Ashmere Derbyshire Limited

# Kidsley Grange Care Home

## Inspection report

160 Heanor Road
Smalley
Ilkeston
Derbyshire
DE7 6DX

Tel: 08456022059
Website: www.ashmere.co.uk

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| 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? | **Requires Improvement** |

# Summary of findings

## Overall summary

Kidsley Grange provides personal and nursing care and accommodation for up to 21 people. 17 people were living at the home.

This was the first inspection of the service since its reregistration 12 months previously. The inspection took place on 28 December 2017 and 3 January 2018. The first day of the inspection was unannounced.

The home provides personal care and accommodation for older people, people with dementia, people with a physical disability and younger adults.

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

People's risk assessments provided staff with information on how to support people safely, though some assessments were not always comprehensive. Following the inspection, the registered manager sent us a risk assessment to prevent someone falling. Lessons to prevent incidents occurring had been learnt from past events.

Staff had been trained in safeguarding (protecting people from abuse) and, in the main understood their responsibilities in this area, though staff needed more training about which relevant outside agencies to contact. Staff were subject to checks to ensure they were appropriate to work with the people who used the service. People were protected from the risks of infection.

People using the service and the relatives we spoke with, except one person, said they thought the home was safe.

People told us they thought their medicines were given safely to them and on time. This had been the case when we checked.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs. Staff understood their main responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, although they were of all their responsibilities under this law.

People had plenty to eat and drink and everyone told us they liked the food served. People's health care needs had been protected by referrals to health care professionals when necessary.

People told us they liked the staff and got on well with them. We saw many examples of staff working with

people in a friendly and caring way, though there were a small number of occasions where staff had not shown respect for people. People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people and covered their health and social care needs. Activities were organised to provide stimulation for people and they had opportunities to take part in activities in the community if they chose.

People and relatives told us they were confident any concerns they expressed would be followed up.

People, relatives and staff were satisfied with how the home was run by the registered manager. Management carried out audits and checks to ensure the home was running properly to meet people's needs, though the health and safety audit was not always fully actioned.

## 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 to promote people's safety were not always in place. Lessons had been learned from past safety incidents. Risks to health and safety had been identified but not speedily followed up. Staff recruitment checks were in place to protect people from unsuitable staff. Medicine had been safely supplied to people. People had been, in the main, protected from infection risks. People and relatives told us, in the main, that people were safe living in the service. Staff knew how to report any suspected abuse to their management.

### Is the service effective?

**Good**

The service was effective.

People told us that they received effective staff support to meet their needs. Staff were trained and supported, in the main, to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance. People had sufficient quantities of food to eat and drink and told us they liked the food served. There was positive working with and referral to health services.

### Is the service caring?

**Good**

The service was caring.

People we spoke with, except one person, told us that staff were kind, friendly and caring and respected people's rights. People and their relatives had been involved in setting up care plans that reflected people's needs. Staff respected people's independence and dignity, but not always their privacy. People's religious and cultural issues have been met.

### Is the service responsive?

**Good**

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's

needs. Activities based on people's preferences and choices were available to them. People told us that management listened to and acted on their comments and concerns.

## Is the service well-led?

**Requires Improvement**

The home was not comprehensively well led.

Systems had been audited but issues had not been speedily followed up in order to provide a safe service.

People and their relatives told us that management listened to them and put things right. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs.

# Kidsley Grange 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 inspection was unannounced. The inspection team consisted of an 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. Our expert by experience had experience of people with mental health needs.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about. We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people.

We observed how people were supported during individual tasks and activities. We also spoke with nine people living in the home, the registered manager, the area manager and three care staff.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people's care records.

Requires Improvement

# Is the service safe?

## Our findings

Systems were not consistently in place to keep people safe.

A tool for assessing a person at risk of falling recorded that they were at risk of falls. However, there was no risk assessment in place to provide information to staff to protect the person safety to prevent them from falling. The form stated, "Take action as required…consider referral to falls protection program." However, no action in this regard was included in a risk assessment.

