

Atlas Care Homes Limited

Aster Care

Inspection report

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22 November 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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 8, 13 and 22 November 2017. This meant the provider, registered manager, staff and people using the service did not know that we would be carrying out an inspection of the service.

The service was registered on 27 June 2017 and this was the first inspection of the service. This service had been rated 'Inadequate' under the previous provider and we needed to check that improvements had been made.

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

Aster care is purpose built and can provide nursing and personal care for up to 102 people across three separate units for people living with a dementia and people who have nursing needs. The service also provides support for working age adults who have a physical health condition, live with a mental health condition, learning disability or autism. At the time of inspection there were 39 people using the service who had nursing needs, were living with a dementia, had a physical disability or had a mental health condition.

The registered manager has been registered with the Care Quality Commission since 27 June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had not always informed CQC of significant events by submitting the required notifications. This meant we could not always check that appropriate action had been taken.

Quality assurance procedures had not identified that staff were not following the correct procedures for monitoring people at risk of dehydration and for turning percutaneous endoscopic gastrostomy (PEG) feeding tubes to stop them embedding into the wall of the skin.

Some aspect of medicines management needed to be improved. This included medicines audits and policies to make sure they were specific to the service.

The provider had not carried out quality assurance visits to monitor the service. The registered manager was carrying out some audits. Formal supervision sessions had not been carried out.

People's privacy and dignity was not always maintained. Doors were not always closed during personal care.

People and staff were aware of how to raise concerns about bullying, abuse and inappropriate behaviour. There was evidence that lessons had been learned, such as when safeguarding incidents had occurred, as measures were put in place to prevent repeat events.

Systems were in place to monitor the safety of the building. Staff participated in regular fire drills. Accidents and incidents had been reviewed and actions taken to review risks. Risk assessments were in place to keep people safe. They had been reviewed and were in-line with people's needs.

Complete recruitment records were in place and also staff had Disclosure and Barring Service (DBS) checks in place. The DBS carry out criminal records checks and also ensure that people are not barred from working with vulnerable children and adults. This helps employers make safer recruitment decisions.

There were sufficient staff on duty, however break times were not managed well. The registered manager told us they would take immediate action to address this.

There was sufficient personal protective equipment available for staff. An infection prevention and control champion was identified within the service who provided staff with up to date information and training for all staff was on-going.

Staff were supported through an induction programme. Informal supervisions had taken place but not been recorded. Training was in place for staff.

People told us they enjoyed the food provided but wanted to be involved in menu planning. People were given choice and had been given enough to eat and drink.

Care records reflected recommendations and guidance made by health professionals to support people's health and wellbeing. People were supported to access whatever healthcare services they needed to in order to remain healthy.

Mental Capacity Act assessments had been carried out when needed. The registered manager had followed the requirements of Deprivation of Liberty Safeguards (DoLS) and applications had been submitted when needed so that assessments could be made about whether people needed to be lawfully deprived of their liberty to maintain their safety. CQC had been informed when applications had been approved. Staff were complying with conditions applied to authorisations.

People were supported to make decisions about their own care; however this was not always reflected in people's care records. This is because staff had not completed the records fully. The registered manager was aware that this was a training issue.

The service was clean and tidy and rooms were personalised. Some adaptations were in use at the service, such as handrails in communal areas and bathrooms. Further improvements were needed to create a dementia friendly environment.

A small number of assistive technologies were in place for people. These included wheelchairs, walking aids, mobile phones, Wi-Fi and a computer with voice recognition. Communication passports were not in place for people when they went into hospital. We have made a recommendation about this.

Staff provided safe care and support to people and knew people's needs well. Care plans were detailed and contained relevant information about people's needs, wishes and preferences.

People told us staff were kind and respectful to them and staff encouraged them to remain independent. People spoke highly of staff. We saw people and staff laughing and joking during inspection. Staff responded quickly when people were anxious and upset. Staff supported people to maintain relationships with people important to them.

Staff took quick action when people became unwell and followed recommendations and guidance from health professionals.

People and staff gave mixed reviews about the quality of activities provided at the service. People had developed their own activities committee to improve the quality of activities for everyone.

People and staff spoke positively about the registered manager. Staff worked together as a team and they told us the morale within the team was good.

Meetings for staff and people using the service had taken place. Both parties had been kept up to date on the work being carried out by the provider and plans for the future. Feedback had been sought in both of these meetings. The registered manager told us that surveys were due to be carried out shortly.

The service worked in partnership with health and social care professionals involved in people's care, with the clinical commissioning group, local authority contracts and commissioning and safeguarding teams.

