

Hawkinge House Limited

Hawkinge House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 January 2016 and was unannounced. The previous inspection was carried out in June 2014 and there were no concerns identified. Hawkinge House is a purpose-built modern building and provides accommodation and nursing care for up to 80 people. The service also provides personal care and nursing care for people who live on site in rented or owned studio or one bedroom suites. A service charge includes gas, electricity and property maintenance. The fees include the cost of all food, personal laundry and cleaning of the suite. The service provides care to adults who have dementia or mental health needs on the first and second floors. Up to a total of 92 people live and receive support within the same building, at the time of the inspection 90 people were living at Hawkinge House.

The service has a registered manager, who was present throughout the inspection. 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 and associated Regulations about how the service is run.

People were kept safe from abuse as staff were aware of safeguarding procedures and we saw these were followed when abuse was alleged or suspected. Staffing levels were sufficient to meet people's needs, however we found recruitment processes were not always thorough and robust.

Medicines were stored securely and safely. People received their medicines when they should but there were shortfalls in the recording of topical creams administration and in medicines that are prescribed to be taken 'As required'.

People enjoyed the food however we found people's weight and nutritional needs were not being monitored effectively, placing people at risk of not receiving sufficient amounts to eat and drink. People had access to healthcare services however, a lack of effective recording meant advice was sometimes not followed through by staff.

Most staff treated people with kindness, compassion and respect. Staff took time to speak with the people they were supporting. We saw mainly positive interactions and people enjoyed talking to the staff. On occasions we saw some less caring interactions. The staff on duty knew the people they were supporting and the choices they had made about their care and their lives, although this was not always reflected in care plans, where there was little reference to people's preferences and wishes. Social assistants had developed a good rapport with people and ensured that a range of activities were available for people if they wished to participate. There were less meaningful activities for those who spent most of their time in bed.

People had a choice of meals, snacks and drinks, and could choose where they would like to eat. Staff encouraged people to eat their meals and gave assistance to those that required it.

Staff had completed training and were able to request additional training if they wished to develop a

particular area of knowledge. Staff were provided with the opportunity to undertake a qualification relevant to their role to further develop their knowledge. There were enough staff to meet people's needs.

Staff understood the principles of the Mental Capacity Act and knew how to support people who were not able to make their own decisions. People's rights were protected.

Staff were clear about their roles and felt well supported by the registered manager. Audits and checks were in place but were not always effective in identifying shortfalls or areas for improvement.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

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 consistently safe.

People received their medicines when they should, but improvements were required in some records and guidance to ensure risks in relation to medicine management were mitigated.

People were not protected by thorough and robust systems for recruiting new staff.

There were sufficient staff deployed to meet people's care and treatment needs.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were at risk of receiving inconsistent care as there was not always clear guidance for staff to follow.

People's fluid and nutritional needs were not always monitored effectively

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Care plans were not person-centred to reflect peoples' preferences and wishes.

Staff were mostly kind and compassionate with people. Some interactions were less caring.

People's privacy and dignity was respected and their right to privacy was upheld.

Is the service responsive?

The service was not consistently responsive.

Care plans lacked detailed information about people's preferences and wishes in relation to how they wanted to receive their care and support.

Activities were planned into each day and people told us how staff helped them spend their time.

People knew how to make concerns known and felt assured anything raised would be investigated in a confidential manner.

Requires Improvement ●

Is the service well-led?

The service was not consistently Well-led.

Events had not been appropriately reported to the Commission.

Systems were in place to monitor the quality of the service. These were not always effective in identifying shortfalls.

Staff were clear about their roles and responsibilities.

Requires Improvement ●

Hawkinge 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 and in response to information of concern we had received. 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 21 and 22 January 2016 and was unannounced. The inspection was carried out by three inspectors, two specialist advisors, who both had clinical nursing knowledge and experience, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We had also asked the provider to complete 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. The provider was asked to send us some further information after the inspection, which they did in a timely manner.

