Methodist Homes

Queenswood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 23 February 2016. The inspection was unannounced. Queenswood provides accommodation for up to 41 older people. On the day of our inspection 40 people were using the service.

The service had a 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.

We carried out an unannounced inspection of this service on 14 April 2015. A breach of legal requirement was found in relation to having sufficient numbers of staff deployed in the service. We told the provider they must send us a written plan setting out how they would make the improvements and by when. The provider sent us an action plan on 28 July 2015 and told us they had made the improvements and complied with the regulation as of 22 July 2015.

We found that the registered manager had failed to make all of the improvements in relation to staffing levels in the service. Although the provider had increased the staffing levels at night, staff were not being deployed in a way which would ensure people received care and support in a timely way during the day. The dependency of people had not been assessed against the current staffing levels.

Medicines were not always managed safely to ensure people received their medicines as prescribed.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported to make decisions, however where people did not have the capacity to make certain decisions, they were not fully protected under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were not always supported to maintain their nutrition and were not always supported with known risks relating to their health needs. Referrals were made to external professionals when people's needs changed and people were supported to attend appointments.

People were treated with respect and cared for by staff who recognised the importance of spiritual and emotional wellbeing. People were involved in planning their care and support and were supported to live as independently as possible. People enjoyed an active social life and were supported to maintain and develop their hobbies and interests.

People may not be able to express themselves because the service did not have an open and inclusive culture. Systems in place to monitor and improve the quality of the service provided were not always effective in identifying and bringing about improvements needed. People were given the opportunity to have a say in how the service was run but when improvements or changes they suggested were made these were not always maintained.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were not always enough staff deployed to meet the needs of people in a timely way.

People could not be assured they would always receive their medicines as prescribed.

People were protected from the risk of abuse because the provider had systems in place to recognise and respond to allegations or incidents.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were not fully supported to maintain their nutrition. Although referrals were, made to external professionals when people's needs changed, people were not fully supported with risks to their health.

People made decisions in relation to their care and support. Where people lacked the capacity to make certain decisions they were not always fully protected under the Mental Capacity Act 2005.

People were not fully supported to maintain their nutrition. Although referrals were, made to external professionals when people's needs changed, people were not fully supported with risks to their health.

People were supported by staff who received appropriate training and supervision.

Is the service caring?

Good

The service was caring.

People were treated with respect and cared for by staff who recognised the importance of spiritual and emotional wellbeing.

People were supported by staff who treated them with kindness and cared about the individuals they were supporting.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported by staff who did not always know their needs and preferences.

People were supported to raise issues but concerns were not always responded to appropriately when they were raised.

People were involved in planning their care and support. People were supported to have a social life and to follow and develop their interests.

Is the service well-led?

Requires Improvement

The service was not well led.

People did not benefit from an open and inclusive culture. Systems in place to monitor and improve the quality of the service were not always effective in identifying and bringing about improvements.

People were supported to give their views on the way the service was run but suggestions made were not maintained.

Queenswood

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 was also done to check that improvements to meet legal requirements planned by the provider, after our 14 April 2015 inspection, had been made.

We inspected the service on 23 February 2016. The inspection was unannounced. The inspection team consisted of three inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with 14 people who used the service. We also spoke with a health and social care professional who regularly visited the service.

We spoke with three members of support staff, the chaplain and the registered manager. We looked at the care records of four people who used the service, medicines records, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

When we inspected the service on 14 April 2015 we found there were not sufficient numbers of staff deployed in the service to ensure people received care and support when they needed it. We told the provider they must make improvements and they sent us an action plan informing us they had made the improvements.

Prior to our visit in February 2016 we received information of concern from two separate sources who told us they had concerns about the staffing levels in the service. Both sources told us they felt people who used the service were not receiving the support they should due to insufficient numbers of staff. We asked the area manager allocated to the service to investigate these concerns and report back their findings. The area manager informed us that they had investigated and had not found any evidence to show people were not receiving care and support when they should.

However during our inspection on 23 February 2016 we found that the registered manager had not made the improvements needed to ensure there were sufficient numbers of staff deployed to ensure people who used the service received care and support when they needed it. We spoke with the provider about this and they told us they had increased the night staff following our last visit and that the staffing budget had allowed for sufficient numbers of staff to be deployed during the day. However the provider analysed the staff rota and found that staff were not being deployed in a consistent way with there being ten staff on some days and five staff on others. In addition to this, the registered manager had not implemented a system for assessing how many staff were needed against the dependency of the people they were supporting. We found this resulted in regular occasions where the staff deployed in the service were not meeting the needs of people in a timely way.

