Ashwood Court Healthcare Ltd

The Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 20 and 21 July 2016 and was unannounced.

The Grange is registered to provide personal care and accommodation for up to 28 people. There were 25 people using the service during our inspection; who were living with a range of health and support needs. These included; diabetes, catheter care and people who needed support to be mobile.

The Grange is a large detached house situated in a residential area just outside Folkestone. The service had a large communal lounge available with comfortable seating and a TV for people and separate, quieter areas. There was a secure enclosed garden to the rear of the premises.

A registered manager was in post. A registered manager is a person who has registered with the care Quality Commission to manage the service. 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 Grange Care Home was last inspected in November 2014. At that inspection it was rated as 'Requires improvement'. A number of breaches of Regulation were found during that inspection and the provider sent us an action plan to tell us what actions had taken place to make improvements. The action plan stated that the breaches had been addressed by June 2015.

At this inspection we found that improvements had been made but some areas required further input to make them better.

Medicines had not always been managed safely but other risks had been properly assessed and actions taken to minimise them. Some areas of the service were not appropriately hygienic; while others were clean and fresh.

Recruitment practices were not sufficiently robust but there were enough trained and skilled staff on duty to meet people's needs. Staff received regular supervision and appraisal to develop them.

Safeguarding processes were understood by staff and updated policies supported them. Accidents and incidents were properly recorded, monitored and actions taken to prevent recurrences.

People had enough to eat and drink and enjoyed their meals. Records of food intake were not detailed enough until the registered manager introduced new charts during our inspection. People had input from dieticians and other professionals when necessary and healthcare needs were kept under review.

Some people living with dementia would be prevented from leaving the service if they tried to go out alone, as this would not be safe for them. However, there were no Mental Capacity Act (MCA) assessments or

Deprivation of Liberty Safeguards (DoLS) applications for these people. We made a recommendation about this.

Staff were warm, caring and respectful. People and relatives told us they would not hesitate to recommend the service to others. A range of activities were on offer and staff spent one-to-one time with those who chose not to be involved in them.

People and relatives knew how to complain but said they had had no cause to. There was a complaints policy and process in place and people's feedback was sought through meetings and surveys.

Audits and spot-checks had not always been effective in identifying shortfalls in the quality of the service. Staff felt supported by the registered manager and said they worked well as a team. There was an open culture where staff could speak out and they understood their responsibilities to keep people safe.

We recommend that the provider carries out a full review of mental capacity within the service and considers submitting (DoLS) applications if this is then deemed appropriate.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Prescribed creams had not been stored appropriately and medicines administration records had handwritten entries which had not been countersigned.

Recruitment processes had not been sufficiently robust to ensure the suitability of applicants.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

Is the service effective?

Requires Improvement

The service was not always effective.

Records of food intake were incomplete and could be misleading. People enjoyed plenty to eat and drink and a choice of meals.

A review of mental capacity is recommended; to ensure that the principles of the Mental Capacity Act (MCA) 2005 are being consistently followed.

Staff had received training and supervision to help them provide effective support.

People's healthcare needs were effectively monitored and professional input was sought proactively.

Is the service caring?

Good

The service was caring.

Staff delivered support with consideration and kindness.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Is the service responsive?

Good

The service was responsive.

People and relatives were given the opportunity to make complaints or raise concerns.

People were provided with the opportunity to engage in a variety of activities.

Care plans were person-centred and documented individual preferences.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to assess the quality and safety of the service but these had not always been effective.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Staff were aware of their responsibilities to share any concerns about the service.

The Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 July 2016 and was unannounced. Two inspectors carried out the inspection.

Before our inspection, we asked the provider to complete 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 reviewed the PIR and other information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with thirteen of the people who lived at The Grange. Not everyone was able to verbally share with us their experiences of life in the service. We therefore spent time observing their support. We spoke with three people's relatives. We inspected the home, including the bathrooms and some people's bedrooms. We spoke with five of the care workers, the cook and the registered manager.

We 'pathway tracked' eight of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed other records. These included three staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they liked living in the service and felt safe. One person told us, "There is none of that cruelty you see on TV here- the staff are absolutely fantastic". Another person said, "They treat me really well here and if I use my call bell, somebody comes as quick as they can".

At our last inspection, medicines had not been managed safely. Although we found some improvements at this inspection, there were still areas which needed to be addressed.

