Church View (Nursing Home) Limited

# Church View (Nursing Home)

## Inspection report

Princess Street
Accrington
Lancashire
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Tel: 01254386658

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05 October 2017

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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? | **Good** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

We carried out a comprehensive inspection of Church View Nursing Home on 4 and 5 October 2017. The first day of the inspection was unannounced.

Church View Nursing Home provides accommodation, personal care and nursing care for up to 40 people, including people living with dementia. At the time of this inspection there were 35 people living at the home.

The service is set in a detached building in a residential area in Accrington, East Lancashire. Accommodation is provided on the ground floor and there is a separate self-contained unit for people living with dementia. Both units have their own lounge and dining room. Bedrooms do not have en-suite facilities; however there is access to suitably equipped toilet and bathroom facilities on both units. There are gardens and a car park for visitors and staff. The home is close to local amenities.

At the time of our inspection the service had a registered manager who had been in post since February 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During a previous inspection on 21 and 22 July 2016, we found a breach of the regulations relating to the management of people's medicines. During this inspection we found that the necessary improvements had been made and there were appropriate policies and procedures in place for the safe management of people's medicines. However, we found other areas that needed improvement.

During this inspection we found one breach of the regulations relating to the management of people's risks. You can see what action we told the provider to take at the back of the full version of the report.

We found that there were appropriate policies and procedures in place for the safe management of people's medicines.

People told us the home environment was safe and they received safe care. People and their relatives were happy with staffing levels at the home.

Most people who lived at the home liked the staff who supported them and felt that staff had the knowledge and skills to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and were clear about the action to take if they suspected abusive practice was taking place.

We found that people's risks were not always managed appropriately. Care plans and risk assessments were not always updated when people's needs changed. This meant that it was difficult to ensure that staff were managing people's needs and risks effectively.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us the registered manager was approachable and they felt well supported by her.

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

The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted.

People were happy with quality of the meals provided and told us they had lots of choice at mealtimes.

People received support with their healthcare needs and were referred to a variety of community healthcare professionals.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in a variety of activities inside and outside the home. People who lived at the home and their relatives were happy with the activities available.

We saw evidence that the registered manager requested feedback about the service from people who lived at the home and their relatives and acted on the feedback received.

People who lived at the home and their relatives told us they thought the home was well managed. They felt that the staff and the management team were approachable.

The registered manager and the general manager regularly audited many aspects of the service. We found that the audits completed were effective in ensuring that appropriate standards of care and safety were maintained at the home.

## 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.

People's risks were not always managed appropriately and care records were not always updated when people's risks changed. This meant it was difficult to ensure that staff were managing people's risks effectively.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people who lived at the home.

There were appropriate policies and practices in place for the safe administration of medicines.

People who lived at the home and their relatives were happy with staffing levels. Most staff felt that staffing levels were appropriate to meet people's needs.

### Is the service effective?

**Requires Improvement**

The service was not consistently effective.

People were not always supported appropriately with their nutrition and hydration needs. Advice from community healthcare professionals was not always followed.

Staff received an appropriate induction, effective training and regular supervision which enabled them to meet people's needs. People felt that staff were competent and could support them effectively.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority.

### Is the service caring?

**Good**

The service was caring.

People liked the staff who supported them and told us staff were caring. We observed staff treating people with kindness and respect.

People told us staff respected their right to privacy and dignity and we saw examples of this during out inspection.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

## Is the service responsive?

Good

The service was responsive.

Care records were individualised and included information about people's spiritual needs, gender, ethnicity and sexual orientation. This meant that staff were aware of how to meet people's diverse needs.

People were supported by staff to take part in a variety of activities within and outside the home. People who lived at the home and their relatives were happy with the activities available.

The registered manager sought feedback from people who lived at the home and their relatives and used the feedback received to improve the service.

## Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People who lived at the home and staff felt the home was well managed.

Regular staff meetings took place and staff felt able to raise any concerns with the management team.

The registered manager and general manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were maintained at the home.

