St Catherine Care Home Ltd

St Catherine Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

St Catherine Rest Home is a care home that provides residential care for older people and people living with dementia. It is registered for 19 people and at the time of this inspection there were 13 people using the service.

The service was last inspected in May 2016 where breaches 11, 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations were identified. A number of people using the service had their medicine administered covertly; however there were no mental capacity assessments or GP authorisations in their care plans. The medicines fridge was unlocked and the temperature of the medicines storage room was at a high temperature due to being adjacent to the kitchen. Risk assessments were not robust and accidents and incidents were not always recorded. In addition, we found there to be malodour within the home and sharp edges in the corridor. Staff recruitment processes were not always safe and staff had not had training in First Aid or dementia care. The service was rated requires improvement overall.

This inspection took place on the 21 February 2017 and was unannounced. At this inspection we found the provider had addressed some of these issues. However, we found the provider was in breach of three regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 Notification of Other Incidents. You can see what actions we have asked the provider to take at the end of the full version of this report.

Medicines were not stored safely. The medicine fridge was unlocked and controlled drugs were not being stored in a safe manner.

Risk assessments for one person who was recently placed at the service were not robust.

Cleaning products such as floor cleaner, an adhesive and a box of nails were being stored in an unlocked cabinet underneath a sink. There was a large pile of bricks and rubble at the back of the garden and the gate leading to neighbours garden was unlocked leaving people who used the service at risk.

Accidents and incidents were not being reported to the Care Quality Commissions and neither were authorisations for people under Deprivation of Liberty Safeguards.

Staff recruitment was safe and staff received on-going training in areas that were relevant to their role.

Care staff were aware of what to do if they had any safeguarding concerns and people who used the service told us they felt safe.

Staffing levels were suitable for the needs of people who used the service.

People were supported to have enough to eat and drink in line with their preferences and people were

supported to have access to healthcare services. Referrals to healthcare professionals were made as required.

People and their relatives told us the service was caring and people were involved in their own care planning and making decisions. People told us their privacy was respected and they were supported to be independent.

Care plans were detailed with people's wishes and preferences and they were reviewed on a regular basis.

Concerns and complaints were encouraged and people who used the service knew how to make a complaint.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were not stored safely.

Risk assessments for one person were not thorough or robust.

People who used the service told us they felt safe.

Staff had understanding of safeguarding adults and whistleblowing.

Is the service effective?

Good

The service was effective. Staff received on-going training and supervision.

Consent to care was sought and documented in people's care plans. Staff had an understanding of the Mental Capacity Act (2005)

People were supported to have sufficient to eat and drink in line with their preferences.

People were supported to have access to healthcare professionals.

Is the service caring?

Good

The service was caring. Positive and caring relationships were formed between care staff and people who used the service and their relatives.

People were involved in their care planning and were given choices.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and reviewed regularly.

People's preferences were recorded in their care plans.

The service had a complaints procedure and people who used the service knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led. The registered manager had failed to send notifications to the Care Quality Commission.

The service carried out regular audits and surveys to monitor the quality of the service.

Team meetings took place regularly.

St Catherine Rest 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.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Before the inspection we looked at information we already held about this service. This included details of its registration, previous inspection reports and information the provider had sent us. We contacted the host local authority to gain their views about the service.

During the inspection we looked at six care plans, six staff files including supervision and training records, medicine records, policies, procedures and risk assessments. We spoke with the cook, registered manager, deputy manager, two senior care assistants and one care assistant. We spoke with four people who used the service and two relatives.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we saw that medicines were not being stored safely and the medicines fridge was unlocked. During this inspection we saw that medicines stored in the fridge were still not being stored safely .The medicine fridge that was stored in a room adjacent to the kitchen was unlocked. The registered manager told us that this had been reported the day before our inspection by a care worker but there was no record of this. They told us the handyman was off sick and that this was why the problem had not been rectified. In addition, the backdoor was kept unlocked which meant the room was accessible from the garden, creating a risk that people could enter the storage room and access medicines which were not securely stored. This meant that medicines were still not being stored safely. The manager of the service told us they would purchase a lock for the fridge. We saw evidence during our inspection that the manager had purchased a new fridge with a lock

At the time of inspection, the service was administering controlled drugs to one person who used the service. The controlled drugs were being stored in a locked wooden cabinet in the corner of the lounge where people who used the service spent large amounts of time. This was unsafe because it did not conform with the Misuse of Drugs (Safe Custody) Regulations 1973 and associated legislation. We spoke with the registered manager about this and since the inspection they have shown us that controlled drugs are now stored in a lockable metal tin within the wooden cabinet. However this means the service is still not in compliance with controlled drugs storage requirements. The registered manager told us they would be purchasing suitable storage in line with the requirements.