Prescribed creams had not been properly managed. Creams were seen in people's en- suite bathrooms or their bedrooms. The dispensing labels on some of these showed that they had been prescribed for another person. In one case, cream prescribed for a past resident was in another person's bathroom. Many creams had no dispensing labels on them at all so it was not immediately possible to tell who they had been prescribed for and the application directions. In one person's bedroom, the dispensing label on a cream had the name removed. This cream had not been prescribed for the person but had been included in creams charts completed by staff. The registered manager told us that she thought this cream must have been brought in by a relative. However, as it had not been prescribed for the person, it should not have been in use. The registered manager removed it and other creams immediately. The provider's medication policy stated that all medicines must bear a label; and that medicine prescribed for a person belonged to that person alone and must not be used for anyone else. There was a risk that people might use creams that were not intended for them.

Staff had occasionally made handwritten entries or changes onto medicine administration records (MAR). These additions had not been checked and signed by two staff to ensure that the information about people's medicines was correct.

At our last inspection, we found that the temperature of medicines storage had not been consistently recorded and had exceeded recommended guidelines. At this inspection, temperatures had been recorded on a daily basis but had exceeded 25 degrees on some occasions during a recent spell of hot weather. Some medicines can be damaged by the heat and become less effective as a result.

The failure to manage medicines safely is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

People received their medicines at the prescribed times and administration processes were safe. Where people took their own medicines, risk assessments had been documented to show the level of support people needed. Guidance for staff had been produced about people who took medicines as and when needed (PRN) so that they would know how often people could be offered their medicines and safe dosage limits.

The service was not appropriately hygienic in some areas. Although communal rooms including toilets and bathrooms were clean and fresh, some commodes were unsanitary. Cleaning staff told us that it was the job

of care staff to clean commodes but there was no schedule for this task. Care staff said that the commodes were cleaned "As and when", but this approach had left some of them needing attention and potentially harbouring bacteria.

One upstairs communal toilet had no hand wash basin in it. Although antibacterial hand gel had been provided, this would not be sufficient if people had any residue on their hands that needed to be washed off; and could lead to the spread of infection. The registered manager told us that this toilet was only used by two people, but there was nothing to prevent others including visitors from using it.

Many of the armchairs in the lounge were heavily stained, and some of them had a stale odour. The registered manager told us that the chairs were regularly deep- cleaned by a contractor and this had last been completed just over three weeks before our inspection. However, the chairs remained in a poor condition. A relative told us," I find my clothes smell after visiting and sitting in these chairs". This did not contribute to a pleasant environment for people to live in.

On the first day of our inspection we saw a catheter bag draining into one person's en suite toilet. The tubing for the bag was hanging down the outside of the toilet bowl and resting on the floor. We brought this to the immediate attention of the registered manager, who told us that disposable bags would be used in future to prevent a recurrence of this issue. On the second day of our inspection, the catheter bag was not draining into the toilet. However, there had been no guidance for staff about maintaining clean and hygienic catheter equipment; which posed the risk that people could be exposed to infection.

The failure to provide clean equipment that is suitable for use is a breach of Regulation 15 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

The laundry was clean and tidy and a 'Dirty to clean' system was in operation to make sure that there was no risk of cross contamination between items. Hand wash facilities were available there and flooring and wall surfaces were washable, so that a hygienic environment was maintained. Cleaning staff were working on each floor throughout the inspection; and floors, surfaces, toilets and bathrooms were all found to be clean and dust-free.

At our last inspection staff recruitment practices had not been robust. At this inspection, this area still required improvement. There was a long and unexplained gap in the employment history of one staff member who had been employed since our last inspection. This had not been explored or documented although the registered manager said she believed the staff member had been bringing up a family during the period of the gap. Another staff member had been provided with a poor reference from their last employer. This had not prompted contact with the employer before last; where the person had worked until a year before they started work at the service. Instead a character reference was accepted from a personal friend of the staff member. The reference form completed included employment-related questions about time-keeping, reliability and suitability for the role, which could not be meaningfully answered by a personal friend. There had been no formal risk assessment about employing this applicant whose other background checks raised questions about their suitability for the role. However, the registered manager told us that the staff member had been closely monitored for three months and had proven to be an asset to the service. Nonetheless, recruitment processes had not been sufficiently detailed to ensure enough information was known about applicants before they were taken on.