# Church View (Nursing 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 and 5 October 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Before the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted five community healthcare agencies who were involved with the service for their comments, including a community link nurse, a district nurse, a pharmacist and an optician. We received a response from one of the agencies. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with five people who lived at the service and three visitors. We spoke with four care staff, one nurse, the activities co-ordinator, the cook, the registered manager and the general manager. The general manager had oversight of this service and another local residential care service owned by the provider. We observed staff providing care and support to people over the two days of the

inspection. We reviewed in detail the care records of three people who lived at the home and the nutrition and hydration records of an additional three people. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits that had been completed and fire safety and environmental health records.

Requires Improvement

# Is the service safe?

## Our findings

At our previous inspection in July 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014, relating to the management of people's medicines. During this inspection we found that the provider had made improvements and was meeting the regulation.

The home had a detailed medicines policy which included information for staff about administration, storage, disposal, PRN (as needed) medicines and record keeping. Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

Medicines were administered by nursing staff and one senior care assistant. Records showed that all staff who administered medicines had completed up to date training in the safe administration of medicines. We found evidence that staff competence to administer medicines safely had been assessed and the staff we spoke with confirmed this to be the case. We looked at the medicines administration records (MARs) for people living at the home and noted that they had been completed appropriately by staff. We observed a nurse administering medicines and saw that this was done in a safe way. However, we noted that the nurse did not follow appropriate hand hygiene procedures between each administration. We discussed this with the nurse and the registered manager who acknowledged the error and assured us that appropriate practices would be followed in future.

Medicines audits had been completed monthly to review the completion of MARs and the quantities of medicines in stock. The people we spoke with told us they received their medicines when they should. One person commented, "I take tablets morning and night. They never miss. They're very regular and on time with them".

We looked at how risks to people's health and wellbeing were managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should manage them. Records had been kept in relation to accidents that had taken place at the service, including falls.

We found that information in people's care plans and risk assessments had not always been updated when their needs had changed and their risks increased. For example, two people had experienced significant weight loss. However, their care plans and monthly reviews did not reflect this. This meant that staff did not always have up to date information to enable them to manage people's risks effectively.

We also noted that appropriate action had not always been taken to manage people's risks. For example, one person who had experienced significant weight loss had not been referred to their GP or the local dietitian service for a review.

The provider had failed to assess and mitigate people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager and the general manager, who advised that they would review everyone who had experienced significant weight loss, to ensure that their care plans and risk assessments were up to date and that appropriate referrals had been made to community healthcare professionals. They told us that in future, people's weight would be audited monthly to ensure that appropriate action was taken.

People told us they felt safe at the home. Comments included, "The carers look after you" and, "I feel safe because it's peaceful. I have a good night's sleep". Relatives told us their family members were kept safe. One relative told us, "It's safe. Everything's locked up. You can't just walk in off the street. There's always someone about. The windows have restrictors". Another relative commented, "It's homely and there always someone [staff] popping in to [my relative's] room".

We looked at staffing arrangements at the home. People felt that there were enough staff on duty to meet their needs. One person told us, "There are enough staff during the day, night and weekends". Another person commented, "There are enough staff, both carers and nurses. There are enough staff on at night and staffing is very good at the weekends". The relatives we spoke with also felt that there were enough staff on duty to meet people's needs.

Most of the staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. We reviewed the staffing rotas for three weeks including the week of our inspection and noted that the staffing levels set by the service had been met on all occasions.

We looked at staff training and found that all staff at the home had completed training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed the training. They understood how to recognise abuse and were clear about the action to take if they suspected abusive practice was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. Contact details for the local authority safeguarding vulnerable adults' team and the police were included. Guidance from Lancashire Safeguarding Adults Board was also available. The service had a nominated safeguarding lead and a safeguarding champion.

Records showed that all relevant staff had completed moving and handling training in the previous 12 months and staff members' competence to move people safely had been assessed. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

Verbal and written information was handed over between staff prior to shift changes. We reviewed the handover book and noted that it included information about people's personal care, mood, pain, food and fluids, sleep and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on both days of

our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We noticed an odour in the entrance area on the first day of our inspection and discussed this with the general manager. She arranged for the carpet in that area to be cleaned later that day and advised that the provider had recently approved the purchase of replacement flooring which would be easier to keep clean.

