The Abbeyfield Kent Society

Abbeyfield - Rogers House

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on 28 October 2015 and 02 November 2015. Our inspection was unannounced.

Abbeyfield – Rogers House is a care home providing accommodation and personal care for up to 41 older people. At the time of our inspection 39 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility.

The home did not have a registered manager. The previous registered manager had ceased working at the service in June 2015. The new manager had made an application to become registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People were not protected from abuse or the risk of abuse. The manager and staff were aware of their roles and responsibilities in relation to safeguarding people; however, safeguarding incidents had not always been appropriately reported to the local authority and CQC.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm. Accident and incidents were not always thoroughly monitored, investigated and reported appropriately. Risk assessments lacked detail and did not give staff guidance about any action staff needed to take to make sure people were protected from harm.

Medicines were not always appropriately managed. The temperature of the medicines storage area exceeded safe levels. People receiving their medicine through a medicated patch, were at risk because the medicines were not recorded effectively.

The home had not been suitably maintained. There were missing and cracked tiles in some bathrooms which could cause injury. The water tank had been leaking for some time. A fire detection sensor had been covered over. Some areas of the home were not clean. Stairwells were dusty and covered in cobwebs. Some areas of the home had a strong odour of urine.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

Decoration of the home did not follow good practice guidelines for supporting people who live with dementia.

People were not always provided with responsive care to meet their needs. We made a recommendation about this.

Records relating to people's care were not well organised or complete. Fluid and food charts were incomplete. Daily records did not evidence where there had been incidents or altercations.

Systems to monitor the quality of the service were not effective. Audits identified areas where action was required. However, action taken to remedy quality concerns was not timely. Policies and procedures were out of date, which meant staff didn't have access to up to date information and guidance.

There were suitable numbers of staff on shift to meet people's needs.Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority, these were waiting to be approved.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported and helped to maintain their health and to access health services when they needed them.

People told us staff were kind, caring and communicated well with them. Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities.

People had been involved with planning their own care. Staff treated people with dignity and respect. People's information was treated confidentially and personal records were stored securely. People were able to receive visitors at any reasonable time.

People's view and experiences were sought during meetings and surveys. Relatives were also encouraged to feedback about the service by completing questionnaires.

People were encouraged to take part in activities that they enjoyed, this included activities in the home and in the local community.

People and their relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the senior managers within the organisation. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour.

Summary of findings

We found breaches of 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 the full version 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?

Inadequate

The service was not safe.

People were not protected from abuse or the risk of abuse. The manager and staff were aware of their roles and responsibilities in relation to safeguarding people. However, safeguarding incidents had not always been appropriately reported to the local authority.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm.

The building had not been adequately maintained and some areas were unclean.

Effective recruitment procedures were not always in place. There was enough staff deployed in the home to meet people's needs.

People's medicines were not well managed and recorded.

Is the service effective?

Requires improvement

The service was not consistently effective.

The home had not been decorated to meet the needs of people living with dementia. Signage to key rooms such as lounge areas and bathrooms were not available.

Staff had received training relevant to their roles. There was a training plan and schedule in place. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People or their representatives were involved in planning their care.

People were treated with dignity and respect. Staff respected people's privacy.

Staff were kind, caring and patient in their approach or supported people in a calm and relaxed manner.

Relatives were able to visit their family members at any reasonable time.

Summary of findings

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People were not always provided with personalised care to meet their needs.

People's and relatives views were gathered and feedback had been acted on.

The home had a complaints policy, this was on display in the home. The provider had responded to complaints in an appropriate manner.

Is the service well-led?

Requires improvement

The service was not consistently well led

Systems to monitor the quality of the service were not effective. Action taken to remedy quality concerns was not timely. Policies and procedures were out of date.

Records relating to people's care and the management of the service were not well organised or complete.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The provider was not always aware of their responsibilities. They had notified CQC about important events such as injuries resulting from accidents and Deprivation of Liberty Safeguards (DoLS) applications but had not reported safeguarding events to CQC and the local authority.

Abbeyfield - Rogers House

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 28 October and 02 November 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the 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 home, what the home does well and improvements they plan to make. We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 23 people, seven relatives and three visitors. We spoke with eight staff including care staff, senior care staff, the cook, the deputy manager and the manager. Some people were not able to verbally express their experiences of living in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. We received feedback from the local authorities' quality assurance team.

