

Elysium Care Limited

Stockton Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 26 March and 12 April 2018 and the first day was unannounced.

This was the service's first inspection since it had been taken over by this provider.

Stockton Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service accommodates 48 people in one purpose built building. At the time of our inspection there were 33 people using the service.

There was no registered manager in place at the time of our inspection. 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. The provider had appointed an acting manager on a part time, temporary basis and was in the process of recruiting a permanent manager. Following the inspection we received confirmation that the successful candidate had accepted the post and would begin the registration process as soon as possible.

Medicines were stored in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). Staff responsible for administering medicine had received appropriate training.

We found MARs were fully completed, contained required entries and were signed to confirm administration. Controlled drugs were stored securely and stock counts were accurate. We found a number of stock discrepancies in other medicines and as a result of the findings daily stock checks were introduced. Guidance for staff was not in place for all medicines prescribed 'as required'.

There was a business contingency plan in place that covered a variety of situations including keeping a correct temperature within the home. One of the boilers within the service had recently failed however room temperatures were not checked or recorded. This meant the provider had not taken steps to ensure the temporary solution of using portable heaters had been effective in maintaining a safe and comfortable temperature for the people.

The records of one person who required regular checks due to a pressure area showed that necessary positional changes had been missed. On one occasion there was a 14 hour gap instead of the recommended four hours. As a result of these findings a safeguarding alert was raised with the local authority and an internal investigation was to be undertaken.

People and their relatives told us they felt safe living at Stockton Lodge. Policies and procedures were in

place to safeguard people from abuse. People were protected from discrimination, particularly in relation to protected characteristics under the Equality Act.

Fire evacuation training had been conducted by an external trainer but in-house fire drills were not conducted in line with the provider's statement of purpose, policies and procedures.

Observations during the two days of inspection and people's comments indicated there was a sufficient number of staff on duty to care for people safely. However, the way people's dependency levels were calculated was not very precise. The provider was planning to develop a new method for setting staffing levels.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

Care records contained detailed risk assessments. People had individual personal emergency evacuation plans in place. Accidents and incidents were recorded and analysed monthly to look for patterns or trends. Regular maintenance checks and repairs were carried out and all areas of the service were clean and tidy.

We saw in one person's records they had lost a significant amount of weight in recent months. A dietician referral had been made but this contained some inaccurate information and had not been followed up in a timely manner. This person's nutrition care plan did not accurately reflect their current dietary needs.

People spoke very positively about the food they received. There was a relaxed atmosphere at mealtime and we also observed drinks and snacks being served throughout the day.

Training records confirmed that all essential training was up to date. Staff were also supported with regular supervisions and appraisals.

There were some adaptations around the building to assist people with dementia to find their way around and retain their independence but this could be improved and the provider planned to address this in future refurbishment.

People were supported to maintain their health and wellbeing. People's care records contained evidence of visits and advice from a variety of health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We observed staff treating people with kindness and compassion. People and their relatives were happy with the care being delivered. Staff treated people with dignity and respect and in a way that supported and encouraged independence.

At the time of our inspection nobody at the service was using an advocate but procedures were in place to support people to access advocacy services where needed. Advocates help to ensure that people's views and preferences are heard.

People told us they were treated as individuals and felt able to make choices for themselves. People's religious and spiritual needs were assessed and people were supported to continue practising their religion should they wish.

A daily meeting took place between the deputy manager and the 'heads of department' to try to ensure good communication between all staff at the service.

Records indicated people were involved in the planning and review of their care if they wished to be. Some care plans contained a good level of person centred information so staff were aware of life history, likes and preferences. Other care plans needed more of this information.

At the time of our inspection one person was receiving end of life care but had no specific end of life care plan in place.

There was a varied programme of activities and we saw a group of people engaged in bingo and singing in the main lounge area. Some people were also supported to engage in individual hobbies such as wool craft. People were happy with the activities on offer within the home. However, some people said they would like the opportunity to go out more.

Complaints had been handled in line with the provider's policy and staff knew how to support people to make a complaint.

A programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found. Records relating to the care and treatment of people were not always complete, up to date or accurate.