The above are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines that were previously stored in a room adjacent to the kitchen were now securely stored in a locked trolley. The trolley was secured to a wall via a cable, and was kept in the smaller of the two ground floor day rooms.

At the last inspection risk assessments had not been completed robustly and the measures in place to mitigate risks were not thorough, so people faced risks that had not been assessed by the service. At this inspection we found action had been taken to address these issues and risk assessments had improved, however for one person who had been recently placed at the service risk assessments had not been thoroughly completed. The person had been discharged from hospital to the service on 13 February. Their care plan stated, "I suffer from complex physical health conditions, therefore all staff must monitor my health on a daily basis. Staff should ensure relevant healthcare professionals are involved, staff should be prepared to contact my GP or call for an ambulance, staff can check my blood pressure and call 111 or my GP for advice." At the time of our inspection, the person had been at the service for nine days. We found no record of monitoring the person's health by way of checking blood pressure or other vital signs such as temperature. The person's daily records stated that they had been refusing food, and drinking only small amounts of "milk and coca cola" since admission. The person also required hoisting. We saw that a pressure sore risk assessment had been carried out on 14 February 2017 identifying the person was at "high" risk of

developing pressure ulcers but there was no mitigation plan in place.

Risk assessments for falls and manual handling had been carried out seven days after the person was placed at the service. In addition the person's hospital discharge notes stated that their sacrum and abdominal skin folds were "red" but there was no follow-up body mapping carried out by the service and no record of charting of bowel movements despite the person's hospital discharge summary stating the person had been treated for "Constipation and faecal impaction." The relative of this person told us during our inspection, "When he came in a week ago I thought they would ask us more as we had been caring for him. They told me there is a file and then the daily plan and that I can talk to them any time. We haven't been asked much since then though and didn't get much of an assessment when we arrived. I suppose they will do that soon." This meant that the person had not been safely risk assessed by the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection we saw that there were cleaning products, adhesive and a box of nails stored in an unlocked cabinet underneath a wash basin in between two people's bedrooms. We spoke to the registered manager about this who removed the products and put them into a locked cabinet immediately. We also saw that there was a large pile of bricks and building rubble at the back of the garden. The garden was used by people who used the service to smoke. There were no risk assessments in place in relation to the rubble and there were no warning signs or precautions in place to prevent people who used the service from accessing the rubble. This created a risk for people who used the service. The registered manager told us, "There is a room being redecorated and the bricks will be removed by the end of the week." After the inspection, the registered manager sent us evidence to show that the bricks had been removed. In addition, the garden pathway had a gate leading to the neighbour's property. The gate was unlocked and easily opened posing a risk to people who used the service. The registered manager told us, "The gate is usually padlocked." Following the inspection, the registered manager sent us evidence to show that the gate was locked with a padlock. The above are a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite risk assessments not being robust for one person who was recently placed the service we saw that risk assessments were in place for the rest of the people who used the service, including information about how to mitigate those risks. Risk assessments covered risks associated with skin care, diabetes, malnutrition, falls, moving and handling and continence.

Personalised risk assessments were in place about supporting people who exhibited behaviours that challenged the service. For example, the risk assessment for one person stated, "When [person] is distressed she usually paces up and down the hallway and makes groaning noises. She usually responds with a cup of tea. If she disengages, provide time and space, but staff should monitor her making sure she is safe. Give her the opportunity to take part in activities she enjoys which helps her to relax. [Person] can also pull the table cover off, thus staff should make sure that the table she is using has no cover." The risk assessment about behaviours that challenged the service for another person stated, "If [person] is not engaging, let her ventilate her emotions, but staff should keep a safe distance from her and continuously observe her." Another person had a risk assessment in relation to manual handling that stated, "When rising from chair, two staff to hold on to zimmer frame." This meant that care staff knew what actions to take in relation to assessed risks. The registered manager told us about their risk assessment process stating, "For example if someone is at risk of falls, we need to make sure they're wearing the correct slippers. We have to look at the worst thing that can happen and prevent it. For example when [Person who used the service] goes out, he is diabetic so we make sure he eats something small before he goes out and he also wears an identification badge."