People and relatives were aware of how to make a complaint, though none had done so. People told us they felt listened to when they had raised concerns.

The registered manager told us they provided end of life care to people when needed, however they were not providing this at the time of inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to Good governance. We also identified a further breach of the Care Quality Commission (Registration) Regulations 2009 by way of failure to make statutory notifications in relation to the abuse or allegation of abuse of people. 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 always safe.

People felt safe living at the service. Staff followed policies and procedures in place to protect people and staff from harm, abuse and bullying.

Risk assessments were in place to minimise the risk of harm to people and had been reviewed. Medicines were safely managed.

Robust recruitment procedures were in place. Sufficient staff had been rostered to each shift, however we observed shortages during staff break times. We made a recommendation about this.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision sessions had taken place informally however records had not been completed. Training was on-going.

Staff did not follow procedures in place for monitoring people at risk of dehydration.

Records did not show procedures for specialist feeding techniques were carried out as needed.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Dignity was not always maintained. Call bells and drinks were not always within reach. We made a recommendation about this.

People told us they received good care and support from staff and spoke positively about them. They told us staff were supportive to their needs.

We heard mixed reviews from people about their involvement in planning and reviewing their own care. Advocates had been involved in people's care when needed.

Is the service responsive?

Good ●

The service was responsive.

Detailed care plans were in place which reflected people's individual needs and personal routines.

We heard mixed reviews about activities. They were not always appropriate to the group of people involved in them which the registered manager was aware of. Some people had started fundraising to enable people to access activities in the community.

People and relatives knew how to complain. We saw people informally spoke with the registered manager about concerns. No formal complaints had been made.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Notifications had not always been made to CQC about events and incidents that happened within the service in line with legal requirements.

People, relatives and staff spoke positively about the registered manager and told us they were supportive of them.

Quality assurance procedures were not effective. They had not identified many of the concerns which we identified during the inspection.

Aster Care

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.

One adult social care inspector and one expert by experience visited the service for an unannounced inspection on 8 November 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert by experience had experience of working with older people, including those living with a dementia type illness. One adult social care inspector returned for an unannounced inspection on 13 November 2017. A pharmacist inspector attended on 22 November 2017 for an unannounced inspection to review medicines management at the service.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We spoke with Middlesbrough local authority contracts and commissioning team, South Tees clinical commissioning group and Cleveland Fire service. We used this feedback as part of our inspection planning process.

The provider was not asked to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make.

During the inspection we spoke with six people and two relatives. We also spoke with a director, the registered manager, the deputy manager, one nurse, four care assistants and the maintenance member of staff.

We reviewed four care records in detail and 12 medicine administration records. We reviewed four staff supervision records and the training summary records for all staff. We also reviewed records relating to the day to day running of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice and conducted a short observational framework for inspection (SOFI) to capture the experiences of people who may not be able to express themselves or communicate with us.

Is the service safe?

Our findings

Policies and procedures were in place to guide staff on protecting people from abuse and improper treatment. The registered manager told us they had a zero tolerance approach to bullying which people and staff were aware of. No-one we spoke with during the inspection raised any concerns with us about abuse, discrimination or bullying.

People told us they felt safe living at the service. One person told us, "I feel safe. The doors are always locked and there is always someone at the end of my buzzer." Another person told us, "I have the equipment I need and the carers make me feel safe." A third person told us, "I feel looked after and happy to be here." A relative told us, "I sleep knowing [person] is safe."

Staff worked alongside health and social care professionals and other external agencies to minimise the risks to people. Risk assessments were in place for people who needed them and these had been regularly reviewed. These included mobility, falls, pressure area care and nutrition.

We saw that staff worked with people who displayed behaviours which challenge and followed evidence based guidance. They appropriately referred people to services for further advice and support to ensure they received the most appropriate care and support. Staff sought additional support from health professionals to make sure the care provided remained right for people.

Environmental risk assessments were in place for the safety of the building. The fire risk assessment had been carried out by the previous provider and we saw that this had not been reviewed for twelve months. We asked the registered manager to review this and they had by the second day of inspection.

Building work had been carried out when key pad controlled doors had been installed. We noted that the installation had taken place but we could see where plaster had been removed and wiring placed in the wall. No action had been taken to plaster over the wiring. We spoke to the provider about this and immediate action was taken to address this. We also found rooms used to store equipment were open. The provider took immediate action and new locks were put in place.