Feedback was sought from people using the service and their relatives. Staff meetings were held monthly and a recent staff survey contained no negative feedback.

During the inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

This is the first time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

There were some discrepancies in medicine stocks and protocols were not in place for all 'as required' medicines.

Regular positional changes were not carried out on a person with a pressure area.

Fire equipment was regularly tested and evacuation training had been undertaken. However, in-house drills were not undertaken in line with the provider's policy.

Staff levels were appropriate to safely meet people's care needs. Safe recruitment procedures were followed.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were offered a number of options from a varied menu in order to meet their nutritional needs. However, weight loss was not always adequately addressed.

Staff had received all essential training and were supported by a programme of supervisions and appraisal.

The service was working within the principles of the MCA. DoLS authorisations were appropriately applied for and any conditions met.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Whilst we found the staff team kind and caring in their approach to supporting people, the provider was not ensuring the service was caring overall.

People were treated with dignity and their privacy was protected.

Requires Improvement ●

Staff encouraged and supported people to be as independent as possible.

Is the service responsive?

The service was not always responsive.

People did not always have end of life care plans in place to ensure their needs were met and their wishes were observed.

Some care plans contained detailed personal information. Other care plans needed more of this information and some contained inaccurate details.

There were a variety of activities taking place within the service although some people told us they would like to go out more.

Complaints were handled in line with the provider's complaints policy.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

A programme of audits was undertaken but this was not always effective and had not picked up all of the issues we found.

Records relating to the care and treatment of people were not always complete, up to date or accurate.

Feedback was sought from people using the service and their relatives.

Staff feedback was also sought through an annual survey and at regular staff meetings.

Requires Improvement ●

Stockton Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 March and 12 April 2018 and the first day was unannounced.

The inspection team consisted of two adult social care inspectors and one 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.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service and observing staff interactions. We spoke with 11 people who used the service and four relatives. We spoke with several members of the staff team including the manager, deputy manager, assistant manager, operations manager, administrator, seven care staff, the cook, a laundry assistant, a cleaner and the maintenance person. We also spoke with two visiting health professionals.

We reviewed five people's care records and four staff files including recruitment, supervision and training information. We reviewed medicine administration records for people as well as records relating to the management of the service.

Is the service safe?

Our findings

We looked at how risks to people's safety in the event of a fire were managed. The provider had a fire risk assessment, fire evacuation procedures and a fire drill policy in place. People who used the service had personal emergency evacuation plans (PEEPs) in place. On the first day of our inspection some of the information in people's PEEPs was inaccurate. We pointed this out to the acting manager and when we returned for the second day we saw the necessary changes had been made.

Fire evacuation training had been conducted by an external trainer and 29 out of 33 staff had attended this in the previous 12 months.

Staff told us they had regular fire drills but there seemed to be some confusion between drills and alarm tests. One member of staff told us, "We have fire drills every week, they test the alarm. They are when we go to the panel at the front of the house." Another member of staff said, "We have the fire alarms set off every week. Every couple of weeks we all go down to the front door. We have left the building before but not very often. We'd know what to do."

We looked at fire drill records and found that drills were not conducted in line with the provider's statement of purpose, policies and procedures. For example the provider's statement of purpose said "a full fire drill is conducted monthly which involves evacuation of the home." Seven in-house fire drills had taken place in the last twelve months. Records we looked at showed that no evacuation practice was carried out as part of these drills and the provider confirmed this was the case.

There was a business contingency plan in place that covered a variety of situations such as loss of gas, electricity or water, flood and staff unable to attend work. Keeping correct temperature within the home was a specific task within the winter contingency plan. This stated that staff were to ensure rooms were kept warm. The recommended temperature was 21 degrees Celsius and the plan stated that checks were to be completed on a daily basis.

Maintenance records for March stated that on 23 March 2018 boiler number one had no power and there was no heating in the home. An entry on 29 March 2018 stated new parts had been fitted and the boilers were both "now working ok." We asked the provider whether the home had in fact been without heating for a six day period and were told as only one boiler was out of service there had still been heating in the home. They did confirm that the loss of one boiler had meant a small reduction in the overall temperature of the home and staff had been advised to ensure additional blankets and/or heaters were available for anyone who needed them until the engineer was able to obtain the necessary new part for the boiler. The lower temperature was also noted in the certificate of inspection provided by the heating engineer. The reason given for the out of hours call was "boilers not getting up to temperature, some rooms around the home are cold."