One person we spoke with told us they were able to get to the toilet unassisted but told us they thought people who were dependent on staff to assist them sometimes had to wait for significant periods of time for help. Another person told us that people who needed help to eat their meals did not always get it. A further person told us, "There just are not enough staff to help everyone who needs help." People told us they felt staff didn't have the time to get to know them better. They told us that staff were always too busy sit and chat with them. Our observations found this to be the case. The interactions we observed, with the exception of an hour in the afternoon, were based on tasks that needed to be done such as helping people to mobilise or giving out drinks.

We looked to see if the answering of calls bells had improved, with staff answering in a more timely way than we had found at our previous inspection. To find out if this had improved we observed how long it took staff to respond to call bells that were ringing. On two occasions the alarms sounded for almost ten minutes before staff answered them On other occasions we saw that the bells were answered within a few minutes. However staff we spoke with told us that they frequently switched off the call bell, but told people they were busy and would return when they had finished other tasks. This meant that people were not receiving the care and support they needed when they requested it.

We observed a large group of people engaged in an activity for over an hour with a volunteer during which they were reminiscing about their lives. One person commented that it would be nice if staff had the time to join these activities as it would be a chance for staff to get to know them.

Staff we spoke with told us there was often not enough staff on duty to meet the needs of people, especially when staff called in sick and cover could not be found. One member of staff told us, "There aren't enough staff all the time, quite often at weekends, if someone rings in sick we really struggle, as they (the registered manager) don't use agency staff." They told us that this meant they did not support people in the way they needed. For example when they were trying to support people to eat but that they had to keep walking away to answer emergency call bells which were ringing.

We spoke with the registered manager about the staffing levels in the service who told us she did not agree with our assessment and felt there were enough staff to provide the care and support people needed. The registered manager had completed assessments of how dependent people who used the service were but had not assessed this against the number of staff on duty. This meant there was no system in place to determine if the changing needs of people were being met by current staffing levels and the registered manager had not deployed staff effectively in order that there were enough staff on duty each day.

People did not always receive their medicines as prescribed. We saw that where people needed creams or ointments applying to their skin for certain conditions, these were not always being signed on people's Medicines Administration Records (MAR). We observed a member of staff administering medicines to people. We saw this member of staff was consistently interrupted by other staff and visitors to the service, which posed a risk that the member of staff may lose concentration and errors may occur. We saw following the medicines round that the member of staff had failed to sign for five people's medicines, which meant the interruptions had an impact on their concentration.

We saw there were eight recorded medicines errors, where people had not received their medicines or had received the wrong medicines in the last seven months. We saw the appropriate healthcare advice had been sought for each of the medicines errors and they had been investigated, however there was no conclusion for four of the errors. This meant action was not always taken to learn from the error and reduce the risk of the same error being repeated.

We saw there were audits being carried out by the registered manager in relation to medicines and where there were issues identified. We looked at the most recent audit and we saw that where staff had failed to sign for medicines on the MAR this had been addressed, however there was no analysis of the issues identified and the audit had scored the service 100 per cent compliant with medicines. This meant the audits in place were not effective in ensuring improvements were made where issues were identified.

Most people had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to and we observed staff supporting people with their medicines appropriately.

We saw medicines were stored safely and staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

People were protected from abuse and avoidable harm. All of the people we spoke with told us they felt safe in the service. One person told us, "My relatives don't worry about me anymore, they know I am being well cared for."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example two people were at risk of falling and we saw there were risk assessments in place detailing how staff should manage the risk and prevent further falls. We saw that people who had fallen were referred to the falls prevention team and then commenced a programme of assessments and physiotherapy to further minimise the risk, as part of the falls prevention pilot the service was involved in. As part of this people were supported to attend weekly exercises and some people had a more intensive programme with more frequent exercises.

There were assessments in place guiding staff on what level of support individuals would need if they needed to evacuate the building in an emergency, such as an outbreak of fire. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

Requires Improvement

Is the service effective?