We saw a care plan and risk assessment for a person with dementia. There was a referral to relevant specialist team due to the person's pattern of behaviour. A risk assessment was in place though there were no specific instructions to manage this behaviour. One incident occurred in December 2017. This had been recorded but there was no analysis of the potential reasons for the behaviour or whether any measures could be put in place to prevent the behaviour in future. Staff were able to tell us how they coped with this behaviour to distract the person by being friendly and suggesting tasks for the person which they liked doing. However, without a comprehensive risk assessment in place there was a risk to the safety of the person and other people in the home due to the behaviour not being managed appropriately. The registered manager said this would be followed up.

The registered manager told us that sufficient staffing levels were in place to keep people safe as a dependency tool was used to ensure the level of staffing met people's safety needs. The dependency tool had a calculator of how many hours were needed depending on the needs of people. People and staff said that there were enough staff on duty to ensure people were always safe. The registered manager told us that sufficient staffing levels were in place to keep people safe as a dependency tool was used to ensure this was the case. The dependency tool had a calculator of how many hours were needed depending on the needs of people.

Staff said that there were times when there were very busy periods and when attending to the four or five people that needed the assistance of two staff to meet their needs. This meant that if both care staff on duty were assisting with one person and the only other staff member on duty on the floor, the senior care staff was carrying out their duties such as giving people their medicines, no care staff were present in lounges.

Staff said they tried to ensure constant supervision of lounges where people sat. We observed lounge areas during the inspection. We found that most the time staff had been present to ensure people were safe. However, we saw one person standing and looking unsteady as they moved across a lounge area to another seat. They did not use their zimmer frame to help them negotiate this move. No staff were present to notice this and support and encourage the person to move safely. In accident records, a person at risk of falls had fallen frequently in December 2017. Staff reported to us that the person frequently tried to stand up, when they were at risk of falling. We were told that there were two people in particular had a risk of falling. This indicated that staff had not been routinely present to protect people's safety.

One person said more staff were needed as they said that people regularly had to wait for up to 30 minutes

to go to or come off the toilet. The registered manager said this issue would be followed up.

Records of accidents and incidents showed that there was a section on forms for the analysis of falls people had for that month. However, there was no analysis in place to see if such incidents could be prevented by, for example, increased staff monitoring or the use of relevant equipment. For example, an incident in December 2017 did not give any reasons why the incident occurred and whether anything else could have been done to prevent this in the future. This meant that information was not in place to ensure that lessons were learned and shared with staff to prevent such incidents in the future.

A health and safety audit had been completed in August 2017. This concluded that safety issues needed to be attended to. This included tripping hazards, an uneven path leading to the front door, not complying with fire standards, and a check on call bells to ensure they were working properly. The registered manager had emailed the provider about these issues in December 2017 and a response from the provider was still awaited. After the inspection visit, we were provided with confirmation that issues either had been or were in the process of being addressed. However, this showed that safety features had not been shown to be in place since the audit in August 2017 to this inspection visit, nearly 5 months later.

Fire records showed that fire drills had taken place regularly. Regular fire tests such as testing fire bells and emergency lighting had been carried out. A fire risk assessment was in place. The fire action plan stated that staffing levels at night may not be sufficient to assist people to evacuate. Personal evacuation procedures were in place to ensure the risks to people were individually assessed. However, this showed that 13 out of the 17 people accommodated were assessed as having high dependency needs in evacuation. There was no detailed assessment as to how people would be evacuated in an emergency. The registered manager stated that this issue would be followed up with the provider and sent us information after the inspection visit which stated this issue had been actioned.

These issues were was in breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care. You can see what we have told the provider to do at the end of this report.

People said that they felt safe and happy living in the home. One person said, "I live here and I think it's great." Another person told us they, "Felt a lot happier since I've been here. I like it a lot here." A relative said that they felt their family member was safe and happy because the staff had got to know them so well.

No one said that they had ever been bullied by either staff or other people. However, two people said some staff occasionally got angry. The registered manager said this issue would be followed up and closely monitored as it was unacceptable for staff to display this behaviour towards people.

