Adiemus Care Limited

Kings Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 18 June 2015 and was unannounced.

Kings Court is a care home for up to 38 people. It provides care and support to people over the age of 65 years living with dementia. At the time of our inspection there were 19 people living at the service. The service is purpose built, arranged over three floors accessed by a passenger lift, and situated in Horsham. Five of the bedrooms had adjoining en suite facilities. Long term care and respite care was provided.

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

At the last inspection in September 2014, the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there were not sufficient numbers of

Summary of findings

suitably qualified, skilled and experienced staff employed to ensure the health, safety and welfare of people living in the service. The provider provided the Care Quality Commission with an action plan as to how they would address these issues. We looked at the improvements made as part of this inspection and judged that they were now meeting this requirement.

Since the last inspection there have been a number of changes to the service. The name of the service has been changed as this service was previously called Hazelhurst. The regulated activities being run from this service has also changed from a care home providing nursing care, to a care home providing residential care only for people living with dementia. The service has been subject to a significant refurbishment programme to improve the environment that people lived in. Advice and support has been taken to ensure the changes to the environment considered the needs of people living with dementia. Staff spoke of a significant period of change that they were still working through. The service was only at half occupancy at the time of our inspection. There had been a high turnover of staff which had led to a high use of agency staff to help cover the staff rota. The changeover of staff had affected the continuity and number of staff attending specialist training (such as dementia care) provided to enhance staff skills.

Senior staff and representatives of the provider carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, for example for the completion of care plan and risk assessments, medication, and health and safety. However, they were not able to show us in all instances that following the audits any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. There was no evidence of learning from any complaints or incidents and accidents in the service. This was to ensure the continuous improvement and development of the care provided.

The provider had detailed policies and procedures in place to direct staff and for staff to reference. However, these had not been regularly reviewed to ensure that current guidance had been considered. This was to ensure that staff had up-to-date guidance of the practices to follow.

People and their representatives had limited opportunities to give formal feedback on the care provided though meetings and the use of questionnaires. The provider had not actively sought the views of a wide range of stakeholders to analyse and use the information to improve the service.

The registered manager monitored peoples dependency in relation to the level of staffing needed to ensure people's care and support needs were met. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

People were cared for by staff who had been recruited through safe procedures. Recruitment checks such as a criminal records check and two written references had been received prior to new staff working in the service.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had policies and procedures to follow and demonstrated an awareness of where to get support and guidance when making a DoLS application. A number of applications had been made we found that people could freely move around the service when they wished to.

Medicines were stored correctly and there were systems to manage medicine safely regular audits and stock checks were completed to ensure people received their medicines as prescribed.

There was a maintenance programme in place which ensured repairs were carried out in a timely way.

People's individual care and support needs were assessed before they moved into the service. Care and support provided was personalised and based on the identified needs of each individual. People's care and support plans and risk assessments were detailed and reviewed regularly giving clear guidance for care staff to follow. Peoples healthcare needs were monitored and they had access to health care professionals when they needed to.

Summary of findings

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner.

Visitors told us they felt people were safe. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and they would be listened to.

People said the food was good. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the manager, who they described as very approachable.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we have asked the provider to take at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were sufficient staff numbers to meet people's personal care needs. People were cared for by staff who had been recruited through safe procedures.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective. Staff were aware of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS.)

Staff had a good understanding of peoples care and support needs. People were supported by staff that had the necessary skills and knowledge.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals when they needed.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. People were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified. Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

People were supported to take part in a range of recreational activities. These were organised in line with peoples' preferences.

People and their visitors were comfortable talking with the staff, and told us they knew who to speak to if they had any concerns.

Is the service well-led?

Requires improvement

The service was not consistently well led. Quality assurance was used to monitor to help improve standards of service delivery. However, they were not

Summary of findings

able to show us that following the audits in all instances any areas identified for improvement had been collated in to an action plan and how and when these had been addressed. There was no evidence of learning from any complaints or incidents and accidents in the service

People and their representatives had limited opportunities to comment formally on and be involved with the service provided to influence service delivery.

There was a registered manager in post, who was supported by a team of senior staff. However, there had been a number of changes of deputy manager, which had led to a lack of continuity and support for the registered manager. The leadership and management promoted a caring and inclusive culture. Staff told us the management and leadership of the service was approachable and very supportive.

