

# Mr. Liakatali Hasham

# Crest Lodge

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on the 15 March 2017. Crest Lodge is a care home and provides accommodation for people who require residential or nursing care. Many people have a mental health diagnosis and health conditions, some require nursing in their beds. The service is registered to accommodate up to 52 people. The accommodation is a large house arranged over three floors and a small cottage 10 minutes' drive from the service. On the day of our inspection 45 people lived at the service which included three people who lived in the cottage.

The provider sent us action plan following our inspection in June 2016. This told us how they would address the breaches in regulation. The improvements made since our last inspection had addressed the breaches in regulations and helped to improve the way the service ran. Our previous rating for this domain was Inadequate. The rating of Requires Improvement reflected that the improvements had been recognised. The provider will need to demonstrate longer term consistency in order to achieve a Good rating.

There was a registered manager in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was not sufficient detailed information in people's care plans about the individualised support they needed with their mental health. Immediate action was taken to rectify this by the provider. However other aspects of the care people needed was detailed and provided staff with the appropriate guidance.

Records were not always well written or maintained in a secure way with consideration to maintaining people's confidentiality. We have made a recommendation about this.

There were sufficient staff deployed in the service to provide appropriate care to people. Risk assessments for people were up to date although we raised concerns over one person's risk assessment that the provider is reviewing. There was information to guide staff in how to reduce the risks to people. Incidents and accidents were recorded and followed up and detailed actions put in place to reduce the risk of incidents occurring. Staff that worked at the service had appropriate recruitment checks before they started work.

The safety of the premises and equipment was well maintained to safe standard. People's medicines were being managed in a safe way and staff had been competency assessed in medicine management.

Personal evacuation plans were in place for people who lived at the service and staff had received fire safety training. There was a service contingency plan in the event the building had to be evacuated. Staff had knowledge of safeguarding adult's procedures and there was a safeguarding adult's policy in place. People said that they felt safe.

People's rights were protected under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect them from harm. Assessments had been completed specific to the decision that needed to be made around people's capacity. DoLS applications had been submitted to the local authority where appropriate.

People were receiving care from staff that were competent, skilled and experienced. Staff competencies were assessed as they had regular supervisions. Training was provided to staff specific to the needs of the people that lived at the service.

People were provided choices that met their reasonable preferences including at meal times and what care they wanted. People at risk of dehydration or malnutrition had systems in place to support them. People had access to health care professionals to support them with their health needs. People told us that they felt well looked after.

Staff were caring and considerate to people. People told us that staff were kind towards them and treated them with dignity and respect.

There were sufficient activities on offer specific to the needs of people. People said that they had the opportunity to take part in activities if they wished and to go when they wanted.

There were effective systems in place to assess and monitor the quality of the service. Audits had been undertaken and used to improve the quality of care for people. People and relatives were given opportunities to provide feedback to improve the quality of care. There was a complaints procedure in place and complaints were investigated. People said they knew how to make a complaint.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events.

At the last inspection in June 2016 this provider was placed into special measures by CQC. This inspection found that there was sufficient improvement to take the provider out of special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

There were sufficient staff deployed at the service to meet people's needs.

People were protected because risks of harm had managed.  
People were protected from environmental risks.

Safe recruitment practice was being followed.

Medicines were administered, stored and disposed of safely.

People were protected against the risk of abuse and improper treatment. Staff were aware of their roles and responsibilities in how to protect people.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff that had the necessary skills and knowledge to meet their assessed need.

Staff understood how to apply legislation that supported people to consent to treatment. Where restrictions were in place in relation to people's liberties this was in line with appropriate guidelines.

People had sufficient amounts to eat and drink people were satisfied with the quality of the food. People were offered choices of meals and drinks.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people in a caring and dignified way.

**Good** ●

People's preferences, likes and dislikes were taken into consideration and support was provided in accordance with people's wishes.

People were supported to live their lives independently.

Relatives and visitors were welcomed into the service.

### **Is the service responsive?**

The service was not always responsive.

There was not always detailed information regarding people's mental health care. However staff understood the care that needed to be delivered. Other aspects of care were detailed for staff in the care plans.

People's needs were assessed when they moved in and on a continuous basis.

People had access to activities that were important and relevant to them.

There was a complaints policy in place and people knew how to make a complaint.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well- led although there were aspects to the management of records that required improvement.

The provider had systems in place to regularly assess and monitor the quality of the service the service provided.