We requested the room temperature records for this time period but the provider informed us that they did not record room temperatures at that time. This meant the provider was not following the guidelines set out

in their contingency plan and had not taken steps to ensure the temporary solution of using portable heaters had been effective in maintaining a safe and comfortable temperature for the people using the service.

We looked at the records of one person on end of life care and nursed in bed. The person required regular positional changes as part of their care, and records showed that these had not always been completed as required. Documentation of positional change charts indicated three consecutive positional changes had been missed on 30 March 2018 and two consecutive positional changes had been missed on 10 April 2018. On one occasion when they should have been repositioned every four hours there was a 14 hour period in which no positional changes were recorded. The person had a pressure sore and was receiving input from the district nursing team. We spoke with the deputy manager about this and advised them to raise a safeguarding alert and investigate.

Following our visit we were told that some checks had been done on the person during the gaps in positional change charts. These were recorded on continence and fluid charts. Although this was evidence of staff checking and interacting with the person it did not provide evidence that they were left in a different position to minimise further skin damage.

We looked at the way medicines were administered, stored and managed. Controlled drugs were stored securely. Controlled drugs are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management. The provider's medicines policy stated that stock checks of controlled drugs must be carried out at a minimum weekly. We checked the controlled drugs register and found that stock checks were only taking place once a month. We spoke with a senior member of staff who told us more frequent checks would be introduced.

We looked at people's medicine administration records (MAR) and checked medicine stock. Each MAR had a front sheet containing a photograph of the person. Any allergies were also identified on this front sheet. We found MARs were fully completed, contained required entries and were signed to confirm administration. When we checked stock levels against the figures recorded on the MARs we found a number of discrepancies. One person had one more Warfarin tablet than records stated should be present. This indicated a dose had been missed but monthly checks had not identified this error and it was therefore not possible to identify when this may have occurred. Following feedback on the first day of our inspection daily stock checks were introduced and we will assess the impact of this at our next inspection.

Some medicines were prescribed to be taken 'as required' and there were protocols in place for some of these to inform staff what the medicine was to be used for and when it would be appropriate to administer it. We found that these were not in place for every 'as required' medicine.

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

Medicines were stored in a locked treatment room. This space contained two lockable medicines trollies, a fridge for storing medicines that required refrigeration and lockable cupboards for the storage of stock that did not fit on the trolley. The room was clean and well organised. Temperatures of the room and fridge were taken daily to ensure that medicines were stored in line with guidance issued by the National Institute for Health and Clinical Excellence (NICE).

All staff responsible for administering medicine had received appropriate training and were also observed by management to ensure their competency.

People told us they felt safe living at Stockton Lodge. One person said, "Yes, I'm safe in every way. I used to fall a lot before coming here, especially at hospital but here there is always enough staff available to hear me." Another person said "Yes, I have no reason to feel unsafe and I haven't found any difficulty in getting staff."

A relative told us, "I know [family member] is safe when I leave which is a weight off my mind, a big weight off my mind. The [staff] check on her at least every hour."

Policies and procedures were in place to safeguard people from abuse. Staff had received safeguarding training and there was a safeguarding policy in place that provided guidance on the types of abuse that can occur in care settings and how staff could report them. The provider also had a whistleblowing policy in place. Whistleblowing is when a person tells someone they have concerns about the service they work for. These policies were kept in the manager's office and accessible to staff to refer to if necessary.

Staff said they would not hesitate to report any safeguarding concerns. One member of staff told us, "I would definitely raise any concerns I had." Another member of staff said, "If I saw anything I'd go to the senior, then the manager. If I still wasn't happy I'd whistleblow." A third member of staff said, "I'd go to a senior with any concerns. I'd take it higher if needed. I have done it."