Kings Court

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 June 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and complaints we have received. This helped us with the planning of the inspection. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We telephoned the local authority commissioning team, who have responsibility for monitoring their contract with the service to provide care to people funded by the local authority. From this information, following our visit, we telephoned a social care professional and three health care professionals to ask them about their experiences of the service provided.

We used a number of different methods to help us understand the views and experiences of people, as they not all were able to tell us about their experiences due to their living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We used this tool to observe the lunchtime experience. We spoke with two people, and two visitors who were friends or relatives. We spoke with the registered manager, three care workers, the activity co-ordinator, a chef and the receptionist. We observed the administration of people's medicine, the care and support provided in the communal areas, and the dining experience for people over lunchtime.

We observed communal areas, people's bedrooms, and the garden. As part of our inspection we looked in detail at the care provided to four people, and we reviewed their care and support plans. We looked at menus and records of meals provided, medicines administration records, the compliments and complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, meeting minutes, staff training records and six staff recruitment records. We also looked at the provider's own improvement plan and quality assurance audits.

Good

Is the service safe?

Our findings

Visitors told us they felt people were safe, happy and were well treated in Kings Court. One visitor told us, "Yes he is safe. I know he is looked after."

At the last inspection in September 2014, the provider was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because there were not sufficient numbers of suitably qualified, skilled and experienced staff employed to ensure the health, safety and welfare of people living in the service. During this inspection, improvements had been made and they were now complying with this standard.

Staff told us how staffing was managed to make sure people were kept safe. The registered manager demonstrated she knew the people well and showed us the dependency tool used to ensure that there were adequate staff planned to be on duty to meet people's needs. Staff told us although at times it could be busy there was adequate staff on duty to meet people's care needs. They told us minimum staffing levels were maintained. At the start of each shift a shift planner was completed which identified the tasks to be completed and staff allocated to complete each task. Following a period of staff recruitment the use of agency staff in the service was now minimal, which had helped with the continuity of staff working in the service. They also spoke of good team spirit. Visitors told us there were enough staff on duty to meet people's needs. On the day of our inspection there were sufficient staff on duty to meet people's needs. Staff had time to spend talking with people and supported them in an unrushed manner. A sample of the records kept of when staff had been on duty and how many showed that the minimum staffing level was adhered to.

The premises were safe and well maintained and the environment had recently had a major refurbishment. The environment was clean and spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. The grounds were well maintained with clear pathways and hand rails for easy access. Equipment had been regularly checked and serviced. Contingency plans were in place to respond to any emergencies, for example flood or fire. Staff told us they had completed or were due to complete health and safety training. There was an emergency on call rota of senior staff available for help and support.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. This included clear systems on protecting people from abuse. The registered manager told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. They had notified the Commission when safeguarding issues had arisen at the service in line with registration requirements, and therefore we could monitor that all appropriate action had been taken to safeguard people from harm. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities to identify, prevent and report abuse. One member of staff told us if they had any concerns," My first concern is to tell my senior and then my manager."

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

People had individual assessments of potential risks, to their health and welfare and these were reviewed regularly. For example, the risk to people of malnutrition. Where risks were identified, staff were given clear guidance about how these should be managed. Staff also told us if they noticed changes in people's care needs, they would report these to one of the managers and a risk assessment would be reviewed or completed.

We looked at the management of medicines and observed medicines being administered. Medicines were stored appropriately and there were systems in place to manage medicine safely. The senior care workers administered medicines and were trained in the administration of

Good

Is the service safe?

medicines. A senior care worker described how they completed the medication administration records (MAR) and how these were checked at the end of each shift to ensure they had been correctly completed. MAR charts are the formal record of administration of medicine within a care setting and we found these had been fully completed. Medicines were stored correctly and there were systems to manage medicine safely. Regular audits and stock checks were completed to ensure people received their medicines as prescribed. We looked at a sample of the medications in stock, and we found the records of the stock were accurate. People who were able to could be supported to manage their own medicines through a risk management process. However, no one was managing their medicines at the time of the inspection. Where people took medicines on an 'as required' basis (PRN) there was guidance in place for staff to follow to ensure this was administered correctly. People told us they got their medicines in a timely way.