During the inspection visit, we reviewed a variety of documents. These included 24 care plans, staffing rotas, eight staff recruitment files, medicine administration records, activities records, minutes from staff meetings, audits, maintenance records, risk assessments, health and safety records, training and supervision records and quality assurance surveys.

We spoke with the registered manager, 15 members of staff and eight relatives. After the inspection we spoke with three social care professionals who had had recent contact with the service.

Is the service safe?

Our findings

People told us that they felt safe using the service. They told us that they were treated well and they knew who they could talk to if they were concerned about their care or treatment. People told us that there were enough staff to meet their needs. One person said, "If I needed someone I could use the call bell or I would shout. There is always someone nearby and they come quickly." However, we identified a number of areas where people did not receive safe care.

Medicine management was not safe. Records were kept of the medicines people had been given, when reviewing these records we saw that there had been some 'near miss errors', for example, there was a missing signature from the previous night's administration, that a medicine had been signed as 'not required' prior to the time it should have been offered and that where medicines were prescribed with doses several days apart, the record had been incorrectly marked for the next dose. On pointing out these errors, the relevant nurse quickly rectified the records. There were frequent gaps on records for the application of topical creams and ointments and there were no separate records stored in people's rooms. This meant that it was not always clear whether a prescribed medicine had been applied. People who were prescribed transdermal patches (A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream) did not have patch application and removal charts, we were told that patches were rotated on the chest from left to right. Current recommendation is that a patch should not be returned to the same area for a minimum of three weeks, this reduces the possibility of skin irritation occurring.

People who were prescribed medicines to take 'As required' did not have guidance in place for staff to follow about when these should be given. For example, a person prescribed a tablet for the management of seizures to be given 'As required' did not have guidance in place to tell staff in what situations this should be given. Records showed that some people were given 'as required' medication routinely, although there were no records to show that there had been a change in behaviours or pain that would necessitate the need for an 'as required' medicine. This could result in people not receiving these medicines consistently or safely. We saw that one person had some guidance on when their 'as required' medicine would be required.

Monthly medicines audits were carried out by either the registered manager or a lead nurse, which included a spot check of medicines records and an observation of practice. These audits had not highlighted the concerns that we identified, this meant that they were not always effective.

The provider had failed to have proper and safe management of medicines. This is a breach of Regulation 12(2) (g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered by the nurse on each floor, other than on the second floor where a team leader, who has received additional training, administers people's medicines. Medicines were stored securely and were dated when open to ensure they would be disposed of at the time of expiration. Medicines that required refrigeration were stored correctly. Staff knew when to return unused medicines to the pharmacy to avoid an overstock of medicines in the home. The monthly medicines audits covered a

number of other points in relation to medicines management, this helped to ensure processes were otherwise safe.

Staff recruitment practices were not always robust and thorough. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history, however, of the six staff that had started working at the service in the last three months, two of them did not have adequate references in place before they started work. Both only had one reference from previous employers and neither had one from their most recent role in a care organisation. During the inspection the registered manager chased these references, we were told that these were received a few days after the inspection. Four of the six files did not have a full employment history, including documented gaps between employment. All files had copies of documents which verified people's identity. Checks were made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. One file did not have a record of a DBS check being in place, the registered manager told us that it had not been received back yet and that the member of staff was new and were shadowing other staff at the moment. The rota reflected this and since the inspection we have been given confirmation that the check has been received.

The provider had failed to undertake robust and safe recruitment of staff, in order to meet all of the requirements of schedule 3. This is a breach of Regulation 19(3)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

All potential employees were interviewed by the registered manager to ensure they were suitable for the role. All new staff were required to undergo a three month probationary period and there was a disciplinary procedure in place to respond to any poor practice. This meant that people were only supported by staff who had been checked to ensure they were safe and suitable to work with them. The registered manager checked the details of all the nurses who were on the Nursing and Midwifery Council (NMC) register to ensure they were safe to practice and held a valid registration.

