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Lancaster Court Residential Care Home

Inspection report

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Birkdale
Southport
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 25 and 26 July 2016 and was unannounced. A previous inspection, undertaken in September 2014, found there were no breaches of legal requirements.

Lancaster Court is a residential care home in Birkdale, Southport. The service offers accommodation and support for up to 30 people. At the time of the inspection there were 26 people living at the home. The home is spread across three floors, including a basement. People living at the home have access to a large rear garden and paved areas.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since April 2012. A registered manager is a person who has registered with the 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.

People said they felt safe living at the home and said the staff treated them well. Staff had received training with regard to safeguarding issues and demonstrated an understanding of potential abuse. They told us they would report any concerns to the registered manager. We found a number of issues with the premises and equipment at the home. Some windows did not have restrictors or devices that met with current Health and Safety Executive guidance for care homes. No risk assessments were in place. Small electrical items had not been recently checked to ensure they were safe to use and fire extinguishers were immediately due checks.

Some areas of the home were not clean. Bathrooms and toilets required cleaning and some rooms had unpleasant odours. Some commodes used at the home were rusted and could not be cleaned effectively. A sluice area at the home was in need of cleaning and updating and had been left unlocked, meaning there was public access and a risk of infection. Clean clothes were left to dry in the laundry area or near the kitchen facility.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home. People said they did not have to wait long for support. However, the manager did not carry out an assessment of people's dependency meaning we could not be sure the right levels of staff were always available. Medicines were handled safely and effectively and stored securely.

Most people told us they were happy with the standard and range of food and drink provided at the home and could request alternative dishes, if they wished. Kitchen staff had knowledge of specialist dietary requirements. Soft or pureed diets were not always served in a manner that supported people's dignity.

People and relatives told us they felt the staff had the right skills to look after them. Staff confirmed they had access to a range of training. Staff told us, and records confirmed that regular supervision took place and

they received annual appraisals.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. The manager told us no one at the home was subject to a DoLS. However, no formal assessment had taken place to ensure people did not meet the criteria for a DoLS application. It was not always clear from records that decisions about people's care had always been taken in line with the MCA and best interests guidance.

People's health and wellbeing was monitored, with regular access to general practitioners and other specialist health or social care staff.

People told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff demonstrated an understanding of people's particular needs. People said they were treated with respect and their dignity maintained during the provision of personal care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. A range of activities were offered for people to participate in including; entertainers visiting the home and group events. People could also spend time pursuing their own interests if they so wished. People and relatives told us they had not made any recent formal complaints and would speak to the registered manager if they had any concerns.

The registered manager told us she carried out regular checks on people's care and the environment of the home. These audits and checks had not identified the short falls highlighted at the inspection. Staff were positive about the manager and the homely nature of the service. They said management were approachable and supportive. People told us there were regular meetings at which they could express their views or make suggestions to improve their care. A quality audit of people's views was overwhelmingly positive about the home. Records were well maintained and up to date.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Safe care and treatment, Safeguarding, Need for consent and Good governance. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Some windows in the home did not have restrictors in place that met current guidance from the Health and Safety Executive and risk assessments were not in place. Small electrical items had not been subject to review and some fire equipment was due checking. People told us they felt safe living at the home and staff had undertaken training on safeguarding issues.

Some areas of the home were not always clean and some commodes were rusted. The sluice area was left dirty and was unlocked. Medicines were handled safely and effectively.

Suitable recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. People said they did not have to wait for care, but there was no formal system to ensure staffing levels were always sufficient to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and said no formal applications under the Deprivation of Liberty Safeguards had been made. However, there were no assessments of people's capacity to determine if they fell within the guidance relating to DoLS. It was not always clear best interests decisions had been undertaken in line with the MCA.

People told us food and drink at the home was plentiful and they enjoyed the meals. Meals for people requiring a softer diet were not always served in a manner that promoted dignity.

People said staff had the right skills to support them. A range of training had been provided and staff received regular supervision and annual appraisals. People had access to health and social care professionals for health assessments and checks.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received and were well supported by staff. We observed staff supported people appropriately and recognised their needs, likes and dislikes.

People told us they were involved in their care through regular reviews and frequent "residents' meetings." Relatives were kept informed of any changes to people's care or condition.