Accidents and incidents had been recorded and analysis carried out to identify any patterns and trends. Health and safety checks were in place for hoists, nurse call systems, bed rails and mattress checks. We spoke with the maintenance member of staff who told us about the checks they carried out and we were assured these were being done. However, the records did not reflect the checks. The registered manager took immediate action to improve these records.

Health and safety certificates and audits were in place and we found these were up to date. Checks of water temperatures had been carried out. Checks of fire alarms, exits and equipment were up to date. Staff had participated in regular fire drills and these had been well attended.

Robust recruitment procedures were in place. Records were in place which demonstrated the suitability of

candidates for their role and the reasons for their employment. These records also included two checked references and a Disclosure and Barring Services (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

There were sufficient staff on duty during inspection. The registered manager completed a dependency tool and carried out their own observations of staffing levels at different times. We could see that staff worked together and supported areas of the service that were experiencing increased demands at certain times. However some concerns about staffing levels were raised with us by people and staff and we shared them with the registered manager. One person told us, "We could do with another carer at night as we tend to have an agency nurse on duty. It's not always about numbers, it's more about experience." A member of staff told us, "Staffing levels could be improved. Many people require two staff members. People's dependency levels have changed." A third staff member told us, "Staffing levels are right, but we can't meet all of the demands on a morning. Because of this, care is more task orientated."

During inspection we found insufficient staffing levels on the young adults unit. This was because one staff member was on their break and another staff member was covering a staff break on another unit. This left the young adults unit with one member of staff on each floor and people generally needed support from two staff members. We observed that during this time, people would not have been able to access the support of two staff members when they needed to. We discussed this with the registered manager and they told us that breaks needed to be better allocated to ensure sufficient staffing levels remained. They also told us that they and the deputy manager were available to support staff. Staff told us that staff would be taken from the young adults unit to support other areas. One staff member told us, "When there's staff shortages on the other units, [staff] are taken off here for the other units."

We recommend the provider reviews staff rotas and staffing levels to ensure there are sufficient staff available in all areas of the service to support people in line with their needs at all times.

We looked at the systems in place for the management of medicines and found that medicines were managed safely. We looked at 12 medicines administration records (MARs) and looked at storage, handling of medicines and stock management. We spoke with one nurse, two team leaders who administered medicines, and the registered manager.

The service kept one oxygen cylinder, however there was no system in place to ensure it was fit for use. Waste medicines were stored securely in line with guidance. Medicines fridge temperatures were recorded daily; however, the maximum and minimum temperatures were not recorded on all units in accordance with national guidance. We brought this to the attention of the registered manager who took action during the inspection to rectify this. Each person had a photograph and allergy status on their cover sheet to aid staff when administering medicines.

Medicines, which were to be taken as and when required, had protocols in place to guide staff in their safe administration. These protocols were person centred and for those who could not communicate verbally they detailed the person's methods of communication. All the protocols we looked at had been reviewed monthly. In addition, a pain evaluation chart was used to record the outcome of administration of pain medicines, and for those who had communication difficulties the Abbey pain care chart was used. This is a scale used to assess the level of pain a person is experiencing.

We saw that some people required topical preparations to be applied by care staff. Topical medicines administration records were in place. Each form contained enough information to guide staff about how to

administer the topical medicines. Administration was recorded clearly for the records we looked at.

The service used transdermal patch application records alongside the MAR chart to record the application of patches. These had been effectively filled in to ensure the site of application was recorded to avoid skin sensitisation and duplicate application.

Supplies of medicines had been raised as an area of concern by the service. During the inspection we found that sufficient quantities of medicines were available for the people we looked at. The registered manager described how the service was working with the pharmacy to try and prevent gaps in the supplies of medicines.

The service used an electronic system for medicines administration. Updated training had taken place to ensure the effective use of the system. Staff had also undertaken specific medicines training. The registered manager was in the process of carrying out competency assessments.

Medicines policies and audits required further development to ensure they were relevant to the service. The electronic system provided a daily report to the registered manager. This included amongst other points any missed doses that had occurred so these could then be investigated immediately and action taken to rectify any issues.

All staff were aware of infection prevention and control procedures. Each area of the service was clean and tidy. One person told us, "The building and staff are both clean." Another person told us, "It's all clean in here." We observed staff following appropriate practice and there was sufficient personal protective equipment available for staff. A champion had been nominated for infection prevention and control and they were participating in further training to enhance their knowledge. They were responsible for carrying out infection prevention and control audits, attending specific meetings and sharing good practice with staff.

Each person had a record in their care plan where staff recorded details of any infections they had, including the action taken to monitor and treat the infection. This meant they could monitor the frequency of infections, carry out analysis to identify patterns and trends and speak to health professionals for advice and guidance regarding people's health and well-being.

