Care Quality Commission

# Restful Homes Group Limited

# Milton Court Care Centre

## Inspection report

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## Ratings

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|---|---|
| **Overall rating for this service** | **Requires Improvement** |
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

## Overall summary

Milton Court Care Centre is registered to provide accommodation and support for 148 older people who require nursing or personal care, and who may also be living with dementia. On the day of our visit, there were 106 people living in the home.

The inspection was unannounced and took place on 2 and 3 February 2015.

The service had a registered manager. 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.

People felt safe living in the service. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report potential abuse. Systems in place had been followed and appropriate action taken to keep people safe, minimising any risks to health and safety.

# Summary of findings

Risk assessments within people's care records were completed and reviewed. Staff understood how to manage risks to promote people's safety, and balanced these against people's rights to take risks.

Staff were not allowed to commence employment until robust checks had taken place in order to establish that they were safe to work with people.

There were adequate numbers of staff on duty to support people safely and ensure people had opportunities to take part in activities of their choice.

Medicines were managed safely and the systems and processes in place ensured that the administration, storage, disposal and handling of medicines were suitable for the people who lived at the service.

Cleaning within the service was not always satisfactory and some areas of the service were not maintained to a clean and hygienic standard.

Staff were supported through a system of induction and on-going training, based on the needs of the people who lived at the service.

The registered manager did not consistently follow the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had a good choice of meals and were able to get snacks and fluids throughout the day.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs.

Staff talked with people in a friendly manner and assisted them as required, whilst encouraging them to be as independent as possible.

People's personal views and preferences were responded to and staff supported people to do the things they wanted to do. Staff worked hard to maintain people's privacy and dignity.

There were regular meetings for staff which gave them an opportunity to share ideas and give information about possible areas for improvements to the registered manager.

People and their relatives knew who to speak to if they wanted to raise a concern. There were appropriate systems in place for responding to complaints.

The service was led by a registered manager who was well supported by the provider.

We had not always received all required statutory notifications from the registered manager in accordance with their legal requirements.

Quality monitoring systems and processes were not always used effectively and had failed to identify the infection control and care plan issues that we observed during this inspection.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

The service was not always safe.

Staff had been trained in safeguarding and understood how to report any concerns regarding possible abuse.

Recruitment systems were in place to ensure staff were suitable to work with people.

Staff rotas were arranged by the manager to ensure safe delivery of care. There were sufficient numbers of staff to meet people's needs.

Systems in place for the management of medicines assisted staff to ensure they were handled safely and held securely at the home.

However, people were placed at risk because cleanliness and hygiene standards had not always been upheld.

**Is the service effective?**

Requires Improvement

The service was not always effective.

Staff were provided with regular training to develop their skills and knowledge to enable them to perform their duties effectively.

The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were provided with choices of food and drink to meet their diverse needs.

People had access to health and social care professionals to make sure they received effective care and treatment.

**Is the service caring?**

Good

The service was caring.

There was a calm and friendly atmosphere within the home.

People were treated with kindness and compassion and staff engaged with them in a positive manner.

People were treated with dignity and respect and staff worked hard to ensure this was maintained.

People were able to make choices about their day to day lives and the care given was based upon their individual preferences.

**Is the service responsive?**

Requires Improvement

The service was not always responsive.

# Summary of findings

Care plans were personalised but were not always reflective of people's individual needs.

People were supported to take part in a range of activities in the home which were organised in accordance with their preferences.

Systems were in place so that people could raise concerns or issues about the service.

**Is the service well-led?**

**Requires Improvement** 

The service was not consistently well led.

The service had a registered manager in place.

People were encouraged to comment on the service provided to enable the service to continually develop and improve.

Statutory notifications were not always submitted in accordance with legal requirements.

Systems to assess and monitor the quality of care provided to people or to manage risks of unsafe or inappropriate treatment were not always effective.

# Milton Court Care Centre

**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 2 and 3 February 2015 and was unannounced. The inspection was undertaken by three inspectors.

Prior to this inspection we received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and health and social care professionals to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities. We also 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 14 people who used the service, six relatives and two healthcare professionals. We observed a further 12 people who were unable to communicate effectively with us because of their complex needs. We also spoke with the provider, the registered manager, the deputy manager, two registered nurses, 11 care staff, one member of kitchen staff and one member of the domestic staff.