The provider sought, encouraged and supported people's involvement in the improvement of the service to improve the quality of care.

Appropriate notifications were sent to the CQC when required.

People and staff said that the service was managed well.

**Requires Improvement** ●

# Crest Lodge

## 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 was an unannounced inspection which took place on the 15 March 2017. The inspection team consisted of four inspectors (one of whom had a nursing background) and one specialist in mental health care.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We also reviewed information from the Local Authority Quality Assurance team. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with 11 people, the provider, the registered manager, the deputy manager, the area director and quality manager and 11 members of staff. We looked at a sample of 13 care records of people who used the service, medicine administration records and supervision records for staff. We looked at records that related to the management of the service. This included minutes of staff meetings and audits of the service.

The last inspection was on the 2 June 2016 where breaches were identified and the service was rated inadequate and placed into special measures.

# Is the service safe?

## Our findings

On the previous inspection in June 2016 we had identified a breach in safe care and treatment. This included concerns with a lack of risk assessments in care plans and how the service was managing the risks of harm to people. We found on this inspection that there had been sufficient improvements.

People did not have any concerns about their safety at the service. Comments from people included, "I feel safe. I am not sure why, but I just feel safe. It's like my home", "Staff don't make us do anything", "I feel really safe. In my mind I'm feeling really well." They added, "I never feel I am going to be harmed." A fourth person said, "The staff are nice and I don't feel they would harm me. Staff hoist me from my bed into my chair and then hoist me back into bed again." Whilst a fifth told us, "I feel safe. It's just a feeling I have."

People were cared for safely because identified risks of harm were appropriately managed. On the previous inspection there not sufficient measures in place to protect people when smoking at the main house. On this inspection this had improved. People no longer smoked in their rooms and steps were taken to ensure that those that did smoke had appropriate measures in place to protect them. There were allocated areas in the service where people could smoke and people were given the option to wear protective aprons when smoking. Regular checks were undertaken by staff to ensure that people were following the service policy to not smoke in their rooms. Those that required additional supervision to maintain their safety were observed by staff when smoking. At the cottage some people chose to smoke and risk assessments had been carried out to support people to exercise this choice safely. One person left their cigarettes and lighter with staff as a risk assessment had identified there were significant risks involved in the person keeping these items themselves. We observed that staff gave the person their cigarettes and lighter when they wished to smoke and ensured the person was kept safe while smoking. People told us they understood and agreed that they should only smoke in the designated areas.

Assessments were undertaken to identify risks to people. The care records had risk assessments in place including malnutrition, Waterlow (skin integrity) and moving and handling. There were care plans in place where people had identified needs, such as nutrition, continence, mobility, personal care and communication. Staff monitored people regularly where necessary. For example one person's weight was checked regularly and staff were maintaining food/fluid charts as the person had been identified as at risk of inadequate nutrition. The charts demonstrated the person was being supported to maintain a healthy weight. We did identify that one of the person's risk assessment for their behaviour still required some input from a health care professional. The registered manager contacted us after the inspection to confirm that the health care professional had been contacted to assist with updating the person's care plan.

On the previous inspected we had identified a breach in regulation 15 as the environment had not been well maintained. There had been a significant improvement on this inspection. The environment was clean and well maintained. The service had been decorated and any old furniture and debris had been removed.

People would be supported to be as safe as possible in the event of an emergency because appropriate plans were in place. In the event of an emergency, such as the building being flooded or a fire, personal

evacuation plans were in place for each person at the service. There was a contingency plan in the event that the buildings had to be evacuated. Staff had been trained in safe evacuation in the event of a fire and fire drills were practised regularly. Accidents and incidents were recorded and followed up with the action taken; this included when there had been incidents of challenging behaviour and falls. One person had had several falls over a two month period and staff had ordered a sensor mat to alert them when the person required assistance to help reduce the risks.

On the previous inspection there was a risk of cross-contamination due to poor infection control. On this inspection this had improved. Staff were wearing gloves where appropriate and there was adequate storage for soiled and non-laundry items. Staff were regularly reminded of their duties in infection control and all staff had received updated training to ensure best practice.

At the previous inspection there were aspects of the management of medicines that were not safe. On this inspection this had improved. We examined the Medicines Administration Records (MAR) and observed the dispensing of medication. We noted all staff dispensing medicines underwent a process of regularly checking their competency to do so. The medicines trolley was not left unattended by staff when unlocked and staff did not sign MAR charts until medicines had been given.