Care was provided whilst maintaining people's dignity and respecting their right to privacy.

Is the service responsive?

Good

The service was responsive.

People and relatives told us the home was responsive to their needs. Care plans were in place that reflected people's individual care requirements. Plans were reviewed and updated as people's needs changed.

Activities were available for people to participate in, including entertainers visiting the home, individual time and group events. People told us they were able to make choices about their care, including what they ate, whether they wished to remain in their rooms and what activities they engaged in

People were aware of how to raise complaints or concerns but said they had not made any recent formal complaints.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager regularly undertook checks to ensure people's care and the environment of the home were monitored. However, these checks had not identified the items noted at the inspection.

Staff talked positively about the support they received from the manager and deputy manager. People and their relatives described the registered manager as approachable and supportive. People and staff commented on the homely nature of the service.

There were meetings with people who used the service and questionnaires had been used to gain people's views.

Professionals told us the manager was responsive to any issues they highlighted. Records were well maintained and up to date.

Lancaster Court Residential 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 25 and 26 July 2016 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection team consisted of one inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

We spoke with four people who used the service to obtain their views on the care and support they received. We also spoke with three relatives and one friend of a person living at the home, who were visiting the home on the day of our inspection. Additionally, we spoke with the registered manager, deputy manager, two care workers, the activities coordinator/ shift manager and the cook. We also spoke with a general practitioner and a contractor who was visiting the home during the inspection. Following the inspection we spoke on the telephone with a member of the local infection control team.

We observed care and support being delivered in communal areas and viewed people's individual accommodation. We reviewed a range of documents and records including; four care records for people who used the service, 12 medicine administration records (MARs), four records of staff employed at the home, complaints records, accidents and incident records, minutes of meetings with people who used the

service or their relatives and a range of other quality audits and management records.

Inadequate

Is the service safe?

Our findings

During out inspection we noted a number of safety issues at the home related to the property and equipment used. On the first day of the inspection a number of windows did not have window restrictors in place, had devices that did not meet current Health and Safety Executive (HSE) guidance or did not have risk assessments to determine whether window restrictors were appropriate. One window opened onto a drop down to the basement area of the home. The manager told us she was not aware of the current HSE guidance on the use of window restrictors and was not aware the window in the person's room could be fully opened. She said she would immediately look to source appropriate restrictors and undertake risk assessments for other rooms. This meant there was a risk to people because proper safety systems were not in place.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

We found concerns related to the infection control and cleanliness of the home. There were issues related to the cleanliness of bathrooms and toilets. One bathroom was locked and out of action. A second bathroom was temporarily out of action due to a damaged bath awaiting replacement. A third bathroom was untidy, unclean and contained several stored items, such as chairs and pictures. On the second day of the inspection this bathroom was being cleaned. However, when we inspected again we found there were still areas of the room that had not been cleaned. The manager agreed the cleaning was not to an appropriate standard. We also found mechanical chairs, used to lift people in and out of the bath were dirty and rusted underneath meaning they could not be cleaned properly. The manager told us an ongoing programme of refurbishment was in progress and bathrooms would be improved as part of this programme.

The majority of the rooms at the home were not en-suite and people were supported during the night through the use of commodes in their rooms. A number of commodes were rusted, which meant they could not be cleaned effectively. The manager acknowledged this and arranged for replacement commodes to be ordered, several of which were available at the home on the second day of the inspection. We noted unpleasant odours in several rooms. This may have been due to commodes or carpets. The manager said she would ensure additional cleaning took place. The home had a sluice area for the disposal of waste and cleaning of commodes. This area was not locked and on the first day of the inspection was left dirty for most of the day. We also saw areas of this room were papered. This paper was peeling from the walls, meaning the area could not be cleaned appropriately in the event of splashes or spills. Shelves that held cleaned commode pots were broken and split, meaning these could not be cleaned. The manager agreed the shelving was in need of replacement. This meant there was a risk of cross infection as the sluice area could not be cleaned effectively and a risk to people as the room was left open to public access.