People were cared for by staff who had been recruited through safe recruitment procedures. Where staff had applied to work at Kings Court they had completed an application form and attended an interview. Each member of staff had undergone a criminal records check and had two written reference requested. This information had been received prior to them commencing work in the service. This meant that all the information required had been available for a decision to be made as to the suitability of a person to work with adults. One care staff told us they had applied to work in the service as they were aware of the changes in the service and, "I heard great things about this place."

Good

Is the service effective?

Our findings

Visitors told us they felt the care was good, and people's preferences and choices for care and support were met. One relative told us, "I have no complaints about the care or the food." The relatives and social care professionals told us that the staff were knowledgeable and kept them in touch with what was happening for people.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA 2005 is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The registered manager told us that if they had any concerns regarding a person's ability to make a decision, appropriate capacity assessments were carried out. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. Care staff told us they had completed or were due to complete this training and all had a good understanding of the need for people to consent to any care or treatment to be provided. We asked care staff what they did if a person did not want the care and support they were due to provide. One member staff told us if a person refused to have support with their personal care," We would wait until the afternoon and try again." Another member of staff told us, "We leave them and give them a chance to settle. It's just the wrong time. We'll go back later."

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. The registered manager told us they were aware of how to make an application. They told us about the DoLS applications that had already been made to the local authority, and staff were awaiting confirmation if these applications had been authorised. Care staff told us they had completed or were due to complete this training, and all had a good understanding of what this meant for people to have a DoLS application agreed.

People were supported by care staff that had the knowledge and skills to carry out their role and meet peoples' care and support needs. The registered manager told us all care staff completed an induction before they supported people. This had recently been reviewed to incorporate the requirements of the new Care Certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff worked through an initial probationary period, when they were able to meet with a senior manager to discuss their work and performance. There was a period of shadowing a more experienced staff member before new care staff started to undertake care on their own. The length of time a new care staff shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. New members of the care staff told us they had recently been on an induction. This had provided them with all the information and support they needed when moving into a new job role. One member of staff told us of their induction, "Everyday I would learn something. Everybody was amazing."

Staff received training to ensure they had the knowledge and skills to meet the care needs of people living in the service. Care staff received training that was specific to the needs of people using the service, which included training in moving and handling, medicines, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. The training completed was given through a mixture of E learning training packages which staff accessed and completed on a computer, or practical sessions. Care staff spoke of training they had attended, which had helped them understand and support people living with dementia. This had either been through the dementia in reach team or by an E Learning training package. There had been a number of staff changes which had meant that a lot of the staff were new and had not yet completed all their training. They told us they knew what they had to complete and senior staff were monitoring their progress to ensure this was completed in a timely way. The minutes of a recent staff meeting detailed that the need for staff to complete their training had been a topic discussed.

Staff told us that the team worked well together and that communication was good. One member of staff told us, "We don't just care for the residents, we care for each other." Another member of staff told us, "It's a good team, everyone gets on with everyone." They told us they were involved with any review of the care and support plans. They used shift handovers, and a communications book to share and update themselves of any changes in people's

Good

Is the service effective?

care. Care staff told us they had received supervision from their manager, they felt well supported and could always go to a senior member of staff for support. The registered manager told us they provided individual supervision and there was an annual appraisal for staff to be completed. These processes gave care staff an opportunity to discuss their performance and for senior staff to identify any further training or support they required. There was a supervision and appraisal plan in place which the registered manager was following to ensure staff had regular supervision and appraisal. Additionally there were regular staff meetings to keep staff up-to-date and discuss issues within the service.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. Records were accurately maintained to detail what people ate to inform staff if people had had adequate food and fluid during the day. Some people had food and fluid intake charts. They relied on care staff to ensure they had enough to eat and drink throughout the day. These had been accurately completed. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example where a person had lost weight more frequent checks of their weight had been carried out and their diet reviewed and a fortified diet considered.

People generally spoke well of the food provided. One person told us, "I have never moaned about the food, it is lovely."Another person told us, "The food is lovely." One visitor told us their relative was, "Never made to eat anything he does not like, and given choices from the [menu] board." We observed the lunchtime experience for people. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in the lounge. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. Where one person was supported to eat their meal the staff member sat with them, chatted and encouraged them. There was no rush for this person to eat their meal. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

One person had a soft diet and the meal had been pureed. They need help to eat their meal and a member of staff intervened and assisted them to eat their meal at a slow pace. It was a hot day and staff were seen to be providing people with drinks and replenishing these when needed. One member of staff told us, "There's always juice on the table, and always a cold drink available, which is moved around with people. There's always water in their bedrooms, which is changed everyday and stickers with the date put on when changed."