Our findings

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions on a day to day basis. People we spoke with told us they made decisions about their care and support. They told us they decided what to do and where to go. They told us they did not feel under any obligation to do anything they did not want to.

Staff we spoke with had an understanding of the MCA and their role in relation to this. We saw that where a person's capacity to make a certain decision was in question, the registered manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. One person had not had the capacity to make decisions about the use of a sensor to alert staff if the person stood up as they were at risk of falling and we saw a best interest's decision had been made. However the decisions had not been made with consultation with other people involved in the person's care such as their relatives and healthcare professionals. This meant the decisions were not made taking into account the view of others who could assist in these decisions.

Forms used to show when people did not wish to be resuscitated had not been completed in the way required that made them legally binding. We found one person who lacked the capacity to make this decision themselves had a form in place and there was not a record kept of who had been involved in this decision. Consideration had not been given to carrying out a mental capacity assessment to ensure this decision was in the person's best interests.

The registered manager displayed an understanding of DoLS but told us she had not made any applications for people who used the service as no one had been deemed as having their movements restricted. However, we found one person who should have had an application made In their best interests. This meant the person could be restricted without the required authorisation. We asked the registered manager to make a DoLS application for this person.

People who were dependent on staff to support them to eat and drink enough were not always provided with this support. One person who used the service told us that people who needed help to eat didn't

always get it. Another person told us they had concerns about one person who had not been eating and they didn't feel the person was being given the support they needed with this. We observed a person at lunch who was struggling to get vegetables out of the tureen and was not offered support from staff. Another person who used the service helped the person and told us this was a regular occurrence and that it spoiled their enjoyment of the meal.

We saw that one person had lost a significant amount of weight in the last five months and that although the person's weight was being monitored weekly, action had not been taken to try and prevent the person from losing more weight. Staff were not effectively monitoring what the person ate and the cook had not been informed of their weight loss so was not taking steps to ensure the person's food was fortified with extra calories. This meant the person was being placed at risk of further weight loss.

An important aspect of the service was for people to have a good dining experience to ensure they received adequate nutrition in a pleasant environment. We saw the dining room was set out in an attractive way with linen table cloths and napkins and people were provided with vegetables in tureens. However the dining room experience was not a pleasant one for people as all of the people we spoke with told us they did not enjoy the food.

All of the people we spoke with complained that the meals were often not nutritionally well balanced and choices for people with a special diet were poor. We observed one person who had a special diet at lunchtime. They were provided with a meal which did not meet the needs of their special diet and when they pointed this out to the chef they were told they would need to wait whilst it was prepared. This person had always had the same diet but this had not been taken into account and prepared along with other meals. Four people told us they had moved to this service from other care homes and they felt the food was worse than they had at their previous care homes. We observed one person picked up the gravy boat and commented, "It's like dishwater."

We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. We observed people were able to make drinks and snacks in small kitchens for people who used the service to use. We saw there was fresh fruit widely available in shared areas with squash, water dispensers and facilities to make cups of tea and coffee. We saw that where people needed adapted aids to support them to eat their meal independently these was given.

People were not always supported with issues relating to their healthcare needs. One person had a history of acquiring an infection and there was guidance in the person's care plan detailing how staff should minimise the risk of them acquiring a further infection, and how to respond if they did. However, part of the guidance was to monitor the amount of fluids the person was drinking and we saw the person's fluid intake had not been recorded for a number of weeks. Where records were being kept, there were frequent gaps because staff had failed to record the fluid given. This meant the person was not being given the support needed to prevent them from acquiring another infection.

The care records of one person instructed staff to ensure the person was sitting on a pressure ulcer prevention cushion at all times during the day as they were at high risk of developing a pressure ulcer. We observed this person during the morning and they were not sat on a pressure ulcer prevention cushion. There was a pressure ulcer prevention cushion on the floor behind the person's chair but when we asked staff who this belonged to they were unsure. This meant the person was being placed at risk of developing a pressure ulcer.

One person had a current pressure ulcer and we spoke with an external professional who had been

supporting this person with the healing process. The external professional told us that staff had made some adjustments to the person's bed without consulting them and this had lengthened the healing process of their pressure ulcer.

We saw a further two people had been assessed as being at risk of developing a pressure ulcer, one of whom had a current pressure ulcer. We saw they had the required equipment in place and were being supported to reposition as detailed in their care records, to minimise the risks in relation to this.