The management of medicines was being practiced in a safe way. There were no gaps in the MAR charts. We noted MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin. We noted MAR charts contained PRN protocols, used for people taking medicines on an 'as needed' basis. These described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. Staff were knowledgeable about the medicines they were giving.

Where people had a percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG) in place (these involved placement of a tube through the abdominal wall and into the stomach for medicines) staff were knowledgeable about the management of these. Staff had been trained in this area by a visiting specialist nurse. People had also been regularly reviewed by a dietician and a speech and language therapist; we noted staff followed the advice and guidance offered by them and all external health professionals.

All medicines were delivered and disposed of by an external provider. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person they were prescribed for, signed for when administered and safely stored. Other medicines were safely stored in lockable cabinets. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the safety of medicines.

There were a number of people taking medicines that required regular monitoring in the form of blood tests. Staff had devised a rota which clearly indicated who required these and when they were due. They were signed by staff when completed. One person living at the home self-medicated. The provider had completed an assessment to ensure the person was able to do this safely. This was re-visited on a monthly basis. Medicines were stored by this person in a lockable cabinet in their room.

On the previous inspection in June 2016 we identified a breach in how people were safeguarded from abuse and improper treatment. Staff did not have an understanding of what constituted abuse. On this inspection this was no longer a concern as staff had received updated training. Staff understood safeguarding adults procedures and what to do if they suspected any type of abuse. One member of staff said, "If I saw bruises



on someone or they were frightened it could mean that they were being abused. If so then I would go to the nurse or manager." Another said, "I know my residents, and I would have no problem whistleblowing if I saw something wrong". The registered manager ensured that all incidents of alleged abuse were reported, investigated and appropriate action had been taken.

People told us that staff were always there when they needed them. One person told us, "There are staff around. If they are busy I just wait for them." Another told us, "There are always staff at night." On the day of the inspection people's needs were met because there were enough staff deployed at the service. The staff we spoke with said that people received the care they needed and they had time to spend with people to socialise with them. We observed this on the day. There were systems in place to evaluate what staff were needed dependant on the needs of people that lived there.

Robust recruitment was in place that protected people from being cared for by unsuitable staff. Staff told us that they were interviewed for the job and had to provide two references and undergo police checks. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken a DBS check before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained.

## Is the service effective?

### Our findings

On our inspection in June 2016 we found that staff did not always follow the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS). At this inspection this had improved.

People's rights were protected because staff acted in accordance with the MCA. 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. Mental capacity assessments were undertaken correctly to ensure people's rights were protected. We saw that people's mental capacity had been assessed to determine if they needed support to make decisions about their care and treatment followed with a best interest meeting if appropriate. We noted consent had been formally sought in a variety of areas, including taking photos of people and care and treatment. Staff had an understanding of MCA and its principles as they had received training since the last inspection. One told us, "It's about people being able to understand something and retain that information. If they can't then we would make a decision based on their best interest." Another staff member said, "I give people simple choices and will show them the choices to help them make a decision."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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). Applications for DoLS authorisations had been made where restrictions were involved in people's care to keep them safe. For example, in relation to people going out without being supported by staff.

On the previous inspection we identified that there were gaps in the staff knowledge specific to the needs of people that lived there. On this inspection we found that this had improved. Since the last inspection staff had been provided with training in challenging behaviours, mental health and techniques to deal with people's anxieties. Staff were suitably qualified, skilled and experienced to meet people's needs. One person told us, "Staff know what they are doing." Staff told us they had access to training that enabled them to meet people's needs effectively. The deputy manager told us, "We organise a lot of training for nurses and I'm involved in helping them with revalidation too. I've done two staff so far". Revalidation is a recently introduced process by which registered nurses are periodically required to provide evidence to their professional body, confirming their competence to practice.

Registered nurses, in addition to training offered to other staff, were able to access training in certain nursing skills including, ear irrigation, the management of air mattresses, wound care and the management of Huntington's Disease. We also noted nurses were able to attend the diabetes clinic at the local GP surgery to gain knowledge and expertise. One member of staff told us, "They teach you how to care of people, how to talk to them, how to keep them safe. It was good training. If we need anything else we just ask, but every week there is some training." We asked about how staff were formally supervised and appraised by the

provider. All of the staff we spoke with told us they had received recent, formal supervision or a yearly appraisal. One staff member said, "I do get supervision. It's fine".