We looked at how people were protected from discrimination, particularly in relation to protected characteristics under the Equality Act. These characteristics are age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. We saw that the provider had an up to date Equality and Diversity policy and procedure that set out in great detail their goals as both an employer and service provider. Within the document they define equal opportunity as "about treating people fairly and equally regardless of who they are, their background, culture, colour or their lifestyle." The staff we spoke with confirmed they provided care in this way. A member of staff told us one person who used the service had a protected characteristic. The member of staff said, "[They] were very nervous about it at first but we put [them] at ease. There's no judgment here."

Individual risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. Risk assessments included falls, use of stand aid equipment, maintaining a safe environment and choking.

The provider monitored staffing levels and based them on the assessed level of support people needed. However, records showed that these assessments were limited. People were assessed as being either 'low', 'medium' or 'high' dependency based on any underlying health conditions or care needs they had. We saw that the assessments did not factor in situations where people had more than one health or care need, which meant the time needed to support them was not accurately assessed. The method also lacked any calculation of social or activity time that staff spent with people. We spoke with the deputy manager about this, who said the local authority was working with them to develop a new method for setting staffing levels.

One person told us "Yes, there are enough staff. As you can see there is always someone around." One relative said "You could always have more staff. However, there always seems to be enough staff on call when I visit." Staff told us the provider had enough staff to support people safely. One member of staff said, "There are enough staff. Though we do have days that are busy we always get everything done. We always make sure people are safe and secure, and sickness and holiday gets covered." Another member of staff told us, "Most of the time we have enough staff, and it has improved over the last year. It can be short if people phone in sick but you can't always help that. They cover holidays and do try to cover sickness."

The provider's recruitment procedures minimised the risk of unsuitable staff being employed. Applicants were required to complete an application form setting out their employment history, and records of job interviews showed that any gaps were explored. Proof of identity and written references were sought, and a Disclosure and Barring Service (DBS) check carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and adults.

We looked at the infection control procedures in place. We observed staff wearing aprons whilst giving people personal care and during meal times to minimise the risk of cross-infection. There were gloves and aprons available in many areas around the service. The building was in need of redecoration but people's bedrooms were clean and tidy and there were no unpleasant odours in bedrooms or communal areas. We observed cleaners working throughout the day. On the first day of our inspection we highlighted some areas where there were cross contamination risks and these had been addressed when we returned for the second day. The kitchen had been awarded a five star hygiene rating following the most recent environmental health inspection and was seen to be well organised, clean and tidy. One person told us, "It's always clean and tidy everywhere and there are no giveaway nasty smells anywhere."

Regular maintenance checks, servicing and repairs were carried out. These included daily, weekly, quarterly, and annual checks of the premises and equipment, such as fire equipment, water temperatures, wheelchairs and hoists. Other required inspections such as gas safety and electrical hardwiring had also been done.

Accidents and incidents were recorded accurately and analysed monthly in relation to person involved, date, time and location to look for trends. Where patterns were identified action was taken such as referral to the falls team.

Is the service effective?

Our findings

We saw in one person's records they had lost a significant amount of weight in recent months. A dietician referral had been made and followed up but there had been a large fluctuation in the person's weight and the referral was only followed up after five weeks. When no response was received it was a further five weeks before this was followed up again. A telephone consultation with a dietician was eventually scheduled 16 weeks after the initial referral. We saw that on one of the documents sent to the dietician the person's malnutrition universal screening tool (MUST) score was incorrect. This meant the level of risk was not correctly conveyed in the referral. MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese.

This person's nutrition care plan did not accurately reflect their current dietary needs. Reviews had been undertaken which stated the person continued to have a healthy balanced diet but from checking daily food charts and observations during our inspection we saw this was not the case. We were told the person was receiving a fortified diet but their name was not on the list in the kitchen that identified people who required this. Kitchen staff confirmed they had not been told this person required fortified meals. We asked a member of staff who was giving out fortified drinks during the day who should be offered them and they did not include this person in their reply.

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

The deputy manager told us they had contacted the dietician in order to establish a way to accurately calculate a person's daily fluid requirements. They explained they had recognised the importance of having fluid intake targets that were tailored specifically to the needs of each individual. We saw the information received from the dietician and that this had been implemented in people's records. Fluid intake was being recorded and totalled but the forms were not always completed to say why a person had not met the recommended intake and there were no 'actions taken to improve intake' recorded.

