

Avante Care and Support Limited

Riverdale Court

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

Riverdale Court is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Riverdale Court accommodates 80 people across four separate units in one building, each of which have separate adapted facilities. Two of the units specialises in providing care to people living with dementia. At the time of our inspection 74 people were using the service.

There was a registered manager in post at the time of our 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 2008 and associated Regulations about how the service is run.

At our last inspection on 5 and 6 October 2015 the home received a rating of good in all of the key questions. At this inspection we found breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that sufficient numbers of staff were not deployed throughout the home in order to meet the care and support needs of people using the service. Appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed. Advice provided from health professionals was not always followed by staff. Some people's care plans did not accurately reflect their needs. The providers systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not effective. You can see what action we told the provider to take at the back of the full version of the report.

We found other areas where improvement was required. People's lunch time experience was poor on the upstairs units of the home. Improvement was required in supporting people with meaningful activities when the homes activities coordinators were not at work. The training delivered to staff was not always effective. There were mixed views from staff about the management of the home. Some staff said they were well supported by the registered manager and their line managers; however other staff said communication was not always good.

There were safe staff recruitment practices in place. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. People had individual personal emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were provided with sufficient amounts of nutritional foods and drink to

meet their needs.

People's privacy was respected. People and their relatives, where appropriate, had been consulted about their care and support needs. People received appropriate end of life care and support when required. People and their relatives were provided with appropriate information about the home. They knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary. The provider took into account the views of people and their relatives through residents and relatives meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

We found that appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed.

Advice provided from health professionals was not always followed by staff.

Sufficient numbers of staff were not deployed to meet people's care and support needs.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work.

There were safeguarding adult's policies and procedures in place to protect people from possible harm however one member of staff was not aware of the other agencies they could contact if they were worried about care people received.

Incidents and accidents were recorded and acted on appropriately.

Medicines were managed safely and medicine audits were conducted in line with the provider's policy to ensure safe practice.

There were arrangements in place to deal with foreseeable emergencies and there were systems in place to monitor the safety of the premises and equipment used within the home.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People's lunch time experience was poor on the upstairs units at the home.

The training delivered to staff was not always effective.

Requires Improvement ●

Staff were supported through supervision and appraisals.

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

Is the service caring?

The service was not consistently caring.

People and their relatives said staff were kind and caring; however we saw that opportunities to engage with people were limited.

People's privacy and dignity was respected.

People and their relatives, where appropriate, had been consulted about their care and support needs.

People received appropriate end of life care and support when required.

People and their relatives were provided with appropriate information about the home.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People's care plans were reviewed regularly; however some people's care records did not accurately reflect their current needs and the support they required from staff.

Improvement was required in supporting people with meaningful activities.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Requires Improvement ●

The providers systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not effective.

There were mixed views from staff about the management of the home. Some staff said they were well supported by the registered manager and their line managers; however other staff said communication was not always good.

The provider took into account the views of people and their relatives through residents and relatives meetings and satisfaction surveys.

Riverdale Court

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 unannounced inspection was carried out on the 30 and 31 October 2017. The inspection team on the first day consisted of three inspectors, a specialist advisor 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 service. The lead inspector returned to the home on the second day to speak with the registered manager and staff and examine records related to the management of the home.

Before the inspection we looked at the information we held about the home including notifications they had sent us. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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. We also contacted the local authority and asked them their views about the home. We used this information to help inform our inspection planning.

We spent time observing the care and support being delivered. We spoke with eight people using the service and six visiting relatives. We also spoke with seven members of staff including the chef, three assistant managers, the registered manager and the regional manager. We looked at records, including the care records of eleven people using the service, six staff members' recruitment and training records and records relating to the management of the service. We also spoke with a visiting GP.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff treated them well. One person said, "I feel safe living here. I think of it as home." A relative said, "You hear a lot of bad things about care homes, but I am assured about the safety of my loved one. They are cared for safely." Despite these positive comments we found that the service was not always safe.