We saw people were supported to attend regular appointments to get their health checked. Where people were unable to attend appointments we saw arrangements had been made for home visits. We saw that staff made referrals to external professionals such as the falls prevention team and the district nurse when they needed to. The service was involved in a project to try and reduce hospital admissions and as part of this an external professional visited weekly and did a 'ward round' checking on people's health and offering advice and guidance to people who used the service and to staff. They met regularly with other health professionals involved in people's care and with the registered manager to discuss people's health and any deterioration or progress made. The external health professional had attended a recent meeting held for people who used the service and their relatives to give advice on long term conditions.

People were supported by staff who were trained to support them safely. People we spoke with told us they felt staff knew what they were doing and were trained to an acceptable standard. We observed staff followed safe practice when using equipment to support people to transfer.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control.

People were supported by staff who were supported to have the skills and knowledge they needed when they first started working in the service. Staff were given an induction when they first started working in the service. One member of staff told us, "The training did prepare me, and I shadowed a more experienced staff member for several weeks." The registered manager told us that one member of staff who had been recently recruited was completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the management team and were given feedback on their performance and we saw records which confirmed this. The registered manager told us that supervisions were used to discuss how well staff were working and to address any areas of practice which needed to be developed.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the service overall and told us that staff were kind towards them. One person told us that all of the staff were lovely but one of the staff in particular was the "loveliest most caring person" and that they were "very happy." This person described how they had stayed for a week as a trial, and the registered manager had suggested a longer trial to be sure. The person had therefore stayed for a month and decided to move in following the extended trial. This showed people were supported to try the service before deciding if it was the right place for them.

We observed staff interactions with people and we saw staff were respectful and professional towards people. People looked comfortable with staff and staff we spoke with told us they enjoyed working with the people who used the service. One member of staff told us, "It is a good home."
People had developed relationships with other people who used the service and during our observations we saw people were often chatting and laughing with each other. There was a pleasant atmosphere with people offering help to one another.

The ethos of the service was centred on people's faith and some people had moved to the service because of this ethos. The service had a designated 'chapel' for people to attend and the Minister employed by the service provided a service twice a week. Services were also taken by ministers of different denominations so that people could follow their chosen faith. If people were unable to attend the chapel then they were offered communion in their bedrooms. People had been supported to attend a temple recently to learn about other faiths and a presentation had been given by an external person about their religion and beliefs. We observed the Minister had a warm and positive relationship with people and knew them well. The Minister spoke with people with a clear knowledge of them as an individual, for example the knowledge of their relatives.

One person described how their life had been enriched since moving into the service. They told us they were encouraged to continue the pastoral work, which they had done all of their life and that they occasionally led communion and services. This person told us they had found a sense of purpose in the service, supporting others, and was no longer lonely. Another person described an occasion when they had been in hospital and they felt the Minister had supported them and their family. The person told us that the Minister had arranged accommodation for their family, who needed to travel some distance to visit them in hospital.

There were fellowship meetings held each week and weekly bible classes, one of which was held on the day we visited. We saw this was very well attended and people were engaged in the activity. The readings prompted interesting views and debates and people who used the service told us that the spiritual support and religious ceremonies had helped with their transition into the service. Several people had come from their own homes and had been worried about moving, but told us that the fellowship, sermons and spiritual support had helped enormously to make them feel a sense of belonging and comforted by the words offered in the prayers and services. The registered manager told us the people who used the service did readings and presentations at the fellowship meetings when they wished.

We spoke with the Minister, who was employed by the service and they described their role. They told us that if requested they would preside over funeral services. They told us they would be doing so that week for a person from the service who had recently passed away. Other people who used the service were supported to attend these services to show their respects. The Minister also held an annual service of remembrance and celebration of life for everyone who has died in the previous year. Relatives were invited back and a candle is lit for each person.

We saw that people's end of life wishes were explored and documented with in-depth detail about how they would like their life to end.Staff were given training called 'the final lap' which included mentorship from the minister employed by the service. Staff were given coaching on how to discuss this sensitively with people who used the service, to ensure they captured their wishes. Several people we spoke with confirmed that they had been asked about their wishes for the end of life and told us they found this comforting to know their decisions had been made. One person told us, "I am comforted knowing that [relations] will not have the stress of having to make a choice."