We saw a person being transferred from one chair to another by a hoist. This was carried out carefully and with dignity. Staff told us they had moving and handling training to be able to assist people safely. We checked this was the case. This showed that staff had been trained to use the hoist safely.

Staff were aware of issues appeared to understand the help that was needed to maintain safety and wellbeing and this was provided when they noticed people needed help. For example, staff told us that checked that the home had no slip and trip risks, they checked equipment before it was used, such as whether the hoist was safe to use, the right size sling was used for people and that hoist batteries were working. Staff said they were aware of ensuring that people had painkilling medicine when they needed this.

We saw evidence that equipment and appliances had been serviced such as the hoist, the lift and electrical

appliances.

Staff records showed that before new members of staff were allowed to start, there was evidence in place that management took up references with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. This meant people had been protected from unsuitable staff.

Fire records showed that fire drills had taken place regularly. Regular fire tests such as testing fire bells and emergency lighting had been carried out.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the management did not deal with them on their own. The whistleblowing policy contained information about reporting any concerns to CQC and to the local authority.

Staff told us they had never witnessed any abuse towards people living in the service. We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it to the management of the home, but some staff were uncertain how to report this to relevant external agencies if needed. The registered manager said this would be followed up with staff so that they were aware of all relevant outside agencies to report to if needed.

The home was clean and tidy. People commented that this was always the case. Infection control procedures were observed. Staff wore aprons and gloves when they provided care. Other staff wore protective equipment when they went into the kitchen to ensure that food hygiene was maintained. Evidence was in place that staff had received infection control training. A staff member wore protective equipment when medicines were issued to ensure that medicine was not contaminated, which prevented infections being passed to people. Infection control audits had been carried out which included relevant issues such as ensuring proper hand hygiene and checking the cleanliness of hand washing facilities.

However, despite a sign on the kitchen door stating "kitchen staff only", a maintenance person entered the kitchen to make drinks without wearing suitable protective equipment. Their trousers and boots were not clean and they were not challenged about this practice. This showed that good infection prevention procedures were not always in place to protect people from infection. The registered manager said this issue would be followed up.

People said that they receive their medications on time. The staff members supplying medicines to people had a gentle approach when encouraging people to take their medicine and stayed with people until they had taken it. Medicine records showed that people received their medicine as prescribed. Medicines were securely locked with medicine keys held by the person in charge. Medicine trolleys were kept securely. Medicines information included detailed information such as allergies so that people were not supplied with medicine they were allergic to. The treatment room and fridge temperatures had been checked daily to ensure medicines were kept at the right temperature to ensure their effectiveness.

A staff member was aware that liquid medicines needed to be labelled with their date of opening to ensure they were not administered past their expiration date. We saw this in place. Only senior staff could supply medicine to people. They had detailed training and records showed that they had to pass a detailed assessment before they could supply medicine to people.

Records showed that a medicine error had occurred. Medical services were called and the staff member received additional training to ensure this did not occur again. This showed that lessons had been learnt with regard to safe supply of medicines to people.

People said that their human rights were respected. They had freedom of movement around the home and were encouraged to maintain contact with family and friends.

Good

# Is the service effective?

## Our findings

People at Kidsley Grange spoke very highly of staff and said they knew what they were doing.

People's care plans included detailed assessments of their needs. People were supported to achieve outcomes they wanted which were associated with leading as independent lives as they wanted. People told us that their needs were met and their choices were respected. Assessments we saw included relevant details of the support people needed, such as information relating to their mobility and personal care needs.

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff were aware of people's ethnicity and cultural identity. They supported with those aspects of their lives by staff who were fully conversant with their responsibilities and who understood people's rights.

People said that the staff were trained and knew what they were doing when providing personal care to them.

Staff said that the training they had received had been, in the main, effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "Some training has been good. Like the hoist training which means I can move people properly and safely." There were comments in the staff survey that some training had not been effective, as it had not been detailed, such as end-of-life training and training on Parkinson's disease. The registered manager said training was being reviewed by the company training officer so that it supplied staff with more knowledge and skills.

