

Larchwood Care Homes (South) Limited

Memory House

Inspection report

6-9 Marine Parade
Leigh on Sea
Essex
SS9 2NA

Tel: 01702478245

Date of inspection visit:
16 April 2018
17 April 2018

Date of publication:
31 May 2018

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Requires Improvement ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection was completed on the 16 and 17 April 2018 and was unannounced. At the time of this inspection there were 32 people living at Memory House.

Memory House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 39 older people and people living with dementia in one adapted building.

Memory House is a large detached building situated in a quiet residential area in Leigh on Sea and close to all amenities. The premises is set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service.

At the last inspection on the 9 and 10 March 2017, the service was rated 'Requires Improvement'. No breaches of regulatory requirements were served. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Safe', 'Effective', 'Responsive' and 'Well-Led' to at least good. At this inspection, we found the service had improved their rating to 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission 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.

The dining experience for people was not as positive as it should be and improvements were required to ensure people were appropriately supported by staff to eat their meal. Though newly appointed staff received an induction, improvements were needed to ensure a robust induction was in place for staff with no previous care experience. Improvements were also needed to ensure where people required their food and fluid intake to be monitored, records provided sufficient detail to determine if the person's diet was satisfactory or not.

Quality assurance arrangements were in place and completed at regular intervals in line with the registered provider's schedule of completion. The registered provider and the registered manager were able to demonstrate an understanding and awareness of the importance of having good effective quality assurance processes in place. Feedback from people using the service, those acting on their behalf and staff were positive about the care and support provided.

People told us the service was a safe place to live and there were sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely. Although staff

understood the risks and signs of potential abuse and the relevant safeguarding processes to follow, improvements were required to ensure all matters of concern were reported to the Care Quality Commission. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs to ensure theirs' and others' safety. Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines. This meant people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured staff employed at the service had the right skills and competencies to meet people's needs. Where training updates were required, the registered manager made arrangements to source this training as soon as possible. Staff felt supported and received appropriate formal supervision at regular intervals and an appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain their independence.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was working with the Local Authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

Care plans accurately reflected people's care and support needs and people received support to have their social care needs met. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions. People told us that their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People stated they felt safe. Minor improvements were required to ensure local safeguarding procedures were followed.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

Staffing levels were appropriate and the deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines was suitable so that people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Improvements were required to enhance the dining experience for people living at the service.

Although newly appointed staff received an induction, improvements were needed to ensure a robust induction was in place for staff with no previous care experience.

Staff received a range of training so as to meet people's care and support needs. Staff felt supported and staff had received regular supervision and an annual appraisal of their overall performance.

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans recorded people's care and support needs and how these were to be delivered by staff. There were varied social activities available to support people's social care needs, however improvements were required to enable these to be undertaken for longer periods of time.

Complaints and concerns were logged, acted upon and responded to in a timely manner.

Is the service well-led?

Good ●

The service was Well-Led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Suitable quality assurance measures were in place to enable the registered provider, registered manager and management team to monitor the service provided and to act where improvements were required.

The service involved people in a meaningful way and worked in partnership with other agencies.

Memory House

Detailed findings

Background to this inspection

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

This inspection took place on the 16 and 17 April 2018 and was unannounced. The team consisted of one inspector on the 16 April 2018, and on 17 April 2018 an expert by experience accompanied the inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of caring for older people and people living with dementia.

We used information the provider sent us in the 'Provider Information Return'. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 11 people living at the service, six visiting relatives and friends, four members of staff, the person responsible for providing social activities, the deputy manager, the registered manager and the service's regional manager. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was previously rated as 'Requires Improvement' at our last inspection on the 9 and 10 March 2017. Improvements were needed to ensure risks identified to people using the service were accurate and reviewed when a person's circumstances changed. Staff deployment was not as effective as it should be and there were times when people using the service were left without staff support. At this inspection, we found that safe was now judged as 'Good'.

We discussed safety with people using the service. They told us they had no concerns and they felt safe living at Memory House. One person told us, "I've never felt uneasy here, nobody's been unkind and you're not allowed out of here without a member of staff. They say the road outside is too busy, they [cars] whizz past." A second person told us, "I feel safe, staff are very good. I was a nurse myself, so I know how things should be done. It's all done in the right way." A visiting friend of one person told us, "[Name of person who uses the service] is very content here, we know them very well, and we would know the signs if they felt unsafe, or were unsettled."