Staffing levels were established using a dependency assessment tool. The registered manager told us that he monitored this and listened to feedback from staff, at times the staff levels are varied to meet the needs of different individuals. Staff said they felt there was sufficient staffing to care for people.

There were enough staff deployed in the service to meet people's care and treatment needs. Staff were busy with tasks, but they had time to speak with people and to check that people across all areas of the service were safe. We saw that staff were available to respond to people's requests and needs promptly. Staff responded quickly to people's call bells, one person commented, "I can ring my bell and they (the staff) come quickly". On each floor staff were deployed by the person in charge so that they were responsible for a number of rooms and tasks each per day, this included answering the call bells. This meant that people did not have to wait for staff to provide assistance. For example we saw whiteboards within the nurse's office on each floor which showed who had been allocated which people and which tasks, such as taking the lead on meal service. Each floor had a housekeeper and social assistant who had their own areas of responsibility. One person told us, "there are always enough staff around", although two relatives commented on the staff levels, "I do have concerns that there are not enough staff at night, especially if there was an emergency" and "I do think that they need more staff, especially at night as there are usually three to 30 people, which I personally don't think is enough".

Fire evacuation plans were in place, people were assessed by their level of need and allocated a level of red, amber or green. This then correlates to the services fire emergency plan which gives instructions to staff as to what level of support each group of people would require in an emergency. Staff understood the

support individual people needed to evacuate the building in the event of an emergency. The service had a continuity plan in place for emergencies, this was available on each floor. Risk assessments had been completed to manage and reduce risks to individuals as part of their care plan.

Staff understood how to keep people safe from abuse and gave examples of how they did this. They had completed training in how to recognise and respond to the signs of abuse. Staff gave examples of how they managed incidents between people who were agitated. They said they used distraction techniques and provided comfort. Staff knew how to report concerns about people's safety to their manager and told us that they were confident to do so. One staff said "I would go to my manager first, but if I felt it wasn't being dealt with I would go above them."

Is the service effective?

Our findings

People told us that staff understood what they required help with and were able to meet their needs. One person's relative said "The staff are lovely and talk to us both, there is always someone around when we need help or want something".

Where there were changes in people's needs these were not always responded to effectively. Two people were identified as needing monitoring of calorific intake and fluid balance, this was also stated in their care plans. The monitoring charts on the ground floor described the meal or drink but no accurate measure was made of calorific or fluid intake. There was also no daily target stated in care plans or on monitoring charts to guide staff when supporting eating and drinking. There was no evidence of fluid output or bowel movement monitoring for people when this was stated in their care plan. One person's plan on the first floor stated 'Encourage X to drink adequate fluids' and to 'Monitor for UTI'. Staff were unable to tell us how much fluid would be adequate for this person and records of their fluid intake were not being taken. On the second floor one person's care plan stated that calorific intake and fluid balance should be monitored. Monitoring charts for this person clearly recorded accurate measurement of fluid intake however there was no guidance for staff as to daily targets. One person's nutrition care plan described them as 'frail and underweight' and had been seen by a dietician, advice was to continue to fortify food, there were no food charts and staff confirmed they did not record the food intake for this person.

One person had been assessed as requiring 'assertive interventions' to prevent neglect and tissue breakdown. A best interest assessment had taken place and this was recorded within their care plan. However there were no step by step instructions for staff to follow. This meant that the person could be at risk as without detailed instructions staff would not always be clear on what the agreed interventions were for any individual being supported in this way – this can then leave things open to interpretation by different staff. A record of interventions was maintained by staff, however, staff did not record exactly what action or intervention they had taken, this meant that the registered manager could not properly monitor staffs practice.

The provider had failed to properly assess risks to people's health and safety and put in place safe procedures to ensure their health and welfare. This is a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had access to relevant healthcare and multidisciplinary professionals, this was documented within care records and people confirmed that they healthcare professionals when needed. One person told us they had misplaced their hearing aid and staff had quickly made an audiology appointment for them. Staff were able to tell us about people's ongoing health needs and understood what action they needed to take to meet these needs. Speech and language therapists and dieticians were involved when needed in a timely way. Staff supported the input of dieticians and other health professionals by ensuring that people were weighed either weekly or monthly.