Staff training information showed that staff had training in relevant issues such as medicines administration, health and safety and dealing with behaviour that challenged the service. Staff had been provided with information about people's health conditions such as dementia and swallowing issues. However, other training on people's health conditions such as stroke, epilepsy and diabetes had not been provided. The registered manager stated this would be reviewed to ensure staff had the proper knowledge to be able to effectively meet people's needs.

Staff had undertaken induction training and Care Certificate induction training. This covered essential personal care issues and is nationally recognised as providing comprehensive training. To achieve the certificate care workers must successfully complete 15 training modules by demonstrating that that they have the right skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We saw staff assisting a person using a hoist. Throughout the manoeuvre the staff explained what they were doing and frequently reassured the person. Staff told us that they started work, they shadowed a more experienced member of staff for a minimum of five days, so that they understood how to effectively meet people's needs.

We saw that staff had supervision sessions to discuss their work and any issues they had. One staff member said, "We cover things such as any problems that I have and whether I need more training in certain things." The supervision matrix showed that the registered manager had planned frequent supervision for staff.

People said that they enjoyed the home's food. One person said, "Food is good. I have no complaints." Another person said the food was "Brilliant. " We saw that drinks were available at all times and people were offered more drinks between drinks rounds. This prevented people suffering from dehydration. Crockery had a coloured edging so people could differentiate between plates and bowls and tablecloths.

We observed the midday meal. Staff chatted to people. People who needed assistance were provided with this. A staff member asked a person if they could put a tabard on them to prevent food getting on their clothes. This was carried out gently. People were asked if they wanted any more food. A staff member told us that a person loved cheese dishes and they were provided with this choice when they requested this. We saw this had been provided. Another person was informed that they had a chicken meal as requested. Other people also had a choice of food. They were presented with two small plates with samples of the two choices of food available at lunchtime. They looked at the plates and decided which food they wanted. They also had this choice for drinks and desserts. You Individual needs were also catered for by adding or removing food that people did not want to eat.

There were scheduled meal times, but within these there was scope for catering for individual wishes. For example, we found that people could eat at times that suited them. Staff were aware of people's nutritional needs. For example, they knew people's dietary needs, such as the need to have soft food to prevent swallowing difficulties. There was information about people's nutritional needs in the kitchen to remind staff of the appropriate fees to provide.

People explained that when a doctor or optician was needed, this was always arranged for them. They told us their health needs were met. Staff ensured that people with specialist needs received their specialist check-ups with health professionals. A staff member said, "If someone is not well we report this to the office and then they get the nurse or doctor to come and see them."

We saw in people's records that their health needs were met. Each person had a clear list of all the health professionals. This contained detail about a variety of relevant health appointments people that people had attended. For example, there was evidence of people seeing the optician or dentist.

The premises were accessible to people. The registered manager said that pictures of people's choice were to be installed on people's bedroom doors to give people direction as to where their bedrooms were. Staff wore prominent name badges to remind people who they were. There was a menu displayed to show people what food available for them to choose. Bedroom doors looked like front doors, which gave people a sense of their own homes. Corridors were being re-carpeted during the inspection visit. The registered manager said that they would be redecorated in the next few months. There would be consideration of creating themed corridors, such as having local history pictures, to provide interest and stimulation for people, particularly people living with dementia.

Staff told us that the path leading to the front door was uneven and did not give people effective access. The registered manager said this was being attended to at the same time as the new conservatory being built in the next few months.

Not all staff were aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The MCA is a law providing a

system of assessment and decision making to protect people who do not have capacity to give consent themselves. The DoLS are a law that requires assessment and approval to ensure that any restrictions are in people's best interests, to keep them safe. The registered manager said staff would be reminded of mental capacity issues they needed to be aware of, as they had already received this training.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. There was evidence that people's mental capacity being assessed to ensure that people's capacity had been taken account of. Applications had been made to the relevant authority with regard to restricting people's choices in their own best interests. The registered manager said people were encouraged to independently do things for themselves even if they lacked capacity. This showed that the effective care was being provided to people in their best interests, even if they had limitations on their ability to decide all aspects of their lifestyle.