We looked at 13 people's care records to see if their records were accurate and reflected people's needs. We reviewed ten staff recruitment files, staff duty rotas, training records and further records relating to the management of the service, including quality audits.

Requires Improvement

# Is the service safe?

## Our findings

Prior to this inspection, we had received concerns from the local authority about the number and nature of safeguarding alerts that had been received regarding the service. We therefore undertook to inspect all aspects of the safeguarding systems and processes in place within the service, to ensure that these were used to keep people safe and free from harm.

People told us that they were safe. One person said, "I feel safe here. They make sure I am." Another person told us, "The staff are so good to me, I feel very safe here." All of the people we spoke with told us that if they did not feel safe, they would always feel able to tell a member of staff.

All staff told us they had received safeguarding training. One staff member told us, "It is important that we look after people here, we need to make sure they are kept as safe as they can be." Staff told us that they would raise any concerns to management or external agencies, such as the local authority or the Care Quality Commission (CQC) if they felt that someone's safety was in question.

One member of staff gave us an example of a safeguarding matter that they had recently been involved in and we found that lessons had been learnt from this. They said, "We have been involved in a lot of safeguarding matters recently, which has been hard, but we need to learn from them."

The registered manager and provider acknowledged that there had been an increase in safeguarding alerts recently and told us they had worked with the local authority in analysing the issues that led to the safeguardings. They stated they were keen to improve matters and rectify the issues that had contributed to these, for example, staff not maintaining accurate records of the care delivered. Staff told us they felt that any concerns they raised with senior staff or the registered manager would be dealt with effectively. We saw that there were now clear written instructions for staff that detailed how a concern must be reported and staff told us that this information supported their understanding.

Staff told us that risks to people were assessed on a regular basis to ensure their safety and protect them. They said that risk assessments were discussed with people and their relatives, and were in place to manage identifiable risks. Staff also told us that it was important to ensure that risk management was done in a way that did not restrict people's freedom, choice and control any more than was necessary. They confirmed they were aware that the local authority had identified that risk assessments were not always completed in a timely manner, which meant that people did not always receive appropriate care. The registered manager told us that the service was working hard to ensure that individual risk assessments had been completed for people and were updated on a regular basis. For example, we discussed one person who had recently lost weight and were told that they had a detailed risk assessment which guided staff as to the frequency of pressure care they required and the appropriate equipment that should be used by staff in supporting them. The registered manager was confident that this action would ensure that any additional risks posed by the weight loss would be minimised. The provider told us that staff were working hard to make sure that risk assessments were reflective of people's current needs and the records we reviewed evidenced that changes were being made to improve them.

Staff told us that they had been recruited in a safe way. We spoke with one staff member who had been recently recruited and they were able to describe the home's recruitment process. They confirmed that they were not able to commence employment until the appropriate checks such as, proof of identity, references, satisfactory Disclosure and Barring Service [DBS] certificates had been obtained. The registered manager and provider told us that relevant checks were completed before staff worked unsupervised at the home and the recruitment records that we saw confirmed this.

People's views about the number of staff on duty were not always positive. One person said, "There are never enough staff." Relatives commented on the high turnover of staff and felt that the number of people in the home had increased without the staffing ratio being adjusted. One relative commented on the impact that this had upon their family member and said that although they had discussed this with the registered manager, they were not confident that the number of staff on duty was enough to keep people safe and meet their needs. In contrast, we were told by some people that they felt there was more than enough staff on duty. One said, "I always get the help I need when I request it, I would say there are enough staff here." Another told us, "There are a lot of us here and the staff are busy but you never know what help people need, so yes, I do think

Requires Improvement

# Is the service safe?

there is enough staff for us all." People and their relatives acknowledged that whilst staff might be busy supporting other people that the service would benefit from having a more visible staff presence in case extra assistance was required.