Since our last inspection to the service in March 2017, the Local Authority and Care Quality Commission had been notified of one safeguarding incident by the registered manager. However, we found information relating to two further incidents which had not been raised or considered as a safeguarding concern. This referred to one person not having their wishes respected by staff, not being treated correctly and including an allegation of verbal abuse. Although an internal investigation was completed no information was available to demonstrate how the conclusion of the investigation had been reached. In a separate incident one person was administered an incorrect dose of their Warfarin medication. The registered manager and regional manager told us advice had been sought from the organisation's head office but they were told not to notify the Care Quality Commission. The advice provided was incorrect and they were advised to liaise directly with the inspector for the service in future and to ensure they followed local safeguarding procedures.

Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff were confident both the registered manager and deputy manager would act appropriately on people's behalf. Staff confirmed they would report any concerns to external agencies without hesitation if they felt the management team or registered provider were not receptive or responsive.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking. Minor improvements were required to ensure the information clearly recorded how the risk was to be alleviated.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. A Personal Emergency Evacuation Plan [PEEP] was in place for those living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

Staff recruitment records for four members of staff were viewed. Relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been completed.

The registered provider used a 'staffing tool' to determine the service's staffing levels each month. People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. People confirmed staff responded in a timely manner when they used their call alarm to summon staff assistance. Staff confirmed there was enough staff to meet people's needs and the use of agency staff had radically reduced in recent months. One member of staff told us, "We always get agency staff, rarely are we short staffed. This only happens if staff phone in sick at the last minute and the agency are unable to cover." Our observations showed the deployment of staff within the service was suitable to meet people's needs. Current staffing levels ensured people's care and support needs were provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service.

Comments about the provider's medicines management arrangements from people using the service were positive as people confirmed they received their medication as they should. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. However, one senior member of staff was observed to directly handle one person's medication by placing their tablets in the medicine pot with their fingers. This meant that poor hygiene methods were being used and there was a potential risk of cross-infection. We brought this to the registered manager's and regional manager's attention. As a result of this the senior member of staff received an 'ad-hoc' supervision.

A medication profile detailing people's preferred method of administration when taking their medication including any known allergies was recorded. We looked at the Medication Administration Records [MAR] for 10 out of 32 people living at the service. These were in good order; provided an account of medicines used and demonstrated people were given their medicines as prescribed. Suitable arrangements were in place to ensure all staff that administered medication were trained and competent to undertake this task safely.

People were protected by the provider's prevention and control of infection arrangements. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us, and records confirmed they received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered manager operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. The registered manager provided an example, whereby a medication error had occurred which resulted in one person receiving an incorrect dose of one of their medicines.

Following a review of this event lessons had been learned to prevent the incident from reoccurring.

Is the service effective?

Our findings

Effective was previously rated as 'Requires Improvement' at our last inspection on the 9 and 10 March 2017. This referred to not all staff having received regular opportunities for formal supervision. At this inspection, we found that effective remained 'Requires Improvement'.

The dining experience needed to be improved, particularly in the way mealtimes were organised. During both days of the inspection, people were taken into the dining room 30 to 40 minutes prior to the lunchtime meal being served. Our observations showed although the majority of people did not question this, some were overheard to express unhappiness and impatience about the length of time they were seated before the lunch time meal was served. This was particularly evident within the main dining room which was located to the rear of the service. During this time several people became restless, with some getting up and repeatedly walking away before staff supported them to return back to the dining table. Others were overheard to call out, "When is dinner?" and, "Can I have some dinner please?" Another person was observed to keep calling, "Darling, Darling" to staff as they were concerned they had been forgotten and would not receive their meal. Additionally, the serving of the lunchtime meal was observed to be chaotic with no systematic approach to staff attending to each table in turn. One person who was served over ten minutes before anyone else at their table appeared uncomfortable by saying, "Am I the only one eating today?"

