Key Healthcare (Operations) Limited

Four Seasons

Inspection report

Ox Close
Marske Road
Saltburn By The Sea
Cleveland
TS12 1NR

Tel: 01287624494
Website: www.keyhealthcare.co.uk

Date of inspection visit:
26 July 2017

Date of publication:
27 November 2017

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?	Outstanding
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 26 July 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Four Seasons was last inspected by CQC on 3, 12 and 19 June 2015 and was rated Good overall. At this inspection we found the service was not meeting all the fundamental standards we inspected against and we rated the service Requires Improvement overall.

The home had a registered manager in place. A registered manager is a person who has registered with 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.

Four Seasons is a care home which provides accommodation with personal care and nursing for up to 72 older people and people with a dementia type illness. At the time of the inspection 65 people used the service. The home is divided into 3 separate buildings, with one providing nursing care (Autumn – 27 people) and two providing residential care (Spring – 16 people, and Summer – 22 people).

The home comprised of 72 bedrooms, the majority of which were en-suite. Facilities included several lounges and dining rooms, communal bathrooms, shower rooms and toilets, a hairdressing room, sensory room and several communal gardens. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

The home continued to provide a wide variety of activities for people and had been successful in winning a number of awards which they were proud of. The range of activities and meaningful engagement people experienced was extensive and tailored to each person's needs. This gave people a sense that they were valued and continuing to contribute to the local community life.

We saw that entry to the premises was controlled by key-pad entry and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

The provider did not ensure the premises were properly maintained and was not effectively monitoring the level of cleanliness in the home.

The provider had audits in place to measure the quality of the service however the audits were not used effectively and had failed to identify the deficits we found in the service.

People who used the service and their relatives were complimentary about the standard of care at Four

Seasons. We saw staff supporting and helping to maintain people's independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people using the service.

Training records were up to date and staff received supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The service was working within the principles of the Mental Capacity Act 2005 and any conditions on authorisations to deprive a person of their liberty were being met.

All the care records we looked at contained evidence of consent.

People were protected against the risks associated with the unsafe use and management of medicines.

People had access to food and drink throughout the day and we saw staff supporting people at meal times when required.

All the care records we looked at showed people's needs were assessed. Care plans and risk assessments were in place when required and daily records were up to date. Care plans were written in a person-centred way and were reviewed regularly.

We saw staff used a range of assessment tools and kept clear records about how care was to be delivered. People had access to healthcare services and received ongoing healthcare support.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

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.

The provider did not ensure the premises were properly maintained and was not effectively monitoring the level of cleanliness in the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Staff had completed training in safeguarding of vulnerable adults and knew the different types of abuse and how to report concerns. Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Is the service effective?

Good

The service was effective and remained good.

Staff were properly supported to provide care to people who used the service through a range of mandatory and specialised training and supervision and appraisal.

People had access to food and drink throughout the day and we saw staff supporting people when required.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home and was suitably designed for people with dementia type conditions.

Is the service caring?

Good

The service was caring and remained good.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their relatives to provide

individual personal care.

People who used the service and their relatives were involved in developing and reviewing care plans and assessments.

Is the service responsive?

Outstanding ☆

The service remained outstanding in providing responsive care.

There was a tailored programme of meaningful activity which reflected people's individual needs and supported people to maintain contact with family and with the local community.

Care records were person-centred and reflective of people's needs.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Staff we spoke with told us they felt able to approach the manager and felt safe to report concerns.

The provider had audits in place to measure the quality of the service however the audits were not used effectively and had failed to identify the deficits we found in the service.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Four Seasons

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 26 July 2017 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, a specialist adviser in nursing and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had expertise in older people's services.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals. We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service, five relatives and we were also contacted prior to the inspection by the relative of a person who had once used the service. We spoke with the registered manager, the area manager, two heads of care, one nurse, four care staff, an activities co-ordinator, an administrator and a domestic.