The views of staff members about the staff ratios echoed those of the people living at the service. Some staff told us that they felt there was enough staff on duty at all times, whilst others felt that there was enough staff but that the deployment of them within each unit needed to be addressed. One member of staff said, "Yes I do think there are enough staff, but we would benefit from having another nurse on duty on this floor." We discussed this with the member of staff who said that they could use the deputy manager to support them and that the registered manager was flexible in moving staff between units if there was an issue. The registered manager told us that there was a consistent level of staff on a daily basis, which had been determined according to dependency levels and people's needs. On the morning of our inspection, we found that one carer had been moved from one floor to another, to ensure there was an effective balance of staff to meet people's needs.

People told us they received their medicines on time and that staff administered additional medication, including pain killers when they asked for them. One person told us, "I always get my pain killers." Another person said, "Staff are good at making sure we get our tablets when we need them." We found that medicines were managed in a safe manner and observed that people received them in a timely manner, with support to understand what they took. Most medicines were administered through monitored dosage systems. Staff had systems in place to check the stock of people's prescribed medicines and could evidence if people had received their medicines.

Staff who administered medicines told us they were trained and their competency was observed by senior staff and we found evidence to confirm this. Medicines were stored securely in trollies in a locked store room. There was also a medicine fridge which was kept at an appropriate temperature and we found records to confirm that regular checks were maintained. Controlled drugs stocks were checked by two staff to ensure medicines had been administered as required.

Prior to our inspection we had received information that told us that some areas of the home were not kept clean and that some staff did not wash their hands or wear protective aprons. During this inspection people and staff told us they considered the home was always kept clean. We spoke with a cleaner about their responsibilities and they were able to tell us about the processes they used to ensure the home was clean and those they would put in place to prevent infection from spreading. We observed on-going cleaning taking place during both days of our inspection.

People told us that their bedrooms were cleaned to a good standard and were clean and smelt fresh. Our observations confirmed this. However, in some of the communal toilets, we found that the extractor fans and pipe work were dusty which meant that they had not been cleaned efficiently. In one there were no available paper towels, which meant that people could not dry their hands after washing them.

In the dining room on the ground floor, behind where the heated dinner trolley was stored, there was evidence of food spillages down the wall. The provider informed us that they were aware of some of the stains within the serving areas of the dining rooms. They told us that they would repaint the wall and put Perspex covering on it to stop the hot trollies marking the wall, and make it easier for staff to clean. In the back stairwell which was generally used by staff to access the upper floors, we found that the carpet was heavily stained and that the banisters had not been dusted, with evidence of dirt on the treads of some stairs. We spoke with the provider and registered manager about this and were told that people and their relatives did not access these stairs but that they acknowledged that the carpet required a deep clean or renewing.

Staff told us that they had access to a good supply of protective equipment for the tasks they were carrying out, for example, disposable gloves and aprons when assisting with personal care and different coloured aprons when serving meals. We observed that they wore these when required. We found that although on-going cleaning was in operation, there was a need for more robust deep cleaning in some areas and further attention to detail. This would ensure the maintenance of appropriate standards of cleanliness and hygiene.

Requires Improvement

# Is the service effective?

## Our findings

Prior to this inspection, the competency of staff and their level of knowledge within certain areas had been identified by the local authority as an issue. We discussed this with the registered manager and provider, who told us that they had arranged mandatory tissue viability training for all staff because of the issues that the local authority had identified in pressure care. We were told that the provider was also looking into any additional training that could be offered to enhance staff knowledge and awareness.

People received care which met their needs but this view was not always confirmed by the relatives we spoke with. One relative told us, "It's the little things that as they go on should be second nature – we always have to remind them." We were told that important aspects of people's care had not always been attended to, for example, staff did not always stop the Percutaneous Endoscopic Gastrostomy (PEG) feed before providing pressure care. This meant that the risks of aspiration were increased for people who required this type of nutritional support. Staff told us that they had not received updated training on PEG care but that because of the concerns raised by relatives, there was now clear written guidance available so that this did not happen again. We also discussed the apparent lack of staff knowledge in respect of PEG care and were told that further training would be sourced for appropriate staff.

Staff had been provided with induction training when they commenced employment. This ensured they were equipped with the necessary skills to carry out their role. Staff told us about the induction programme they underwent and said that they considered this was valuable, as it helped them to understand people's needs and shadow more experienced staff so they could learn from them and understand the expectations of their new role.