This is a continued breach of schedule 3 of Regulation 19 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At our last inspection, the provider's safeguarding policy had contained out of date guidance. At this inspection, the policy had been reviewed and updated to reflect local authority protocols about keeping people safe. Staff we spoke with demonstrated they understood abuse, could describe the forms it could take and how to report it both within and outside of the service. They said they would have no hesitation in reporting any concerns they might have and one staff member told us, "We all want the same thing-for people to be safe in their own home".

At our last inspection, assessments about different risks to people did not contain enough guidance for staff to keep them safe. At this inspection risk assessments had been improved and included step by step information about how people's care should be delivered .For example, the mobilising risk assessment for one person detailed exactly how staff should support them to stand; including the use of special equipment and directions for how the person could push themselves up most effectively. It went on to describe the way in which staff should assist the person to walk with a frame, and we observed staff doing this. Identified risks to people had been minimised because staff had access to proper guidance and followed it in practice.

Accident and incident report forms had been appropriately completed by staff. Actions to prevent recurrences had been documented on each occasion. For example; when people had falls; appropriate preventative measures had been investigated and put in place. Environmental risks had been assessed and people had individual emergency evacuation plans in case of emergency. These listed any equipment needed to assist people and any potential challenges that might be faced in an urgent situation. Fire exits were clearly marked and staff had received regular fire safety training. Alarms were tested weekly and a log maintained of these; and fire extinguishers had routine safety checks.

Environmental safety checks had been carried out on each separate bedroom and communal area; to ensure that the premises was well-maintained and there were no obvious hazards. The results of these had been documented by the registered manager and remedial actions had been noted. Water quality and temperatures had been regularly tested; as had gas safety, electrics and the passenger lift. Equipment such as hoists and chair scales had been serviced and calibrated in line with manufacturers' guidelines which helped ensure people were kept safe when equipment was used.

There were enough staff on duty to meet peoples' assessed needs. Most people were fairly independent when moving around and nobody needed assistance to eat their meals. People and relatives said that staff responded to call bells and requests for assistance quickly. One person told us, "The staff work very hard and are always on hand to help me when I need them". A relative commented "Staff can't do enough for residents and are really attentive".

The registered manager had used a recently-introduced dependency tool to help her work out the numbers and skills mix of staff needed for each shift. Each person's needs had been individually assessed to inform this process and dependencies were reviewed monthly. There were four care staff, including a senior on duty in the mornings and three including a senior in the afternoons. There was a senior and one care staff on the night shift. Rotas showed that all shifts had been appropriately filled in the previous month. Although staff were busy during the inspection, people received prompt attention and support.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us how good the food was. One person said, "It's marvellous; all fresh and homemade and the desserts are wonderful". A relative told us, "Mum always gets a choice and the meals look really appetising. She's put on a bit of weight and you can see she really enjoys her food here". People enjoyed their food and were offered a choice at each mealtime. Plates were presented in a an appetising way and dining room tables were laid up with coloured tablecloths, flowers, condiments and cloth napkins to provide a pleasant environment for eating and socialising.

Some people had been referred to a dietician for advice following weight loss. One person's care plan showed that the dietician had recommended that they have snacks between meals to support their intake. Food recording charts were maintained for each person, but these did not include a space to note any desserts or snacks eaten. We observed people eating biscuits with their morning drinks and most people ate a pudding after their lunch. None of these items were recorded onto the food charts; which meant they were not an accurate reflection of what people had eaten.

Other people had diabetes that was controlled by diet. We spoke with the cook who showed us a list of people's food preferences; with those requiring diabetic diets highlighted in red. The cook told us how lower sugar options were made available by care staff for people with diabetes. However, as the food records did not include desserts or snacks, we were unable to determine whether people had eaten suitable diets or dietician advice had been followed. People's diabetes and weights were generally stable however, and the registered manager introduced new, more detailed food charts during our inspection.

The failure to maintain full and accurate records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Meal portions were large and some people also had 'Seconds' on request. A glass of beer, wine or a soft drink was offered with lunch. The cook spoke to people individually in the morning to ask what they would like to choose for their lunch. This was carried out in a gentle and considerate way and the cook carefully described meals to people to help them state a preference. There were plenty of drinks available throughout the day; with jugs of squash and water on hand and in people's bedrooms. The weather was extremely hot during our inspection and people were repeatedly encouraged to "Keep drinking" in a friendly and attentive way.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager told us that all but one person had capacity to make their own decisions. She said that no formal capacity assessments had been made for the other 24 people because she had no reason to doubt their capacity. However, some of the people we spoke with were living with dementia: a relative told us that they did not feel their loved one was able to make even simple decisions for themselves. In this case an MCA assessment would have determined whether the person did or did not have capacity to make specific decisions.