We asked staff about how they ensured people consented to the care when they provided care to people. They said that they talked with them, and asked for their consent before supplying personal care. We observed this, in the main, to be the case when staff provided care to people. This showed us that staff were aware that they needed to check with people as to whether or not they wanted to receive care.

Good

# Is the service caring?

## Our findings

All the people, except one person who said some staff were not patient when they were under pressure, at Kidsley Grange told us they felt listened to and that staff were friendly and supportive and caring towards them. One person said, "If I have a problem they're there." One person commented that they were so happy and well cared for that they, "Wouldn't leave here to live with family."

When people showed signs of anxiety, when present, staff and management were quick to reassure them. Staff chatted to people and had a joke with them. People were called by their first names. One person said that when some staff were frustrated they started shouting. The registered manager said she was surprised by this comment as people had always been positive about staff as shown in staff surveys. She said she would actively monitor this issue closely. Staff told us that they often did not always have time to spend with people as there were a lot of other tasks to attend to. The registered manager said this would be monitored.

There was also positive evidence in questionnaires provided to people about staff promoting their privacy, dignity and independence. This covered issues such as their views on the care they received and whether staff had respected their rights. However, on three occasions, we found staff had not respected people's privacy by walking into their bedrooms without knocking and one staff member being negative about a person in front of other people.

People's care plans showed that they, or their relatives, were involved in decisions about how they wanted to live their lives. There were residents and relative meetings to give people and relatives an opportunity to put forward their views on the running of the service. Questionnaires were provided to people and their relatives so they could again express their views on how they wanted the home to be run.

People told us that they exercised choice about important things in their lives. For example, what clothes they wanted to wear and what time they wanted to get up and go to bed. There were no set rules. They could choose their own lifestyle such as when to get up and when to go to bed, whether they took part in activities and they were able to go out when they wanted. Care plans indicated people's choices for their name they preferred to be called by. These issues showed that staff respected people's choices of lifestyle.

People told us that staff tried to maintain peoples' independence as much as possible, for example by encouraging people to wash themselves where they could manage. Care plans supported this. One care plan stated, "I will wash and dress independently." This showed that people's independence had been promoted rather than staff intervening early and not allowing time for the person try to complete this task.

One person came from another cultural background and felt their needs were respected and catered for. A relative told us that staff were very good at helping to maintain her family member's religious beliefs. They ensured their family member was ready at the right time to go to religious meetings. One care plan stated, "I enjoy… being allowed the time to fulfil my religious beliefs." We saw that the person was able to do this. Staff were aware of a person's needs in this respect.

There were many instances of staff being compassionate, kind and caring in our observations. However, there were a small number of observations where some staff members appeared to tell people what to do rather than encourage them. For example, a person was told to swallow their medicine rather than encouraged to do this and to "come out" of a room. The registered manager said this would be followed up with the staff members concerned.

These issues showed that staff, in the main, were caring, supportive and friendly to people and respected their rights.

Good

# Is the service responsive?

## Our findings

People were very complimentary about the personal care they received. They said it was personal to them.

When staff were present they responded to people's needs. For example, a person wanted to speak to their relative and this was organised by staff and the telephone brought to the person. A staff member noticed that a person was not eating their meal. They sat down and encouraged them to eat. Staff went to assist people when they called out for help. A staff member explained that a person had an agreed move from a first-floor to a ground floor bedroom so that they could have more social interaction with other people. Staff supplied a person with a regular alcoholic drink that they enjoyed which followed their wishes set out in their care plan.

A risk assessment was in place for a person that was risk of developing pressure sores. Staff encouraged the person to get out of bed to relief pressure on their skin. If they were in bed there were regular checks and repositioning. Creams were supplied to treat the affected areas. The district nurse came in regularly to change the person's dressings. They received appropriate treatment to prevent pressure sores developing.