Staff had a good understanding of how to support people if they became anxious or agitated. One staff member told us how they supported a person, saying, "I try to talk with her about something. I can talk with her about the past. Or I can do with her some of the activities she likes such as when I take the laundry out and put it away."

Staff told us there were enough staff working at the service to meet people's needs in a safe manner. One staff member said of the staffing levels, "I think it is all right." Another staff member said, "Yeah, I think we do have enough staff." The registered manager told us, "Historically there were three care staff in the morning, three in the afternoon and two at night. Now it's four in the day and two at night. It's enough to meet people's needs." A person who used the service told us, "They look after me very well and there are usually enough of them around. There is always someone to help you and quickly too." Another person said, "There seem to be enough of them. Sometimes you wait for things but they are usually with you very quickly."

The registered manager told us how they arranged cover when there were unexpected staff absences, "Staff will cover who want to do more hours and myself. We've never had to use agency, staff have been very reliable."

At the last inspection the service was not using safe recruitment processes This was because staff recruitment processes were not always safe. Some staff did not have criminal record checks carried out when they commenced employment at the service. The service was using criminal record checks from previous employers. This meant that the service were potentially unaware of concerns or convictions upon the commencement of employment. In addition, references were not in date and there were no records of staff interviews.

At this inspection we found action had been taken to address these issues. The service had robust staff recruitment procedures in place. Staff told us and records confirmed that checks were carried out on them before they began working at the service. One staff member said, "They called me to have an interview. I had DBS (Disclosure and Barring Service) check and references. I had some testing, some practical tests and English language." Another member of staff told us, "They asked for my two references and they did a DBS check, proof of identity and visa." A DBS check is to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed that the service carried out DBS checks, employment references and proof of identification for prospective staff. This meant the service had taken steps to recruit suitable staff to work at the service.

At our last inspection in a heavy smell of urine was present in a number of bedrooms. We saw stained curtains and an en-suite toilet was in a poor state and peeling. There were sharp edges to the tiles of the stairs. At this inspection we found action had been taken to address these issues with a cleaner attending every day for a seven hour shift to ensure the cleanliness of the service and we saw that sharp edges on the tiles had been covered with edge protectors.

The service had a safeguarding adults procedure in place which made clear their responsibility to report any allegations of abuse to the local authority and the Care Quality Commission. Staff had a good understanding of their responsibility to report any allegations of abuse. One staff member said, "I report [abuse] to my manager. I report to the social worker if the manager abuses anyone." Another staff member said, "If I thought they were being abused in some way I would talk to the manager." The registered manager told us, "We do safeguarding training and we also talk about [safeguarding] in team meetings." They also told us, "If you have a situation, for example physical abuse, you have to make the service user safe. We then escalate it, call the safeguarding team and then complete the referral form online." One person who used the service told us, "Oh yes I feel safe. I have no worries. The staff make me feel safe and everything is cared

for well." A relative of a person who used the service told us, I have no worries here. She is safe, they all are. The staff make sure of it by doing their job and taking good care of them. I don't leave her valuables here but I am sure they would be safe."

The service had a whistle blowing procedure in place which made clear staff could whistle blow to outside agencies if appropriate. Staff had a good understanding of whistle blowing. One staff member said, "If I see something happening I need to report it to social services."
The registered manager told us and records confirmed, "We've been having lots of one to one sessions and meetings on what to do in an emergency. We do drills to give carers an idea of what we should be doing. I am confident in my staff. Staff are confident with first aid and if anything happens they know they can call me at any time, I am always on call."

The registered manager told us and records showed medicines audits were carried once a week. This involved observation of staff whilst they administered medicines and recorded elements such as whether start dates were correct on Medicine Administration Records (MAR), whether the number of tablets left matched the balance expected from the MAR chart and whether refusals were recorded. Any potential side effects from the medicines administered were listed and documented if they occurred.