Staff had received training about the MCA and were able to describe how they helped people make day to day decisions by offering them visual choices. We observed that staff sought verbal consent from people when delivering support by asking, for example; "Can I help you with your slippers?"

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).The registered manager had made one application for DoLS; which had subsequently been authorised.

The front door to the service was unlocked during our inspection and we asked the registered manager and staff if some of the people living with dementia would be able to leave the premises alone. We were told that some people would have to be stopped from leaving alone, if they tried to do so, because it would be unsafe for them due to their confusion. Staff described how they would persuade people not to leave and guide them back into the service; but also said that the people concerned had not made attempts to leave alone. There were no formal MCA assessments for these people and no DoLS applications had been made for them. The registered manager said that she had spoken to the assessor from the DoLS authority; who had dissuaded her from making applications for those people. There was a potential risk that some people could be deprived of their liberty without proper process being followed.

We recommend that the provider carries out a full review of mental capacity within the service and considers submitting DoLS applications if this is then deemed appropriate.

At our last inspection, staff had not received regular supervision or appraisals to highlight any areas for improvement and to offer development. At this inspection records of individual staff supervisions showed that staff had been given regular opportunities to discuss their performance and training needs. The registered manager had documented the areas where staff did well and those which could be improved upon. There were action plans where extra training or development had been identified and staff we spoke with said that they found supervisions useful and productive. Appraisals had been conducted and staff told us that these provided the chance for them to reflect on their job roles and performance and think about what goals they could have for the future.

People told us that they found staff to be competent in delivering care. One person said, "The staff know me and do things the way I like them to be done." A relative told us," I have every faith in staff here-you can't fault them and they look after X so well".

Staff had received a range of training for their roles and new staff had completed detailed induction programmes. Most care staff had completed National Vocational Qualifications (NVQ) in health and social care to level two or three. Senior staff were trained to NVQ level four or five. This meant that all staff had undertaken nationally recognised and approved training in addition to the courses provided by the service. Some staff told us that they liked the fact that the NVQ training offered them the chance to progress in their knowledge and understanding; which in turn meant they could provide a better standard of care to people.

People's records showed that they had regular visits from GPs and community nurses to help keep them well. A visiting nurse told us that referrals were made promptly by the service and that the registered manager was proactive in ensuring people's health care was monitored and maintained. For example; people's care files included special charts for recording regular checks on areas of the body most vulnerable to pressure wounds. This allowed staff to quickly pick up on any redness or broken skin that might require treatment.

Optician and dental appointments had been documented and people had regular check- ups to ensure that any general health problems were routinely identified. There were fact sheets about diabetes in the care files of people living with the condition. These provided detailed information about the symptoms of high and low blood sugar and when to call the doctor. This guidance supported staff to provide effective monitoring to keep people healthy.

Good

Is the service caring?

Our findings

People and their relatives gave us positive feedback about their experiences. One person told us, "I'm quite happy and I get with staff very well". Another person commented, "The staff couldn't be kinder. They are wonderful-all of them". A relative told us "They [staff] can't do enough for people. They never complain when you ask them to do something and they do all they can for the residents".

We observed the interactions between staff and people throughout the days of our inspection.
Staff used people's preferred names and spoke with them respectfully, being mindful of people's dignity. For example; when people needed assistance to use the toilet, staff were discreet in reminding them about this and offering their support. All staff including cleaners knocked on people's bedroom doors and called out before entering and care staff ensured people's doors were closed while they were receiving personal care.

People and relatives said that they felt involved in care planning. Some people we spoke with were able to tell us about the medicines they took and the reasons for taking them. One person said, "If I have any questions about anything at all, I can ask and staff will fill me in; they're very good at keeping me informed." Another person said that staff helped them with their pills but that they applied their own creams after having discussed this with staff. A relative told us that the registered manager and staff were "Brilliant" at letting them know about any concerns or just giving them a general update. People and relatives said that this level of involvement made them feel as though their input was valued and gave them the opportunity to freely ask about anything they wished to know.