Staff told us they attended regular one-to-one supervision with a member of the management team. Staff said they were well supported in their role and had access to advice and support when they needed it. We confirmed this from records.

We asked people whether they liked the food at the main house. One person said, "The food is pretty good. There is usually a choice." Another person said, "The food is good" and a third said, "The food, is very, very good."

We observed people being offered a choice of meals at lunch time and also a choice of drinks. There was a wide variety of meals being eaten, from one person having a bowl of grapefruit to others having fork mashable diets, normal food, one of the two choices or cheese on toast. People were also offered a choice of drinks from lemonade to tea. The chef told us (and we confirmed this from observations) that they had a list of those people who were diabetic and would prepare puddings for them with low sugar and there was always fresh fruit around. People were helping themselves to a banana after lunch. The menus were decided based on the feedback from the residents meetings. Another person was on a low potassium diet and the chef knew they should not have bananas for example.

People at the cottage said they liked the food and were happy with the choice of meals. On the day of our inspection people had chosen to have a cooked breakfast and said the member of staff on duty had prepared this for them. One person told us they enjoyed preparing their own meals at the cottage and said staff helped them with this if they needed support. People could choose whether to prepare their lunch and evening meal in the cottage or to have their meals prepared by the cook at the providers other service that was local to them. People told us they usually chose to eat the meals prepared by the cook and said catering staff delivered their lunch and evening meals. The menu was displayed in the cottage to enable people to make their choices.

Some people at the cottage had specific dietary needs and these were known by the catering staff from the care home. One person had been assessed by a speech and language therapist as requiring a soft diet. Staff told us the guidance put in place by the speech and language therapist had been communicated to the catering staff and that they ensured the person always received an appropriate meal. Another person chose not to eat meat and catering staff always provided this person with vegetarian meals.

People said staff helped them arrange a medical appointment if they felt unwell. One person said, "I seem so well at the moment. If I'm poorly they take my obs (observations) and if necessary call the doctor." Another person said, "I am trying at giving up fags. Staff are getting me some Nicorette patches. I want to lose weight and get fit." Another person told us a healthy eating group had just formed. There was evidence that staff monitored people's health and that people had access to nursing staff to meet any nursing needs. For example a nurse visited the cottage to administer medicine for one person. We noted the provider involved a range of external health and social care professionals in the care of people, such as and speech and language therapists and Consultant Psychiatrists and Dermatologists.

## Is the service caring?

### Our findings

On our inspection in June 2016 we found that people were not always supported to remain independent and people were not always treated with dignity and respect. This had improved since the last inspection as staff had received updated training in dignity and respect.

People told us they liked living at the cottage. They said they got on well with their housemates and the staff who supported them. People told us there was a quiet and peaceful atmosphere there which they preferred to a busy environment. The member of staff knew the people living at the cottage well. They told us they were able to spend time engaging and talking with people during their shift. We observed that the people living at the cottage enjoyed spending time talking to the member of staff on duty. Staff engaged with people in a friendly yet professional manner. One person said, "We are being looked after properly. It's a good place."

People were complimentary about the staff at the main house. One person told us that it had been their birthday recently and that staff gave them a cake with a candle on it and some nice cards and a present. They said, "It was a good day." Other comments from people included, "The staff are very friendly", "The staff are very professional", "I'm quite happy", "It's great (living here). It's got everything for my needs. I love it here. It's so free here, the staff are very good", "It's very nice here. I stay in my room, but that's my choice. The staff do a fantastic job. I wouldn't have a word said against them. I've never once been treated with disrespect."

People's bedrooms were full of their personal belongings and individualised. The environment in general was bright and colourful and looked well maintained. People were supported to have their private space and to remain independent. One person said, "I've got everything I want. I've got company if I want it or I sit in here (small lounge) if I want to be quiet." Another person said, "I am quite independent but I need some staff help." They said they felt staff understood the care they needed. We observed that staff encouraged people to be independent and supported them with tasks where necessary. We saw that people made their own drinks and snacks whenever they chose

People were encouraged and supported to keep in contact with family and friends. One person was taking a phone call from a friend in their room. Family members visited when they wished. One person said, "Mum and Dad visit whenever they want." Another told us, "I'm very happy here. I had a visit from my family last year and it was tremendous." People told us they could have private time whenever they wished and that staff respected their privacy.