The cook told us there was a seasonally changed rotating menu, which was based on people's likes and dislikes. They were made aware of any new people living in the service and their preferences. Staff went round each day asking people what they would like for the next meal. They were also seen asking for feedback on the meal after lunch. Two options were always available, and we found that people could also make additional requests if there was nothing on the menu that they liked. This information was then fed back to the cook. The cook showed us they had information available on the dietary requirements of each person. This demonstrated that staff were aware of individual's preferences, needs and nutritional requirements. One member of staff told us when asked what they thought the service did particularly well, was that people were always given choices about what they wanted to eat or drink and not just given what was available. They said, "Asking residents what they would like for lunch. Even if they like tea to drink and not."

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. A GP and district nurses from a local surgery visited at least weekly and more regularly if needed. Three monthly meetings had been set up, which had been used to update staff on people's care needs and to complete to reviews of people's health and their medicines. Care plans contained multi-disciplinary notes which recorded when healthcare professionals visited such as GPs, social workers, nurses or dieticians and when referrals had been made. Requests for healthcare professionals had been made when required. Feedback from the healthcare professionals we spoke with supported this. Care staff told us that they knew the people well and if they found a person was unwell they should report this to the manager. People were supported to maintain good health and received ongoing healthcare support.

A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as

Good

Is the service effective?

possible for as long as possible. Following guidance the service had been refurbished and there had been a use of different colours and textures. Areas of the service had been themed, for example a beach area and a London area to remind people of places they had been. Doors of rooms were different colours to help people to know where they were going. Bedrooms had names and pictures to help people identify their own bedroom. Items which people would have recognised from their past were displayed as a memory lane. For example in the dining room there was a display of kitchen equipment.

Good

Is the service caring?

Our findings

People and their visitors told us people were treated with kindness and compassion in their day-to-day care. One person told us, "I am well looked after. They give me a blanket to keep me warm in the garden." Visitors told us they were satisfied with the care and support people received. They were happy and they liked the staff. One visitor commented when asked if staff were caring told us, "I would be happy to live here when I am older." Another visitor told us, "They do a good job. They are very good." During our inspection we spent time in the communal areas with people and staff. People were seen to be comfortable with staff and frequently engaged in friendly conversation.

Staff ensured they asked people if they were happy to have any care or support provided. For example, we observed the activities staff informing and encouraging people to take part in the activities arranged on that day. Staff provided care in a kind, compassionate and sensitive way. They answered questions, gave explanations and offered reassurance to people who were anxious. For example, one person was agitated and a member of staff tried to calm them down. They asked them what was wrong. The person told them they wanted to go home. The member of staff sat down beside them and talked softly with them diverting their attention on to an activity they could do. The person calmed down and asked for a cup of tea. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listening to people, and there was a close and supportive relationship between them. Staff responded to people politely, giving people time to respond and asking what they wanted to do and giving choices. One visitor told us, "Carers treat people with respect all the time. It's so nice."

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. Care provided was personal and met people's individual needs. A key worker system was being used, which enabled people to have a named member of the care staff to take a lead and special interest in the care and support of the person. One member of staff told us about one of the people they were keyworker for, "I always get (person) up. We have a really good banter with each other. I have got to know (person) really well. We joke and we have a great bond. When I help with her to the toilet she does not like to be on her own and I wait outside the door to help her walk when she has finished." I always try to make sure she is happy and safe." People were addressed according to their preference and this was mostly their first name.

Staff spoke about the people they supported fondly and with interest. Where possible people's personal histories were recorded in their care files to help staff gain an understanding of the personal life histories of people and how it affected them today. Care staff demonstrated they were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service.

Visitors told us they felt staff treated people with dignity and respect. Care staff ensured their privacy and dignity was considered when personal care was provided. Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. Staff were able to give us examples of how they how protected people's dignity and treated them with respect. One member of staff told us when they assisted people with their personal care, "We cover people up if removing items of clothing. We knock on people's doors before going in." We observed staff knocking on people's doors and waiting before entering.