People were encouraged to be as independent as possible. Care plans included sections entitled; 'The things I am able to do' and 'Things I would like your help with'. These listed the aspects of care which people were happy to carry out themselves; such as washing their own face and hands; together with other areas in which people required staff support. One person told us, "I try to be as independent as I can; but it's reassuring to have staff there if I can't manage or need extra help on some days". One person had forgotten their walking stick and staff discreetly retrieved it from the person's bedroom without drawing attention to the situation; so it was on hand when they needed it. Staff knew people well and could tell us which tasks people were generally able to do themselves; which meant that people were supported in maintaining their independence for as long as possible.

Staff were caring and had clearly built mutually respectful relationships with people. There was light-hearted banter between staff and people; and the visiting hairdresser made people roar with laughter while he cut and set hair. Our observations showed that staff often anticipated people's needs because they knew them so well; for example, by giving one person a fresh hanky before they went into lunch. A staff member chatted with one person about their upcoming birthday and told them that cook would make a special cake to celebrate. Staff gave one person some one- to- one time and attention because they were tearful. They treated the person with warmth and compassion and let them speak about what was upsetting them. A short while later, this person was back in the lounge and enjoying an activity with other staff and people. Staff understood people's needs and were well-practised in offering comfort and a listening ear.

Relatives and friends were able to visit people whenever they wished and they were made welcome. Visitors were offered a drink and biscuits and the atmosphere was friendly and accommodating. The lounge was split into two areas; one where people could watch TV and another more quiet area, with views onto the garden where people could sit and chat with each other or to their visitors. This gave people choice about where they would like to spend their time.

There was no one receiving end of life care at the time of the inspection. However records had been made about people's wishes, where known. Care files clearly noted if people had a Do Not Attempt Resuscitation order in place; which was prominently displayed inside the file. This helped to ensure that people's end of life choices were respected. All staff had received training in end of life care and one staff member told us they had learned that "We need to make sure people pass away with dignity and without pain".

Good

Is the service responsive?

Our findings

People and relatives told us they knew how to complain if they needed to. However, one person said "There's nothing bad to say here-it's all wonderful". Another person told us "I've never, ever needed to raise a concern and everything is always discussed with me and my family". A relative commented "I'd speak to staff or [registered manager] if I had a complaint, but I can't see it happening-I'm delighted with X's care and treatment."

The registered manager told us that people and relatives were encouraged to speak with her at any time if they had even minor concerns. People told us that the registered manager was always visible in the service and that she was "Very approachable". There had been no formal complaints since our last inspection but there was a proper procedure and log in place, should these be required. A large number of compliments cards and letters had been received from people and their families. Some of these read 'The professionalism of staff here is exemplary' and 'I couldn't have wished for Mum to be in a better home'. A further letter said 'I can't put into words the feeling of great thanks to you all for the care, respect and compassion you show'.

A selection of activities was available to those people who wished to take part. There was no designated activities coordinator post, but care staff engaged people in a range of entertainments and events to stimulate them. These included; a visiting accordion player; which people told us they "Thoroughly enjoyed", singers, Music for Health, a saxophonist, bingo, quizzes and movies. We asked people what they thought about the activities on offer and most people said there was sufficient going on to keep them from being bored. In particular, people liked the family barbecues, the visit from a company bringing exotic pets for people to see and touch and a wartime sing-along performed by local primary school children. There had been a recent outing to Armed Forces Day and staff had given up their time off to accompany people and make sure they had a good time. We heard about reminiscence sessions which young people undertaking the Duke of Edinburgh award carried out with people when they visited.

We read feedback about activities in a recent survey completed by people and their relatives. One person had written 'The entertainment is generally good' and the majority of returns showed that people were happy with the level and quality of activities. We spoke with some people who preferred not to join in. They told us that they liked their own company and chose to stay in their rooms; but that staff would drop in for a chat with them. Staff confirmed that they tried to ensure that people were not socially isolated, but that this had to be balanced with people's right to choose to be alone if they preferred.

People's religious and spiritual needs had been recorded where applicable and local churches visited the service to give Holy Communion for those who wished to take it. The local church also provided carol concerts at Christmas for everybody to enjoy. Staff kept records of the activities people took part in and these were discussed at resident meetings so that people could give feedback about what they liked best.