Staff received on-going training in a variety of subjects that were relevant to their qualifications and that supported them to meet people's specific and individual care needs. All staff told us that training gave them a good working knowledge of how to support people and enabled them to develop their skills. One told us, "We get lots of training, it is good to keep updated as things change quickly and we need to know what's right." We found from the training records that staff completed the provider's core training, for example, safeguarding, manual handling and infection control. Where appropriate, staff were supported to undertake additional qualifications that not only benefitted them but the delivery of service as well; for example, National Vocational Qualifications.

We did identify that the training matrix required updating as when we viewed it, it did not offer a robust record of all the training that the staff group had completed. The registered manager told us they would amalgamate the training records so that they provided a full oversight of all the training undertaken by staff. We also discussed with the registered manager that they did not feature on the training matrix, although records confirmed they had undergone all required training. We were advised that this omission would be addressed with immediate effect.

Staff received on-going support and regular supervision from the registered manager or deputy manager. They told us that they had the opportunity to discuss people's needs during a supervision session and to highlight any additional training and development needs that they had. We saw evidence of both supervision meetings and staff meetings which staff told us they found valuable in helping them to feel supported and to meet people's needs.

People told us that staff always obtained consent before providing care or supporting them, to make sure that they were happy for staff to proceed. One person said, "Oh yes, they always ask me. I never have any worries that they will do something without asking me. They ask before they come into my room and ask me before helping." Staff understood the importance of gaining consent to care; one said, "I would not like someone to do something to me without asking, so why should we do it to them." We observed that staff knocked on doors and gained consent before entering; when supporting people to transfer, they asked people if they were happy to move.

Staff had an awareness of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and the individual steps to be followed to protect people's best interests. When we discussed this with staff they were not always able to confirm the action they would take if a best interest decision needed to be made. For example, to ensure that people were appropriately represented and that any restrictions of their liberty were undertaken in their best interest and in the least restrictive manner.

The registered manager told us that DoLS applications had been made for some people living in the service. From our

discussions with the registered manager, we found that although they knew how to make an application for consideration to deprive a person of their liberty, it was apparent that this process was not used as robustly as it could have been. For example, in some instances there was no record of the outcome of the application. We discussed our findings with the registered manager who followed this up and ensured that the decision was sent through from the supervising authority. For one person we found that the DoLS authorisation had been suspended. The rationale given on the form signed by registered manager was that the authorisation conflicted with the terms of a Community Treatment Order (CTO.) We raised this with the registered manager who was not clear why she completed this form because the person was not subject to a CTO.

Staff told us that they gave consideration to DoLS through the completion of a checklist form. We found that this form was often not completed appropriately, for example, for one person staff had ticked no to all the key questions yet concluded the person was subject to a DoLS. In another instance, they had ticked no to all the key questions, but had failed to include some important aspects of the person's care. They concluded that the person was not subject to a DoLS, when if the checklist had been completed appropriately, it was apparent that an application should have been made. We discussed this with the registered manager and provider who told us that they would ensure that all documentation was reviewed and updated with immediate effect.

People and their relatives were very complimentary about the meals served. One person said, "I really enjoyed that, I never have any complaints about the food." Another person told us, "The food is very good, it is fabulous." One person discussed their dietary requirements with us and told us that they needed a specific diet to support them to manage their diabetes. They said that this was never a problem for the kitchen staff and that they found the food to be tasty and nutritious.

We spoke with the nutrition nurse specialist about their role in ensuring that people's nutritional needs were being met appropriately. They considered they had an important role in making sure that people received adequate nutrition and providing staff with on-sight training and advice when people's nutritional needs changed. They also liaised with kitchen staff to ensure that any changes in dietary requirements were addressed. This meant that people received the right type of dietary intake, for example, pureed or fortified food. We observed the impact of this role for people and found that records in respect of food and fluid had been completed, meaning that appropriate nutritional support had been given to people. Staff told us they felt that having this role within the service was valuable and that they welcomed the additional source of knowledge as it meant they could meet people's dietary needs in a positive way.

We spoke with the head chef who told us, "Sometimes food is the only thing that people have to look forward to, and this is why we should make sure it is the best." It was evident that the kitchen staff had a range of information and guidance available to them to ensure that they provided people with the right sort of diet. We found that some people needed a thickening agent added to their drinks or a pureed diet due to swallowing difficulties. These people received a suitable diet in accordance with the advice given by either the dietician or speech therapist and the information in support of this was clearly recorded in people's care records and risk assessments.