We found that appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed. For example, one person had a condition which meant any fall could result in serious injury. Records showed that this person had a fall on the 30 of September 2017 and a unit manager was called and no visible injuries were noted. However this person's falls risk assessment had not been reviewed after they suffered the fall and we observed that only one member of staff was supporting this person when their risk assessment recorded that two staff should support them. Another person's monthly care review dated 30 September 2017 recorded that the person was becoming difficult to move, however their moving and handling risk assessment, last reviewed on the 28 October 2017, did not include any information about the concerns raised by staff.

These issues were a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

During our inspection the person's falls risk assessment was reviewed and updated. The other persons moving and handling risk assessment was also reviewed and updated.

Action had been taken to support other people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs and skin integrity. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had falls we saw these were documented and their risk assessments and care plans updated. People were protected from the risk of developing pressure ulcers. People's records specified if required that they should be supported to turn over in bed to relieve pressure on their skin and were supported to do this during the day and at night. Staff recorded this information on a chart to confirm that they had supported people when required. A relative told us, "My loved one has not had any pressure sores. This is largely thanks to the staff. They change my loved one regularly and give them a regular wash." Staff knew how to get advice when required from the district nursing team and tissue viability nurse's about the prevention and management of pressure ulcers.

Sufficient numbers of staff were not deployed throughout the home in order to meet the care and support needs of people using the service. The registered manager showed us a rota and told us that staffing levels were arranged according to the needs of the people using the service. They said there was always four staff on duty on each unit during the day with a floating member of staff on duty within the upstairs units. However some people, staff and a GP told us there was not always enough staff on duty to meet people's

needs. One person told us, "Perhaps we could do with a few more, but not a lot." A relative said, "There are enough staff usually, but if a resident fell and two staff had to be in attendance, then they might be short."

A member of staff told us, "We are short staffed and constantly on the go. There are a lot of residents at risk of falling with walking aids. We have to watch them to make sure they are safe but sometimes they walk without their aids, we do our very best to support people but we need to have eyes in the back of our heads." Another member of staff said, "To be honest I don't think we have enough staff. We rarely see a floating member of staff. There is a lot of pressure on us." A third member of staff said staffing at night was an issue as they often found people had not received personal care when they came on duty in the mornings. They told us that on occasions only three staff were working on their unit and this happened quite often. They said this had been raised with the unit managers but, "Nothing ever changes". A GP told us, "There are good records relating to falls at the home and the numbers of falls have decreased recently, however I feel that there is still not enough staff on duty from a falls prevention point of view." Our own observations during lunch on the upstairs units were that people's lunch time experience was poor.

These issues were a breach of regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Following the inspection the registered manager confirmed with us that there were the right number of staff on duty as indicated in the rotas but conceded that staff might not have been deployed in the right areas. They told us they were in the process of reassessing people's needs on the upstairs units and considering how staff could be more effectively deployed around the home to meet people's needs.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of six staff that worked at the home. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations and proof of identification and evidence that criminal record checks had been obtained for all of the staff that worked at the home.

There were safeguarding and whistle blowing procedures in place and most of the staff we spoke with had a clear understanding of these procedures. Training records confirmed that all of the staff had received training on safeguarding adults from abuse. Staff told us if they thought safeguarding concerns had not been properly handled by their managers they would report their concerns to social services or the CQC. However one member of staff told us they were not aware of the other agencies they could contact if they were worried about care people received. Staff also said they would use the providers whistle blowing procedure to report poor practice if they needed to.

There were arrangements in place to deal with foreseeable emergencies. People had individual personal emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Staff said they knew what to do in the event of a fire and records confirmed that staff received regular training on fire safety. The home had a fire risk assessment in place which had been reviewed in January 2017. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out. There were also systems to manage infection, clinical waste, gas, portable appliances, electrical, and water safety. We saw certificates of maintenance and servicing from external contractors that confirmed that these were safe. Equipment such as hoists, mobility aids and lifts were also serviced regularly to ensure they were functioning correctly and safe for use.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. We saw that medicines were stored securely in locked trolleys in locked rooms. Some medicines were held in

locked cabinets in people's bedrooms. We viewed the records of temperature checks for the medicines room, the fridges and cupboards dedicated to the storage of medicine. We saw temperature checks were taken at least once a day and records evidenced that temperatures remained in a safe range. The temperatures of medicines held in people's bedrooms were also checked twice a day. The assistant manager told us that only trained staff administered medicines to people. We saw records confirming that medicines competency assessments had been completed by staff before they could administer medicines. The assistant manager said the home had a good relationship with a local pharmacist who was always available for advice and offered a full audit of their management of medicine each year and staff training.