A small number of incidents had occurred at the service. The registered manager told us that lessons had been learned as incidents were discussed in staff meetings. A teaching session had been carried out in relation to a specific safeguarding incident. Feedback from staff had been that the power point presentation used during the teaching session had been powerful and had helped to increase their understanding about the incident and the lessons learned. Daily meetings had been introduced where key staff and the management team were able to discuss any concerns they had on a daily basis. This had allowed prompt action to be taken.

Is the service effective?

Our findings

Care records for people at risk of dehydration and malnutrition were not person-centred and did not contain the information needed. For example, one person often refused fluids, but this had not been recorded and there was no information about action staff needed to take.

We could see people were not dehydrated, however the care records did not show if staff were actively monitoring people's fluid intake because they were incomplete and there was no evidence of action taken by staff when fluid intake was low. We noted one person was achieving between 440 millilitres and 1050 millilitres of fluids each day. Procedures were in place which staff needed to follow if this person did not achieve enough fluid intake. This included speaking with the team leader and making a decision about whether they needed to seek guidance from a health professional. However, staff had not followed these procedures and there were no records to show whether any discussions took place about this person's fluid intake.

Minimum and maximum fluid levels were not consistently in place for people. Staff were recording that they had offered people fluids but people had refused them because they were asleep. This meant the records were inaccurate because people were not awake to accept or refuse fluids. When people were given milkshakes to increase their calorific intake, we found these were not routinely recorded on the fluid balance records.

We spoke with the registered manager about all of these concerns and they assured us immediate action would be taken to address them.

Some people received their nutrition and hydration via a percutaneous endoscopic gastrostomy (PEG) feeding tube. Records were in place to show feeding regimes for people. We could see from these records people were receiving adequate nutrition and hydration which was in line with recommendations from a dietician. However, we looked at one person's records between 10 September 2017 and 6 November 2017 and found three occasions where the records showed the PEG was not rotated each week. On these three occasions, the PEG was not rotated for between 10 and 14 days each time.

It is important that a PEG feeding tube is rotated once per week to prevent it becoming embedded in the internal wall of the stomach. We spoke with the nurse on duty and they told us they were confident that the PEG had been rotated each week and no concerns had been observed or identified by themselves or the person. They felt that it was a recording issue. The registered manager told us they were aware of the gap of 14 days between 10 and 24 September 2017, because it had been highlighted during an audit. However we could not see what action had been taken to address this.

The records looked at were incomplete and did not accurately show if staff had followed the correct procedures to monitor these people to prevent deterioration in their health.

This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Menus were displayed in communal areas of the service and in dining areas. We could see there was a choice and variety of foods on offer. One person told us, "The food is good, I get plenty and there's always a choice." Another person told us, "It's mostly okay. We get a choice." People told us they were not involved in planning the menus and they felt this was an area where they should be involved to ensure their diverse needs and preferences were acknowledged. One person told us, "We are not involved in the decisions." Another person told us, "We don't get involved in the menus, the kitchen staff do it." We saw that people were asked for their preferences for lunch and the evening meal every morning. This helped the kitchen to plan meals for people, offer alternatives and be aware of those people who were out of the service for the day.

At the time of inspection, there was no-one using the service who required a specialist diet because of their religious beliefs. However, some people's diets were restricted because of their health conditions. This included people with swallowing difficulties and allergies to specific food. Kitchen staff were aware of these and alternative choices were offered and prepared for people.

We observed the mealtime experience. We found that plate guards and adapted chairs were in use for people who needed them. The mealtime experience was quiet and we noted that staff had limited interactions with people, even when supporting people with their meals. We also observed that one person who displayed behaviours which challenge was removed from the dining area without finishing their lunch. We discussed this with the registered manager and they took action to ensure this person was given something else to eat.

Staff followed guidance from health professionals when people decided to refuse medical treatment or did not consent to referrals to health professionals being made. The registered manager participated in discussions with people and their families to outline the reasons for the recommendations and risks to them when they decided to make these decisions.

New staff participated in an induction programme which included shadowing more experienced staff and undertaking training. They also reviewed policies and procedures and became familiar with people and the day to day running of the service. Existing staff had participated in group supervisions. One to one supervisions had not been formally recorded, however, staff told us they received appropriate support from the registered manager. People told us that staff had the right training to provide care and support to them. One person told us, "I think the staff are trained to look after me. The way they go on tells me that. I watch them with others too."

