were well maintained. Improvements to the home were ongoing and from looking at records we saw equipment was safe and had been serviced. We were shown a development plan for ongoing improvements to the home. We found this did not include all improvements needed such as replacement of carpets to the communal areas and provision of an automatic washer/disinfector. The owners assured us this would be revised.

Prior to the inspection we were told the staff had moved people using poor techniques. During the inspection we did not observe any poor practice in this area. We found regular training had been provided to ensure staff had the skills to use equipment safely and checks on their practice had been completed. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation. Additional fire safety training was planned for this month. All visitors to the home were required to sign in and out which would help keep people secure and safe.

We recommend the service seeks advice and guidance about the provision of appropriate staffing levels taking into account the needs, dependency and numbers of people using the service and the layout of the building.

We recommend the service follows appropriate advice and guidance regarding infection prevention and control matters.

Good

Is the service effective?

Our findings

During this inspection we looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, "I have had a lovely meal; what I had was very nice", "I get sufficient food; it is very nice" and "There is a good choice of meals; there is always a cup of tea and something to eat available". A visitor said, "They are given lovely meals; always well prepared and nicely presented." A visiting healthcare professional said, "The meals always look nice and appetising with drinks and snacks available".

During our visit we observed breakfast and lunch being served. There were two dining rooms which were warm and bright. The dining tables were nicely set with condiments available. People were able to dine in their rooms if they preferred. The meals were served hot and looked nutritious and appetising; the portions were ample. Fresh fruit was available in the lounges and hot and cold drinks and snacks were served throughout the day. The menus were varied and nutritionally balanced. People were offered a choice of meal and staff were aware of their likes and dislikes. The atmosphere was relaxed with friendly banter and encouragement throughout the meal between staff and people living in the home.

Care records included information about people's dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. People's weight was checked at regular intervals and appropriate professional advice and support had been sought when any changes had been noted. There were clear protocols in place to respond to any loss of weight. We saw people's dietary and fluid intake had been monitored and records properly maintained by staff. Records showed people were regularly asked whether they enjoyed the meals. There was evidence changes had been made to accommodate people's requests.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at individual training records and the training matrix, we found staff had access to a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling, infection control, dementia care, fire safety, first aid, food safety, health and safety, safe management of medicines and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Most staff had achieved a recognised qualification in care. Staff told us they received the training and support they needed. Spot checks were completed on staff practice to ensure they were following safe procedures. Records showed when shortfalls in staff practice had been noted the manager had provided additional support and training.

Records showed there was an induction and training programme for new staff which would help make sure they were confident, safe and competent. This included a review of policies and procedures, initial training to support them with their role and shadowing experienced staff to allow them to develop their skills.

Staff had access to a range of policies and procedures although some had not been reviewed to reflect current safe guidance. These included medicines management, infection control and recruitment. This meant staff did not always have current guidance to refer to. The owners were aware of this and told us new policies and procedures had been purchased and were being personalised to the home before sharing with staff.

Staff told us handover meetings and communication records helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. People said, "They are good carers; they seem to know their job."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The service had policies to underpin an appropriate response to the MCA 2005 and DoLS which were being reviewed before being made available to staff.

The registered manager expressed a good understanding of the processes relating to MCA and DoLS. Staff we spoke with showed an understanding of the principles of these

Good

Is the service effective?

safeguards and had received training. At the time of the inspection DoLS applications had been made for four people using the service which would help to ensure people were safe and their best interests were considered. However, information about potential restrictions was not always clearly recorded in the care plans; the registered manager assured us she would review this.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff were aware of people's capacity to make choices and decisions about their lives and this was recorded in the care plans. This would help make sure people received the help and support they needed. Prior to the inspection we were told people were having to get up early in the morning. We saw reference to people's preferences in the care plans and daily notes recorded the reasons for any changes in their routines.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We found the service had links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A visitor said, "They work closely with GPs and specialists." A visiting healthcare professional told us, "I don't have a problem with staff here. I am here every day. They ask us for advice and always follow any instructions that we give them", "This is one of my best homes" and "They let us know when they notice any changes to people's health".