The home's laundry area was situated in the basement area and located next to the kitchen. We noted the laundry was small and cramped and not suitable for a flow through system to move items from a dirty to a clean area. A number of clean items were hung in the laundry area to dry, meaning they could be splashed when soiled laundry was being dealt with. We also saw clean items of laundry hung in a corridor area to dry

outside the kitchen. We witnessed kitchen staff walk past the clothes whilst accessing a cupboard. This meant there was a risk of cross infection during the drying process. The manager showed us a recent infection control report which stated there were no issues with the laundry area. We spoke with the local infection control nurse who said the current check was limited and a more detailed audit would be conducted in the near future. We witnessed staff had access to, and regularly used personal protective equipment (PPE), such as gloves and aprons, when supporting people with care needs.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

During our inspection we could find no evidence to show small electrical items such as televisions and radios had been portable appliance tested (PAT) or visual checks to ensure they were safe to use. The manager told us she was sure checks had been undertaken and contacted the contractor. On the second day of the inspection a contractor visited the home to carry out checks and the registered manager agreed the PAT tests had not been recently updated. We also found fire extinguishers had not been checked for just over 12 months. The manager also arranged for a contractor to carry out checks on these items. This meant there was a risk to people because monitoring by the manager to ensure appropriate checks were in place had not been undertaken.

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

Reviews were undertaken at the home on the fire systems and on the water systems. Checks were carried out to ensure fire alarms were in working order and emergency lighting was operational. There was also evidence regular fire drills or simulated fire drills took place. People also had personal emergency evacuation plans (PEEPs), which detailed how people should be helped in the event of an emergency such as fire or a flood at the home. People also had individual risk assessments in relations to their care. For example, people had been assessed to ensure they could operate hot taps and sinks safely. We noted the home had several open access stairs. We witnessed a number of people using these stairs without support from staff. Whilst people had been assessed as to safe to use of the home's lift, we could find no general or individual risk assessment related to the use of stairs in the home. We recommend the manager undertakes risk assessments in relation to the use of open access stairs at the home.

Certificates for other equipment and safety issues were in place. For example, we saw copies of Lifting Operations and Lifting Equipment Regulations (LOLER) certificates for hoists and lifts used at the home, gas safety certificates and five year fixed electrical certificates. The manager showed us copies of the home's asbestos survey and legionella testing results, which were clear. There was regular testing of water temperatures for water outlets in bathrooms and showers. However, the manager said they did not always test all the individual rooms, but only sampled certain areas. We recommend a more comprehensive checking of room outlets is undertaken.

The manager told us the home currently employed 22 staff to support 26 people. Each day shift was covered by three care workers and a senior care worker. In addition, there was the deputy manager and registered manager on shift. Night shifts were covered by two staff; a care worker and a senior care worker. A number of people required the support of two care workers to be repositioned in bed or be supported with personal care. We asked the manager how the home was covered during the period when two staff were on duty. She told us they had introduced an evening worker to help people have access to baths in the evening or help people to bed. She said staff on duty carried call alert fobs, so they were always aware of when people pressed their call bells for help. We asked if the manager undertook dependency assessments for people

living at the home, to determine the level of care people required each day. The manager said she did not do this formally but assessed the situation from her personal experience and observing shifts. She said if staff requested additional staff she would consider this. People we spoke with told us that in the main they did not have to wait excessive periods for staff to support them.

We recommend the manager undertakes a review of people's levels of need to ensure appropriate staff levels are maintained to support people's care needs.

We looked at personnel files for staff currently employed at the home. We saw an appropriate recruitment process had been followed, with two reference requested, identity checks and Disclosure and Barring Service (DBS) checks undertaken. DBS reviews ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. Records for more recently recruited staff showed they had been subject to a formal interview process. Staff confirmed they had been subject to a formal induction process prior to commencing work at the home. Where necessary, staff had been subject to an assessment to ensure they were fit for the work, such as a review of work practices in the event of a pregnancy. This meant the provider had an appropriate system in place to recruit staff.

Accidents and incidents were recorded by the manager, although it was not always clear from records they had been reviewed to identify and trends or recurrent causes. The manager said she would look to do this.