People's aspirations and goals were explored and acted on. The service ran a 'seize the day' scheme and this involved people letting the registered manager know what they aspired to do and if possible this was arranged. For example one person loved to play the organ and had always wanted to play the organ in a place of worship. The registered manager told us that staff had supported the person to achieve this goal and they were currently exploring the possibility of another person achieving a parachute jump. We saw people's achievements were celebrated. For example we saw that a great grand-child had just been born in one person's family and there was a photograph of the baby on display with details of the good news.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. We observed people's choices were respected on the day of our visit. People chose where they went and what they did, with some people sitting in the lounge areas and others spending time in their bedrooms or going out. One person told us they liked to go to their room for the evening to read and this was their choice. Another person told us they were going into the local town for a walk and said they could go out whenever they liked as long as staff were informed so they knew they had gone out. We saw from records that people were asked for suggestions on future activities and the food menus.

People felt they were supported to be independent. Two people told us they felt the balance between being independent and having support from staff was, "About right." People had a range of communal areas to choose from and there were kitchen areas for people who used the service and their visitors to help themselves to drinks and snacks independently. Some people chose to make their own breakfast in the mornings and there were kitchen/diner areas provided for this purpose. Two people had always been involved in helping out in a place of worship and following moving into the service they had been supported to continue with this and now helped out in the chapel, for example by giving out hymn books.

The registered manager told us no-one was currently using an independent advocate to support them with decision making but one person had requested support from an advocate and this was being actioned. The registered manager also told us that an independent advocate had visited the service recently and spoken with people about what advocates could offer. We saw the records which showed this had happened and we saw there were leaflets displayed in the service so that people would know how to contact the advocacy service if they wished. Advocates are trained professionals who support, enable and empower people to speak up and express their views.

People were supported to have their privacy and were treated with dignity. We saw that staff were respectful

towards people, referring to them by their chosen name. People told us that staff always knocked on their bedroom doors before entering and all of the people we spoke with told us they felt that staff were respectful and caring.

Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and were able to give examples of how they supported people with this.

Requires Improvement

Is the service responsive?

Our findings

People knew what to do if they had any concerns. We asked two people if they knew how to raise concerns and they told us they would speak with the staff. There was a complaints procedure on display to inform people how to raise any concerns and what would happen if they did.

However records showed that when complaints were raised, they were not always dealt with appropriately or in a timely way. We saw a relative had raised concerns and records showed the relative had then contacted the service again to express disappointment that there had not been an acknowledgement to their concerns. A further complaint had been made by another relative and we saw records of the communication exchanges between the relative and the registered manager. We saw the concerns were not dealt with appropriately and the relative then escalated the concerns to the provider who afforded a meeting to resolve their concerns. We saw a third and fourth complaint had been made by other relatives and these had been responded to and resolved appropriately.

People were supported by staff who did not always know their needs and preferences. We saw that people had care plans in place which detailed how they preferred to be supported and gave staff information about their life and achievements. However we found that staff did not always know about these preferences. One person we spoke with told us, "It would be nice if they talked to us and got to know us a bit better." We observed one person being given a cup of tea and the volunteer with them said, "I didn't think you like milk in your tea" and the person replied "I don't but it's not important, I don't want to make a fuss." People we spoke with said that staff who had worked in the service for a while knew their needs but commented that they felt newer staff did not know them or their likes and dislikes despite this being written in their care plans. The staff we spoke with had some knowledge of people's needs but were unsure of some information. For example one member of staff did not know about one person who had been losing weight so did not know to regularly encourage them to eat.

People had a care plan, which detailed information about their support needs. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. People and their relatives were involved in planning and making choices about their care and support. People talked about their care plans and told us they felt fully engaged in these and were involved in annual reviews, at which their relatives could take part if they wished them to.

People were supported to follow their interests and take part in social activities. All of the people we spoke with praised the range and amount of activities. People described an active life with opportunities for taking part in activities and socialising. One person told us, "I don't get time to read in the day because it's just so busy." Another person told us they went to a club each week to socialise with friends and two people told us that they were going to sit in the greenhouse with a volunteer who comes twice a week to take them out. They said they enjoyed getting out for some fresh air and were looking forward to the summer when they could sit in the garden.