Prior to the inspection we were told people were not receiving frequent positional changes which had resulted in the development of pressure areas. At the time of our inspection there were no incidents of pressure sores. We looked at people's care charts for positional changes, diet and fluid intake and continence monitoring and found they had been completed properly. Appropriate pressure relieving equipment had been provided to maintain people's safety and comfort.

Danesmoor Residential Care Home is an older style property set in its own gardens. The home was comfortable, bright and spacious. There were two lounges, a conservatory and two dining rooms on the ground floor. Bedrooms, bathrooms and toilets were located on both floors with a passenger lift and stair lift available. There were twin and single bedrooms with bathrooms and toilets located within easy access or commodes provided where necessary. People told us they were happy with their bedrooms and some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. The gardens were safe, accessible and well maintained. A duck pond and an alpaca enclosure were situated in the grounds and were thoroughly enjoyed by people living in the home. One person said, "I often sit in the lounge or in the garden and watch their antics." Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

Good

Is the service caring?

Our findings

People who we spoke with told us they were happy with the approach taken by staff. People said, “I’m well cared for; it is beautiful, really beautiful here”, “I am looked after really well” and “Staff are very gentle.” A visitor said, “Staff are very caring and helpful.” They told us they were happy with the care their relative received. Thank you cards included positive comments such as ‘thank you for taking good care of me’ and ‘thank you for your care and support’.

During our visit we observed staff responding to people in a kind and friendly manner and we observed good relationships between people. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. Staff we spoke with had a good understanding of people’s needs. We noted calls for assistance were promptly responded to and staff communicated well with people.

It was clear from our discussions, observations and from looking at records that people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. We found people’s relatives were kept up to date about their health and welfare and also involved in any decisions, where appropriate.

We looked at two people’s care plans and found they, or their relatives had been involved in ongoing decisions about care and support and information about their preferred routines had been recorded. This helped ensure people received the care and support they both wanted and needed.

The service had policies in place in relation to privacy and dignity. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. Staff were seen to knock on people’s doors before entering and doors were closed when personal care was being delivered. We were told people were offered a key to their bedroom door and noted some bedrooms were locked. We observed staff using people’s preferred titles and names. We saw most people were dressed smartly and appropriately in suitable clothing. A visitor said, “People are always nicely dressed and clean. No one looks uncared for.” Another said, “They respect my relative’s dignity.” However, we noted one person looked unshaven; we discussed the reasons for this with the manager. The manager assured us this would be resolved. We observed people being as independent as possible, in accordance with their needs, abilities and preferences.

Prior to our inspection visit we were told there had been an incident where a visiting nurse had applied a person’s dressings in the lounge which was not respectful of people’s privacy and dignity. During our visit we noted people were attended to in private by staff and by visiting healthcare and medical professionals.

We noted staff had been provided with a work station in the lounge where people’s care records were stored. We saw care records were left out on the desk which meant information about people could be seen by others. We discussed this with the manager who gave us assurances people’s information would be stored securely.

Good

Is the service responsive?

Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual survey. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. People said, "I'm very happy and have no complaints but I suppose I would speak to the staff; there is always someone to take notice" and "We can speak up if we are unhappy; they ask us if everything is alright." A relative said, "I would tell the manager or the staff if I have concerns; the manager always looks into things and gets back to us." Another visitor said, "I have never complained, as far as I'm concerned they are looking after my relative; if they weren't they would soon know about it."

There was a complaints procedure in the hallway advising people how to make a complaint and how and when they would be responded to. There had been three concerns made directly to the service over a 12 month period; records showed the service had responded in line with procedures.

We looked at pre admission assessments and noted before a person moved into the home an experienced member of staff had carried out a detailed assessment of their needs. Information had been gathered from a variety of sources such as social workers, health professionals, and family and also from the individual. The assessment covered all aspects of the person's needs, including personal care, mobility, daily routines and relationships. If the admission was planned for, people were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience the service and make a choice about whether they wished to live in the home.