The service had a PRN protocol in place. PRN medicines are administered on an as and when needed basis and each person had information in their care plans regarding when they may require PRN medicines. PRN medicines were counted after each administration and the number remaining was documented. A person who used the service told us, "I can ask if I need things like painkillers."

Good

Is the service effective?

Our findings

At our last inspection we found that not all staff had been given the appropriate training. At this inspection we saw that staff had access to on-going training. One staff member told us, "Yeah, we have done training. Food hygiene, care planning, manual handling and lifting." The service had a training matrix which recorded what training staff had undertaken. This showed that staff training was up to date. Training for staff included infection control, health and safety, fire safety, moving and handling, medicines, dementia care, MCA and DoLS and nutrition.

Staff told us on commencing work at the service they had an induction programme. This consisted of training and shadowing experienced members of staff to learn how to support individuals. One staff member said of their induction, "In the first two weeks the senior staff showed me what to do." They added, "I did training about medicines, safeguarding, about people with dementia, food hygiene."

Staff told us and records confirmed they had regular supervision with a senior member of staff. One staff member said of their supervision, "We talk about safeguarding, DoLS, personal development and we always talk about what I think they could do better." Another member of staff told us, "We have supervision with [registered manager] about every six weeks. We talk about our work, the other staff, if there is a fire do we know what to do. She talk about DoLS." Records confirmed that staff had regular supervision which included discussions about people using the service and staff development.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. 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. At the time of inspection six people who used the service had DoLS authorisations in place because they needed a level of supervision that may have amounted to a deprivation of liberty and six application s had been made. However, the service had not submitted notifications to the CQC about the decisions of applications submitted for DoLS.

Where people were subject to DoLS authorisation we saw that Relevant Persons Representatives had been appointed to support people with decision making. Mental capacity assessments had been carried out to determine if people had the capacity to make decisions about their daily lives. The registered manager told us, "We've been talking about MCA and DoLS in team meetings and supervision so staff get a good understanding. We mustn't assume someone doesn't have capacity."

Care plans showed that care was provided with the consent of people including where people lacked capacity. For example, the care plan for one person regarding support with their personal care stated, "If [person] is resistant to personal care do not argue with her. Withdraw and ask another member of staff to assist in using re-direction and distraction methods. If she still refuses provide space and re-engage at a later time." People or their relatives had signed consent forms to agree to receive care and medicines in line with what was set out in their care plans.

Risk assessments were in place covering malnutrition. People's weight was checked monthly or more frequently if they were deemed at risk of malnutrition. This enabled the service to detect if a person was losing weight so that referrals could be made to the GP.

Care plans included information about people's food preferences. For example, the care plan for one person stated, "[Person] prefers to have a cup of tea with two sugars, toast and cereal or a boiled egg for breakfast. Due to safety, staff should be aware that her tea should not be piping hot." The care plan for another person stated, "Staff to use fortified milk powder as directed by dietician. She likes to eat any English food as long as it is soft." Food fortifying guidelines were in place for this person which gave details of what food to give the person, at what time and in what quantities.

We saw that people were provided with a choice of two main meals at lunch and the cook told us if people did not want either choice they could request something else, they said, "If they don't like fish we give them something else. The staff ask them what they want and we make it." One person who used the service told us, "[The food] is very nice. We choose at a meeting each week for the next week. I eat down here but can choose to eat in my room. They offer to cut things for me." Another person who used the service told us, "The food is good and they have a meeting to choose. They always offer me food which is nice because it means I can have a meal with my daughter. They assist when it is needed."

Food served during the inspection looked appetizing and nutritious and the cook said they used fresh meat and vegetables in their cooking. We saw there were fresh supplies of vegetables and meat stored in the kitchen.

The service had a weekly menu that was designed by people with the support of staff. The cook told us there was a weekly meeting to plan the menu and we observed this meeting taking place during the course of our inspection. People were supported to make choices about their meals with the use of food picture cards and we noted people were actively involved in the meeting.

The service supported people to access health care professionals. Records were kept of appointments which included details of who the appointment was with, what it was for, the outcome of the appointment and any further action required. Records showed people accessed various health care professionals including GP's dentists, opticians, chiropodists, psychiatrists and the district nursing service. For example, one person's care plan had recorded a recent visit from their psychiatrist and documented the changes that had been implemented.