We looked at the personal care or treatment records of six people who used the service and observed how people were being cared for. We also looked at the personnel records for nine members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management

of the service such as audits, surveys and policies.

Requires Improvement

Is the service safe?

Our findings

At our inspection in June 2015 we rated this domain as 'Good'. At this inspection we found the provider was not meeting the requirements of this domain.

People who lived at Four Seasons were not always safe because the provider did not ensure the premises were properly maintained and was not effectively monitoring the level of cleanliness in the home. A relative told us, "My husband is definitely safe here; I would not have left him in here if it wasn't". Another relative commented "Staff are really good; I can go home and know that mam is safe".

In the Autumn unit we saw freestanding wardrobes in people's bedrooms were not secured to help prevent injury to people should they accidentally fall over whilst in use. Wardrobes had objects stored above them including suitcases, picture frames and incontinence pads which could fall off and injure people. We saw radiator covers were not secured to the wall and several were damaged exposing loose nails. Some people's beds had no headboards. We saw a number of doors and handles on wardrobes, drawers and vanity units were either missing or damaged. A reading light above a person's bed had no cover, exposing electrical wiring and curtains were falling down in another bedroom. In a communal toilet we observed the toilet seat lid was broken and had been placed behind a pedal bin. The provider had maintenance logs in place however we found the logs had failed to identify the deficits we found in the service.

The service had premises risk assessments in place. However we found the risk assessments were not used effectively and had failed to identify the deficits we found in the service. This showed that people living at the home were not always protected from risks from their environment and arrangements to reduce these risks had not been taken.

We discussed our concerns with the registered manager and the area manager and issued an Initial Inspection Feedback Summary to bring this to the attention of the provider. The day after our inspection the registered manager emailed us to confirm that all wardrobes and radiator covers had been secured to the walls and 75% of the jobs placed on the maintenance logs on the day of our inspection had been completed with work in progress to complete the remainder.

Some areas of the home lacked cleanliness and required improvement to prevent the spread of infections. For example, in the Autumn unit, we found grouting around vanity units in bedrooms and bathrooms was loose, missing or dirty. We saw some vanity unit surfaces wear not wipe clean which could increase the spread of infections. We noted that some of the homes carpets were in need of cleaning and there were spillages on bedroom walls and floors. We saw a bath chair in a communal bathroom was not clean. Staff had completed infection control training. Gloves and aprons were readily available to staff and were used as necessary.

A relative told us, "The home is spotlessly clean, cleaners are always around. There is no odour even though my husband is incontinent", "My husband is always clean, spotless never smelly". Another relative commented, "There is someone cleaning all the time". Cleaning schedules were up to date. However we

found the schedules were not used effectively and had failed to identify the deficits we found in the service. We discussed our concerns with the registered manager. The day after our inspection the registered manager emailed us to confirm that they had arranged for a full team of cleaners to address the areas of concern.

We saw that entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. This meant the provider had appropriate security measures in place to ensure the safety of the people who used the service.

Equipment was in place to meet people's needs including hoists, pressure mattresses, shower chairs, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition. Call bells were placed near to people's beds or chairs and were responded to in a timely manner.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We looked at the records for portable appliance testing, gas safety and electrical installation. All of these were up to date.

The provider's accident reporting policy and procedures, provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were appropriately recorded and analysed by the registered manager on a monthly basis.

We saw a fire emergency plan in the reception area. This included a plan of the building. We saw a fire risk assessment was in place dated December 2016 and regular fire drills were undertaken. We also saw the checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date.

We saw a copy of the provider's business continuity plan dated December 2016. This provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations, emergency contact details and personal emergency evacuation plans (PEEPS) for people. These described the emergency evacuation procedures for each person who used the service. This meant the provider had arrangements in place for keeping people safe in the event of an emergency.

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. We saw that where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had completed training in safeguarding of vulnerable adults. The staff we spoke with knew the different types of abuse and how to report concerns. Staff showed a good awareness of the provider's whistleblowing policy. This meant that people were protected from the risk of abuse.