All staff were in the process of completing mandatory training; this is training the provider feels is necessary for staff to carry out their role. This included equality and diversity, food hygiene, moving and handling, fire safety, dignity, health and safety and first aid. Planned dates were in place to ensure all staff completed all training by the end of the first year.

The service sought assistance from the same external agency services when needed due to staffing issues, in order to ensure consistency of care as much as possible. They also requested staff profiles for agency staff before accepting them working in the home. This meant they knew who to expect and could be sure that agency staff had the right skills, experience and qualifications to work at the service. The registered manager also checked that nurses remained registered and fit to practice.

Care records showed that people attended appointments in the community, such as attending hospital

appointments. Health professionals, such as GPs, dieticians, speech and language therapists and the falls team visited people at the service. People told us staff made arrangements for them to attend appointments and if needed staff went with them. One person told us, "I have frequent hospital appointments. I'm always informed about them." People also told us staff would contact their GP if they experienced some deterioration in their health and well-being.

Care records included information about appointments and any recommendations from health professionals. Care plans had been updated with recommendations about treatment which included the use of equipment, arm splints and fortified diets. However, people were not always aware of this. One person told us, "I go for appointments. I know I have to have a soft diet, but I'm not sure if my plan has been updated or not."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

Staff were undertaking training in the MCA and DoLS. The registered manager had taken responsibility for people's MCA assessments and DoLS applications and had submitted DoLS applications when needed. They had notified CQC when applications had been granted. We found that staff were complying with DoLS. We could see one person had conditions attached to their DoLS. This condition meant that staff had to provide the person with meaningful conversation throughout the day and record when this occurred. We looked at their records and could see that regular conversation had been documented. Staff spoken to who were responsible for supporting this person were aware of this condition and what it meant.

Best interest decisions had been carried out to ensure people remained safe. These decisions included the use of lap belts for people who needed to use wheelchairs. Records showed the reasons for the decisions being made and the people involved in the decision making.

Where applicable, information about lasting power of attorneys had been recorded in people's care records and the registered manager had seen copies of these documents. Lasting power of attorney is a legal status which gives a nominated person the right to make decisions on a person's behalf in regard to health and welfare and/ finances.

Some people had 'Do not attempt cardiopulmonary resuscitation' certificates. This is a document issued and signed by a doctor, which states that cardiopulmonary resuscitation should not be carried out in the event that a person suffers a cardiac arrest. These certificates had been fully completed and showed the reason for the decision being made and the people involved in making that decision.

The provider commenced their registration with the CQC in June 2017, taking over the delivery of the regulated activity and the accommodation from a different provider. They had been working hard to make improvements to the home. This included painting and replacing flooring, curtains and decorative items.

The quality of lighting and light fittings had also been improved. During the inspection we could see this work was on-going. Each person we spoke with was aware of the plans in place to improve the service. We could see that there had been some disruption to people because some rooms were out of use temporarily, but people were supportive of the provider. The provider told us people had raised concerns about carpets, especially when wheelchairs were used and so they had decided to update them with new flooring.

The registered manager told us about one person who had limited vision because of their health condition; however they were able to manage the environment at this time. They told us that this position was continually reviewed to ensure the environment continued to meet their needs. If there was likely to be further deterioration or the person started to struggle, then the registered manager told us they would engage in further discussions with the person and health and social care professionals about specific adaptations to the environment which was individual to their needs. Another person had experienced some deterioration in their hearing and the registered manager was looking at the suitability of a loop system in the service.

Within the environment we saw handrails in all communal areas. Bathrooms and toilets had blue handrails and emergency cords were in place. There were plans in place to improve signage for people with visual impairments, those who lived with a dementia and those who needed pictorial signage in order to assist people to navigate around the home.

Is the service caring?

Our findings

During the inspection we found that one person's dignity had been compromised because their personal information was on display in communal areas. We alerted staff and immediate action was taken to address this. The registered manager assured us this was an isolated incident and we did not see any repeated incidents during the inspection.

People told us staff generally respected and maintained their dignity whenever personal care and support was provided to them. People and staff told us staff knocked on doors before entering and closed doors and curtains when assisting with personal care. One person told us, "The door gets closed and the blinds. They [staff] knock before coming in." Another person told us, "Sometimes the door gets left open when [staff] are helping me wash and dress. I don't like having to ask to close the door. Not all of them leave it open though."