People told us that they were always supported to access healthcare services and other professionals when required. On the day of our inspection, two people appeared unwell and staff were concerned about the changes. They contacted the GP for review and to establish if further intervention was required. The GP later visited and the home undertook the action requested by the GP. The records we reviewed, detailed when care reviews had taken place and when appointments were scheduled. If action from appointments was required by staff then this was clearly documented within the records and communication books, so that staff could ensure this was carried out.

Good

# Is the service caring?

## Our findings

We received some positive comments about the standard of care people received at the service. One person said, "Staff are very good indeed. They care about you and bother. I cannot fault the staff here; they are all so kind and caring." Another person said, "I don't know where I would be if it was not for the staff here." This person told us how much staff had supported them and worked hard to promote their independence. Relatives told us about the support their family members received and said that staff were kind; one told us, "Staff are good and the quality of care they try to provide is good."

People told us that they were supported by staff with kindness and compassion. They also said how much they thought of the provider who made an effort to communicate with them when they visited the service. We observed that the provider knew people's names and interacted with them on a personal level, making them feel at ease and sharing a laugh and a joke. We saw that the registered manager engaged with people and observed them interacting with one person in respect of their trip out of the home. The person smiled and enjoyed the interaction.

One person told us they liked to spend time in their room because they had it just as they liked it. They said that staff had encouraged them to bring in personal possessions and items that they cherished and that this had made their room like a, 'Home from Home'. This person took great enjoyment in showing us their room and told us that staff had worked with their family to devise a way of reducing confusion in the morning. The way in which important photographs had been placed on the bedroom walls helped to minimise levels of confusion for this person, by helping them to focus on important people in their life. This was a positive example of how staff had worked to create a comfortable and happy feeling for this person; they told us they felt privileged to be living at the service.

People told us that they always felt involved in their care and were supported by staff to make their own decisions. They confirmed that they were enabled to remain independent, for example by choosing what time to get up, have their breakfast and how to spend their day. We saw that people chose how to spend their time within the home and that staff respected this. We observed that care was made individual because people and their relatives had been involved in relevant decisions.

We saw lots of positive interactions between staff and people who used the service. There was friendly conversation and we heard lots of laughter. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. Staff were a constant presence in the communal areas, also monitoring those people who remained in their rooms so that care could be delivered when it was needed. One person told us they enjoyed spending time in their room because they liked the quiet but that when they needed staff they would always come. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

Staff told us that there were times when people were unable to communicate their needs but required care and support; for example, those people living with dementia or those people at the end of life. They told us they would find alternative methods to support people to express themselves. For example, the use of non-verbal gestures to express likes and dislikes. Staff said they would respond to people's body language and used appropriate gestures as a means of communication. This showed that staff cared about people and took efforts to ensure that appropriate care was given, despite there being potential barriers.

We spoke to the registered manager about whether advocacy services were available and were told that the home had previously used the services of an advocate for some people. We saw that the home had available information on how to access the services of an advocate. Records confirmed that various advocate services were available for people to use to ensure that their views within making decisions were listened to. This meant that information on how to access the services of an advocate was accessible to people.

People told us that staff always worked with them to maintain their privacy and dignity. We asked them and how and they explained that staff covered them when providing them with personal care and did not discuss their needs with anyone else. The staff members we spoke with had a clear understanding of the role they played in making sure

Good

# Is the service caring?

people's privacy and dignity was respected. Staff told us that they maintained confidentiality at all times, worked hard to ensure records were kept secure when not in use and made sure that they did not discuss a resident in front of other residents. We observed that staff knocked on people's bedroom doors and bathrooms and waited to be invited in before entering. We also saw staff treating people with dignity and respect and being discreet in relation to personal care needs. When staff entered the lounge area, they would always enquire after people and make sure they had everything they needed.