Risk assessments were in place for people who used the service and described potential risks and the safeguards in place. Risk assessments included moving and handling, falls, medicines and nutrition. This meant the service had arrangements in place to protect people from unsafe care.

We discussed staffing levels with the registered manager. The registered manager told us that the levels of staff provided were based on the dependency needs of residents. Any staff absences were covered by existing home staff or bank staff. We saw there were 17 members of staff on a day shift which comprised of

one nurse, two heads of care and 14 care staff and one nurse and eight care staff on duty at night.

The staff we spoke with told us "Sometimes we are pushed to our limit", "There is generally enough staff but if someone phones in sick and we can't get cover it can be really busy", "Always busy", "Heavy going at times" and "I love it here, I do nights and days and it suits me". A relative told us, "Plenty of staff, my husband never has to wait for anything. There is always someone in the lounge doing paperwork or sitting talking to residents". Another relative commented, "Whenever I have been here and mum wants something staff deal with her straight away. She always gets her medication on time". We observed sufficient numbers of staff on duty.

We looked at the provider's selection and recruitment policy and the recruitment records for four members of staff. Appropriate checks had been undertaken before staff began working at the home. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The provider's medicines policy dated March 2017 covered all key areas of safe and effective medicines management. Medicines were supplied by a local pharmacy. Staff expressed satisfaction with the service. There were clear procedures in place regarding the ordering, supply and reconciliation of medicine. Clear guidance was in place to ensure staff were aware of the circumstances to administer "as necessary" medicine. We saw that monthly medicine audits were up to date and included action plans for any identified issues.

We looked at the medicines administration charts (MAR) for six people and found there were no omissions. The MARS folders contained up to date staff signature samples. Photo identification for each person was in place and allergies were recorded. Medicine administration was observed to be appropriate. Medicines were stored appropriately. Clinic rooms displayed a poor standard of housekeeping. We looked at the controlled drugs records (CD) for three people. Appropriate arrangements were in place for the management, administration and disposal of controlled drugs (CD), which are medicines which may be at risk of misuse. We saw that temperature checks for refrigerators were recorded on a daily basis and all were within recommended levels. In June 2017 the temperature checks for the Autumn medicine storage room was noted to have exceeded 25C, the safe storage temperature recommended by the British Pharmacological Society. The Society is a charity with a mission to promote and advance the whole spectrum of pharmacology. We found the provider had arranged for a portable cooling unit to be installed. Staff who administered medicines were trained and were required to undertake regular competence assessments.

There was guidance was in place to ensure staff were aware of the procedures to administer covert medicines. We looked at the MAR's and care records for four people and saw they were reviewed and there was evidence that 'best interest' decision meetings had taken place and recorded, involving the nursing team and doctor. There was no evidence that a pharmacist had been involved. This was not in line with the provider's policy and NICE guidance on covert administration. We discussed this with the registered manager who told us this would be addressed. The day after our inspection the registered manager emailed us to confirm they had contacted their local pharmacy and arranged for a pharmacist to visit the service to discuss and advise staff around covert medication. This meant that the provider stored, administered,

managed and disposed of medicines safely.

Good

Is the service effective?

Our findings

At our inspection in June 2015 we rated this domain as 'Good'. At this inspection we found the provider was continuing to meet the requirement of this domain.

People who lived at Four Seasons received care and support from trained and supported staff. A person told us, "Staff look after us really well here". A relative told us, "My husband had a sore on his leg while he was at home and we couldn't get rid of it, he was always itching it which made it worse. Since he has been in here it has all cleared up".

Staff training records contained certificates, which showed that mandatory training was up to date. Mandatory training is training that the provider thinks is necessary to support people safely. Mandatory training included moving and handling, fire safety, basic first aid in the workplace, health and safety awareness, control substances that are hazardous to health (COSHH), infection control, care planning and daily reporting and safeguarding. Records showed that most staff had completed either a Level 2 or 3 qualification in Health and Social Care. In addition staff had completed more specialised training in for example, self-directed support, pressure sore awareness, continence care, dementia awareness, challenging behaviour, equality and diversity, venepuncture, falls awareness, bed rail safety, diabetes awareness and catheter care.