We observed the assistant manager administering medicines to people at lunchtime. Each person had their medicine explained to them in a manner suitable to their understanding and encouragement was given to people to take their medicines where needed. The assistant manager told us that where people were on time specific medication this was prioritised. We checked a random sample of medicines administration records (MAR's) and found they were appropriately completed with no gaps. The MAR's included a photo of each person and a description of their prescribed medicines, including the reason for administration.

Allergies were included in the information as well as any specific administration details such as for example, as required medicines (PRN). We noted that a specimen sheet of staff signatures was held on the file. Assistant managers were responsible for undertaking monthly audits. We saw that medicine audits picked up on issues and set appropriate actions, and actions were followed up in a timely manner. We were told by the area manager that quality managers visited the service to carry out regular quality reviews, these reviews included the monthly medicine audits undertaken by the registered manager.

Is the service effective?

Our findings

People and their relatives told us the service was meeting their needs. One person said, "The staff know what they need to do for me." Despite this positive comment our findings did not indicate that the service was always effective.

People had access to a GP and other healthcare professionals when needed. Where there were concerns people were referred to appropriate health professionals. Care records showed that there were regular visits to the home by a chiropodist, speech and language therapists, opticians and that people with the risk of malnutrition were assessed using the MUST tool and weighed regularly. However we found that advice provided from some health professionals was not always followed by staff or recorded appropriately to ensure people received the care and treatment required. A GP told us, "Some people are prescribed laxatives but bowel movement charts are not being filled in properly to provide me with the information I need. It's the same with food and fluid charts." We also noted one person had an infection. Their care records showed that a district nurse had advised staff on the 23 October 2017 that the infected area was to be cleaned on a daily basis. However there were no records confirming whether or not staff had followed the district nurses instructions. On the 29 October the person complained of pain during personal care and told staff it had been like that for a while. During our inspection a district nurse and GP attended the person and a plan of care was put into place to treat the infection.

These issues were a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

The GP also told us, "There has not been any negative feedback from relatives, people seem to like it here and they stay. I get a list faxed to me in the mornings before I attend and a regular member of staff goes with me when I see people."

People's experience of mealtimes varied depending on which unit they lived on. We observed how people were supported by staff at lunchtime on the two floors at the home. On the ground floor we saw that most people were able eat their meals independently and required little support from staff. The atmosphere was relaxed and unhurried, people chatted together at their tables and laughed and joked with staff. They were offered a choice of meals and drinks and staff explained to people what was on offer for dessert.

However we saw that people who were living with dementia had a poor lunch time experience. There were not enough staff available to support people to eat and the lunch time period was task-based, rushed and focused on getting people fed as quickly as possible. Some people needed help to eat, however this was not provided in a timely way as staff were busy doing other tasks. One person struggled to eat the last bits of their meal. At this point that staff offered them a plate guard to help them finish their meal. Another person was observed eating their dessert with their fingers and it was running down their chin. Staff did not notice this person was struggling to eat without support. After about ten minutes a member of staff sat down with them to help them eat. A third person had finished the main course and was asked if they wanted dessert and replied that they "didn't know". Before they could fully reply the member of staff had walked away.

Staff offered those that were able to choose a choice of drinks and meals, however for those that were not able to say they were just given a drink and food was placed in front of them without explanation or advising them that the food may be hot. For example one person had a dessert placed in front of them that was hot; they were not told by staff to be careful. Another person had started to gag as they were eating a tissue, a member of staff noticed this and pulled the tissue from the person's mouth however this could have been avoided if meal times were more organised.

We observed that only one member of staff sat down to assist one person to eat as others were busy tidying up, clearing plates, washing up and emptying bins. Eight people had their food and fluid intake monitored. Staff did not record what these people ate or drank directly after they had finished their meals. Staff did not record what people had eaten and had cleared plates and drinks away. They said they would remember and then record it afterwards. Asked how they remembered everything they said, they could. Staff told us that this was the usual mealtime experience for people and as a result it was, "manic" as they were "busy doing everything." One member of staff said that meal times were "Stressful."