Each person had a care plan that was personal to them which included information about the care and support they needed. Information included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support. We were told the information in people's care records was being improved. Processes were in place to monitor and respond to changes in people's health and well-being.

The care plans had been updated by staff regularly and in line with any changing needs. A visitor told us they were kept up to date and involved in decisions about care and support. Records showed some people living in the home had been involved in their care planning.

From looking at records and from our observations and discussions with staff and people using the service, we found people were supported to take part in activities. Staff, where possible, provided people with one to one activities. Activities included dominoes, ball games, reading and discussing the newspaper and current events, church services, pamper sessions, and one to one sessions. People told us they enjoyed the gardens in the warmer weather. People told us about the ducks and alpacas and how they were involved in feeding them. We observed one to one activities taking place. We heard both serious and amusing conversations between staff and people living in the home.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. One person said, "My relative visits whenever they can; staff are always nice to them." A visitor said, "We usually get a cup of tea; we get on well with everyone."

Good

Is the service well-led?

Our findings

People made positive comments about the manager. Staff described the manager as 'approachable', 'supportive' and 'willing to listen. A visiting health professional told us, "The manager is very good." One person living in the home said, "The manager is lovely." A visitor said, "The manager is very nice; she is approachable."

The manager had worked at the service for some time but had been in post as manager since January 2015. We were told she had submitted an application to register as registered manager for the home with the Care Quality Commission. Following our inspection we confirmed an application to register as manager was made on the 9 March 2015. We noted the application was to register the manager for both this home and another home in the group, Jalna Residential Home, which was located in Burnley. We were told the manager worked at Danesmoor Residential Care Home three days each week and at Jalna Residential Home two days although this was not recorded on the staff rota. We were concerned this may result in a lack of consistent leadership; however, we were told a senior carer took responsibility for management duties in her absence. This was clearly noted on the staff rota. We were told the owners worked closely with the manager to support her in her role. People who we spoke with confirmed the owners were available in the home and monitoring the day to day management of the home on a regular basis. Records of their checks confirmed this.

There were systems in place to seek people's views and opinions about the running of the home. The manager told us she operated an 'open door policy' to promote ongoing communication and discussion. People had been asked to complete customer satisfaction surveys to help to monitor their satisfaction with the service provided. People had made positive comments about the service. Comments included, "This is a lovely home." However, the results had not been analysed or shared with people and there were no systems to obtain the views of visiting health and social care professionals. The registered manager assured us this would be considered.

Meetings had been held for people living in the home and their families. People's views were taken into consideration and there was evidence changes had been made as a result of this. Examples included changes to meals and activities.

Staff meetings had been held and staff told us they were able to raise their views and opinions with the manager or with the owners. They told us they were listened to and said they were part of a good team of staff. We saw letters from the owners to staff that expressed satisfaction with their work. Staff were provided with job descriptions, contracts of employment and policies and procedures which would help make sure they were aware of their role and responsibilities.

There were systems in place to assess and monitor the quality of the service. Regular checks were completed by the manager and the owners in areas such as care records, environment, equipment and medicines and a new assessment tool had recently been introduced to monitor infection control practices. It was clear shortfalls in record keeping and practice had been recognised, however, it was difficult to determine which person's records had been checked and how identified shortfalls had been acted on. It also made it difficult to determine which member of staff was responsible for the shortfall and whether appropriate action had been taken to improve their practice and knowledge. The manager and owners assured us the auditing records would be reviewed to ensure all details were recorded clearly.

Information we hold about the service indicated the manager had notified the commission of any notifiable incidents in the home in line with the current regulations. All accidents and incidents were recorded and reported appropriately.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review date had been arranged for November 2015.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider has failed to make sure records were complete and accurate to minimise the likelihood that risks will occur and to minimise the impact of risks on people using the service. Regulation 12