Staff understood the principles of the Mental Capacity Act 2005. They described how they supported people

to make their own decisions and understood what they needed to do when people could not make a decision. Signed consent forms were in people's files for care plans, treatment and photography. We observed staff knocking people's doors before entering. Staff understood that people had a right to refuse help with their personal care. They told us that if a person refused care they respected their decision, and would offer the care again under different circumstances. This may be at a later time or by a different care staff.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The registered manager and staff understood what was meant by a deprivation of a person's liberty and staff had completed training in this. DoLS applications had been made for people who used the service to ensure that they were not deprived of their liberty unnecessarily. Some of these had been authorised by the DoLS office and some were awaiting assessment.

Staff had completed all of the training they required to safely and effectively meet people's needs. The registered manager told us they used a text system or sent letters to staff with their payslips to remind them when they were due to complete a refresher. Most training at the service was delivered by e-learning however staff attended face to face moving and handling, fire and first aid training. The nurses explained to us that they had received additional training in end of life care, along with extensive support from the visiting psychiatrist and mental health team to develop their skills in supporting people living with dementia.

Records of moving and handling question papers completed after training were unclearly marked and were not verified to ensure that staff were competent. We pointed this out to the registered manager who contacted the member of staff to discuss.

We recommend that the registered manager ensures that a competent person verifies question papers and competency tests following training.

New staff enrolled onto the Care Certificate that was introduced in April 2015. This certificate is designed for new staff to complete when they start work in care services and sets out the learning outcomes, competencies and standard of care that is expected of them. Nurses and senior staff were responsible for verifying this work. Most care staff had achieved level 2 or 3 health and social care qualifications and some staff were staff working on level 3 health and social care qualifications.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff identified development needs and had access to development opportunities. We saw that staff were given the opportunity to attend training and awareness sessions facilitated by local nursing teams. Staff told us they had supervisions and annual appraisals. Records that we looked at showed that not all staff had received six supervisions in the past year, which is contradictory to the services supervision policy. There were team meetings for each floor that all attended. Each staff member was requested to sign the minutes if they attended or not. A staff member said, "I think we work well as a team."

The premises had been designed and decorated to meet the needs of people living with dementia. People's bedroom doors were painted different colours and had pictures of things they like to do on some or their name on others, people's bedrooms had been personalised with their belongings and decorated to their taste. Toilet doors were either painted red or had clear signage, to help people identify where the toilet was. Each of the three floors were uniquely decorated, for example, the second floor had organised their dining area to represent a café and had sensory areas at the end of each corridor, there were objects for people to pick up and touch and along corridors there was artwork displayed for people to look at. The first floor was much more of a sensory calming environment with very little to stimulate the senses, for people to touch, feel and do. The corridor ends had their windows painted with colourful murals, limiting the opportunity for people to see out. On each floor there were noticeboards with photographs of activities that had taken

place at Hawkinge House.

People and visitors told us that the food was good. Comments included, "The food here is very good, there is always enough of it and I haven't felt hungry at all", "I enjoy the food, there is always a choice and you can ask for something different if you want" and "I enjoy the food here". People said they could choose to have a cooked breakfast each day. Many people chose this on the mornings of our inspection. People were able to have an alternative meal if they wished. People were supported by the social assistants to make their menu choices the day before, in the dining area of each floor there were picture menu boards which displayed the available meal choices for each day, which could aid those who accessed the dining areas for their meals in remembering their choices.

For some, meal times were a social occasion where people chose to eat in the dining room. Many others ate their meals in their suites. People told us that they could choose where they wanted to eat. People were supported to eat a varied diet and they were provided with plenty to eat and drink.

Is the service caring?