We saw evidence of planned training in for example, care planning and risk assessment training was booked for 25 July 2017 (9 staff) and health and safety and date protection training was booked for 26 July 2017 (12 staff). Staff told us that training was important to them. Staff files contained a record of when training was completed and when renewals were due. Records for the nursing staff showed that all of them held a valid professional registration with the Nursing and Midwifery Council. The Nursing and Midwifery Council is the regulator for nursing and midwifery professions in the UK.

Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. This meant that staff were properly supported to provide care to people who used the service.

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. We looked at records and discussed DoLS with the registered manager, who told us that there were DoLS in place and in the process of being

applied for. Staff were provided with guidance regarding the Mental Capacity Act 2005, the DoLS procedures and the involvement of Independent Mental Capacity Advocates (IMCAs). Relatives told us, "A DoLS was put into place which I was involved in" and "Yes, I know what a DoLS is". We found the provider was following the requirements in the DoLS.

Mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards and consent to care and treatment was documented in the care plan documents. There was evidence that relatives were aware of and involved in the care planning process.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. A person told us, "The food is very nice and we get a choice". People were supported to eat in their own bedrooms if they preferred. We saw some dining rooms displayed daily menus which detailed the meals available throughout the day. We observed staff giving residents a choice of food and drink. A member of staff told us, "She doesn't like chocolate cake so she might have some fruit". We saw staff chatting with people who used the service. A person told us, "I love Friday, we get fish and chips and they are really nice". Another person told us, "We get jam teacakes after dinner". A relative told us, "My husband gets cake or scones between meals, he never goes hungry" and another relative commented, "Food is really good; my husband gets a choice of meals".

Meal times were relaxed and unhurried. We observed a member of staff ask a person whether they were finished with their drink. When the person said "No", the member of staff said "It's ok you have plenty of time". The care records we looked at demonstrated people's weight and nutrition was closely monitored. From the staff records we looked at, all of them had completed training in basic food hygiene, nutrition and hydration.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GP's, speech and language therapy, tissue viability nurse, memory clinic, dietician, neurology and the intensive community liaison service. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. The home was suitably designed for people with dementia type conditions. For example, there was some colour coding and additional signage on the doors of toilets and bathrooms, and evidence of memorabilia around the unit as a reminiscence tool including theatrical posters and photographs. The registered manager told us about some of the plans for the service including refurbishing some of the communal areas, bathrooms and gardens.

Good

Is the service caring?

Our findings

At our inspection in June 2015 we rated this domain as 'Good'. At this inspection we found the provider was continuing to meet the requirement of this domain.

People who used the service and their relatives were complimentary about the standard of care at Four Seasons. One person told us, "I like living here, nice scenery and fresh air". Another person commented, "I like it here it is very nice". A relative told us, "Care is amazing; you can go into a home with all the frills but if the care is not good then there is no point in being there".

People we saw were well presented and looked comfortable. A relative told us, "My husband always looks clean and tidy, he has a bath and his hair washed every week". Staff knew people's names and spoke with people in a kind and caring manner. Staff interacted with people at every opportunity and were polite and respectful.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. People told us staff always gained their consent before providing care and support. For example, "Yes, they always ask first", "Staff always explain what they are going to do" and "Yes, always".

We saw staff assisting people, in wheelchairs and specialist chairs, to access the lounges, bedrooms and dining rooms. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. This meant that staff treated people with dignity and respect.

We saw people were assisted by staff in a patient and friendly way. We saw and heard how people had a good rapport with staff. Staff knew how to support people and understood people's individual needs. For example, a person who used the service became very agitated and the person was not able to articulate themselves very well. The staff knew what this person was referring too and we saw the person was supported and reassured by the staff when this was required. A relative old us, "Staff love my husband they are always cuddling him".