People and their relatives told us they felt safe when being supported by staff at the home. One person told us, "Yes, I feel safe. Two always come to bath you, so you are always safe." Another person told us, "The staff in here treat me right. They never shout or anything like that." Staff told us, and records showed training in relation to safeguarding vulnerable adults had been undertaken. Staff understood about protecting people from harm and said they would report any concerns to senior staff or the manager. One staff member said they if they were concerned they would speak to the local authority, although had never had to do this. The provider had a safeguarding policy in place to ensure the correct action was taken in the event of any concerns. The manager told us there had been no recent safeguarding matters that required reporting. This meant the provider had processes in place to deal with any concerns or potential abuse issues.

Medicines were managed safely and appropriately. We observed staff supporting people with their medicines and saw people were encouraged and observed to ensure they took their medicines correctly. Medicines were stored in a locked trolley which in turn was stored in a locked cupboard, when not in use. The trolley was very well maintained with bottles and tubes neatly stored and dated when opened. Medicine records were neat and tidy and showed no gaps in signatures. One person received controlled medicines. Controlled medicines are those where there are special laws related to their use and safe storage. We noted these were stored in a locked safe in the cupboard. However, the safe was not fastened to the wall. The manager told us she would arrange for this to be secured as soon as possible. This meant people were supported with their medicines and they were managed effectively.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us no one at the home was subject to any restrictions under the DoLS safeguards. We observed a number of people living at the home who may have fallen under the DoLS guidance and may have met the criteria of being under constant supervision or potentially lacked capacity to make decisions. We asked the manager if she had carried out assessments to determine if a DoLS application should be considered for certain individuals. The manager told us she had not done this formally. This meant there was no clear process to determine if people were being deprived of their liberty and whether an application for DoLS should be made.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 13. Safeguarding service users from abuse and improper treatment.

We noted in one person's care records a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documents was in place. We noted there was evidence of a best interests decision being made in relation to this matter, with professionals and relatives consulted by the person's general practitioner before the document was completed. We also noted at least one person at the home, who did not have capacity to make decisions, had bedrails fitted to their bed to prevent them from falling. We could find no evidence of any best interests decision being made about this. This meant the person was subject to a form of restriction without proper processes being followed. The manager told us she was unclear about the application of best interests decisions, but would look to address the matter.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

People told us staff always sought their approval before delivering care. Throughout the inspection we witnessed staff speak to people in way that ensured they gained their consent with phrases such as; "Would you like..?" and "Shall I help…?" People's care records contained a range of consent forms signed by the person including, consent to share information with other professionals, consent for staff to support people with their medicines and consent to care and treatment being provided in line with the care plan. This meant people's consent was obtained before care and support was provided.

People told us they enjoyed the food at the home and thought it was of a good quality. Comments included, "The food is good"; "The food is very good" and "You get a choice of food and they would make you something else if you did not want what they had." A relative said, "They help with the food. They cut it up to make it easier for her." One person told us they would like a little more variety with puddings, as they were diabetic and tended to have yoghurts regularly. We observed meal times at the home and saw food was hot and well presented. Where necessary people were supported or encouraged with their dietary and fluid intake.

Some people living at the home required a soft or pureed diet. We saw food items, such as potatoes and vegetables or crumble and custard, had been blended together rather than presented as individual items on a plate. We spoke to the cook about this. She said she had prepared pureed food as individual items in other places but did not do that here. We spoke with the manager about how food was presented for people who required a softer diet. She agreed it was not as dignified as it should be and would look into this. We recommend the provider considers national guidance on supporting people with special diets.

People told us, and records confirmed that weights were regularly monitored. One person told us they had been losing weight recently and staff had arranged for them to be seen by the doctor. They told us, "And they keep encouraging me to drink. They keep bringing me glasses of water." We witnessed a care worker ask a person sat in the lounge if they would like a drink and then went round each person in the room and offered them a drink also. This meant people's weight and dietary intake were monitored and action taken where necessary.

People's wellbeing was supported. Records contained a range of information and letters indicating people had attended local hospitals or clinics for appointments, or health professionals had visited the home to review people. We spoke with a general practitioner who was visiting the home on the day of the inspection. They told us they felt staff contacted them appropriately and knew the people at the home very well, so were able to give good information to help with diagnoses and reviews. They told us, "They call appropriately and GPs feel able to do telephone consultations knowing that the information given can be trusted." This meant people were supported to maintain appropriate health and wellbeing.