We looked at records held by the provider and care records held in the home. These included six people's care records, risk assessments, staff rotas, seven staff recruitment records, meeting minutes, policies and procedures.

We asked the manager to send additional information after the inspection visit, including some policies and training records. The information we requested was sent to us in a timely manner.

We last inspected the service on the 04 February 2014 and there were no concerns.

Inadequate

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "Absolutely safe, no doubts at all". Another person said, "Safe and looked after and well fed here". Another person told us they felt, "As safe as houses".

Relatives felt that their family members were safe at the home. One relative said, "He is very safe here". Another relative said, "He is in good hands here". Another relative told us, "We worry a lot less now. She is very safe here".

Staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy which detailed that staff should follow the local authorities safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The manager detailed to us during the inspection incidents that had happened that had not been reported to the local authority or the Care Quality Commission. Records of incidents in the home that we looked at confirmed this. The provider had not appropriately reported alleged safeguarding concerns, incidents, had not followed the local authorities' policy and had not put in place systems to protect people when incidents had occurred. This meant that effective procedures were not in place to keep people safe from abuse and mistreatment.

The example above was a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home was not clean in all areas. Some areas of the home were visibly dirty. Some bathrooms, shower rooms and toilets were dirty and dusty. One linen store was dirty and dusty. One kitchenette on the top floor was dirty the cupboards were stained with ingrained dirt and the floor was dirty. There was a strong unpleasant odour of stale urine in one area of the home. The flooring within two bedrooms was not suitable to meet people's continence needs as it could not be easily cleaned. The sluice room on the ground floor had a strong odour of urine. There were no gloves available in the room and there was a clinical waste bin which was not foot operated and therefore needed to be lifted by hand. This meant that staff did not have adequate protection when dealing with clinical waste.

Bins throughout the home were not suitable. To reduce the risk of infection, bins should be foot operated. We found most of the bins were not foot operated. The mop heads found in the cleaning cupboard were dirty, there were different coloured mops for different areas. There was a build-up of dust and cobwebs in the each of the stairwells. This evidenced that the provider was not following the Code of Practice on the prevention and control of infections and related guidance. We spoke to the manager about the cleanliness of the home, when we arrived at the home for the second day of inspection the stairwells had been cleaned, cobwebs and dust had been removed and pedal bins had been ordered.

This failure to protect people from the risk of infection or to maintain a clean environment was a breach of Regulation 12 (1) (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed a trained staff member administering people's medicines during the home's lunchtime medicines round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were asked if they were in pain and whether they required PRN (as and when required) medicines. Medicines were mostly given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them. However, staff did not pick up that one person hadn't taken their medicines; they had put them in a small pot into their handbag. The staff could not be sure that the person was taking their medicine as prescribed and increased the risk to others if the person's bag was left unattended. MAR charts for people who received their medicines through an adhesive patch, did not record where on the person's body the patch should be administered. This could result in the medicines patch being administered too frequently on the same skin area causing skin irritation. The manager told us that when staff applied prescribed creams and other topical solutions this was documented within people's care notes. We checked these and found that the notes were not accurate

and complete. For example, staff had written 'pressure areas creamed' this did not state what cream had been applied, where and when. People may not be receiving their prescribed creams or topical solutions correctly.

Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. However, no action had been taken by staff when the temperature was consistently recorded above 25 degrees Celsius for a period of months. Medicines stored over a certain temperature for a long period of time may lose its efficacy and cause people harm. We spoke with the manager about this; a fan was placed in the medicines room as a result.

This failure to manage medicines effectively was a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people's care plans contained individual risk assessments in which risks to their safety were identified such as skin integrity, moving and handling, pain, medicines and mobility. The risk assessments had been reviewed regularly and updated when required. No risk assessments had been carried out for one person who had an allergy to cat fur. Therefore staff did not have appropriate guidance and support to support this person safely. Accidents and incidents were reported to the management team, who reported a summary of these to the provider on a monthly basis. People's risk assessments had not been updated following incidents such as serious clashes with other people, which had resulted in injury. Risks to people's safety had not been considered in relation to the security of the premises. We found that the back gate was unlocked. The manager told us this was unlocked daily to enable the staff and volunteers to gain access to the building. However, this opened up opportunities for other people to gain access the building. We spoke with the manager about this and they agreed this posed a risk and said they would arrange for a key coded lock to be fitted.