We saw the bedrooms were individualised, some with people's own furniture and personal possessions. We saw there were many photographs of relatives and special occasions in people's bedrooms. A person told us "I like my room it is lovely".

All the people we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome. For example a relative told us, "We can come and go whenever we want, visiting is anytime" and "Staff always keep me informed of my husband's daily condition".

A member of staff was available at all times throughout the day in most areas of the home. We observed people who used the service received help from staff without delay. We saw staff interacting with people in a

caring manner and supporting people to maintain their independence. People told us the atmosphere in the home was, "Nice and happy" and "Lovely, staff always laughing and singing".

We saw Do Not Attempt Resuscitation (DNAR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. We saw end of life care plans, in place for people, as appropriate and that staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

We looked at daily records, which showed staff had involved people who used the service and their relatives in developing and reviewing care plans and assessments. A relative we spoke with told us they had been involved in the creation of their family member's care plan.

We saw people were provided with information about the service in the 'statement of purpose' and the 'service user guide' which contained information about staff, activities, privacy, dignity and service user's rights, independence, choice, complaints and emergency procedures. Information about health, advocacy and local services was also prominently displayed on notice boards throughout the home.

Outstanding ☆

Is the service responsive?

Our findings

At our inspection in June 2015 we rated this domain as 'Outstanding'. At this inspection we found the provider remained outstanding in providing responsive care. People and their relatives told us that staff were extremely responsive to their needs and preferences and provided them with an exceptionally person centred service.

People were encouraged and supported to take part in activities and some routinely went on outings in the local community. The range of activities and meaningful engagement people experienced was extensive and tailored to each person's needs. The service employed two activities co-ordinators. Planned activities were displayed on notice boards throughout the home and included arts and crafts, nature walks, motivation therapy, hairdressing, archery, dvd, books of interest, visits to farms and local attractions, entertainers, reminiscence, sing a long, quiz and bingo.

An activity co-ordinator told us that they attempt to plan activities in advance although they recognised the need to be flexible and adapt the programme to meet the requirements of people who used the service. They told us how they had organised a choir, which people sang in and linked into a wide range of community services including clubs, societies and local church groups which people enjoyed attending.

The registered manager told us how the service continued to support people to enter competitions. For example, in September 2015 the service finished in the top 20 of the National Activities Programme Awards for the 'Fine Dining Experience 2015'. In March 2017 the service was a top 20 winner in Unilever's Christmas Gingerbread Challenge and in May 2017 people were supported to enter the world record-breaking attempt for the largest waltz organised by Age UK Teesside on Saltburn promenade. These gave people a sense that they were valued and were continuing to contribute to the local community life.

The registered provider also subscribed to 'Daily Sparkle' which is a written reminiscence activity tool containing articles, quizzes, old news stories, gossip, puzzles, sing a longs and entertainment designed towards stimulating the mind and improving memory. This encouraged people to talk and share memories.

During our visit we observed people being entertained by a local singer with a guitar. People were happily singing along and playing musical instruments. The atmosphere was jolly and happy. The activities co-ordinator told us the entertainment was for all three units with each unit taking it in turns to host the weekly activities. People told us, "I paint butterflies and ice lollies …. I like all the staff and I never feel lonely. I would rather be in here than at home …there was a singer on today but I didn't want to go". Another person told us, "I like to go out into the garden", "I don't go out cos I like to stay in" and "There is plenty of entertainment". A relative told us, "Staff ask him if he wants to join in with activities, he would rather just wander about, he is safe to do so and staff don't stop him".

People were encouraged and supported to maintain their relationships with their friends and relatives. Relatives told us, "I don't think my husband feels lonely or isolated", "Staff take my mam to the shops and "He is always happy and he isn't lonely". There were no restrictions on visiting times. This meant people

were protected from social isolation and encouraged to maintain relationships with family and friends.