People and relatives told us staff had the right skills to aid them and that they felt well supported. One relative told us, "They probably know more about (relative) than I do. They see her day by day and know what to do." Staff told us, and records showed there was regular access to training and development. Staff said they had recently completed moving and handling updating training and further training in protecting vulnerable adults and bereavement was coming up. One staff member told us they had been supported to gain additional National Vocational Qualifications. The manager showed us the home's training matrix which detailed when staff had undertaken training and the intervals when refresher training was required. We saw staff had completed a range of development courses including; health and safety, food hygiene, infection control and safe handling of medication. The manager told us staff were also encouraged to review the training they had received, to assess its appropriateness for the future.

Staff told us they received regular supervision. We saw records of supervision meetings, although found the content of these records limited in places. Staff said they could raise issues during supervision, or at any time if they had any concerns or issues. Staff were also subject to annual appraisals. Records for these review sessions contained good detail and covered a range of personal and work related issues. This meant processes were in place to support staff and review their performance in the work place.

Good

Is the service caring?

Our findings

People told us staff were caring and they were happy with the support they received at the home. People said, "The nursing staff are very good and the carers are very caring" and "It's very nice; they all have a nice attitude towards you." Relatives told us, "The care is very good; you can't fault it. Staff are lovely with her. They make sure she is colour coordinated and her hair is combed"; "I'm very pleased. The staff here love her a lot and look after her a lot"; "I don't feel she could get better attention from staff. They are just that familiar with her. The staff are spot on"; "He is well looked after. They have taken care of him fine" and "The staff attitude towards residents is fantastic." Repeated comments on the home's most recent residents' survey included describing staff as; "charming"; "lovely"; "friendly" and "very caring." On a question about staff attitudes 60% described staff as "good" and 20% rated it as "excellent."

We spent time observing care at the home and saw staff treated people in a patient, respectful and courteous manner. We witnessed several instances of staff greeting people by their preferred names, asking them if they were well and spending some time chatting to them about their families or interests. One person apologised to a care worker they were speaking with saying, "I'm sorry; I'm a one for always repeating myself." The care worker responded with a smile, gave the person a reassuring hug and said, "That's okay. I like listening to you." Staff told us they spent time getting to know people and their families. One staff member told us, "I think it is a homely and caring environment. The residents are always happy. I like conversing and chatting with them; getting to know them." The manager told us a number of staff had been at the home for a considerable time and so knew residents and their families well and had built up a relationship with them.

Staff told us no one at the home had any particular needs related to specific equality and diversity issues. The cook told us one person living at the home was a vegetarian and that she ensured all the food prepared for this person did not have contact with meat.

People and their relatives told us they were involved in their care and reviewing their care needs. Comments from relatives included; "I'm first contact, but they would get the doctor anyway. But I'm always involved in everything"; "If the doctor is called for any reason they will let you know" and "I have rung at night and they tell me how she is. They keep me advised on how things are going." Another relative told us, "Whoever I phone knows the score for the day; whether he's a bit out of sorts or cheeky and in good form. They are always able to tell me." Records showed review meetings would involve individuals or their relatives as part of the review process. This meant people and their relatives were involved in determining and reviewing their care needs and information about people's wellbeing was provided appropriately.

People and staff told us there was a regular "residents' meeting" held at the home. We saw copies of notes from these meetings and issues such as the range of entertainment provided, the quality and range of food and any concerns or complaints were discussed. For one meeting we saw people had suggested a trip to the local botanical gardens and had proposed some additional meals including spaghetti bolognaise and sweet and sour. The cook said these items had been added to the home's rolling menu programme. This meant people were able to express their views about the care offered at the home.

Staff understood about respecting people's privacy and dignity. Staff knocked on people's doors before they entered their rooms and any staff who exited a room when personal care was being delivered did so in a discrete manner. Staff were able to describe how they supported people whilst delivering care, such as ensuring they were covered as much as possible. Staff and people told us the bathroom situated on the ground floor was the facility used most, as this had been refurbished. We asked the manager about how people from other floors were supported to take baths, given the distance from their rooms. The manager reassured us people were always transported to and from the bathroom area clothed, so as to protect their dignity. This meant people's privacy was respected and dignity supported.