There were four weekly menus in place and a wide variety of dishes were on offer. There was a picture menu board outside of the dining room so that people could easily see at a glance what the food options were for the next meal.

People spoke very positively about the food they received. Comments included, "I like breakfast best. It's beautifully prepared and there are plenty of drinks water, tea and juice ", "I like lamb and I know it's expensive so they sometimes do it specially and that makes us feel special as though we were in a really posh restaurant." And "I like the fact that they bring round fruit as well, as a healthier option."

We observed lunch. Tables were set with table cloths, floral decorations and condiments. Some smaller tables had been joined together to form one long table and staff told us this was so that a group of people could sit together at their request. We had spoken with one person earlier in the day and they told us this was the case. They had laughed as they told us that people didn't like it is they weren't able to get a seat at

the table with their friends. If a person didn't like what was on the menu they were offered alternatives and we saw these were brought straight away. Staff were attentive throughout mealtime asking people if they would like more to eat or drink. There was a relaxed and jolly atmosphere during the meal. No one was being rushed and everyone could eat at their own pace. Some people choosing to eat in the lounge and others were supported by staff to eat in their rooms. We also observed drinks and snacks being served throughout the day.

A comprehensive assessment of needs was completed before people started using the service. This process covered people's health and care needs along with any emotional and spiritual support needs.

People we spoke with told us they thought staff had received the necessary training to meet their needs. One person told us, "They always seem to be training but I think they are well trained anyway." Another person told us, "Oh they have to be well trained to work here. You know they must do lots of courses." A third person told us, "Of course They are well trained, if they weren't I wouldn't be here would I? They look out for you and don't need to be told about anything they just seem to know."

All mandatory training was up to date. Mandatory training is training the provider thinks is necessary to support people safely. This comprised first aid, manual handling, safeguarding, food hygiene and nutrition, health and safety, mental health and infection control. Further training courses had been delivered to ensure the needs of the people using the service could be appropriately met. This included dementia awareness, falls prevention and pressure care. Equality and Diversity training had also been undertaken to ensure people were cared for without discrimination and in a way that respected their differences.

Staff told us they were happy with the training they received. One member of staff told us, "Training is alright. We all got the option of online training and we do practical training in things like fire safety and first aid."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff signed supervision agreements when their employment began agreeing to participate fully in the supervision process. Records of meetings showed that staff were asked about their training and support needs and encouraged to raise any issues they had. Staff spoke positively about supervision and appraisal. One member of staff told us, "They're very open. You can be very honest about any problems" and gave an example of a specific issue they had raised that had been dealt with. Another member of staff said, "They always ask if you've got any problems and if you need any help."

We looked at the way the building had been adapted to meet the needs of the people using the service. There were handrails in corridors to help people who may need additional support to move around these areas. These had been painted in a bright contrasting colour so that they were clearly visible to people who may otherwise have difficulty seeing them. Some of the toilets had coloured seats. Toilet seats in colours that contrast with the toilet and with other nearby surfaces can help make these more visible and identifiable to people living with dementia. There was some signage around the building to assist people with dementia to find their way around independently but this could be improved. We discussed the environment with the provider and the recognised that further adaptation would make the service more dementia friendly. They confirmed that this would be included in the future renovations.

People were supported to maintain their health and wellbeing. The service had close links with healthcare professionals such as the Intensive Community Liaison Service (ICLS) who offer assessment and interventions for people who display behaviours that challenge. People's care records contained evidence

of visits and advice from a variety of professionals including district nurses, dentists and opticians. We spoke with two visiting health professionals who told us they found staff to be knowledgeable about the people they supported and confirmed they took on board any instruction or feedback. One health professional told us, "There has been an improvement recently. They [staff] seem to be working better as a team. They quiz me...asking questions about people's needs and I always think that's a positive thing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS applications had been made appropriately. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests.

Is the service caring?

Our findings

People and their relatives were happy with the care being delivered. One person said "The care is spot on." Another person told us, "They [staff] stop and listen when they are not too busy. If you're poorly they are there and if they can help they will help."