People had their needs assessed and their care plans demonstrated a good understanding of their individual needs. Information contained in the care files indicated that people, their relatives and healthcare professionals had been involved in the care planning and review process.

Care plans were developed from a person-centred perspective and covered a range of needs including, washing and dressing, nutrition, communication, mobility, activities/interests, continence, behaviour, memory, skin integrity, physical health, spirituality and dying. For example, some care plans included a document called 'This is me' with input from relatives. This provided insight in the person including their social history, their likes and dislikes. This was a valuable resource in supporting an individualised approach and gave staff more detail in helping communicate with some people who had limited or no communication.

People's changing needs were responded to appropriately. Their care plans were kept under review and it was evident any changes were reflected in their care records. Staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. For example, Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, were used to identify if people were malnourished or at risk of malnutrition. Waterlow assessed the risk of a person developing a pressure ulcer. Positional change charts were maintained and up to date.

Throughout our inspection we observed staff giving people choices. This included what they wanted to do and what they wanted to eat or drink. A relative told us, "If he wants a sleep-in staff let him". Staff gave people time to decide and respected people's choices. A member of staff told us about a person who got very embarrassed when younger staff attended to their personal care and how the service had arranged for them to be assisted by older or male carers for all their personal care needs which had reduced the person's anxiety and threatening behaviour.

We looked at a copy of the provider's complaints policy and saw it informed people who to talk to if they had a complaint and how complaints would be responded to. We spoke with people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. A relative told us, "I would go to the manager if I had any worries about mum's care". We saw that when complaints were made they were recorded, investigated and the complainant informed of the outcome including the details of any action taken. This meant that comments and complaints were listened to and acted on effectively.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in June 2015 we rated this domain as 'Good'. At this inspection we found the provider was not meeting the requirements of this domain.

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 20 March 2017 and had worked at the home for 18 years. CQC registration certificates were prominently displayed in the home's entrance.

The provider had audits in place to measure the quality of the service. We looked at the provider's audit files, which included audits of care documentation, health and safety, medicines and infection control. However we found the audits had not been successful in identifying the deficits we found in the service in regards to infection control, cleanliness and maintenance of furniture.

The registered manager told us they had an open door policy which meant people who used the service, their relatives, staff and visitors were able to chat and discuss concerns at any time. Staff we spoke with were clear about their role and responsibility. They told us they were supported in their role and felt able to approach the manager or to report concerns. The registered manager told us, "I'm available for staff if and when they need me". A member of staff told us, "She (Registered manager) is not visible in this unit (Autumn) but she is in the office if we need her. It is very rare that she comes upstairs" and "The manager is always visible on this unit (Summer)".

We spoke with relatives about the registered manager, they told us "Yes, I have just met the manager a few days ago and she seems very nice. The head carer is absolutely lovely" and "I know who the manager is and I see her often walking about". Resident and relative meetings were held every six months. We looked at the minutes of the meeting held on 30 January 2017. Discussion items included staffing levels and the laundry service.

Staff meetings were held regularly. We looked at the minutes of a staff meeting held on 20 February 2017. We found staff were able to discuss any areas of concern they had about the service or the people who used it. Discussion items included rotas, mobile phones, conduct, cleaning, smoking, sickness, menus and policies. Staff told us, "I sometimes like working here, there are good and bad days" and "I enjoy working here".

The registered manager told us how they had recently introduced new 'surveys' to gather the views of visitors and staff about quality of the service provided. We saw the surveys on display in the reception. Themes would include safe, effective, responsive, caring and well-led.

The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 28 April 2017.

The service had policies and procedures in place that took into account guidance and best practice from

expert and professional bodies and provided staff with clear instructions. For example, the registered provider's medicines policy referred to guidance from the National Institute for Health and Care Excellence (NICE). The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.

Records were maintained and used in accordance with the Data Protection Act. The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the home in line with their legal responsibilities and statutory notifications were submitted in a timely manner.