People were supported to maintain their independence. They were able to stroll around the home as they wished and could spend time in lounge areas or in their own rooms. We noted staff took time to support and encourage people to walk to the dining room at meal times or to their rooms for assistance, supporting the maintenance of their mobility.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs. Comments included, "If I need help they come. If I press it (call bell) they come dashing up" and "They come if I press the call bell. I don't have to wait long for help. They know that I need more help." Relatives told us, "They respond very quickly when the doctor recommends things. She needed a new bed and chair and these were changed very quickly"; "She is always kept clean and tidy. They do her hair and her nails" and "They are always popping their heads round the door to check on her and turn her. They keep her clean and tidy and turn her constantly."

Care plans were comprehensive, person centred and related appropriately to the individual needs of the person. Records contained assessments of people's needs, including specific assessments of areas such as mobility needs, cognitive ability and memory issues and nutritional requirements. Records contained a review of people's medical history, to highlight any health concerns that may need support. Plans also contained information about the individual and their social history, such as family, previous interests and work background. This meant care files contained important information about the person as an individual and their particular heath and care needs.

From these assessments care plans had been devised to meet people's individual needs. Plans identified people particular likes or dislikes and gave detail of how to support people. For example, one plan identified how one person should be supported to have a wash in the morning, how they liked to choose their own clothes and how staff should approach them. It documented whether they needed additional reassurance during personal care. One plan indicated a person did not wish to have their hair washed weekly. Another person's plan highlighted they were at risk of falling and stated staff should ensure that items such as the call bell and television remote control were always within their reach. Care plans were reviewed in conjunction with the individual or their relatives and updated as necessary. This meant people's care records contained information about the specific support people required to meet their current needs.

Care staff told us they would report any concerns they had about people's welfare to the senior staff member or the manager. We witnessed one care worker notice a person did not look as well as usual. The care worker asked the person if they were alright. The person said they did not feel well and had a pain. The care worker reassured the person and said they would get the senior worker to come and look at them. The person then said they wished to lie down and they were helped to their bedroom. Staff then monitored the person's health.

We spoke to staff about people who lived at the home and found they had a good understanding of them as individuals and their particular needs. They were able to describe the range of support people needed and also their particular likes and dislikes. They were also aware of people who may need additional support and encouragement with meals.

The home had an activities co-ordinators who worked from 2.00pm until 5.00pm and then worked as the shift manager for the evening shift from 5.00pm – 10.00pm). During the inspection we saw group activities taking place, including a quiz and completing a crossword. People were encouraged to participate and the

co-ordinator took steps to ensure people were equally involved. There was a good deal of discussion during the events and some shared laughter. The coordinator told us that in addition to group activities they would also provide individual sessions to people who preferred time on their own, or due to living with dementia could not always participate in group events. In addition to these activities there were also a number of entertainers, who visited the home on a regular basis, and other sessions, such a keep fit. People we spoke with confirmed there were a range of entertainments at the home. Some people told us they were also supported to go out. One person told us the coordinator had recently supported them to attend the theatre and cinema in the evening. Other people told us they preferred their own company; reading books and doing puzzles. One person told us they did physically struggle to get out but they would welcome to opportunity to go out in a taxi on occasions, for a change of scenery. We spoke with the manager about increasing dedicated activity time and also expanding activities for people who were living with dementia. She said this was something they intended to consider in the future. This meant there was access to a range of activities and events to support people's social and psychological wellbeing.

People told us they were able to make choices. They told us they could make choices about meals, when they went to bed, whether they spent time in their room or in the lounges with others. We witnessed people being offered a choice of meal and drinks. We witnessed one care worker approach a person, who had just woken up, and ask them how they were. The person replied, "I was asleep." The care worker replied, "That's okay, if you want a nap you can have a nap." Another person told one of the care staff, "I'm just going upstairs for a little while and then I will come back." Relatives told us they could visit the home at any time they liked and stay as long as they wished. They said staff were always welcoming. This meant people were able to exercise choice in their daily lives and friends and relatives could visit when they wished.