A relative told us, "I do believe the staff genuinely care, it's a lovely atmosphere here." A second relative said, "Everyone knows my name and says hi. They ask me if I want a job here, I'm here so often. I come here day and night and they make me a cuppa whenever I want" A third relative said, "Its exceptional care, they even go to the shops and deliver post for everyone. It's the little things that count in a lot of cases."

Staff spoke positively about the service and the care they provided. One member of staff told us, "I think it's a nice home. We get people saying they get a good vibe when they come in, it's nice and friendly." Another said, "I would put my own family in here. We have a great team."

Throughout our inspection we observed staff treating people with kindness and compassion. Staff were jolly and interacted in a friendly way both whilst delivering care to people and in general whilst they moved around the home.

We saw a number of thank you cards had been received from people who had used the service or their relatives. One card read, "Words are not enough to say thank you to all of you that made my recovery possible. You're all a bunch of angels."

At the time of our inspection nobody at the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The deputy manager told us about two people who were waiting for an advocate to be appointed. This meant procedures were in place to support people to access advocacy services where needed.

We saw staff treating people with dignity and respect. They protected people's privacy and were discreet when people required support with personal care. One member of staff told us, "We cover people up when washing them to protect their dignity. We use a shower curtain to protect them and wait outside."

We observed staff providing care in a way that supported and encouraged people to retain their independence. One person told us, "They [staff] are good and whilst taking me to the toilet or the shower they are very understanding. They encourage me to do what I can. I wouldn't like to be anywhere else, I'm happy here, this is my home." Another person said, "They [staff] are always trying to keep you mobile and independent."

We saw two members of staff helping a person transfer from a wheelchair to a walking frame. They were patient and praised the person's achievement. A member of staff told us, "Every single day we promote independence, for example we encourage people to wash and to eat for themselves."

Whilst we observed staff to be caring throughout the inspection, it was evident from the issues we found the provider was not ensuring the service was caring overall.

Is the service responsive?

Our findings

People told us they were treated as individuals and felt able to make choices for themselves. One person told us, "I'm showered frequently if I want and I have a lock on my door, though I never lock it. I can get up or go to bed when I want. You don't have to join in the activities if you don't want to. You can do your own thing." Another person said, "I get up for a cup of tea at 2am and 4am in the morning. I just ring my bell and they [staff] come nothing is too much trouble. When I need them they are there."

People's religious and spiritual needs were assessed and people were supported to continue practising their religion should they wish. One person told us, "The priest comes round to give Holy Communion and [name] loves to see him".

A daily meeting took place between the deputy manager and the 'heads of department' to try to ensure good communication between all staff at the service. This was used to discuss any issues that had arisen that day, and to update staff on any important changes that had taken place.

Records indicated people were involved in the planning and review of their care if they wished to be. Most of the people we spoke with were happy that staff knew what care they needed and did not feel the need to be involved in their care planning but relatives we spoke with were happy that they were included in this process. A relative told us "[Family member's] care plan is in the office- I've seen it. I can see it at any time. [Family member] can go to bed early but get up late if they want and it's no bother." Another relative said, "We have regular talks about [family member's] care plans, I've been to a meeting where they have discussed the plans and aims that they have for the future and whether there is enough choice for the meals."

Some care plans contained a good level of person centred information so staff were aware of life history, likes and preferences. Other care plans needed more of this information. We found one care plan that had been incorrectly 'cut and pasted' as it referred to a male throughout as 'her/she'. This is evidence of generic care plans being used for more than one person.

At the time of our inspection one person was receiving end of life care. We reviewed their care plan and saw that it had not always been updated to reflect the fact that they were receiving end of life care. For example, a review had identified some updated guidance from the person's GP on managing their nutrition but this had not led to their nutrition care plan being updated to reflect it. We also saw that there was no specific end of life care plan in place.

A programme of activities was on display in a communal area and weekly activity planners were also distributed to people by the activities co-ordinator so they knew what was going on around the service. Activities listed included bingo, balloon tennis, sing-along and dance, general knowledge quiz and arts and crafts. We observed bingo, singing and dancing in the communal lounge. One person was busily occupied making pom-poms with wool. These were used as decorations around the home and some people had personalised their walking frames with them. There was a garden area where people could use in good

weather. The service also had a "pub" complete with a bar, traditional pub seating and a dart board. We were told that this was a popular area for activities such as cards and dominoes.