Most people felt that the home was kept clean. Comments included, "They come to clean my room every couple of days. They hoover and mop and they change the bed twice a week. The dining room is clean" and, "The cleaner is a very good worker. My bedroom is spotless. I love my bedroom. I got a new bed and mattress a few months ago". However, one person commented, "The cleaning's a bit rough and ready". Records showed that the home had received a Food Hygiene Rating Score of five (very good) in July 2016.

Records showed that environmental risk assessments had been completed and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. A fire risk assessment had also been completed and fire equipment including the alarm, fire extinguishers and emergency lighting were inspected regularly.

Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested regularly. Gas and electrical appliances were also tested regularly. There were emergency evacuation plans in place for people who lived at the home and all staff had completed up to date fire safety training. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water or was disrupted due to severe weather conditions. This helped to ensure people were kept safe if the service experienced difficulties.

Requires Improvement

# Is the service effective?

## Our findings

Most people who lived at the home told us they were happy with the care they received and the staff who supported them. Comments included, "I feel confident in them [staff]. They come straight away", "The look after me very well" and, "I like them all, they're very good". However, one person commented, "Some [staff] are good and some are bad. Some don't acknowledge you, they're just ignorant". One relative told us, "I have confidence in them [staff]". Another relative commented, "Staff ask [my relative] if he's alright. They make an effort to listen to him". However, one relative told us, "The staff are competent but there is not enough interaction between the carers and [my relative]".

Records showed that staff completed an induction programme when they joined the service which included fire safety, health and safety, confidentiality, whistle blowing (reporting poor practice) and practical tasks such as proving personal care and supporting people to move. The staff we spoke with told us they had received an effective induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that in addition to the training mentioned previously, most staff had completed training in health and safety, basic life support, infection prevention and control and food hygiene. We noted that some staff had not completed up to date dementia awareness, first aid, nutrition and diet and Mental Capacity Act 2005 training. We discussed this with the general manager who contacted us shortly after our inspection to provide details of training that had been arranged to take place in October and November 2017. This helped to ensure that staff were able to meet the needs of people living at the home.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included standards of care, training and development, role boundaries and responsibilities and personal issues. Observed supervisions were also carried out and addressed staff appearance, record keeping, standards of care, health and safety, moving and handling and staff interaction with people. Records showed that staff received annual appraisals of their performance and were able to raise concerns and make suggestions.

We looked at how the service addressed people's mental capacity. 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 make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests. One relative told us, "I'm fully involved with [my relative's] care plan".

During our inspection we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines, supporting people with their meals or with moving around the home. We noted that care plans documented people's likes and dislikes, as well as their needs and how they should be met.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files. A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However, forms must be completed correctly otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. We noted that not all of the DNACPR forms had been completed appropriately. We discussed this with the registered manager and the general manager who agreed to review all DNACPR forms to ensure that they had been completed correctly and signed appropriately. This would help staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency.

We looked at how people were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. Comments included, "The meals are excellent", "The food's good. It's always nice" and, "Very nice meals. There's always a choice and the food is tasteful. The cook is very good. We're not rushed at mealtimes". People told us they could have something to eat or drink whenever they wanted to. The relatives we spoke with told us they were happy with the meals provided at the home and the support people received with nutrition.

We observed lunch taking place on the first day of the inspection. We saw that dining tables were set with table cloths, place mats, cutlery and serviettes. The meals looked appetising and hot and the atmosphere in the dining rooms was relaxed. We saw staff supporting people sensitively with their meals and encouraging people to be independent when appropriate. We noted that people were able to have their meal in their room if they preferred to. Menus were displayed which helped to ensure that people were aware of the choices available at mealtimes.