We observed staff to be caring and attentive to people's needs. We saw a member of staff speak to one person and they sat on the floor (the person was in a wheelchair) whilst doing so. They chatted about music and the person's t-shirt. The staff member had used the t-shirt as a starting point for the conversation. Staff were seen to be attentive to people, stopping to talk to them and checking they were okay. Staff clearly knew people well and were friendly towards them and people appeared relaxed in their company.

People were treated with dignity and respect and felt involved in their care. People had been supported to look smart and to dress in co-ordinating clothes. One staff said 'I always ask what they want to wear, eat or drink. I give choice '. One person was noticed to be walking around with no shoes, but staff confirmed, "This is Xs choice, we must respect that." Another person chose to eat their meal unsupported and although this meant they may spill their food staff told us, "X chooses to eat on their own. It might be messy, but X can manage. We have to respect this wish. We will help X clean up after." People told us that they were involved in their care planning when they wanted to be. Others said that they did not want to be involved but said that they were asked.

## Is the service responsive?

### Our findings

At the previous inspection in June 2016 we found people did not always receive person centred care. People's care plans did not always contain a sufficient pre-assessment of their needs. Detailed guidance for staff was not always available around people's needs and activities were lacking. On this inspection the activities and pre-admission assessments had improved. There was still more work required in providing more detailed guidance in relation to people's mental health needs.

On this inspection we found that care plans were more personalised and they now included detailed daily routines specific to each person. Pre-admission assessments provided information about people's needs and support. This was to ensure that the service would be able to meet the needs of people before they moved in. There were care records which outlined individual's care and support and what was important to them. For example, personal hygiene, medicine, health, dietary needs and mobility. However there was still not enough detailed guidance for staff in how best to support people's mental health needs so that staff could plan the most appropriate care and treatment. For example one care plan stated that the person had a mental health diagnosis. The guidance for staff stated, 'staff to spend one to one time with X and build a rapport'. There was no information on how staff should do this, what they should do if they became unwell and what symptoms they should look out for as these can vary considerably with the diagnosed condition. We found this lack of mental health guidance in all of the care plans that we looked at. There was a risk that new staff would not have the most up to date and appropriate guidance to support people.

The registered manager contacted us after the inspection to confirm that all people's mental health care plans were being reviewed with support from the service specialist mental health nurse. Despite this lack of guidance in the care plans the staff at the service did have a good understanding of people's mental health, the risks associated and how best to treat people. One person told us, "Staff look after me and know how I like to be looked after." Whilst another person said "I think they (staff) understand my needs."

When people's needs changed this had been updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. Staff told us that they completed a handover session after each shift which outlined changes to people's needs. Information shared at handover related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. One member of staff said, "We (staff) talk every hour and about people and anything that might have changed."

There was a new 'psycho social group' taking place on the day of the inspection and was well attended by people. The topics were very relevant to people with severe and enduring mental health conditions and included 'Positive relationships', 'Confidence building', 'Anger management', 'Anxiety and conflict resolution'. People participated in the discussions with a Specialist Mental Health nurse who managed the group. They stated that these would be happening on a regular basis. This is an improved aspect of people's care and treatment since the last inspection when little therapeutic work with people was taking place.

People had access to activities that were important to them. We asked people whether there were sufficient activities for them to take part in. One person told us they never went out, but that was their choice. They said, "I like bird watching, so I sit in the garden and watch them." They told us there were always activities going on. Another person said, "It's great, there are plenty of trips. It's relaxing sitting in the garden and we're going to a bird sanctuary." Other comments from people included, "I like music and staff talk to me about it", "When I'm well I'm always active. There are church services here", "I don't go out, but I don't want to. Staff come in and chat to me"; "I go out once a week to a pub I like." There was a programme of activities including trips out that took place daily which was undertaken with the activities coordinator.

At the cottage people chose how they spent their time and had access to activities they enjoyed. One person told us they went out independently each day to the shops, which they told us they enjoyed. The person said they told staff where they were going and what time they planned to return. Two people chose to participate regularly in the activities provided at the main house. They told us transport was available to enable them to attend. One person said they enjoyed attending the trips organised by Crest Lodge. Two people attended a resource centre every week supported by staff from Crest Lodge. Another person told us they preferred to spend their time at the cottage. They said they enjoyed their own company and liked cooking, reading and listening to music at the cottage.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. One person told us, "If I am unhappy then I could go to the nurse in charge or keyworker." All of the staff we spoke with were aware of their responsibilities in relation to the management of complaints. One staff member told us, "I would try to deal with it myself but take it to the manager if I had to". There had been two complaints at the service since our last inspection and both had been investigated. However we did raise with the registered manager that it was not clear whether the people or relatives that had raised the complaint were satisfied with the responses. They contacted us after the inspection to state that they would update their records to show how the complaints had been resolved.