Thirty four people had been assessed to see what care and support they needed to evacuate the home in an emergency, several of these assessments were for people that no longer lived at the home. A personal emergency evacuation plan (PEEP) was in place within the fire file. This file also contained guidance for staff and a map of the building. This meant that appropriate procedures were not in place to keep all people safe in an emergency.

This failure to manage risks was a breach of Regulation 12 (1) (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Parts of the home had not been suitably maintained. We found that a water tank on the ground floor had been leaking for some time and had not been reported or repaired, the water tank was located in the linen store. Some of the linen was damp to the touch. Some bathrooms and toilets had missing and cracked tiles which could cause injury. Some bathrooms contained garden furniture which was being used as shower chairs. Areas of the home looked tired and dated. Paint had been scuffed and chipped. Evacuation chairs located in the stairwells had been blocked in by wheelchairs. We found wheelchairs stored in all stairwells despite signs stating not to store items there. The fire alarm system had been checked regularly to ensure it was working correctly, however we found that the same call point had been activated on the majority of tests. Suitable checks had not been carried out on all call points to show they worked correctly. We found one smoke sensor on the top floor which had been covered up. This had been covered over by a contractor the day before we inspected whilst they carried out work which may have set off the alarm. The smoke sensor had not been put back to full working order at the end of the day which put people living on the top floor of the home at risk.

The examples above were a breach of Regulation 15 (1) (d) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Three out of seven application forms did not show a full employment history. One staff file showed a gap of 23 years and one didn't detail any employment history at all. Interview records did not evidence that this had been investigated by the provider.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (b) (2) (a) (b) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inadequate

Is the service safe?

Where there had been concerns about staff practice or conduct suitable action had been taken by the provider. Disciplinary procedures had been followed and thorough investigations conducted, outcomes of investigations were clear and supervision records showed that performance had been monitored.

The manager had recently increased the staffing levels to ensure people's needs were met. Some staff were waiting for their recruitment checks to clear before they were given a start date. There were suitable numbers of staff on shift to meet people's needs. People gave use mixed feedback about how long they waited when they had pressed their call bells. One person said, "They come as quickly as they can but sometimes all the bells are going at once". Another person told us, "They have others to see to so everybody has to take their turn. If they are down the other end, you think they are never going to come". Another person explained that, "It depends on how urgent. They come as quickly as they can". One person explained they had fallen in the shower. They said, "There was no bell in there. I had to get to the red one. They had to hoist me". They then added, "Most times they are quick if I press it".

Requires improvement

Is the service effective?

Our findings

People told us that their health needs were well met and the food was good. People said, "I was talking to the doctor here yesterday. But I told him I didn't need to see him"; "I think they get a doctor rather quickly. And they wake you up to give you tablets"; "They get doctors quickly if required; they are on the ball about that"; "I do my own pills, I know what to do. I always lock my door so no one can get at them".

Relatives were happy with the healthcare provided for their family members. They told us that staff were knowledgeable and staff knew people well which enabled them to identify when people were unwell. One relative commented, "It is much better healthcare than when she was at home". Another relative said, "They understand her and it suits her much better than the other home". Another relative told us, "The girls [staff] are all wonderful with him and he can be very difficult. But they know just when to leave him be for a little while". A relative explained how well the staff had dealt with their family member's urinary tract infection. They explained "They [staff] were on the ball straight away with it; they got the right tablets very quickly and let us know. They checked the notes for me when I came in and asked questions".

The environment did not meet the needs of people living with dementia. The layout of the premises was confusing as it was organised into different wings with a lack of signs to help people find their way. All the corridors looked the same. We observed people asking on a number of occasions whether they were going in the right direction to the dining room. Care plans details that some people wandered into other people's bedrooms. Light switches were located on the outside of the toilets and were turned off. This may be confusing for people living with dementia if they went into a dark toilet and could not locate a light switch.

The premises were not suitable for the needs of people living with dementia. This was a breach of Regulation 15 (1)(c)(of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most staff had received training and guidance relevant to their roles. Training records evidenced that 48 out of 49 staff had attended moving and handling training. Forty five staff had completed health and safety training. Mental Capacity Act training was taking place during our inspection. Thirteen staff out of 49 had attended dementia awareness training. There was a rolling programme of training planned throughout the year, which included four dates for dementia training in November 2015. Staff told us that they had opportunities to complete qualifications. A number of staff were in progress with their qualification. People received care and support from staff that had been trained to meet their needs.