Staff did not always support people to eat their meal in a dignified and respectful way. One member of staff was observed to try and support three people to eat their lunchtime meal despite one person sitting on a separate dining table from the others. This meant the member of staff was constantly getting up and was unable to focus on each person as an individual and give them the support they required. Additionally, although one person was given their meal and was slow to commence eating, staff repeatedly kept going up to the person and asking if they would like something else to eat. The untouched plate of food was removed after 15 minutes, and finger food as suggested by us and in line with their care plan, was provided. Again, the person was slow to initially start eating and staff repeatedly kept going up to them asking if they would like something different to eat. Staff did not recognise the person required time and space to assimilate the information provided. We brought this to the registered manager's attention and once staff were spoken with and the person was left to their own devices they began to eat independently using their fingers.

Where people required their food and fluid intake to be monitored each day to demonstrate if their nutrition and hydration needs were being met, records did not always accurately reflect what people had eaten or drank. Therefore we could not be assured the record of food and fluids consumed were correct to demonstrate if the person's diet was satisfactory and their needs met.

A copy of the staff training matrix was provided and this confirmed training for staff was completed on an annual, bi-annual and three yearly intervals. The majority of staff working at the service had attained up-to-date training in line with the provider's expectations in key areas, however refresher training relating to health and safety and practical manual handling was required for several members of staff. This was discussed with the registered manager. An assurance was provided detailing training for staff where this had

lapsed would be sourced as soon as possible.

The registered manager confirmed all newly employed staff received an induction. This comprised of an 'in-house' induction and staff being given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme, where they had no previous experience within a care setting or had attained a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF]. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.

Records for four members of staff newly employed within the preceding six months showed they had received an 'in-house' induction. Although staff had completed and attained an NVQ or QCF qualification, only three had previous experience within a care setting. Consideration had not been given to facilitate the fourth member of staff to commence the Skills for Care 'Care Certificate' despite not having any previous experience working within a care setting. Additionally, there was no evidence to show their competency had been assessed within the core standards following the commencement of their employment. Although the above was highlighted there was no evidence to demonstrate this oversight by the registered manager impacted on people using the service.

Staff told us they felt supported and valued by the registered manager and deputy manager and received regular formal supervision. Records confirmed what staff told us, however where discussions had been held and which suggested follow-up action was required; information to demonstrate this was not always available. For example, one member of staff made reference to having concerns about some of the people living at Memory House. No specific information was recorded detailing the issues raised or if the concerns expressed by the member of staff had been addressed. Another member of staff expressed concerns relating to the service being short staffed, the use of agency staff, completion of paperwork and the nutritional needs of some people living at the service. The supervision record detailed this was to be discussed with the registered manager. No specific information was recorded detailing if the concerns expressed by the member of staff had been addressed and when we discussed this with the registered manager they were unaware of the issues. We discussed this with the registered manager and they confirmed supervision training for senior members of staff was planned for May 2018. Annual appraisals of a member of staff's overall performance for the preceding year had been completed but aims and objectives for the next 12 months had not been set.

People told us their healthcare needs were well managed. One person told us, "Staff look after you well here. They would know if I was unwell, they've [staff] called a doctor for me in the past and a nurse before too." A relative told us, "[Relative] had a nasty chesty infection a couple of weeks ago. They [staff] got the doctor in, and it's cleared up nicely now. They were very poorly though." Relatives confirmed they were kept informed of their family member's healthcare needs and the outcome of any appointments. One relative told us, "They [staff] are very good at ringing me if they [staff] have any concerns about [relative]. They [staff] rang me the other morning at 06.00 a.m. and I was here by 07.00 a.m. I ring every day to check on them, and they never make me feel I'm being a nuisance." People's needs relating to their health were recorded and included evidence of staff interventions and the outcomes of healthcare appointments.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences. People's bedrooms were nicely decorated and included their personal possessions and photographs. People had access to comfortable communal facilities, comprising of communal lounge areas and separate dining areas. Adaptations and equipment were in place in order to meet peoples assessed needs. A programme of redecoration and

refurbishment was in place both in the short and long term.

The Mental Capacity Act [MCA] 2005 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 so that they can 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.

Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Information available showed that each person who used the service had had their capacity to make decisions assessed. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval with the exception of one person. The latter was discussed with the registered manager and they confirmed this had been an oversight. Immediate steps were taken to complete a DoLS assessment and this was forwarded to the Local Authority.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, whether they required pain relief medication, where they ate their meals and whether or not they wished to participate in social activities.

Is the service caring?

Our findings

Caring was rated as 'Good' at our last inspection on the 9 and 10 March 2017. At this inspection, we found that caring remained 'Good'.