A malnutrition assessment had been completed for each person living at the home and each person had an eating and drinking care plan in place. People's weight was recorded monthly and we noted that the frequency was not increased when there were concerns about people's weight loss. We found evidence that professional advice and support, such as referral to a GP or dietician, had not always been sought when there were concerns about people's weight loss or nutritional needs. We noted that one person had been seen by the dietitian due to significant weight loss and records showed that staff were not fortifying their meals and drinks as advised by the dietitian. We spoke with the cook who was aware of some people's special dietary requirements, such as people who were diabetic or required a soft diet. However, she was not aware of some people who required fortified meals and drinks to reduce their risk of weight loss.

We received a response from one of the community healthcare professionals we contacted for feedback about the service. They told us that the registered manager sought advice and assistance when appropriate.

They felt that due to recent staff changes some improvements were needed to staff knowledge and practice and this was being arranged. They also felt that some improvements could be made to staff following advice provided by community healthcare professionals.

People living at the service and their relatives told us staff made sure their health needs were met and they could see a doctor if they needed to. Comments included, "They get the doctor out when I need him. I saw him a few weeks ago and he said I was ok" and, "They get the doctor. He comes quick".

We saw evidence of referrals to a variety of health care agencies including GPs, tissue viability services, occupational therapy, speech and language therapy services, the local falls team and community mental health team. Healthcare appointments and visits were documented in people's care records.

Good

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "They're lovely. They can't do enough for you" and, "The staff are alright. I quite like it here. You have a good laugh with the staff". Most relatives we spoke with also felt that staff were caring and kind.

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. The atmosphere in the home was relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us their care needs had been discussed with them and they could make choices about their everyday lives, such as where they spent their time and what activities they took part in. One person commented, "We can go anywhere we want. We can make choices like go to the lounge, bedroom or dining room". People told us they had choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home. Staff did not rush them.

People told us staff respected their right to privacy and dignity. One person commented, "The carers respect my privacy and dignity when they shower me". We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care and support, such as administering medicines, supporting people at mealtimes or helping people to move around the home. Each person had a privacy and dignity support plan in place which provided information for staff about how they should maintain people's rights. This included people's right not to be discriminated against, to be treated as an individual and their right to have their consent sought when staff were supporting them.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids. Staff understood the importance of encouraging people to be independent and could give examples of how to maximise people's independence and choice. One person told us, "I'm independent here. With my walking frame I can go anywhere". Another person commented, "They use to dress me but now I do it myself".

We looked at arrangements for supporting people with their personal care. People who lived at the home told us they received support with their personal care regularly. Comments included, "I have a shower twice a week with the same carer that I like. I always have clean clothes" and, "I just ask them anytime for a shower. I'd rather have one at night which is what I have. I have one every day. They're gentle. Clean clothes are always there. The laundry's done very nice". Relatives told us they were happy with the personal care and support their family members received. One relative commented, "[My relative] is clean and his clothes are clean". During our inspection we found that people living at the home looked clean and comfortable.

The registered manager provided us with a copy of the service user guide that was issued to everyone who

came to live at the home. The guide provided information about fire safety, visiting, the religious services available, security and how to make a complaint.

We noticed that a variety of information was displayed in the entrance are of the home. This included information about daily activities, planned trips out, residents meetings, the hairdresser's services and recent newsletters. The service's visions and values, the service user guide, the most recent CQC report and the results of the most recent satisfaction surveys were also on display.

The home issued a quarterly newsletter. We reviewed the newsletter for October to December 2017. It included information about activities, trips out, fundraising events, a welcome to new people living at the home, birthday wishes, updates on staffing, jokes, a word search and a message of thanks to staff for their hard work.

Information about local advocacy services was also displayed in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Good

# Is the service responsive?

## Our findings

People who lived at the home told us they received care that reflected their needs and their preferences. Comments included, "The staff all know me", "They offer me blackcurrant juice which I like" and, "I'm very content here". Relatives told us their family members received personalised care and their needs were met. One relative commented, "Staff are always coming in to check on [my relative]". Another relative told us, "No matter who walks past that door they put their heads in. They're there for the patient and the family".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, nutrition, health, communication, medication and personal care.