Our findings

People said they were happy with the care they received and praised the staff, during the inspection one person told us "The staff are kind and find the time to stop and speak to me, I have visitors and they are offered a cup of tea. I can stay here in the lounge or take them to my room, whatever I feel like", another person commented "The staff are very caring and careful with me".

Relatives told us they were happy with the care that their family members received. They said the staff were kind and treated their family with respect. One relative said, "I have no complaints, Mum needs a lot of care and they're always there to provide for her, it's the best place she has been in" and another commented, "They (the staff) seem to really care. They involve us, so we feel we are still a part of her care".

End of life care plans were limited, there was little evidence of advance care planning. The registered manager told us that their practice is to develop end of life care plans when a person is nearing a time of needing that support. However, we saw little reference to people's preferences and wishes in relation to their end of life care. For example, on records of people that staff identified were receiving end of life care, there were comments such as "Dignity and comfort to be given" and "A gentle discussion took place with family about wishes" but records did not state any wishes. Anticipatory medication is available for people who are on an end of life pathway and DNACPR are routinely completed.

The provider had failed to provide people with appropriate person-centred care plans to reflect their preferences. This is a breach of Regulation 9(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During lunchtime on the first day of the inspection, we observed people being supported to put on clothes protectors. This was done from behind, so people had no idea what was about to happen or that they were going to be touched until it happened. This was not done unkindly but did not demonstrate good practice. There were times when we observed that people were not always given sufficient time to answer questions or when questions were asked too quickly. We also saw some less caring interactions, where one person was trying to pick up a paper pad and was told "leave it, go away". No attempt to engage in another activity was made. On one occasion, a person was calling out that they were in discomfort, some staff walked by without responding. The GP was called later that day and a prescription for pain relief was obtained.

People were not always treated with respect. This is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All our other observations showed that staff approached people in a kind and caring manner. They were patient with people when they were attending to their needs. For example, One member of staff guided a person to the toilet reminding them that toilets have red doors. She left them while they went in but came back a few minutes later to check they were alright, they responded they "would be out in a minute", she went away but returned to find they had forgotten it was breakfast and was walking back to their room, she walked with them and asked them if they would like some breakfast and guided them back to the dining

room. We saw that staff were able to communicate with the people who lived there, we observed episodes of appropriate humour and heard laughter throughout between people and staff. People appeared relaxed and sociable, particularly on the ground and second floors. We saw that when two people commented that they were feeling chilly, staff responded promptly and without question, by fetching blankets, despite the temperature being quite comfortable for the majority.

We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as moving a person in a hoist or assisting each other to turn someone in bed. When the emergency call bell was sounded we saw staff respond to the person's need without delay. At most times we saw to respond when people said they had physical pain or discomfort.

Relatives said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One relative said, "I can come at any time." We saw that there were many visitors throughout the inspection, all were made to feel welcome by staff.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We were told that one person currently had the support of an advocate.

Is the service responsive?

Our findings

People told us that staff knew what was important to them and how to meet their needs in the way they preferred. One person commented "They know I like to be in my room in the afternoon, so they always come and help me", another said, "There is always something going on, I like that I can choose what I want to do". Some people used the service for a short respite break only. A person's relative commented, "This was a lifeline for us as a short break and now X lives here permanently as we were so happy with the care they received. The staff go over and above expectation."

Care plans lacked detailed information about people's preferences and wishes in relation to how they wanted to receive their care and support, to ensure their support was delivered consistently and in a way they wanted. For example, people's preferences around oral hygiene were not recorded only that staff should assist and if people required assistance to go to the toilet there was no detail about the frequency or the continence products they may use. Statements in different people's care plans were often similar and task focussed. There was a religious service advertised on noticeboards, it did not specify which denomination and staff were unsure when asked. Care plans gave little reference to people's religious or cultural needs and staff we spoke to were unsure on how these needs were met or whether they had people from varying religions living in the service. We were told one person was 'very religious', but there was no reference to this on their care plan.