People were satisfied and happy with the care and support they received. People and those acting on their behalf told us they were treated with care and kindness by staff. One person told us, "The staff are very good, they're lovely. Some of them are really sweet to me." A second person told us, "I'd say the staff are very kind, they understand me and how I feel." Relatives also spoke positively about the care and support their member of family received. One relative told us, "I'm really pleased with them [staff] all here, there's always a good atmosphere. Staff don't grumble and moan about their job. I'm glad that they all know [relative] well, and understand them." Another relative stated, "We visited a few homes, but this instantly felt more homely. It felt calmer here than some of the places we saw and I can't fault the place."

Our observations showed people had a good rapport and relationship with the staff that supported them. People and staff were relaxed in each other's company and it was clear staff knew people well and had a good understanding of their specific care and support needs. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way, for example, ensuring people's hearing aids were in place and working, staff kneeling in front of people and ensuring there was good eye contact and they spoke slowly and clearly so that they could understand what was being said. People were also addressed by their preferred names.

People told us their personal care and support was provided in a way which maintained their privacy. Although the dining experience for people was not as good as it should be, people told us the care and support was provided by staff in the least intrusive way and they were treated with dignity and respect. We saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without or with limited staff support.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times. Relatives told us they were regularly offered a drink when they visited and had the opportunity to stay for lunch or tea if they wished to do so. One relative told us, "They [staff] do make us feel welcome."

Is the service responsive?

Our findings

Responsive was previously rated as 'Requires Improvement' at our last inspection on the 9 and 10 March 2017. Improvements were required to ensure people using the service received the opportunity to participate in social activities that met their needs. Care plans did not accurately reflect people's care needs and the delivery of care and support by staff. At this inspection, we found that responsive was now judged as 'Good'.

Observations showed care provided on the first day of inspection was primarily task-focused and centred on providing mid-morning and mid-afternoon refreshments, taking people to the dining room for meals and providing personal care to meet people's comfort needs. While the latter was undertaken we observed one person was not supported to have their comfort needs met for over five hours despite their care plan detailing they should be toileted at regular intervals throughout the day. We brought this to the attention of the registered manager and regional manager and immediate steps were taken to enable the person to have their comfort needs met. On the second day of inspection the regional manager confirmed discussions had been held with staff about their practice in relation to providing care for people which was responsive to their needs and this would be monitored more closely by the senior management team. Our observations showed the care and support provided to people was much improved.

Arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were actively involved in this process. The majority of recommendations and referrals to the service were made through the Local Authority. The Local Authority completed an initial assessment which together with the service's assessment; was used to inform the person's care plan and supporting documentation.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, what was important to them and their personal preferences. This included information relating to people's social care needs. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. This ensured staff had the most up-to-date and accurate information available.

A person responsible for undertaking activities with people living at Memory House was employed for 25 hours each week and from 09.00 a.m. to 14.00 p.m. Monday to Friday. They told us this was flexible and included occasional Saturday's. Additional support was also available from the person responsible for undertaking activities from another of the registered provider's 'sister' services each Monday. The registered manager told us they were in the process of establishing further community links with an external organisation. This was to provide art and craft opportunities over several weeks. Records showed religious observance was provided at Memory House. People's comments about activities were positive. One person told us, "I don't sit here feeling bored or lonely; sometimes I feel I have to join in with things just to be sociable." Another person told us, "I'm quite happy with the amount of things to do here."

On the first day of inspection, activities for people using the service within both communal lounge areas

were not commenced until 11.15 a.m. The activities lasted no more than 45 minutes as people were taken to the dining room for lunch. After lunch people enjoyed an external entertainer. This proved very popular and people using the service were observed to thoroughly enjoy the singing and many also got up and danced. On the second day of inspection again activities did not commence until approximately 11.15 a.m. This was because the person responsible for undertaking activities assisted with breakfast and providing people with mid-morning refreshments. The majority of staff were focused on tasks and routines of the day rather than supporting people to participate in social activities or personal interests. At 12.00 midday they were fully involved in helping with the lunchtime meal until they left at 14.00 p.m. They told us, "I'm never asked to provide care to people, although very occasionally I might take someone to the toilet if staff are busy. I'm very happy to help at mealtimes; I can't provide activities at that time anyway." When asked what activities would be available after they left the service at 14.00 p.m. they told us, "After lunch most people will have a nap, or watch TV until teatime."