Staff received regular supervision from their line manager and annual appraisals, during which they and their manager discussed their performance in the role, training completed and future development needs. Staff felt they received good support from the management team in order to carry out their roles. Staff told us, "The manager is good, open and approachable"; "I get regular enough supervision" and "Couldn't ask for better support".

The manager and staff we spoke with had a clear understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager was able to explain to us the implications of the 2014 Supreme Court ruling. This stated that all people who lack the capacity to make decisions about their care and residence and, under the responsibility of the state, are subject to continuous supervision and control and lack the option to leave the care setting are deprived of their liberty. The manager had applied for one DoLS and was waiting for this to be processed by the local authority. Care files showed that mental capacity assessments had been carried out.

There was plenty of food in stock in the kitchen. This included fresh fruit and vegetables. The chef had a good understanding of people's dietary requirements and regularly spoke with people about their likes and dislikes. The chef maintained a list of special requirements that people had such as a soft diet or pureed diet, as well as a list of people that were considered to be at risk of malnutrition. The chef told us that all food was fortified to add extra calories to people's food. They told us that they also catered for people with food allergies/intolerance. One person had a nut allergy and measures were in place to ensure that food was prepared in a nut free environment. As food was made fresh daily, the staff had control over what ingredients were included and did not cook foods which included nuts often. When they did, it was in a separate section of the kitchen. Another person had

Is the service effective?

intolerance to cow's milk. The home provided goats milk for the person and prepared any foods which would contain milk such as custard with goat's milk for that person.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people that did not want to eat what had been cooked were offered alternatives. For example, one person had cheese on toast for lunch. People were offered a range of drinks with their food including wine, beer and spirits. Packed lunches were prepared for people if they would not be around at lunchtime. One person had a hospital appointment on the day of our inspection and a packed lunch had been provided for them to take with them. Meal time was a friendly, calm and relaxed time. People sat where they wanted and chatted. People talked about the new menus on the table. The manager visited each table and spoke with people whilst they were waiting for their meals. Staff reminded people that plates may be hot when they handed them to them to ensure they didn't burn themselves. People who required support at meal times received this in a discreet manner and they were supported to be as independent as possible.

People were asked if they enjoyed their meals and told us they had plenty of drinks. Everyone said that they had enjoyed it. One person said, "It was lovely but I couldn't tell you what the vegetables were". Another person said, "The food is excellent. I have never had a faulty meal here". Another person commented that "There's a good choice and we get far too much". One person told us, "We get two choices both times and they do other things. There's plenty to eat. Too much".

Snack boxes were available to people throughout the home, containing chocolate bars, crisps, popcorn, wafers and sweets, together with bowls of grapes and strawberries. One person said, "Look at the size of those strawberries", which provoked quite a discussion. People's nutritional needs were well met. When people required their food and fluid intake to be monitored this was being done regularly and consistently by the staff. People had been weighed monthly to monitor if they gained or lost weight and action was taken as a result of these checks.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People confirmed that they were seen by the GP when they needed it. Records evidenced that staff had contacted the GP, district nurses, audiology, social services, community psychiatric nurse and relatives when necessary. One relative told us that their family member was visiting the hospital for an appointment with support from the staff. Visiting nurses commented that the staff were helpful and responsive. They explained that the manager had picked up with the GP surgery some concerns about one new person's medication and had obtained new supplies. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs changed.

Good

Is the service caring?

Our findings

People told us that they had positive experiences of living in the home. One person told us about a negative experience which a relative was helping them resolve. Despite the negative experience the person said "It really is good here, nearly like home" and "I don't think they can be more caring than they are". People told us that the staff were friendly, helpful, caring and kind. One person said, "They are very good, all of them. No exception". Another person told us, "Very good staff in the main, friendly and polite". Another person said, "The staff are brilliant. I can't praise them enough. I don't know how they keep their patience". They went on to explain that they had observed staff being, "Very careful with hot drinks if you are wobbly. And they do it unobtrusively. I've never heard any of them grumble at all".

Relatives explained that they could visit at any time and that they felt welcome at the home. One relative said, "We all come to see him and my auntie stays for lunch at the weekend with him". Another relative said, "You can come when you like. We are very welcome and we get invited to all the functions". Relatives were informed through posters on display could have a meal with their family member. Relatives told us that the staff were kind and caring. One relative said, "I couldn't wish for anything better". Another relative told us, "I am very pleased with it and they are all so friendly here". Another relative said, "It is very good care here. Very friendly staff who really put themselves out". One relative whose family member was living with a dementia explained that it "Had taken ages to get a diagnosis". They told us the staff had all been kind and caring towards them, "They have been such a support to me here. I have cried so much here and they have always made time for me, always. And they are so kind to him [family member]".