The provider had in place a complaints policy and copies of the policy and process were placed in people's rooms. People and relatives told us they had not made any recent formal complaints. Comments from people included, "I've never had to make a complaint"; I've made one complaint, but someone sorted it out"; "I've no complaints; I'm fully satisfied with everything" and "I've never had to complain about anything." The manager showed us the home's complaints records but said there had been no formal complaints within the last 12 months. She said any concerns were dealt with as quickly as possible, but not formally recorded. This meant the provider had in place a complaints system to deal with any concerns about people's care.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there were two registered managers recorded as being registered for the home. We spoke to the registered manager who was present during the inspection. She had been registered with the Commission since April 2012. She told us the previous registered manager was also the owner and she understood he had deregistered two years ago. She said she would speak with the provider and ask him to ensure he deregistered as the manager.

The manager demonstrated a number of checks and audits were carried out at the home. These included checks on the environment and equipment, checks on medicines and reviews of care documentation. In addition, shift managers were also required to carry out a range of checks in the evening and overnight. These included checks on appliance temperatures in the kitchen area, ensuring care records were complete and that bathroom and toilets were clean. These checks had failed to identify the range of issues that were found at this inspection. The manager agreed these issues should have been identified as part of the audit and checking process. This meant audit processes did not always identify concerns or deficits.

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

In addition to regular meetings the home conducted a yearly "residents' survey" to gauge people's view of the home and the care they were receiving. The most recent survey, conducted in 2015, showed positive views expressed by people at the home. 85% of people who returned a questionnaire said their room was "very good" or "excellent." 95% of people said meals at the home were "good " or "excellent" and 85% felt the social activities offered were" very good" or excellent." A relative commented, "I wouldn't contemplate any changes. You could pay more for a five star home, but they wouldn't be getting the same attention from staff. Staff are spot on." A friend of a person, who was visiting the home told us, "If I had to put my mum in here, it would be alright." This meant the home promoted people's inclusion in developing the service and empowered them to make comments and suggest changes.

The registered manager and deputy manager reiterated the home was family run and that the ethos of the home was to maintain its homely feel and make people feel settled and comfortable. The deputy manager told us one of the reasons she had come to work at the service was because of the homely feel.

People and relatives were complimentary about the manager. Comments included, "The manager comes round and asks how things are" and "I don't know her name, fair hair behind the desk. She comes around and asks if everything is alright." A general practitioner who was visiting at the time of the inspection told us, "The two main nurses (The registered manager and deputy manager) know what they are doing" and "I know they can be trusted and that any instructions will be carried out."

Staff we spoke with were also positive about the leadership of the manager. Comments from staff included, "(Manager), she is fine. She is always approachable and available and at the end of the phone. She will always ring me up on shift to check if things are alright" and "I get on well with her (manager). I've no

complaints about her management skills. The residents' needs are always foremost." Staff also said they were happy working at the home and there was a good team ethos. Comments included, "I'm happy here. I'm happy doing this job" and "I'm happy where I'm working and focussed on the people I'm caring for." Staff said there were not always regular staff meetings, but the team was relatively small and they could raise or discuss issues during the day, or speak with the manager.

With the exception of audit records, we found daily and care records at the home were good and contained detailed information. Daily records recorded any significant issues, such as hospital or doctors' visits, and medicines records were neat and tidy and easily readable to help avoid errors. Charts such as those recording food and fluid intake or changes in position were up date and well maintained. This meant records were kept appropriately to aid effective care delivery.

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 11 HSCA RA Regulations 2014 Need for consent The appropriate action and legal processes were not followed to ensure people were protected from inappropriate restraint when they were unable to give consent due to a lack of capacity.

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 improper treatments because assessments had not been undertaken to ensure people were not unlawfully deprived of their liberty or any care was delivered in people's best interests. regulation 13(1)(4)(b)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to ensure compliance with regulations because audits had failed to assess, identify and mitigate risks. Regulation 17(1)(2)(a)(b)

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 People were not protected from unsafe care and treatment because effective measures to ensure the premises were safe had not been put in place, risks had not always been assessed and appropriate measures were not in place for preventing, controlling and detecting infections. Regulation 12(1)(2)(a)(b)(d)(h).

The enforcement action we took:

We have issued a Warning Notice