We observed that a small number of people did not have call bells and drinks within their reach. Although staff told us that some of the people were not able to use these call bells, they could not demonstrate what additional measures were put in place to ensure people would be heard if they needed support. We shared this with the registered manager who felt this was a training issue and was confident that people were receiving good care. One person told us, "Sometimes they [staff] forget to give me the buzzer, but it's just because the staff are busy, it's not intentional."

We recommend the provider takes action to make sure people's privacy, dignity and independence are always respected and promoted.

On the young adults unit staff told us about one person who was unable to use their call bell. Staff told us that the person's door was kept open and located near the staff desk which meant they could respond quickly if the person needed assistance. Staff appeared to know the person well and could tell us about the different ways the person would communicate that they needed assistance.

When we spoke with people, they told us they enjoyed living at the service. People were very complimentary about the care and support they received from staff. One person told us, "They [staff] look after me extremely well." Another person told us, "The girls [staff] treat me nice." A relative told us, "Staff are lovely. I can't fault them."

From our observations and conversations with people about staff, we could see that staff knew people well. Staff knew about people's personal histories, likes and dislikes. Staff provided reassurance to people and knew when they needed extra support. Staff spoke positively about people and expressed satisfaction about working at the service. One staff member told us, "I like being able to make a difference to someone else. I look after people as if they were my own. We do what we can and what they [people] want us to do." Another staff member told us, they enjoyed, "Seeing residents smile and knowing they are happy."

People told us staff were supportive and could tell when they needed extra support when they were not feeling themselves. One person told us about a recent occasion when they had felt unwell. They said, "I had

a bad day last week and the staff member sat with me all morning. They had the time for me and the action they took helped me."

We observed meaningful interactions between people and staff. For example, we observed one staff member on the dementia unit providing support to people. The staff member appeared to know people well, spoke to people at eye level and provided support and reassurance. Conversation was around people's areas of interest. We saw people responded well to this staff member. We could see from the conversations between people and staff that they knew each other well and felt comfortable engaging in friendly banter [joking conversation]. We saw people smiling during activities and staff tried different ways of encouraging people to engage in them.

Information about advocacy services was available in communal areas of the service. Advocacy services provide independent advice and support to people to assist with their decision making where they are unable to do this for themselves. People did not have access to information in a suitable format for them, such as large font or easy read formats. The registered manager understood that this needed to be provided to people and told us they would take immediate action to address this.

The care records reviewed did not always show evidence of people's voices, their relatives or advocates. However some people told us they had been involved. One person told us, "I was involved in my care planning and I'm involved in modifications."

Most people were able to communicate with staff. Where people displayed some difficulties, we found these had been documented in care plans. For example, we saw one person spoke very quietly and staff needed to position themselves at eye level and listen carefully. We also found that one person could communicate negatively towards staff when they were experiencing a difficult day.

Assistive technologies are products and services that empower disabled people to become more independent. Under the Equality Act 2010, assistive technology is recognised as a 'reasonable adjustment' which should be made available to prevent discrimination in a wide variety of contexts. At the time of our inspection, people had access to wheelchairs and walking frames. No-one using the service used any specialist communication aids such as multi-media profiles (clips about people, photographs and power point slides), communication passports and picture boards. The registered manager was aware that staff may require training in the future on specialist assistive technologies such as the use of mobile and computer applications. However we found staff did not fully understand assistive technologies and we discussed this with the registered manager to allow them to take action to address this. Communication passports for people who display communication difficulties were not in use at the time of inspection. A communication passport is a way of supporting a vulnerable person with communication difficulties across transitions, drawing together complex information (including the person's own views, as much as possible) and distilling it into a clear, positive and accessible format.

We recommend the provider considers all relevant accessible ways to communicate with people when their protected and other characteristics under the Equality Act make this necessary to reduce or remove barriers.

We reviewed two people's care records and could see that they had been involved with speech and language therapists. The outcomes of the assessments were that assistive technologies were not appropriate for them. We spoke with one person who had access to voice dictation on their computer and used their mobile phone to communicate with family and friends. Another person had access to Wi-Fi which allowed them to participate in on-line gaming.

Staff supported people to maintain relationships with people important to them. People told us they could have visitors at any time. One person told us, "I can have visitors whenever I like. Another person told us, "The dog's even allowed to visit." A relative told us, "We don't get stopped from coming. We've even been told we can stay overnight in the spare room." People knew they could use their own rooms or communal areas to spend time with their friends and relatives. We saw that staff gave people space during visits. Staff understood that these relationships were important to people. People and their relatives told us staff made the relatives feel welcome during visits to the service and any interruptions were minimal. Relatives told us staff were caring towards them. For example, they asked how they were doing, took an interest when relatives took people out into the community and offered them hot drinks. Staff supported one person who liked to go into the community to purchase flowers for their partner when they were due to visit.