After the lunchtime meal 15 people were seated within one communal lounge with nothing to occupy their time. A member of staff in due course initiated an activity whereby they told people about their pets and then asked others to discuss an interesting fact or event in their life. This engaged people in conversation and continued from one person to the next. Later a member of staff told us, "We learnt a lot about people this afternoon, I never knew we had dancers and artists. It was a good idea." Although the television was on within the other communal lounge, nobody appeared to be watching it and people were disengaged with their surroundings. Whilst the above demonstrated people were given the opportunity to participate in the service's activities; these were not available for very long and people spent a lot of time sitting in communal areas.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed since our last inspection in March 2017 there had been no complaints. Staff knew how to respond to people's concerns and complaints should the need arise. People told us they would either speak to a family member or member of staff if they had any worries or concerns. People indicated they were confident their complaints or concerns would be listened to, taken seriously and acted upon. One person told us, "I've got no complaints about them [staff], they're always very polite. They [staff] tell me I should ask if I need anything."

A record of compliments had been maintained to capture the service's achievements and these were very positive. In addition to 'Thank you' cards, a collection of 16 emails from relatives of people living at the service were available depicting positive reviews and comments posted on a national website about Memory House between April 2017 and April 2018. Comments included, 'My relative hasn't been here a year yet but since being here, it's the happiest I have seen them since being diagnosed with dementia. All the carers who work here are all so friendly and do a great job looking after my relative. They are always well fed, smartly dressed and has a smile on their face. The home is always clean and the dinners always smell good' and, 'All good, no complaints, very professional in all that they do.' All of the reviews stated they would recommend the service to others.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they would work closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-led was previously rated as 'Requires Improvement' at our last inspection on the 9 and 10 March 2017. The registered provider's quality assurance arrangements were not as robust as they should be. At this inspection, we found that well-led was now judged as 'Good' and the required improvements made.

A registered manager was in post. A change to the management team had occurred since our last inspection to the service in March 2017 and this referred to an internal appointment of the deputy manager in July 2017.

The registered manager and deputy manager demonstrated an awareness and understanding of their key roles and responsibilities and had resources and support available from within the organisation to help drive improvement and to monitor the quality of the service provided. This included liaising with the organisation's Human Resources Department, their quality monitoring team and estates services.

The registered manager monitored the quality of the service through the completion of a number of audits at regular intervals. The findings of these showed a good level of compliance had been achieved and where areas for improvement were highlighted, an action plan was completed identifying the actions to be taken. The registered manager confirmed all actions were transferred to the 'Home Improvement Plan' and this was monitored at both registered provider and service level. In addition to these, clinical audits relating to pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. These provided both qualitative and quantitative information and showed arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided, and its outcomes. Though a number of minor improvements were required as detailed within this report, the registered manager and regional manager were proactive and had either addressed the issues raised at the time of the inspection or were in the process of putting measures in place.

In addition to the above the use of questionnaires for people who used the service, those acting on their behalf and staff were completed in February 2018 to seek their views about the quality of the service provided and to have an understanding of what it is like to work for the organisation. Responses were received from one person who uses the service, 10 visitors and 11 members of staff and a report collated detailing the results, including a summary of actions to be completed. The latter detailed the main findings from the questionnaire together with the actions already taken or to be taken and was clearly displayed for people to see. The above arrangements demonstrated the registered provider and registered manager were aware of the need to have good quality assurance processes and arrangements in place so as to help drive continuous improvement within the service and to achieve compliance with the fundamental standards and regulatory requirements.

Meetings for people using the service and those acting on their behalf were held at regular intervals to enable them to have a voice and to raise issues. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service.

Minutes of meetings were available for view. Although a record had been maintained, where matters were highlighted for action or monitoring, it was not always possible to determine how these were to be or had been monitored and the issues addressed.

The registered manager and deputy manager had a good knowledge of people using the service, working closely with them, their families, those acting on their behalf and staff. Positive comments were made about the management team and included, "The manager and deputy manager are brilliant, very easy to talk to, and always about. We all get to know them; I'd happily talk to them about anything" and, "[Registered manager's name] runs a good tight ship here. They often open the door to me, and they'll immediately know how my relative has been earlier that day, that means a lot to me."