The care plans and risk assessments we reviewed were very individualised and included information about people's likes and dislikes, as well as their needs. Information about what people were able to do and what they needed support with was documented, as well as how that support should be provided by staff. Information about people's interests and hobbies was also included.

The relatives we spoke with told us they were kept up to date with any changes in people's needs or any concerns. One relative commented, "They got in touch with me about changing [my relative] bed so that she wouldn't fall out. When I come in they communicate with me. It's a two way thing which is good. It puts you at ease".

People told us staff came when they needed them. One person commented, "The staff always come when they're needed and I always get what I need". Relatives also felt that people received support when they needed it. One relative told us, "Staff are attentive to [my relative]". During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as personal care and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively.

We looked at how people were supported with their spiritual or religious needs. We noted that information about local church services was included in the service user guide. We found that information about people's spiritual or religious needs had been recorded in their care plans. This meant that staff were aware of people's religious or spiritual needs and how to meet them. People told us their spiritual needs were met at the home. One person commented, "The minister comes to give me sacrament".

We noted that people's gender, ethnicity and sexual orientation were recorded in their care documentation.

This helped to ensure that staff were aware of people's diversity and could meet their needs. The staff we spoke with understood the importance of acknowledging people's diversity, treating people equally and ensuring that they promoted people's right to be free from discrimination. They could give examples of how they would manage a situation if a person experienced discriminated or abuse as a result of their diversity.

We looked at the availability of activities at the home. The service employed an activities co-ordinator who worked Monday to Friday. We noted that the activities for each day were displayed on a board in the entrance area of the home. Most people were happy with the activities available. Comments included, "I get my nails done", "I play the piano. I love playing it. I like playing carols at Christmas" and, "We're colouring leaves this morning for an autumn display". The relatives we spoke with were also happy with the activities available at the home. One relative told us, "The activity co-ordinator is very good with [my relative]. She tries to get her involved and find something for her to do. She's very good at organising things. She does one to ones with [my relative] in her room, like painting her nails"

Activities available during our inspection included arts and crafts, music and dancing, bingo, knitting and a jewellery stall. The activities co-ordinator told us that they also played dominoes, provided hand massage, arranged a variety of trips out and had 'afternoon delight' once a month on a Friday when they had alcoholic drinks and cake.

A complaints policy was available and included timescales for investigation and providing a response. The contact details for the Local Government Ombudsman and CQC were included. Information about how to make a complaint was also available in the service user guide. We reviewed the complaints for 2017 and noted that four complaints had been received. We saw evidence that they had been investigated appropriately and responded to within the timescales of the policy.

People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so. Comments included, "I'd go to [two staff members' names] if I had any complaints", "I would talk to the manager. I'm very comfortable with her" and, "I've no complaints at all". Relatives also felt able to raise concerns or make a complaint.

We looked at how the service sought feedback about the care people received. The registered manager told us that residents' meetings took place every month and were chaired by the activities co-ordinator. We reviewed the notes of the meetings held in July, August and September 2017 and saw that the issues discussed included meals, the home environment, the standard of care people received, laundry, housekeeping and activities. We noted that people expressed a high level of satisfaction about all issues discussed during the meetings. People were able to make suggestions, for example about activities and trips out, and we saw evidence that people's suggestions were acted upon. We also reviewed the notes of the residents and relatives meeting held on the evening of 4 October 2017, the first day of our inspection. We noted that two people who lived at the home and four relatives had attended. The issues discussed included activities, the home environment and complaints. We saw evidence that people and their relatives were able to raise concerns and make suggestions.

The people we spoke with were aware that residents meetings took place. One person told us, "I don't go". Another person commented, "I go to all the residents meetings. They ask if we have any complaints. I've no complaints. They ask you how things are going on and are you happy". One relative told us, "There's a feedback meeting tonight. I can't go, that's why I came this afternoon".

The general manager informed us that satisfaction surveys were given to people who lived at the home yearly to gain their views about the care being provided. We reviewed the results of the surveys from May

2017. We noted that a high level of satisfaction had been expressed about most issues including the friendliness of the staff, activities, response to complaints and confidentiality.