We observed good care practice. For example, staff members frequently sat with someone, who was confused and needed reassurance. Another member of staff supported a person who was confused about what day it was and whether they were going to see the hairdresser. The staff member responded in a calm and kind manner. Staff were proud of their work. One staff member said, "I bring happiness and care to people. A smile on someone's face is priceless". They went on to say that they treat people in a dignified and courteous way. We observed that staff had good relationships with people, and communication was generally friendly and contained banter.

A visiting nurse gave an example of how caring the staff were. They explained that they had visited late at night to administer some medication to a person. The staff member took time to wake the person up and explained to them who the nurse was to ensure they were gently woken and given the information they needed.

We observed that staff interacted with people throughout the day and not just because they needed to carry out care tasks. Staff spent time responding to people if they appeared upset or confused and spent time talking with people. Visiting nurses told us, "Communication is good here". Relatives felt that staff communicated well.

People were supported to make decisions and choices and these were respected. Where people were able to, they had signed their care plans and completed their own information so that staff knew about their history, important people and lives. This showed they were actively involved in their care and support.

People were supported to be involved in their community. Members of the local community also had strong links with the home. The home had a group of volunteers that supported activity sessions such as crafts. People spoke highly of the hair dresser that provided a service from the salon on the top floor of the home. One person said, the hairdresser "Is the tops". A relative said, "The hairdresser seems good". Other services were brought into the home such as a manicurist, chiropodist and optician. One person explained that by having beautifully painted nails "It lifts people's spirits".

People's bedrooms were decorated with their own furnishings. The doors to people's rooms had their names on to remind people whose room it was. Thought had been given to individual bedroom settings where possible. For example, one person liked to be away from groups of people and preferred their own space had a bedroom that was on the top floor. People were able to bring in personal items to help make the bedrooms more personal and all were able to watch TV in their bedroom if they wished or in the lounge if they chose. Most bedrooms had ensuite shower rooms and toilets which meant that people's personal care was carried out in the bedrooms. Those

Good

Is the service caring?

rooms that didn't had bathrooms next to their rooms for the sole use of the person. There were also assisted bathrooms on two floors of the home so that people who wished to have a bath could do so.

People's privacy was respected. We observed staff knocking on peoples doors before entering, even when the door was open. Staff detailed that when they provided care and support they ensured that they talk to the person to find out what their choices are and ensured that people were covered up to protect their dignity.

People's information was treated confidentially and their personal records were stored securely. People's individual care records were stored in a locked room to make sure they were accessible to staff. Staff files and other records not required on a day to day basis were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

The home catered for people's spiritual needs. Religious services were displayed on the noticeboard. One person told us they had chosen this home themselves because it was next to their church. Religion was important to several people, their care plans reflected this.

Requires improvement

Is the service responsive?

Our findings

People told us that the staff were responsive to their needs. We observed that people had opportunity to take part in different activities. Some people played bingo, a small group of people listened to music and some people watched a film in the afternoon. A volunteer played a word game with three or four people. Some people had newspapers delivered. One person said, "I play cards and I've been on an outing". Two people told us about a recent visit from a travelling zoo which brought along small exotic animals for people to handle. One said, "They were very interesting. You were encouraged to hold them". Some people told us that they didn't have much to do and they were not able to join in with activities, they said, "There is never anything to do. Look, all morning until lunchtime with nothing. We can sit outside, weather permitting, of course. But it would be nice if we had more activity going on. The day is long when you are doing nothing" and "I can't do the activities. I find them exhausting. I try to go to the craft sometimes".

Relatives told us the staff were responsive. One relative explained that their family member had been moved from upstairs in to a ground floor room following her return from hospital after their fall. They were pleased about this.

Each person's care plan detailed their life history, their care and support needs and what they could do for themselves. These plans documented what made people happy and outlined what made people sad.

One person's care file detailed that they were reluctant to accept assistance with washing, dressing and personal care. It stated they preferred a staff member in uniform. We noted that no staff wore uniforms. Another person's care file evidenced that 'Not being listened to' made them sad. We observed that this person had become unhappy during the inspection. We spoke with them and they explained that they felt staff had not listened to them about not wanting to take part in activities which made them upset. They also explained that some staff didn't remember that they had difficulty hearing, they said "They talk as they are going out and I cannot hear them. They need to take a little longer". This evidenced that staff were not always responsive to people's needs.