We spoke to visitors and relatives who told us that staff were always very friendly and that they were very good at their jobs. They told us that they were able to visit at any time and were always made to feel welcome. The registered manager and staff told us that there were no restrictions on relatives and friends visiting the service and that visitors were made to feel welcome when they visited. We observed this during the inspection and found that that visitors were made to feel at home with a cup of tea, and the opportunity to meet with their loved one where they wanted. It was evident that the service supported people to maintain contact with family and friends.

Requires Improvement

# Is the service responsive?

## Our findings

People told us that staff knew how to look after them properly. One said, "Oh yes, the staff here are all so good. They know what we need and how to make sure we get it." Another person told us, "You are made to feel at ease if you have a problem doing something as they understand." People also told us they had been given appropriate information and the opportunity to see if the service was right for them before they were moved in to the service. A relative explained how they had been to visit numerous homes before they settled on Milton Court Care Centre for their family member. Staff told us that they provided people and their families with information about the service as part of the pre admission assessment which was completed to ensure that people's needs could be met before they were admitted. The information was in a format that met people's communication needs and included a welcome pack with information about the home and the facilities available.

People and their relatives told us that they received the care they needed to ensure their needs were met. They also confirmed that they were regularly asked for their views about how they wanted their support to be provided. Staff told us that it was detailed within people's care plans how they wanted their care and treatment to be provided. It was evident during our conversations with staff, that they had a good awareness of people's needs, for example, what people enjoyed doing or what they liked to eat. We looked at care records and found that pre admission assessments of people's needs had been carried prior to people being admitted to the service. From this care plans were generated that were specific to people as individuals. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed.

Prior to this inspection, the local authority and tissue viability service had reported concerns about people's pressure care and the way in which staff provided appropriate care. We were told that care plans were not always developed with reference to the guidance given by the tissue viability nurses and that action was not always taken when problems had been identified. For example, when staff noted a wound was becoming malodorous they did not take action to swab it for possible infection.

Concerns also included that pressure wounds had not been graded and that care plans did not contain sufficient information about the frequency of dressing changes required.

Staff spoke with us about the issues that the local authority had found and told us they were working hard to address these issues. The registered manager and provider acknowledged that they had some improvements to make in respect of the specific information required in some people's care plans and confirmed that this would be part of their overall action plan to make improvements. The care plans we reviewed showed evidence of action being taken to make them more specific and to guide staff as to the care that was actually required. We did find some positive examples of care plans which contained robust information about people's care needs. For example, we found some which detailed specific sizes of continence equipment required and gave guidance about individual dietary requirements. However in some records, there was no detail as to the size of sling required for manual handling or the setting that the pressure mattress needed to be set on to ensure that optimum pressure relief was given. We discussed this with the registered manager and were advised that this would be addressed in conjunction with the other issues of concern that the local authority had identified.

Despite this we found that staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. Staff told us that any changes in people's needs were passed on to care staff through communication books and daily handovers. They felt that this enabled them to provide an individual service. Relatives told us that staff and the registered manager had kept them informed of any changes in people's wellbeing. We observed this on the day of our inspection, with visiting professionals being updated about people's conditions.

The registered manager told us there were two staff members who were responsible for planning activities. We spoke to both and found that they worked to cater for people's individual needs, in accordance with their abilities. For example, on the dementia unit, the activities on offer were slightly different to those on the residential unit. We looked at records which detailed when people had taken part in an activity and saw that there was a schedule of planned activities for people to participate in if they

Requires Improvement

# Is the service responsive?

wished. On the day of our visit we found that staff sat with people and engaged in general conversation and also played a game of bingo which people enjoyed. This was well received by people who joined in with great positivity, smiling to show their enjoyment. On the dementia unit, we found that staff engaged with the group of people as a whole and made each person feel valued, with their contribution to the group being noted and respected. When people chose not to engage in group activities of their choice, the activity coordinator told us that they would undertake one to one sessions with people in their rooms. This time was spent talking about subjects of choice; reading the newspaper and anything that people wanted to engage in.

People we spoke with were aware of the formal complaints procedure, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. One person said, "If you are not happy about anything you just have to mention it." Another person told us, "You can chat to anyone [staff] if you are not happy but I have not had any concerns." We were aware from the local authority and our records that there had been some recent complaints about the delivery of service provided to people. For example, about the times that people wanted to go to bed or the way in which people were spoken with by staff. One person told us, "I know how to complain but I also know that I would not need to do so." People told us the registered manager or provider always listened to their views and tried hard to address any concerns and we saw from the records that actions had been taken to investigate and respond to the complaints. There was an effective complaints system in place that enabled improvements to be made.