We noted that the lowest scoring areas related to the menus and meals provided, décor and ambience and the quality of care. We saw evidence that the lowest scoring areas had been addressed with people and improvements had been made, including new curtains in the lounge, new menus and the redecoration of one person's bedroom.

A satisfaction survey about meals at the home had also been issued in April 2017. We reviewed the results and noted that people had expressed a high level of satisfaction with meals and the dining experience at the home. We saw evidence that any suggestions for improvement had been acted upon.

Good

# Is the service well-led?

## Our findings

People who lived at the home told us it was well managed. Comments included, "There's a very good atmosphere", "It's calm" and, "The manager is very good. She knows what she's doing. She's very busy". Relatives commented, "The manager's the best since [my relative] has been here. She's caring, compassionate and approachable. It's managed a lot better than it was but still needs improvement", "The atmosphere is alright, it's friendly. I know [my relative] is well looked after" and, "The home has improved since [registered manager] has come".

People told us that staff and the registered manager were approachable. Comments included, "The manager and the staff are all alright with me" and, "The manager runs this place well. She's approachable, listens to you. She comes and asks me how I am". Relatives also found the staff and registered manager approachable. They told us, "All of the staff are approachable. The owner asks you how you are. I can phone up anytime to see how [my relative] is. The manager is lovely. She was brilliant when [my relative] was moving in" and, "The manager's got sympathy, empathy and is caring to residents".

During our inspection we observed that the home was calm and organised. The registered manager and general manager were able to provide us with the information we requested quickly and easily. We observed the general manager being professional and supportive towards the registered manager.

We saw evidence that staff meetings took place regularly and this was confirmed by the staff we spoke with. They told us they felt able to raise any concerns or make suggestions during the meetings. We reviewed the notes of the meetings in June, July and August 2017. The issues addressed included cleaning and infection control, medication, care documentation, safeguarding, staffing updates, the use of mobile phones, security and training. The notes also included thanks from the management team for staff members' hard work and dedication.

We reviewed the results of the staff satisfaction questionnaires issued in June 2017 and noted that 15 staff had responded. A high level of satisfaction had been expressed about some issues including the approachability of the deputy manager and staff supervision. The lowest scoring areas related to the management team, training, response to complaints and the approachability of the manager. We saw evidence that action had been taken to address the feedback received, including the survey results being fed back to the senior management team, staff supervisions and appraisals and further training being provided.

A whistleblowing (reporting poor practice) policy was in place. Staff told us they felt confident that the registered manager would take appropriate action if they raised concerns about the conduct of another member of staff. This demonstrated the staff and management team's commitment to ensuring that appropriate standards of care were maintained at the home.

The staff we spoke with during our inspection told us they felt well supported by the registered manager and the general manager. One staff member told us, "[Registered manager] listens and supports you. She's

decisive. Any action needed is taken. I would go to [general manager] if I had any issues with the manager".

During our inspection we observed people and their visitors approaching the registered manager directly and saw that she communicated with them in a friendly and professional way. We observed staff approaching the registered manager for advice or assistance and noted that she was friendly and supportive towards them.

The registered manager and general manager audited different aspects of the service regularly, including medicines, falls, infection control, meals, activities, care documentation, staffing and complaints. Records showed that the completed audits were shared with the provider. We noted that the audits completed had been effective in ensuring that appropriate standards of care and safety were being maintained at the home. The review of care documentation for everyone who had experienced significant weight loss and the introduction of a monthly audit of people's weight would help to ensure that people's risks were managed more effectively in the future.

The Provider Information Return submitted by the provider before our inspection identified a number of planned improvements for the service. These included asking new employees to give feedback about their induction experience, an external medication audit, the introduction of a dignity in care audit, environmental improvements and an end of life care champion.

Following our inspection, the general manager provided us with a copy of the service's action plan which addressed the areas for improvement identified during the inspection. It showed that clear processes had been introduced to monitor people's nutritional needs, including any weight loss. In addition, quotes had been obtained for the replacement of the flooring in the entrance area, with the new flooring due to be fitted by 30 November 2017.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

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<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to assess and mitigate people's risks. |