There was an activity co-ordinator present who was responsible for planning and organising activities and

planned activities were displayed on the notice board. People told us that there were regular trips out, either in the minibus owned by the service or in a hired coach. People described recent trips to places they were interested in such as exhibitions and museums. They described activities they were able to participate in during the day such as a watercolour art course, quizzes, games and chair exercises. One person had always enjoyed knitting and they told us they were currently making a blanket to be used in the service.

We observed activities during our visit and we saw there was a reflective session in the morning where the activity organiser used computer equipment connected to a television to search for and display books which people were remembering from their childhood. There was a good attendance at this session and we saw people were engaged in the activity and contributed to the discussion. Those who found communicating difficult were listened to respectfully and patiently to ensure they could participate fully. The session was greatly enjoyed by people and we heard comments such as, "I found that very enjoyable" and "Can we do this again, it has brought back lots of memories." We heard people still talking about the session during lunch.

People told us their visitors could visit at any time and they felt they were made to feel welcome and could eat meals with them if they wished to.

Requires Improvement

Is the service well-led?

Our findings

The service was not always run in an open and inclusive way. One person we spoke with told us, "It would be very difficult to face the manager and tell her you weren't happy with something. Very difficult indeed. Best to keep quiet." Staff we spoke with told us they did not feel the registered manager was always approachable. They told us they felt more comfortable approaching the senior staff who they felt were more approachable.

Systems in place to monitor the quality and safety of the service were not always effective. We saw staff had been given the opportunity to comment on the quality of the service at a recent staff survey and most of the results were positive. However, half of the staff taking part in the survey had said they did not feel motivated by the registered manager and did not feel they received the praise they should for the work they did.

We found there was a lack of systems in place to assess if there were enough staff deployed in the service, despite the registered manager sending us an action plan following our last inspection, informing us that improvements had been made in relation to staffing levels. There was a lack recognition that staffing levels were impacting on the care and support people were getting, despite the registered manager knowing that a complaint had been raised about staffing levels by a relative.

People we spoke with told us they were happy overall living in the service and were pleased they had moved in. People told us they felt they had made the right choice of where to live and were living a more active life. However we found that where people needed more care and support due to deteriorating health, their needs were not always being met and this was not being identified by the systems in place to monitor the quality of the service.

We saw audits had been carried out of people who had been assessed as being at risk of weight loss, developing pressure ulcers and falls. However we looked at the audit for one person who was losing weight and saw there was a different body mass index (BMI) recorded to what was in the care plan. It was also recorded that this person was on a 'food and fluid' chart to enable staff to monitor their nutritional intake but the person was not on a food and fluid chart. This meant the audits were not effective in monitoring the care people were receiving.

An annual standards assessment was undertaken by a representative of the provider and these included observations of support given to people, speaking with people who used the service and staff and looking at records. Where issues were identified we saw an action plan for improvement was given to the registered manager, along with timescales for completion. However the actions which should have been completed prior to our visit had not been signed off as completed by the registered manager. This meant we could not ascertain if the actions were completed within the set timescale.

Although there were audits of the environment carried out, which included regular observations in the service, risks in the environment were not always recognised. One person described to us how they made their own cup of tea in the small kitchen each day and that they carried this through the dining area whilst

walking with a walking frame. This risk had not been identified by in the observations.. Additionally, another person who was at high risk of falling had a sensor pad in front of their chair in the lounge, which was designed to alert staff if they stood up. We observed another person was at risk of falling due to trying to get around the sensor mat and a wheelchair left in the lounge. We had to intervene to ensure the person did not fall. We spoke with the registered manager and she had not recognised the trip risk the sensor mat posed for other people who used the service and had not considered an alternative such as a chair sensor.

We saw that there were meetings held for people who used the service and their relatives to attend. People told us they attended the meetings to give their views and suggestions. However several people we spoke with told us that ideas they submitted were sometimes implemented but were not often sustained. One person said the ideas often, "Fizzled out."

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

There was a registered manager in post and they kept us informed of incidents in the service.
We saw there were audits in place to monitor the cleanliness of the environment and these were effective. All of the people we spoke with said they felt the service was clean and we observed this to be the case when we visited.

We saw there were systems in place to support staff to have lead roles and be involved in the service such as being 'champions' for communication and continence. There were also regular role specific meetings held with staff working in the service such as, care staff, senior staff and heads of department.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service people received were not effective. Regulation 17 (2)(a)(b)