Staff and the registered manager told us that they felt it was important to use complaints to make the service better for everybody and to drive improvement. They understood the value of documenting any concerns raised with them from people or their visitors. We saw that the registered manager took concerns seriously and documented anything that was raised with staff so that it was apparent how an investigation had been conducted

Requires Improvement

# Is the service well-led?

## Our findings

People told us they knew who the registered manager was. One person said, "The new manager tries hard but you have to book a date and time to see her. You never see her unlike the last manager." Some people told us that they wished the registered manager was a more visible presence on the units, as they would welcome the opportunity to engage on a more frequent basis. Other people told us that the registered manager was approachable and that they felt comfortable talking to them. One relative said, "I would have no issue in approaching [name of registered manager] or the nurses." Staff told us that the registered manager was approachable and supportive; they said they felt happy to speak with her both openly and in confidence. We saw that the registered manager and provider addressed all people by their preferred name, as detailed within their records, which demonstrated they knew the people using the service. We found that the registered manager was supported by a deputy manager and the two worked in conjunction with each other in the running of the home.

All the staff we spoke with told us that they understood their individual responsibilities. They said that the registered manager and deputy manager both had an 'Open Door Policy' and they could talk to them at any time. We spoke to one member of staff who had recently completed their induction. They told us that the registered manager had supported them throughout and had made them feel welcome and comfortable. We saw that staff received one to one supervisions to discuss matters that affected the running of the home, and being able to contribute ideas and ways to improve and develop the service.

People we spoke with were generally positive about the staff, the management and the way in which the home was run. Although some people told us they had previously had issues and concerns, they acknowledged that they were supported to express their views through means of reviews of their care and annual questionnaires. Staff told us that there were procedures in place to obtain people's views and monitor and improve the quality of the service provided. The registered manager told us they sent out questionnaires to each person who used the service to request that they and their relatives comment on how the service was performing. They said that they would undertake an analysis of the results to determine what any action was needed on any areas that had been highlighted as requiring improvement. We found that this had been taken in respect of nutrition and people's general views of the service.

We found that there was leadership in place at the service which encouraged an open culture for staff to work in. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about the leadership in place. They acknowledged that the service had recent issues but also explained how they wanted to work together to address these and ensure the service provided good quality care. We found staff to be motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

The registered manager told us that there were regular meetings held between staff. Staff told us that the results of safeguarding investigations and complaints were fed back to them at staff meetings. They felt this was a useful learning tool for them. We looked at the processes in place for responding to incidents, accidents, whistleblowing and complaints and saw that the provider analysed this information. It was evident that this was used for discussion within team meetings and individual staff supervision so that lessons could be learned.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed

to be taken. We found that action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

The information CQC held showed that we had not always received all required notifications. We found that we had not received statutory notifications when a Deprivation of Liberty Safeguard (DoLS) application had been approved. A notification is information about important events which the service is required to send us by law in a timely way. We discussed this with the registered manager who told us that she was not aware this was a requirement but that they would address this with any future approvals from the supervisory body.

Through our discussions with the registered manager, we found that they had not been consistent in monitoring people's needs and the quality of service provision. It was

Requires Improvement

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however evident that both they and staff understood the key challenges that they faced following the local authority visit. Staff told us that it was important that they considered how the service needed to be developed in order to meet people's care needs and to continue improving. The registered manager told us that they wanted to provide good quality care and through our discussions, it was evident that all staff were working to improve the service provided and to make the people who lived at the home as happy and comfortable as possible.

The registered manager told us that frequent audits had been completed in areas such as medicines administration, health and safety, fire safety and environmental audits. They told us these were important in making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, we saw that actions had been identified and completed. However in some instances, we found that although the service had monitoring systems in place, these had not been used as effectively as they could have been; for example, in respect of infection control and DoLS. This demonstrated that the mechanisms in place to ensure quality delivery of care were not as consistent as they could have been. We spoke to the provider and registered manager about this and found that they had worked to identify the areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.