We recommend that people's care plans, likes and dislikes are communicated to staff that are working with people to ensure that people's preferences are observed and respected.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. People's care records contained care plans, risk assessments, and care reviews that had been signed by the person whose care was being reviewed. The care plans included information on; personal care needs, medicines, leisure activities, nutritional needs, as well as people's preferences in regards to their care. Staff had up to date, relevant information to enable them to provide care and support.

People were engaged with activities when they wanted to be. During our inspection, we observed that crafts activities, bingo, a film and motivational activities took place. The activities co-ordinator planned activities on a daily basis. They also planned outings and excursions. The next planned outing was the next day to a local garden centre. Activities were advertised on notice boards in the home. The activities available at the home, included quizzes, board games, arts and crafts, outings to the local area or to the seaside, and musical events. People received care which met their individual social needs.

There were notices up on all three floors of the home for residents to put their ideas forward for Christmas events. Suggestions included 'Afternoon party with party games' and 'Pantomime outing or in house pantomime'. There was a pumpkin carving competition planned for the weekend to celebrate Halloween, a selection of pumpkins had already been purchased for this.

Each person's care and support dependency had been assessed and reviewed regularly. The dependency tool detailed whether the person required medium, high or total support. There were risk assessments for specific activities, for example transferring a person from a chair to a bed. These included any specific aids such as a hoist which would make the activity safer for the person and staff.

There were complaints posters on display on all three floors and in the entrance area of the home which gave details about how to make a complaint. The complaints procedure detailed a clear process for people to follow if they wished to make a complaint. It set out timescales that acknowledgements and responses should be received by.

Requires improvement

Is the service responsive?

It also gave details of other organisations that people could raise their complaint with and where they should direct it if they were unhappy with the way that the home had investigated and responded to their complaint.

Four complaints had been raised in the last 12 months. They had been acknowledged, investigated and responded to in line with the company complaints procedure. All responses had been responded to within the timescales set out in the policy. Clear actions had been set out and completed to ensure that mistakes were rectified and to prevent similar complaints occurring in future.

The service had received lots of compliments such as a letter from a person's relative which said 'I would like to express the thanks and appreciation of my family for the care received by my mum at Rogers House' and a card from a person which said 'Just to say a big thank you to everyone, especially carers, cleaners and cooks for your loving care over my 80th birthday'.

People attended meetings to discuss their opinions of the service and get updates on changes to the way the service was running. The most recent meeting gave people the opportunity to plan the winter menu and incorporated a taste testing of different foods including haggis. People enjoyed having the opportunity to get involved and said they liked tasting things they hadn't tried before. People's views were taken on board. We heard one person tell the manager at lunchtime that they were looking forward to the dessert of baked apples as they said "It was one of our suggestions".

Meetings were usually held quarterly however the manager was looking to increase the frequency to monthly. They were in the process of forming a 'residents committee' to decide on entertainment and events held at the home and also to take part in interviews for new staff.

Relatives were invited to meetings to discuss what was happening in the home and gain feedback on their experiences. They felt well informed of upcoming changes and maintenance such as a new carpet being put down. One relative said, "There was one [meeting] just recently. I think there are at least three a year". Another relative told us they were invited to provide feedback though annual satisfaction questionnaires.

Requires improvement

Is the service well-led?

Our findings

People provided positive feedback about the manager. One person told us, "I met her very quickly after she arrived". Another person said, "She is very professional and gets things done".

Relatives and visitors told us that the home was well run. One relative said, "I know he is in good hands here. We looked at lots and lots of homes and this was the best". Another relative said, "This is a well-run Home". A visitor told us, 'The office staff are good on the phone and messages always get through" and "Staff turnover seems to be quite small. Some have been here for years".

The positive views people and visitors had about the care and management contrasted with some of our findings.

The provider had not acted on advice and feedback given by contractors in a timely manner. The lift within the home had been serviced in January 2015, there was a note on the service records to state 'We note that lift does not comply with modern standards and we advise that key safety aspects of the lift installation be reviewed and a programme of modernisation be adopted in accordance with EN81.80 safety of lifts'. This work had not taken place in the nine months following the service. The manager and maintenance person told us that there was going to be some work carried out and the lift was due to be replaced.