The provider had failed to ensure that care plans reflected people's assessed needs and preferences. This is a breach of Regulation 9 (1)(a)(b)(c) (3)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The risks of people developing pressure sores had been assessed and staff knew what they needed to do to prevent this. People had pressure relieving equipment and were helped to reposition. On the first day of our inspection we found that pressure relieving mattresses were not always set to the correct measurement, this meant that they may not be protecting people who needed them. For example, one daily air mattress checklist had not been completed in the four days prior to our inspection and the recorded weight was the person's weight in December and not their current weight. Another person's mattress was set at 91kg whilst their body weight was recorded as 69kg. We pointed this out to the registered manager and the next day they were set correctly, but there was a risk that people's skin had not been adequately protected. When reviewing people's turn charts we saw that people were not always turned at the stated interval. One person's chart said 'two hourly turns', it showed that repositioning had often happened during the night as well as the day, but there were often long gaps at times for example, last turn at 22:00 then next turn at 03:00. The chart of another person, whose care plan stated 'turned every two hours', showed that they received turns around two-to-two and a half hours apart throughout the day but there were no turns overnight. Two care staff thought that they were meant to be turned day and night.

The provider had failed to do all that was reasonably practicable to mitigate risk. This is a breach of Regulation 12 (2)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were supported to take part in a range of group activities in the service and that they could choose where they wanted to spend their time. Throughout the service there were noticeboards of activities and photographs of people taking part in activities and events. We were told that the service had organised a trip to France, which relatives could also attend and a fine dining event in a marquee. Once a month people invited relatives to go out for lunch at the local pub. During the inspection we saw planned group activities taking place such as the services choir practice, which is made up of people, family and friends and staff, a music and facts quiz and a word game. Other activities such as bingo and keep fit were advertised. A social assistant told us part of their role was to spend time with each person on their floor and ensure people got interaction irrespective of needs, people who spent most of their time in bed had less opportunity for activity and engagement suitable to their needs which could put them at increased risk of social isolation. Activities such as hand massage, nail painting and one to one time for chats were offered to people. We were told that a theatre trip was currently being planned. There was a hairdresser's salon at the service where people could go to have their hair cut or styled. Posters advertising a visiting chiropodist were on noticeboards.

The registered manager told us the service was participating in a scheme called 'Ladder to the Moon'. The purpose of the scheme was to motivate and inspire staff to provide individualised care that was kind and compassionate. The scheme is recognised as a good practice scheme, social assistants told us they had been involved in monthly workshops to promote meaningful occupation and engagement. They were in the process of developing the scheme within the service.

People had an assessment of their needs before they moved into the service. People, their relatives and professionals were involved by the service in the gathering of information about people and their life histories. From this information care plans were written, they contained the information about people's personal hygiene, getting up and going to bed, continence/toileting management, mobility, activities, communication, medication, medical history, mental capacity and dietary needs. Some care plans contained good step by step guidance, for example, one person's plan contained clear step by step guidance around moving them in a hoist. Staff that we spoke with knew what was important to people and were able to describe their preferred routines.

The service had a complaints policy and people said they knew how to make a complaint if they needed to and told us they felt comfortable to do so. People told us they would speak to the manager or a nurse and were confident issues would be resolved. The complaints record contained three complaints over the past year. The registered manager had investigated and responded to the satisfaction of the complainants.

Is the service well-led?

Our findings

Most people we spoke with felt the service was well managed and one person's relative told us "I find the manager approachable". One person said "If I had a problem I would speak to the Manager". We saw that the registered manager was available to speak with staff, people using the service and relatives throughout the inspection. Professionals that we spoke with following the inspection commented, "I have always found the management team very helpful and the care very good, the families of my clients are all very happy with the care their family receives" and "They've worked closely with us as a team, always keen to learn and happy to engage".

Audits and checks were carried out each month by the registered manager or a nominated person but had not always been effective in identifying the shortfalls highlighted during our inspection. These included medicines audits, infection control audits and individual care plans. The audits had not been used properly, as tools to assess the quality and safety of the service and bring about improvement. The registered manager told us that they audited each care plan once month, but they had not identified that individual care plans did not state people personal preferences and wishes.