At our last inspection, people's individual support needs had not always been accurately recorded in care plans. At this inspection, care plans were person- centred and had been developed around individual needs and preferences. Detailed initial assessments had been made prior to people moving into the service. These

included information about people's care needs but also their preferences and personalities. People's life histories had been compiled on forms entitled; 'My life so far'; and staff were able to tell us about people's achievements and their families. People's choice about whether to have baths or showers was documented in care plans along with other information about how they liked their care to be delivered. One person told us that even though they usually liked to have a bath, they could change their mind at any time and have a shower instead. Another person had regular hospital appointments but they told us staff always ensured there was a meal waiting for them on their return. A further person's mobility changed depending on how well they were feeling. Staff were aware of this and altered the support they provided to fit what the person needed day to day. This demonstrated that care was based on people's needs and wishes rather than being task-led. People's bedrooms had been personalised with photos and items that were important to them. Some people had brought furniture in from their former homes; which enabled them to create a homely and familiar space in their bedrooms.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection we reported a number of breaches of Regulation. The provider sent us an action plan in response, which stated that the breaches would be put right by June 2015. At this inspection, we found improvements had been made in some areas but there were still those which needed to be addressed. For example; risk assessments now contained detailed and sufficient guidance for staff, safeguarding protocols had been updated, and the management of medicines was generally better than at our last inspection.

However, there were still shortfalls around the storage of medicines and creams, staff recruitment processes remained insufficiently robust and some records and audits were not accurate or detailed enough. It was evident that attempts had been made to act on the requirements of our last inspection, but that actions had not always gone far enough to fully meet Regulations. The registered manager did however take immediate action to put these issues right when we highlighted them.

At our last inspection, quality assurance processes had been lacking in some areas. At this inspection a range of audits had been carried out by the registered manager in order to assess and monitor the safety and quality of the service. However, these were not always as effective as they might be. For example; no formal infection control audit had been undertaken, but the registered manager told us she and senior staff made daily visual checks to see that the service was clean and hygienic. This had not been sufficient to identify unclean commodes, or highlight that a toilet without a wash hand basin posed a potential risk of infection being spread.

Although a medicines audit had been completed, this had not picked up on handwritten MAR additions that had not been countersigned. Neither had the audit highlighted that the labelling of creams was not in line with the provider's policy. This showed that auditing had not been a wholly effective tool for helping the registered manager to maintain or improve standards.

The lack of effective auditing is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

At our last inspection, feedback had not been sought from people or their relatives about their experiences of the care provided. At this inspection, we read comments made by people and relatives in a recent survey. These included; 'The staff and manager are always ready to listen and help us', 'I am very much at home here' and 'Staff are very responsive to my needs, thank you'. There had been only one survey response that raised any negativity and the registered manager had documented a follow-up meeting with that person and that the issues had been resolved to their satisfaction.

Minutes of resident meetings showed that they had been well-attended, with 18 out of 25 residents going to the most recent one. People were given the opportunity to comment openly about any aspect of their lives in the service. There were only positive remarks fed back to the registered manager during this meeting, but people did request less sponge puddings for dessert. We heard that one of the cooks had attended a Gordon

Ramsay course in response; and had learned how to make many alternative puddings. During the inspection several people volunteered that the desserts on offer were exceptionally good. Action had been taken to listen to feedback; to improve people's experiences.

Staff told us that there was good teamwork between them. They were open and spoke candidly with us about working in the service. One staff member said, "I just love it here and [registered manager] is absolutely brilliant; she's encouraging and supportive and everything a manager should be". All of the staff we spoke with said that the registered manager led the service well; setting out clear expectations and holding staff to account for their actions. The people and relatives we spoke with held the registered manager in high regard and one person told us "I really admire the manager; she's doing a great job".

Meeting minutes showed that staff were invited to contribute to meetings. Staff said that they felt able to speak out if they had concerns and knew about their responsibilities to escalate matters if they ever felt people were at risk of harm. The registered manager used meetings to talk about best practice and to highlight areas where staff should be working better. She told us that the community nursing team helped with guidance about areas such as catheter care and that she had attended courses put on by the local Clinical Commissioning Group (CCG); to ensure she stayed abreast of changes within health and social care.

The registered manager had developed links with the local community which benefitted people. These included local schools and churches which helped to provide another facet to people's lives. The relatives we spoke with said that the registered manager and staff not only cared for their loved ones, but also provided support to them, which they greatly appreciated.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured all equipment used by the service was clean and adequate checks had not been made to monitor the standards of hygiene and cleanliness.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not always been managed safely.

The enforcement action we took:

WN

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always accurate or complete. Auditing had been ineffective in some cases.

The enforcement action we took:

WN

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes had not been sufficiently robust.

The enforcement action we took:

WN