Care plans contain valuable information to respond to people's needs. For example, making sure people had their glasses on and ensuring that their glasses and dentures were cleaned. Records showed that personal care had been provided such as people having a regular wash, keeping their nails clean and having a change of bed sheets.

Care plans had included of detail about people and their preferred lifestyles. For example, about their personal histories, their likes and dislikes and what activities they wanted to do, treasured memories and important stories from their lives. This gave staff information about how to support people and to help them to achieve what they wanted.

When we spoke with staff about people's needs, they were familiar with them as they were able to provide information about people as individuals. There was also information in plans about meeting people's communication needs in terms of assisting people with getting regular sight checks.

Care plans had been reviewed to ensure they still met people's needs. There was evidence that people/their relatives had been involved in reviews of their care. This ensured that staff could properly respond to people's changing needs. Daily records recorded relevant issues to people's lives in detail. This meant that relevant information was available to staff about how to provide personal care and support to people. But was the information being used by staff?

Staff told us that the registered manager asked them to read care plans. They said that information about people's changing needs had been communicated to them through handover of information between staff shifts and recorded in people's care plans. However, there was a comment from the staff member in a staff survey that there was a lack of information in handovers. The registered manager said this issue would be reviewed.

The registered manager told us the activities coordinator has recently left and that the new one will be joining shortly. In the meantime, one staff member had been spending some time on one day per week with the people doing one to one activities. We saw this during the inspection where people were having their nails painted.

People told us they were provided with activities they were interested in such as crafts and, sing a longs. There was also evidence of other activities such as baking, cake decorating, making cards and trips out. We saw staff dancing with a person during the music session, which the person appeared to enjoy.

The home was decorated for Christmas in a bright and colourful way which gave a homely atmosphere. Books and games and a computer were available for people to use if they wanted. We saw that people were able to go out into the community on their own to pursue their own interests.
The registered manager stated that the activities organiser would be attending specialist training on providing activities for people living with dementia if needed. They also explained that a secure garden would be provided in the near future for people who did not have capacity to go out on their own.

The registered manager was aware of the new accessible information requirement. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given .They said that work would be done to comprehensively carry this out in the short term.

Only one person told us that they had made a complaint and they had spoken about in with the registered manager. They felt that their complaint had been handled appropriately as it had been followed up and acted upon. Other people and relatives were aware of how to make a complaint. They felt confident that any complaint would be taken seriously and would be acted upon appropriately by the registered manager.

We looked at the complaints book. A small number of complaints had been received for the previous 12 months. These had been investigated, a response had been provided to the complainant and action had been taken to deal with the issues.

There was information in the complaints procedure that if a complaint had been made this would be properly investigated with proper action taken if any issues were identified. This information provided reassurance that the service responded to concerns and complaints. However, it implied that CQC would investigate if they did not think their complaint had been investigated properly. CQC are not the appropriate body to investigate or respond to specific complaints about care providers. There was an explanation of the role of the ombudsman, which people could go to if they did not think the local authority had properly investigated their complaint. After the inspection, the registered manager sent us an amended procedure, which explained the role of CQC. People were directed to the local authority, the proper complaints authority and the local government ombudsman.

No one was receiving end of life care at the time of the inspection visit. Some staff had received training on how to provide care for people in the last days of their life.

Requires Improvement

# Is the service well-led?

## Our findings

The home was not comprehensively well led.

There was a system in place to ensure quality was monitored and assessed within the service. This included the monthly quality assurance assessment carried out by the registered manager. In December 2017 this included health and safety issues identified in the health and safety audit of August 2017. This included issues such as tripping hazards, fire issues window restrictors needing replacement and an asbestos report was required. There was no evidence that these issues had been actioned. After the inspection visit, the registered manager sent us information which indicated action had been taken on these issues, though action had not been speedily carried out by the provider after issues had been identified.

An assessment of people's dependency needs was carried out to indicate what staffing levels needed to be in place to meet people's needs.