The failure to ensure effective quality and safety assurance systems is a breach of Regulation 17(1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. These are referred to as statutory notifications. This includes any allegation of abuse, any serious injury to a person and Deprivation of liberty applications and their outcomes. The registered manager was aware of some of their responsibility and had notified us about deaths and serious injuries to people. They had not notified us of any Deprivation of liberty applications and their outcomes, we pointed this out to the registered manager who rectified this before the end of the inspection. They were also unaware of their requirement to notify us of any allegations of abuse. They had reported appropriately to the safeguarding team.

The provider had failed to notify the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 18(2)(e) (4A)(a)(b)(4B)(a)(b)(c)(d) of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us that each month a Quality Consultant visits to audit all areas of the home. We were told that the consultant collates this information and the registered manager and provider use it to address any concerns, we saw copies of recent monthly reports. There was also an external company who inspected and advised on all aspects of Health and Safety. Accidents and incidents were recorded and reported to the registered manager and the action taken was recorded.

People and their relatives had opportunities to provide feedback about the service provided. The registered manager told us that an independent company sent out customer satisfaction surveys annually to relatives and collated the responses. We saw the results of surveys from 2015, where there were a mixture of positive

compliments and suggestions of where improvements could be made. People are asked to complete 'are you happy with your care' forms with the support of their keyworker on a monthly basis. The registered manager had tried to introduce residents meetings, however there was little uptake and the people that did attend decided that they did not wish to continue. Quarterly relatives meetings were held, the minutes of these showed that there was a very low attendance, recent minutes showed that there had been discussion about how they could be better advertised. We were told about an annual event that the service holds, 'Respect, Privacy and Dignity week', which aims to increase awareness in this area by increasing knowledge and understanding of what respect, privacy and dignity means to individuals.

Staff were clear about their roles and who they were accountable to. Staff said they felt well supported and liked working at the service, comments included "The manager is approachable and has an open door". Regular staff meetings were held on each floor, these were chaired by the lead nurse on each floor and were an opportunity to share information and to involve staff in improving the quality of care. We did not see any evidence of senior team meetings or whole team meetings held by the registered manager. The service had a number of policies and procedures available for staff, all of which had been recently reviewed. Some policies, for example the services' restraint policy did not reference, and is not consistent with the Department of Health guidance, 'Positive and Proactive Care: reducing the need for restrictive interventions'.

We recommend that the provider reviews policies to include current best practice guidelines.

The registered manager said they felt supported by the Graham Care Group and had regular communication and meetings with the providers. They said the providers were open to suggestions and improvements. The provider had introduced an annual staff achievement award. Nominations were made by people, their relatives and friends. Staff told us this made them feel valued.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider had failed to notify the Commission of events which they had a statutory obligation to do so. This is a breach of Regulation 18(2)(e) (4A)(a)(b)(4B)(a)(b)(c)(d) of the Care Quality Commission (Registration) Regulations 2009.
Nursing care	
Personal care	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to ensure that care plans reflected people's assessed needs and preferences. This is a breach of Regulation 9 (1)(a)(b)(c)(3)(b) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.
Nursing care	
Personal care	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Diagnostic and screening procedures	People were not always treated with respect. This is a breach of Regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Nursing care	
Personal care	
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

The provider had failed to have proper and safe management of medicines.

The provider had failed to properly assess risks to people's health and safety and put in place safe procedures to ensure their health and welfare.

The provider had failed to do all that was reasonably practicable to mitigate risk.

This is a breach of Regulation 12(1)(2)(a)(b) (2)(g) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The failure to ensure effective quality and safety assurance systems is a breach of Regulation 17(1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Nursing care

Personal care

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had failed to undertake robust and safe recruitment of staff, in order to meet all of the requirements of schedule 3. This is a breach of Regulation 19(3)(a) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.