The atmosphere in the service was calm and relaxed, but there was also a general hum of activity. One visitor told us, "It's a friendly atmosphere here." People had their own bedroom for comfort and privacy. They had been able to bring in items from home to make their stay more comfortable. Some people had chosen to do this and had items such as small pieces of furniture, pictures and ornaments. One person when asked about their room told us, "Nice room, all my own things." People had been supported to keep in contact with their family and friends. Visitors told us there was flexible visiting. On the day of the inspection one person was taken out by their visitors. People had support from their family or representatives when making decisions about their care from an advocacy service. Senior staff were able to confirm they had information on how to access an advocacy service should people require this service.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to

Good

Is the service caring?

protect people's personal information. There was a confidentiality policy which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private information.

Good

Is the service responsive?

Our findings

People were involved in making decisions about their care wherever possible. People were listened to and enabled to make choices about their care and treatment. One visitor told us, They are very good. I am listened to."

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support people required to ensure their safety that their care needs could be met. The senior care worker told us everyone was visited prior to any admission. If they felt they did not have enough information to make a decision they requested further information. A healthcare professional confirmed that a pre-admission assessment had been completed for a recent admission into the service. We looked at the records for the last person admitted to the service which supported this. Staff told us it took time to get to know people and their likes and dislikes and create their care plan. One member of staff told us, "I sat with a new person today and I was talking about their food likes and dislikes."

Care staff told us that care and support was personalised and confirmed that, where possible, people were directly involved in their care planning. Where people could not due to their living with dementia, family had been encouraged to be involved in providing important information to help care staff with the delivery of people's care. One member of staff told us, "It's about making sure their needs are met, and asking them how they like things done." The care and support plans were detailed and contained clear instructions about the needs of the individual. One member of staff told us of one resident whose preference was they liked to have a shower late in the afternoon, and said, "In fact several residents are like that."

Where possible family had been asked to help complete a life history for their relative. A 'This is me' booklet had been completed which included information about the needs of each person for example, their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. Regular hourly checks had been put in place to ensure people were repositioned to help maintain their skin integrity. There were instructions for care staff on how to provide support tailored and specific to the needs of each person. For example for one person their care plan detailed, "(The person) prefers to have their breakfast in bed and then get up late morning." There were records of visits made by healthcare professionals such as the person's GP. The care plans had been reviewed and audits were being completed to monitor the quality and accurateness of the completed care and support plans. During our discussions with staff we found that they knew people and their individual needs well.

People and their representatives were able to comment on the care provided through regular reviews of people's care and support plans. Minutes of the residents' meetings held confirmed people had been asked for feedback on the meals provided and for suggestions for dishes to go on the menu. These were also used to keep people up-to-date with what was happening in the service. For example, recent changes in the service.

Staff demonstrated an understanding of communication needs and how to interact with people who could not verbally communicate. Staff told us that in these instances they used facial expression, body language and gestures to communicate. For example, staff could describe how they used a person's body language to describe if they were happy to have their personal care provided. This showed us that people's communication needs were met. Where people displayed behaviour that challenged, staff were able to describe how this was managed in the service and demonstrated a consistent approach when delivering this care. One member of staff told us," Best way is distraction. Move people away from each other. I will ask them to come and have a cup of tea and talk about the problem." Another member of staff told us, "I give them a cup of tea, sit them down and calm down. I make sure the other person is alright."

On the day of the inspection everyone was downstairs in the lounge or in the garden. One person told us, "Lovely garden, with lots of colourful flowers." On the day of the inspection a range of activities were organised and people had been encouraged to sit out in the garden as the weather was very good. Several people were playing with a ball to help with their hand and leg movements. There were questions written on the ball, which people were encouraged to answer when they caught the ball. There was a good atmosphere and people were obviously enjoying the activity. People were able to join in a range of activities which were run in the service, for example

Good

Is the service responsive?

gardening, arts and crafts, floor games, exercise groups, reminiscence work, pampering, reading the newspapers and cooking cakes. One member of staff told us about the activities provided, "If we need anything it is bought."