## Is the service well-led?

### Our findings

At our previous inspection in June 2016 we identified that systems were not in place to assess and monitor the service to make improvements. We also identified that records were not always complete and accurate. We found that on the whole improvements had been made however there were some improvements still required with how records were maintained.

The provider sent us action plan following our inspection in June 2016. This told us how they would address the breaches in regulation. The improvements made since our last inspection had addressed the breaches in regulations and helped to improve the way the service ran. Our previous rating for this domain was Inadequate. The rating of Requires Improvement reflects that many actions had been taken which have led to improvements in the way the service is managed and in people's safety and quality of life. The provider will need to demonstrate longer term consistency in order to achieve a Good rating. Whilst on this inspection when we raised any concerns these were addressed immediately or soon after the inspection.

There were aspects to the records management that required further improvement. We noted on the food and fluid chart for one person that there was no target for fluid intake and staff had written, 'supper' or 'soft diet' for the food intake with no quantities or what the food was. We spoke with the nurse about this who said they agreed it should be written more clearly and would change this. The minutes of the residents meeting were not written in a way that was always dignified towards people or protective of their personal information. For example there was mention in the minutes of a person's typical 'behaviour' when making requests for things and that their requests are 'somewhat unreasonable'. There was confidential information relating to the person's care needs. We have raised this with the provider who has assured us that this would be addressed.

Some of the records that we reviewed were disorganised and difficult to find the most up to date information. Where planned activities did not take place the records were not clear as to why and it was not clear from care plans that people were involved in their planning of care (despite them telling us that they were).

We recommend that records are written and maintained in a secure way with consideration to maintaining people's confidentiality and those records are clear and up to date.

We asked people about how they felt about the management of the service. Comments included, "(The manager) is very good. She will try and help you in any way she can", "There is nothing they could do better. Staff are trying their hardest", "Nothing could be better", "I like her (the manager) very much indeed. I had one or two problems recently and she was helping me resolve things. She had all the time in the world for me." The registered manager was seen around the service on the day of the inspection and had a good rapport with people and staff.

Staff were equally complimentary of the management of the service. One member of staff said, "My manager is kind and approachable, and I can speak to her." Whilst another told us, "The manager is open and



honest". A third told us, "I think the manager is respected." Other staff told us that the registered manager and deputy manager were approachable. Staff said they felt supported by the nurses and the manager. They said it was a good team, with one member of staff saying, "We are thanked nearly every day" for their work. We saw from the minutes of staff meetings that staff were thanked. There was also a scheme for staff where each month a member of staff was given the 'employee of the month' award.

There was a system of audits that were being used to improve the quality of care. There were monthly home reviews undertaken by the service quality manager that looked at all aspects of care including care planning, staff training, activities, the environment and infection control. It had been identified on the audit that the service required some further cleaning in the dining room and work had taken place to make these improvements. Other audits included a daily walk around, monthly fire risk assessment and monthly care home audit. Actions raised included the top step of the annex lino coming away and we saw that this had been fixed and new chairs had been ordered to replace ones that were not in good order. These audits have demonstrated that the registered manager and provider are taking a more proactive approach to quality monitoring since the last inspection. They are recognising the majority of shortfalls and taking action to address them to improve their service.

People attended regular meetings and were asked their views on the running of the service. Discussions during the meeting included food, activities, holidays and safety. As a result of the meetings changes had been made. One person requested that cheese and biscuits be made available with the evening drinks and this has now been implemented. Other people asked if anger management training could be provided and this was now covered in sessions with the 'psycho social group.' In addition to meetings with residents each month 10% of people and relatives were asked to complete a questionnaire. The results from February 2017 showed that people felt that staff provided 'excellent' care within the five CQC domains. Relatives were also complimentary and rated the service with a mixture of Excellent and Good. One relative commented, 'All staff are very friendly and helpful'. Another commented that they would like their family member's food intake to be monitored. We spoke with staff about this and confirmed that this person was now on a food and fluid chart. Professional questionnaires showed positive feedback, although one had commented in September 2016, 'more investment of amenities needed'. This has now been implemented.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events.