Is the service responsive?

Our findings

People's needs, wishes and preferences were discussed prior to admission and again when they moved into the service. We found care records contained good detail about people's individual needs and had been regularly reviewed. Care plans gave a good overview of people's health conditions and the associated risks they were exposed to. These corresponded with associated care plans and risk assessments. We identified some areas where further detail was needed about specific conditions, distraction techniques and the appropriateness of individual goals. The registered manager told us care plans were in the process of being updated.

Some care plans contained detailed information about people's health conditions, the impact of these and the support staff needed to give to people in order to meet their needs. For example, one person's health condition meant their mobility was poor and they could 'freeze' which meant that at times they were briefly unable to move. The care plan detailed this and the action staff needed to take to keep the person and themselves safe. Where people had less common health conditions, information was available in the care records which explained about the condition, signs and symptoms and treatment options.

Another care plan was extremely detailed and provided a step by step guide of how the person liked their care and support to be delivered. This included specific tasks that the staff member needed to carry out, toiletries the person liked to use, when they liked to bathe and the number of pillows they liked on their bed. Care plans reflected people's choices, likes, dislikes and personal beliefs. For example, if someone wanted personal care provided by a female member of staff, this was adhered to by staff.

Some people were able to access the community to participate in their hobbies and interests. The registered manager told us they had supported one person to attend the local theatre to see a show and another person was learning another language. A relative told us, "We've seen the staff take a resident to the [football] match. It's excellent." Some people told us they received visitors from their local place of worship.

We heard mixed reviews from people about the quality of activities provided at the service. We found that some activities provided were not suitable for some people, for example, we found that some people living with dementia did not understand the game of bingo. We also found that some young people did not attend activities because the activities provided were aimed at older adults. A staff member told us, "We need person-centred activities. The activities now don't suit the diverse age range we have in here." We observed a lack of meaningful interaction for people who spent time in their rooms. The activities coordinator knew the people they were providing activities to and did actively try to involve people. People told us staff had supported them to attend community events. The registered manager told us they had plans in place to improve the provision of activities at the service.

At the time of our inspection, the activities room was undergoing maintenance so activities were delivered in the communal area of the young adults unit. We found this impacted upon the people who resided on this unit because their communal space was utilised and some had told us they did not like to participate in the activities provided. However, we could see that this disruption was temporary.

People had told the registered manager that the activities provided were not suitable for everyone using the service. As a result the registered manager had encouraged people to set up their own forum to provide feedback about the activities they would like to be involved in. People from the young adults unit had worked together in their own fundraising committee to plan and carryout fundraising activities to attend activities of their choice. A pie and pea supper and quiz night was planned to raise funds for people to attend the local theatre to see a Christmas Pantomime. One person told us about a 'darts fling' that they were participating in over two days to raise funds. People told us that funds raised would be used to allow people to access activities of their choice in the local community. Staff were also participating in a non-uniform day as part of Children in Need. This showed that people and staff were taking into account people's individual interests and maintaining links with their local community.

People told us they felt able to raise any concerns with the registered manager and we saw people had discussed minor concerns rather than formal complaints with them. People told us they felt listened to when they spoke with the registered manager and felt confident they would act upon their concerns. A complaints policy and procedure was in place and all staff were aware of this and how to support people to make a complaint should they need such support.

At the time of our inspection no-one using the service was in receipt of end of life care. The registered manager told us they were well equipped to provide this provision. End of life care training was in place for staff and the registered manager was in the process of sourcing syringe driver training for nursing staff so that they could safely administer pain relieving medicines in such circumstances.

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The registered manager had not always informed CQC of significant events by submitting the required notifications. This meant we could not always check that appropriate action had been taken.

This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside the inspection process and will report on any actions once they have been completed.

There was evidence of audits taking place in areas such as care planning, nutrition, falls, catheter care, enteral feeding, dining experiences, medicines and infection prevention and control. Where they had been completed, action plans were in place. However, we found the registered manager had needed to stop some of the audits because they didn't have the capacity to complete all of them, carry out the actions needed and then review them again.

In the care plan audits reviewed, we could see that good progress has been made to ensure care plans contained the required information and were of a good standard. The audits had highlighted gaps in the information contained in care plans and action plans had been put in place. The audit showed where these actions had been completed. It was clear the registered manager needed additional support to ensure further audits.