Activities were facilitated by an activities co-ordinator who worked in the service five days a week. They had completed training and had support of the dementia outreach team as to the best way to provide activities to people living with dementia. The dementia outreach team consists of healthcare professionals who came to the service to provide training and support for a period of 16 weeks to staff caring for people living with dementia. Care staff had got to know the people and about their life and ability to ensure that the activities they provided met people's needs. One member of staff told us when arranging activities, "It's to improve people's life, make it meaningful, and make everyday interesting. We get to know all the residents, their lives and abilities. We create a profile to ensure we meet their needs. We always ask if people want to join in and give them choices." Care staff covered the other two days when the activities co-ordinator was not working in the service, and were able to tell of the activities they had arranged. One member of staff told us, "All the staff are really good. They get the board games out or the cards." Another member of staff told us, "People can go in the garden, there's an area where they can get their hands dirty." External groups or entertainers were also booked to come in and entertain people. Staff were able to tell us that they were looking at how they could provide people with more opportunities to go out, for example to the local park. The notice boards had information about activities people could attend and people were being reminded and encouraged to join in the activities on offer on the day. One visitor told us, "There are always activities going on in the home. They have questions on the skittles to help people remember. For example, remember to water the flowers."

People had the opportunity to attend religious services which were regularly held in the service. Two local churches provided support and came regularly into the service. A group from a local church came in on the day of the inspection. They played the piano and sang songs with people in the lounge and out in the garden. People obviously enjoyed this activity and were seen to be joining in with the singing. The group left one song book with a person who had particularly enjoyed singing with the group. They were seen to be singing from the book after the group had left.

Requires improvement

Is the service well-led?

Our findings

The senior staff promoted an open and inclusive culture. Relatives and social care professionals told us they were able to comment on the service, particularly through the reviews of peoples care. However, there were areas of the quality monitoring process in place that required improvement.

Senior staff carried out a range of internal audits, including care planning, checks that people were receiving the care they needed, medication, health and safety and infection control. The providers also visited and audited the care provided. We looked at the last record of their visit which detailed they had looked at recording and the care provided. However, they were not able to show us in all instances that following the audits any areas identified for improvement had been collated in to an action plan and whether these had been addressed. There was no evidence of learning from any complaints or incidents and accidents in the service for the purposes of continuous improvement and development of the care provided.

The provider had detailed policies and procedures in place to direct staff and for staff to reference. However, these had not been regularly reviewed to ensure that current guidance had been considered and staff had information of current practices to follow.

People and their representatives had had limited opportunities to give formal feedback on the care provided though meetings and the use of questionnaires. The last residents, family and friends meeting was held in October 2014 and the next was planned for July 2015. Quality assurance surveys had not been used recently to seek the views of people, visitors or staff as a means of continuous improvement. The provider had not actively sought the views of a wide range of stakeholders to analyse and use the information to improve the service.

This meant that the lack of quality assurance systems in place had not given the provider information to inform the quality of the care and treatment provided and help with the continuous development of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure with identified leadership roles. The registered manager was supported by a deputy manager. There was a team of senior care staff. The senior staff promoted an open and inclusive culture by ensuring people, their representatives, and staff were able to comment on the standard of care provided and influence the care provided. Staff members told us they felt the service was well led and that they were well supported at work. They told us the managers were approachable, knew the service well and would act on any issues raised with them.

One staff member told us, “The manager does a really good job at being manager.” Another staff member told us, “The manager, we can talk to her and is approachable.” Another member of staff told us, “It’s brilliant. The manager has got all the staff to know to go to her and the senior care workers.” However, the deputy post had been recruited to on several occasions, which had led to a lack in continuity of a deputy manager and support for the registered manager. There had been a high turnover of care staff in the service. This had led to a high use of agency staff to help cover the staff rota. The changeover of staff had affected the continuity and number of staff attending specialist training provided to enhance staff skills.

Staff meetings were held throughout the year. These were used as an opportunity to discuss practices in the service. For example at a recent team meeting good practice in relation to ensuring people had enough to drink in the warmer weather had been discussed. Staff told us they felt they had the opportunity if they wanted to comment on and put forward ideas on how to develop the service.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Senior staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. Senior staff were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 (1) (2) (a) (e) (f)** **The registered person had not ensured that effective quality assurance processes were in place to monitor the care and treatment provided, and to help with the continuous improvement of the service.**