All the people we spoke with, except one, said they would recommend the home to family and friends.

One person said, "There's always somebody here to make sure nothing goes wrong." Another person told us, "They like to make us happy." Both relatives said that the home was well led and well managed. One relative said, "One of the best care homes." Both relatives said they would recommend the home to family and friends.

This was supported by the large number of positive interactions we saw between staff and management and people living in the home.

The home had a registered manager, which is a condition of registration.
Information was available which clarified governance duties and responsibility for management and staff. This ensured that all staff were clear as to what their responsibilities were.

People and relatives received satisfaction questionnaires asking them about the quality of care, any worries and any ideas. Residents and relatives meetings also took place. This showed that people were, in the main, satisfied with how the home was led and managed. There were some suggestions put forward such as having more staff, so that more time can be spent with people. A response had been given by the registered manager.

Staff told us that the registered manager and deputy manager were always available to speak with them at any time to help them. One staff member said, "She [registered manager] is always there to help us if we need it." Another staff member told us, "I have no concerns about the manager or the deputy manager. We can go to them and get good advice at any time."

Staff said they could approach the registered manager about any concerns or ideas they had to improve people's care. They felt their opinions were properly listened to and they had received useful advice on how

to deal with situations relating to people's needs.

Staff said there had been staff meetings where issues were discussed including changes in people's care and health and safety procedures. A staff member said that staff had suggested changes to the outside space to make it safer for people. They were told this was going to be acted on. This showed us that staff had a voice in organising the home to the benefit of people living there.

During the visit we observed that the registered manager and staff members were knowledgeable about the people that used the service. The registered manager described trying to make sure that the overall culture of the service was to make sure that people were treated properly, with respect, ensuring their welfare and giving them choices.

Staff members told us that the registered manager always expected staff to be friendly and approachable and treat people with dignity and respect. They said they would recommend the home to relatives and friends. One staff member said staff tried to make the home like people's own homes. They said, "If they want to put their feet on the sofa, why not."

The registered manager understood the legal obligations including the conditions of their registration. This included ensuring there was a system in place for notifying the Care Quality Commission of serious incidents involving people using the service.

There was a system in place to ensure quality was monitored and assessed within the service. This included the monthly quality assurance assessment carried out by the registered manager. In December 2017 this included health and safety issues identified in the health and safety audit of August 2017. This included issues such as tripping hazards, fire issues window restrictors needing replacement and an asbestos report was required. The registered manager sent us information which indicated action had been taken on these issues.

There were also audits rather relevant issues such medicine audits, checking that mealtimes were a positive experience for people, ensuring kitchen hygiene systems were in place, planning for people's care, and maintenance issues. A night check audit was in place to check that night staff were carrying out their duties and ensuring the home was secure and kept in a clean and tidy condition.

People, their relatives, staff and professionals had been supplied with surveys to comment on the quality of the services. Relatives had commented that they needed to be a safer front path and a smoking shelter outside for people who like to smoke. The registered manager said it was planned to install these facilities in the near future. After the inspection we were sent a copy of a satisfaction survey completed by an outside professional from the Dementia Rapid Response Team which stated that staff were quick to respond to a person's changing needs by requesting outside professional support. It went on to state that staff had access to the skills, knowledge and experience of the team to deliver effective care and support, provided personalised care responsive to people's needs and worked in partnership with other agencies.

One staff member commented in their survey, "Well done to [the registered manager] for settling in so well and making it easy to have frank discussions about our concerns." A professional, in their survey, stated, "Staff were found to be "open and honest. They work very well with our team, resulting in the issues being resolved." This indicated a well led service.

Having quality assurance systems in place protects the welfare of people living in the service and indicated a well led home.

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 | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The service had not comprehensively kept people safe. Risk assessments to promote people's safety were not in place or control measures were not detailed enough. Staff supervision was not comprehensive to keep people safe. Evidence was not in place that lessons had been learned from incidents to prevent these happening in the future. Health and safety systems issues were not comprehensively and speedily followed up to protect people from incidents. |