The manager and senior staff on carried out a number of checks and audits. These included monthly medication audits, weekly manager's audits, and care plan audits. These showed that issues had been picked up, the manager explained how these had been addressed. Some audits had not always been actioned quickly. The compliance audit carried out by the provider in July 2015 highlighted that people did not all have personal emergency evacuation plans (PEEPS) in place, we found the same during the inspection. This audit also reported that policies and procedures were out of date and that appropriate bathroom furniture was not in place. The manager advised us that this related to the garden furniture being used as shower chairs. We found these shower chairs still in use over three months after the provider had identified the issue. The manager ordered the shower chairs after we had raised concerns.

Relating to people's care were not well maintained and were not accurate and complete. One person's care records showed that they should be supported to use the toilet every two hours. We spoke with staff about this as we could not find records to evidence that this had happened. The last record we found relating to supporting this person with their continence was dated 11 October 2015, which recorded one support at 10:00 hours.

Accidents and incidents had not been recorded in people's daily records. One person had been involved in an altercation with another person in the summer. Accident records had been completed and submitted to the manager, however people's care plans and risk assessments had not been updated as a result. There was no record of the incident within the daily notes which means that staff working with the person after the incident would not have all the information they needed.

Fluid charts seen did not always list all of the fluids people had drunk, been offered or declined. One person's charts showed that they had only drunk 475 millilitres of fluid on one day and the following day had drunk 750 millilitres, the day after that they had drunk 1700 millilitres. Food charts were not always completed for those that required it. One person's chart for the previous week only recorded meals eaten on five out of the seven days. The previous week the chart detailed meals eaten on two out of the five days.

Old records and information had not been archived and removed from files and folders. This meant that staff had to go through lots of out of date information to find the most up to date information.

The majority of policies and procedures were out of date. The policies and procedures had not been reviewed and updated regularly and therefore had not kept up with changes in legislation. Policies relating to the recruitment and selection of staff detail that employment histories will be collected to evidence the last 10 years of employment. This does not reflect the regulations which states that a full employment history must be obtained. There was not a Mental Capacity Act (2005) policy in place. A file note evidenced that the policy was 'Awaiting approval by the board'. This meant that staff did not have up to date guidance and support to follow while delivering care.

The provider had not updated the home and followed good practice guidance such as good practice NICE guidance about design and adaptation of housing for people living with dementia.

Requires improvement

Is the service well-led?

Each person had been assessed to evidence what level of care they required and this had been translated to a score of low, medium or high. There was no evidence to show how the provider used the dependency information to inform the staffing levels. The manager had made some amendments to staffing as they felt that this was needed to better meet people's care needs.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system and failed to maintain accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to people's care and the management of the home were stored securely. Records were securely kept. People's care files and personal information had been stored on shelving in the office, which had a key coded lock.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider had notified CQC about important events such as, Deprivation of Liberty Safeguards (DoLS) authorisations, deaths and serious injuries. The provider had not notified CQC or the local authority about safeguarding events that had occurred.

This failure to notify CQC was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Staff told us they felt free to raise any concerns and make suggestions at any time to the manager and knew they would be listened to. Staff told us that they were aware of the home's whistleblowing policy and that they could contact other organisations such as the Care Quality Commission (CQC) and the local authority if they needed to blow the whistle about concerns. Posters advising staff how to whistle blow were displayed around the home.

The staff were confident about the support they get from the manager and senior staff. The manager received support from the provider through regular managers meetings, monthly supervision and management support was provided when the manager requested it.

The manager and staff demonstrated that they were passionate about providing good quality care to people living in the home. The manager told us they were "Passionate about making a difference to people's lives".

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users. The provider had failed to protect people from the risk of infection or to maintain a clean environment. Medicines were not managed effectively and risks to people's health and safety had not been appropriately managed. Regulation 12 (1) (2)(a)(b)(g)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment. Systems and process were not effective to appropriately report and investigate abuse. Regulation 13 (1) (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance Regulation 15 (1)(c)(d)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

	Systems and processes were not established or operated effectively to assess, monitor and improve the service. Records were not accurate, complete or contemporaneous. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider had failed to carry out safe recruitment practices. Regulation 19 (1)(b)(2)(a)(b)(3)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had not notified CQC of events and incidents of abuse without delay. Regulation 18 (1) (2) (e)