We observed the lunchtime period at the service. We saw four people required one to one support to eat their meal. For three people this was done by one staff member who sat with the person throughout their meal, supporting them at the pace they wanted to eat. However, one person was supported to eat by two different staff who stood over the person and periodically left her to attend to other duties. This was poor practice. We recommend the service seeks information and guidance in relation to one to one feeding.

One person who was a type II diabetic had information in their care plan about managing their high sugar

levels. A letter from the nutrition and diabetic service for this person dated Nov 28 2016 recommended they should have three meals a day, plus one afternoon snack and that they were to be encouraged to reduce the person's intake of simple sugars and full fat dairy produce. This persons daily records of dietary intake on the February 20 2017 included "sausages and mash" for lunch and a pudding of "mousse and cream", plus sausages and chips for supper. This person's blood sugar reading was recorded as being higher than the previous days and despite the reading, was given a lunch and supper of "sausages and mash" for lunch and a pudding of "mousse and cream". It was not clear from the daily records whether the 'mousse' was a reduced sugar item, or whether the 'cream' was half fat. This meant that the person was not being offered foods in line with the recommendations from the nutrition and diabetic clinic. We recommend that the service seeks best practice guidance in relation to this and seeks further support from the clinic.

Good

Is the service caring?

Our findings

People who used the service told us they liked living there. One person said "It always has a nice homely feel here." Another person told us, "Yes it is a good feeling here." A relative of a person who used the service told us, "They are very nice here. They all look after the residents and there always seems to be enough of them." A second relative told us, "They are always helping [relative] and they help me too".

Care plans included information about people's life history. For example, about where they grew up, their family and their previous employment. For example, the care plan for one person stated, "[Person] worked at a kiosk selling chocolate" and "During the war she used to go to the shelter in the garden." Care plans also included information about people's likes and interests. For example, the care plan for one person stated, "[Person] enjoys listening to reggae music and dances to it." This information enabled staff to get a full picture of the person and their life rather than just an understanding of their current care needs. This information helped staff to build good relationships with people and to interact with them in a more friendly and meaningful way. A relative of a person told us, "They know us very well. They know exactly how [Relative] works and what she gets up to. They know she likes independence and they give her as much as she needs."

Staff told us how they promoted people's dignity and privacy when providing support with personal care. One member of staff said, "At first I take off the top but leave on the trousers and wash the top half. After, I put on a new clean top and take off the trousers and wash and put on clean trousers and underwear." The same staff member told us they supported people to make choices, for instance about what they wore. They said, "I take some clothes from the cupboard and show them to the client and say 'Do you want this one or that one'." Another member of staff said, "You must always close the door [to promote privacy]." They added, "While you give personal care you always talk to them, just general chit chat [to help people feel comfortable]." Another staff member said, "First I get their consent [to provide care] then I close the door. I ask them what they want and explain what I am going to do. Respect their independence. If they can brush their teeth a little bit I ask them to do it. If they really can't do then I will." A relative of a person who used the service told us, "[Care workers] are very nice here and they encourage [Relative] to do things for herself and be independent. They encourage her to dress herself and do her hair."

During our inspection we observed that when a person who used the service returned following a stay in hospital, they were welcomed to the home in a friendly and happy manner and offered a cup of tea to settle in. We also observed that care staff spoke to people who used the service in a gentle and caring manner and knocked on doors before entering people's bedrooms. One person told us, "Oh yes they always knock and tell me they are waiting outside the bathroom and if I need help they ask if they can come into the toilet and help. I think I could lock my door if I wanted to but I don't because I might need to open it quickly." A relative of a person told us, "They seem very respectful and always knock when we are in the room. They keep an eye on her in the room and toilet but they don't embarrass her and walk in."

People told us their religious and cultural needs were respected. A relative of a person who used the service told us, "Yes they definitely do [respect us]. Our church has been welcomed here and we are encouraged to

carry on believing as a family with [Relative] here." During our inspection we saw that a Christmas party had taken place and there were photographs displayed in the lounge. We also saw that a person who celebrated the Chinese New Year had been given a card from staff and residents to mark the occasion.

Good

Is the service responsive?