People were happy with the activities on offer within the home. One person said, "We have good fun in here, especially in the lounge as there is always something going on. Everyone is coaxed into getting involved and the time flies." Another person told us, "I like bingo and all of the activities. There is always something going on." A third person said, "I like the singers, bingo, watching TV. I like this lounge, there are about 20 of us here and we all get along great."

Some people told us they would like the opportunity to go out more. One person told us, "I don't think they could do much more really, other than take us out in the better weather." Another person said, "Our own mini bus would be marvellous. We used to have one you know under the previous people and we could go out in the summer." The activities co-ordinator told us they would like to have more outings but this would require more staff to provide the necessary support. We fed this back to the provider and they told us they would include the provision of social activity when looking at staffing levels.

The service had a complaints procedure in place and staff knew how to support people to make a complaint. Complaints had been handled in line with the policy and appropriately documented. People told us they were aware of how to complain if they wished to. One person said, "Complaints? it's the opposite in fact." Another said, "No complaints-Why would anyone want to complain? Everyone gets on with everyone else, we don't want for nothing. We get well fed. I wouldn't change anything. We all have a laugh together."

Is the service well-led?

Our findings

The deputy manager and provider carried out a number of quality assurance audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out in a number of areas, including medicines, nutrition, falls, care plans and catering. Records showed that some audits had effectively led to improvements at the service. For example, a January 2018 audit of end of life care identified that some staff had not completed training in this area. An action plan was created and showed that end of life training had been arranged and completed.

However, not all audits led to improvements at the service or contained evidence of actions taken. For example, a care plan audit completed in January 2018 identified that some plans needed 'more person centred detail' but did not have a timescale for completing this or evidence that it had been done. We also saw that the provider's quality assurance processes had not identified the issues we found during this inspection.

This meant effective procedures were not in place to assess, monitor and improve standards at the service.

Records we looked at were not always comprehensive, accurate or up to date. This included care plans and medication records. The provider's policies and procedures in relation to fire drills and medicines were not being adhered to.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was sought from people and their relatives using an annual questionnaire and at meetings. The questionnaire had last been carried out in March and April 2018, and six people and five relatives responded. We reviewed the responses and saw they contained positive feedback on the service. For example, the six people who responded described their care as 'very good.' Where negative feedback was received action was taken to address it. For example, some people had complained about the quality of the laundry service and we saw that the deputy manager had taken action to address this. Meetings were held with people and their relatives to update them on changes at the service and invite their feedback on any issues they had. Records of one meeting showed that people and their relatives had been invited to help choose a new logo for the service. One person told us, "At the meeting we discuss how things can be improved and what meals we would prefer."

Staff feedback was also sought through an annual survey and at regular staff meetings. The survey had been most recently carried out in March 2018. 14 staff had responded and there was no negative feedback recorded. Monthly staff meetings took place. Minutes of these meetings showed that staff were encouraged to raise any support needs they had, and also as opportunities to review the provider's policies and procedures. One member of staff told us, "We have monthly staff meetings. They're really good. You get a week's notice and they have two so everyone can go."

A member of staff told us, "Management are very approachable. I have no qualms about approaching them for anything. I'd be comfortable asking for support."

Following recent staff changes people did not know who the manager was but felt they could approach any member of staff with any problems that they had. One person told us, "It feels like a home here. Is it well led? I would have said well liked."

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 |
| | People did not always receive safe care and treatment. Regulation 12(1) |
| | Reasonable steps were not always taken to mitigate risk. Regulation 12(2)(b) |
| | Medicines were not always managed safely. Staff were not always following policies and procedures when managing medicines. Regulation 12(2)(g) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| | Effective systems and processes were not in place to ensure compliance with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(1) |
| | A programme of audits had not identified issues found during the inspection. Regulation 17(2)(a) |
| | Records relating to the care and treatment of people were not always complete, up to date or accurate. Regulation 17(2)(c) |