Two medicines policies were in place at the service, one that covered the electronic system and a second provider medicines policy. At the time of inspection, there was no method to ensure staff had read the policies. Neither policy was specific to the home's systems, nor did they cover in detail the handling of controlled drugs. A monthly audit had been commenced to monitor medicines, however this provider audit did not reflect the system used at the service, and it required further development.

The registered manager told us they spoke with the provider each day on the telephone and we observed one of the director's was onsite each day overseeing improvements to the service. The registered manager told us the provider visited once per week to monitor the quality of the service, however there was no evidence of records for these visits, areas for improvements and action plans developed as a result. The registered manager made reference to their improvement plan, however this plan was not documented. This meant we were unable to establish what progress had been made.

The provider and registered manager had not identified that; procedures were not being followed to monitor people at risk of dehydration; that formalised supervision sessions and records had not been completed; or that meetings for staff and people using the service had not been formally recorded. Compliments had been received but not recorded. From our observations and from speaking with people we established that staff needed further guidance about how to ensure they maintained people's dignity at all times. The provider and registered manager had not recognised there was a lack of staff presence during

break times. They had also failed to recognise that building work to install electronic doors had not been completed because wiring had not been encased or covered up by plaster.

Robust procedures were not in place to effectively monitor the quality of the service.

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

People spoke highly of the registered manager. One person told us, "[Registered manager] is making a difference. I have never been in a home where a manager is so dedicated to making it our home. She goes above and beyond. She is pleasant and very fair, we are so lucky to have her. She is the best manager I've come across, her belief is that it's 'our' home." A relative told us, "The [registered] manager is brilliant. She treats everyone the same."

Staff told us they felt confident in speaking with and raising concerns with the registered manager. We observed this to be the case during inspection. One person told us, "Staff seem to have confidence to approach [registered manager]." Another staff member told us, "I can go to [registered manager]. She will do what I ask. I can go to her office at any time."

The registered manager told us they felt supported by the provider and they were given all of the resources which they needed. They told us directors were regularly on-site and available over the telephone when needed. However, there were no records in place to demonstrate their oversight of the service and quality improvement plan.

The provider told us they had recruited an area manager who would have more frequent oversight of the service and be available to support the registered manager. There were also plans in place to recruit a unit manager for the nursing and young adults units. Staff 'champions' had been nominated in care planning, end of life care, infection prevention and control, continence, dementia care, enteral feeding, health and safety, medicines, nutrition, oral health and safeguarding. Staff in these posts were responsible for sharing best practice information with all staff.

People and staff told us the registered manager was visible and we observed this to be the case. The registered manager varied her hours to ensure she worked earlier mornings and late evenings as part of their responsibilities to oversee the service. One person told us, "[Registered manager] is here and visible, more than she should be. She will cover staff when residents have appointments and she asks about us all. If she says she will do something, she will."

We saw staff working together as a team and regularly communicating with one another. One staff member told us, "I like it here. I can be myself. I have a laugh [with people]. It makes their day better."

The registered manager told us they were working on the profile of the service and raising awareness of the service and its visibility within the local community. People from the local community were being invited to fundraising events and the service was in the process of developing links with local schools and colleges. Staff planned to participate in a non-uniform day to raise funds for Children in Need.

Resident and relative meetings had taken place. Information had been shared with people about the new provider and the changes they were making to the service. Meetings had been well attended with representation from each unit. People using the service worked together to complete their own newsletter. The provider planned to carry out surveys with people and staff to capture their views about the service,

which were due to be distributed in December 2017.

Information was on display in communal areas about different aspects of the service and the progress that was being made in these areas. This included staff sickness, appraisals, safeguarding alerts, audits, complaints and pressure area care. These were colour coded to increase people's understanding.

People and their relatives were involved in nominating staff members each month who they felt had gone 'above and beyond' in their duties. The 'employee of the month' was rewarded with a certificate and high street voucher.

The service had worked alongside the local authority contracts, commissioning and safeguarding teams to ensure the service delivered safe care and support to people. We could see they had understood and followed guidance and recommendations from health and social care professionals and had sought further advice when needed in respect of people's care and maintaining their health and wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality assurance procedures had not highlighted where staff were failing to monitor people at risk appropriately. Audits were not taking place in all key areas. Medicines policies were not specific to this service. There was no evidence that the provider was monitoring the service or had an improvement plan in place. There were shortfalls in records and recording.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	<p>1. Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p> <p>2. The incidents referred to in paragraph (1) are—</p> <p>(e) any abuse or allegation of abuse in relation to a service user;</p>

The enforcement action we took:

We issued a fixed penalty notice and the provider paid in full.