Our findings

Care plans were in place for people which set out to meet their assessed needs in a personalised manner based around the needs of the individual. Care plans covered mental health, physical health, personal care, continence and oral health. Care plans included goals for people, for example for one person their goals included maintaining good physical health, maintaining a good appearance and engaging in activities. People who used the service were aware of their care plans and were able to contribute to them. One person who used the service told us, "Yes I have one [care plan] and I know they write all about my needs and what I eat in it. They weigh me and write it down. I can have a look if I want to and they ask me what I would like help with and write it in it. They ask me often yes." Another person told us, "Yes I have one [care plan] and they discuss how I like things and write it in there. They have it written in there all about me and my life and my family and they ask me if I would like things written in there." A relative of a person who used the service told us, "I am asked things to write in there about her life and things she likes and they tell me what they are writing in there about her health like what she eats and her medication. They talk to me about it now and again yes. [Relative] can choose who they would like to help them if that member of staff is available."

Care plans contained detail about people's daily routines, for example for one person it stated, "[Person] likes to stay in bed until late [morning]." One person who used the service told us, "They talk to me about how I would like things and what way to do them and what I think. We talk about things I need help with like showers. They help when I say or ask."

Care plans also contained information about people's communication needs with a document titled 'How I communicate'. For one person this said, "I speak and understand English and can express my needs, feelings and emotions." This meant that care staff had information readily available to support people with their communication needs.

Care plans had been signed by people or their relatives which showed people were involved in developing them. Daily records were maintained of the care provided each day which helped the service to monitor the care the person received on an on-going basis.

Records showed that care plans were reviewed on a monthly basis which meant they were able to reflect people's needs as they changed over time and looked at all aspects of the person's care needs, for example their communication, eating and drinking, continence, personal care, sleeping and mobility.

People's bedrooms were personalised. We entered one person's bedroom with their permission and saw that they had pictures on the walls and personal affects decorating the windowsills and flowers in pots. On the wall was an 'All About' board that gave details of the person's life, likes and dislikes, hobbies and family. Bedroom doors had a photograph of the person and their name, making it easy for people to identify their room.

People had call bells in their bedrooms and they told us they did not have to wait a long time for a care

worker to come to them. One person who used the service said, "They do come quickly all times. I can reach it yes." Another person told us, "Yes they come if I pull the bell. I come to them usually but sometimes I use the bell. Yes I can always reach it and they come quickly whatever time it is." A relative of a person who used the service told us, "They do come quickly. We have used the bell in the room and it was afternoon and they came straight away, they help when they can, you don't have to wait long." This meant that the service was responsive to people's needs.

Daily records of care were kept for each person who used the service and recorded their day to day activities such as what they ate and how they were assisted. For example for one person a recent daily log stated, "Breakfast two slices of marmalade on toast, cup of tea, boiled egg. [Person] was assisted with all personal care, she enjoyed listening to music and chatting with staff." This person's care plan stated that they enjoyed music and talking to staff and records confirmed that this was being encouraged.

The registered manager told us about the activities on offer at the service. "The [activities] coordinator comes twice a week. When the coordinator isn't here staff will take over and do activities. I feel there are enough activities, if it was better weather we'd go out into the garden." One person who used the service told us about the activities they enjoyed, "I like to listen to my radio. I like LBC [radio station] so I listen in my room and in summer I sometimes listen in the garden. I have been out to the shops with the carer. Visitors can come any time." Another person who used the service told us, "I am busy in my room a lot. I write letters and read. I have been to shops and other places. I do join in art sometimes or movies. I have visitors and they come for a cup of tea and cake in my room." A third person told us, "I like my nails painted." During our inspection we observed people having their nails painted in the lounge. A relative of a person who used the service told us, "They do lots of things. They have celebrations and parties for Christmas, Valentine's and other things and BBQ's in summer. They go on outing sometimes to the park and they do nails and they encourage [Relative] to join in."

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. There had been no complaints made since our last inspection. People who used the service told us they knew how to make a complaint. One person told us, "I would tell the manager. I know they would listen."

Requires Improvement

Is the service well-led?

Our findings

We looked at accident and incident records and saw that the service was not sending us notifications about incidents that had occurred. An incident from September 2016 was not reported to the CQC. This incident was in relation to a person who used the service and the record stated that the person was "Feeling dizzy" and consequently had a fall "In the passage way leading to the garden" which resulted in a "Grazed forehead cheek and upper back all on the left side. Ambulance was called and [Person] was admitted to monitor blood pressure and sugar." Another incident from August 2016 was also not reported to the CQC. This was in relation to a person who used the service being "Found on the floor" and the injury sustained was "Lower (R) leg fracture."

In addition, during our inspection we saw records of six people who had DoLS authorisations in place. The registered manager had not sent us notifications of the authorisations.

The above were a breach of Care Quality Commission (Registration) Regulations 2009 (Part 4) Regulation 18 Notification of Incidents.

Staff spoke positively about the management team at the service and the working atmosphere in the home. One staff member said, "I can say they are good managers. They are always interested in the resident's needs, about how the residents can be safe. They always listen to us." Another member of staff said, "I like to work here, I like this team. We all help each other and learn from each other." A third staff member said of the registered manager, "As a manager she is all right. She is friendly, you can approach her and she is helpful." Another member of staff said, "She [registered manager] is supportive. When we call out of hours if we have a problem they [senior member of staff] always comes in to help us."

People who used the service told us they knew who the manager was. One person said, "Yes she is nice. I think we can give feedback anytime." Another person told us, "She is nice and you can talk any time you want to."

Staff told us the service held team meetings. One staff member said, "When we have the meeting with all the staff we always talk about how we can do the job for the residents. We talk about the MCA and about safeguarding, about the rota and how we will work. We talk about any hospital appointments for the residents. Records confirmed that team meetings were taking place once a month and discussions included the fire procedure, medicines and night staff.

The deputy manager told us the service had carried out a survey of people and their relatives and outside professionals between May and December 2016. The surveys asked if staff were polite, if people were satisfied with the care provided, if people were happy with the amount and quality of food provided and if people were able to make choices. The results of the survey showed people were generally happy with the service provided. The registered manager told us, "Audit's give us the feedback we need to do more for example the surveys revealed part of the home wasn't completed because of renovations so it is all completed now. Other feedback was in relation to the same cake being made each time a relative visited. As

a result, the chef spoke to the relative and told them about the different types of cake on offer."

Service user meetings took place on a monthly basis and discussions were about menu planning, redecoration of bedrooms and activities. Records from the December 2016 meeting recorded how one person wanted to have a Christmas party and they were reassured that this was happening. We saw photographs from the Christmas party that confirmed this.

The service carried out weekly health and safety audits which looked at the odour of the home, making sure that fire doors weren't obstructed, cleanliness of the kitchen and ensuring that cleaning materials were locked away. One audit recorded malodour in the home and the action taken was recorded to show that "Neutralisation" had taken place.

Other weekly audits included a 'Hand hygiene audit' which checked whether there were adequate hand washing sinks on the premises, liquid soap, alcohol rub, paper towels and hand washing reminder posters.

The service also carried out infection control audits which checked that carpets were vacuumed daily, hard floors were washed and scrubbed weekly, waste disposal and bedroom cleanliness.

The service had policies and procedures in place for staff to refer to and the registered manager told us, "After every policy, staff sign that they have read it." We saw records to confirm this.

The registered manager told us about her relationship with care staff stating, "I've learnt that your staff are your best asset, you have to have a good relationship with them. I never realised before but there was a division, now there isn't. I've got them involved in everything and they feel valued." The registered manager told us about social activities that they arranged for staff, "We all when to the 02 when [care worker] was leaving and we are arranging a party for [care worker] when they leave who has been here for over 20 years."

The registered manager told us about the support they received in their role stating, "The local authority support me and the deputy manager helps me out. We have supervision but every morning we discuss everything. He documents everything that needs to be done, he's very structured and that helps." They told us when they weren't at the service, the deputy manager "Takes over".

On providing consistent quality of care the registered manager told us, "Me being here all the time is one way [of ensuring this]. I'm here six days a week and one thing I've noticed me being here gives care workers confidence." On their management style, the registered manager told us, "I'm confident to tell care workers if anything is wrong. I have an open door policy."

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notify the Commission without delay of incidents which occurred whilst carrying out the regulated activity. (18) (1) .

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider did not ensure that domestic, cleaning and hazardous waste materials were managed in line with current legislation and guidance (15) (a) The provider did not ensure there was an appropriate level of security to keep people safe while receiving care.(15) (1) (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 Failure to store medicines safely, including controlled drugs. Failure to carry out robust risk assessment for one person.

The enforcement action we took:

Warning notice