Following the inspection the registered manager told us they had introduced protected mealtimes and extra temporary staff to support people at meal times. They were considering how the home could improve people's meal time experiences. We were not able to assess the impact of these actions at the time of our inspection. We will review this again at our next inspection of the home.

Comments from people about the food provided at the home included, "I get plenty and its varied.", "I get enough and I choose what I want.", "Sometimes I like it sometimes I don't, if I do not like something they give me an alternative." Comments from relatives included, "They cater for my loved ones needs.", "My loved one has their meal very prompt and what I have seen is very good.", "My loved one gets plenty to eat and has seconds," And, "My loved one enjoys the food, they have a big selection of food, tea and biscuits and cake 24 hours a day."

People's care plans included assessments of their dietary needs and preferences. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We spoke with the chef and they showed us documents which alerted kitchen staff to people's dietary risks, personal preferences and cultural and medical needs. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating from the Food Standards Agency.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They told us they were shadowed by experienced staff as part of their induction. The registered manager told us that new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We looked at staff training records which confirmed that staff had completed an induction when they started work. This included training the provider considered mandatory and training relevant to the needs of people using the service. Training the provider considered mandatory included infection control, safeguarding adults, first aid, fire safety, health and safety, moving and handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), dementia awareness and end of life care. Staff also received training relevant to the needs of people using the service for example diabetes awareness, skin integrity and nutrition and hydration.

However we found that improvement was required in this area as the training delivered to staff was not always effective. For example three staff we spoke with were aware of the importance of seeking consent from people when offering them support. One told us, "I would not do something for someone unless it was okay with them. I wouldn't force anyone to do anything if they didn't want to." However another member of

staff told us about two people who sometimes were resistant to having personal care. They said if they noticed that one of them was wet would they would change them, "Against their will." Another member of staff was not aware of the other agencies they could contact outside of the home to report concerns if they were worried about care people received.

Staff told us they received regular supervision. One member of staff said they felt they were well supported and had supervisions, team work was good and that the staff were "really good". Records seen confirmed that staff were receiving regular supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and provider demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed when required for specific decisions and retained in people's care files. Where the registered manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person said, "The staff are very kind and understanding. They get to know you, and what you like." A relative said, "You don't have to ask me about whether my loved one gets good care, just look around you. It is like this 24/7 and my loved one always smiles when I visit. Staff are very caring and kind and that's all there is to it". Another relative told us, "My loved one has been here for some time and I have never seen staff get impatient or be rude to any of the residents. The staff speak quietly and try and encourage my loved one to do things." Despite these positive comments improvement was required in this area.

We saw several examples where staff were kind and caring. Staff clearly knew people well and were able to describe their behaviours and characters to us; however they told us they did not get time to spend with people due to other work they were doing. One member of staff said, "We don't get time to spend with people because we have to do all the paperwork. If we stop doing that we can't catch up." Another member of staff told us, "I can spend some time after lunch chatting with people but I constantly need to be watching others to make sure they are safe."

Opportunities to engage with people living with dementia were limited and where they were available staff sometimes missed them. For example during the morning in the communal area on the first floor dementia a member of staff sat next to a person but did not speak or interact with them. Another person was supported to a chair by a member of staff who did not tell them what they were doing or talk to them but just directed them to sit down. Another member of staff walked into the communal area but did not interact at all with people but walked around the room. They eventually spoke briefly to one person but stood over them rather than get down to their level. The same person was given a cup of tea; again staff did not speak to the person or tell them what they were giving them. Another member of staff was sitting in the living room completing paperwork but again did not interact with people at all. Later an assistant manager walked in and offered to take people to see a film and when one person said that they had a pain in her back the assistant manager asked if they wanted some pain relief. Another person wanted a drink and crisps and the assistant manager listened to them and made sure this was provided.

Some people and their relatives told us they had been consulted about their care and support needs. One person said, "I talk with the staff about what I do and don't like." A relative told us, "We had a long chat with staff when our loved one first arrived. We talked about their likes and dislikes and their preferences." We saw at a glance sheets were available on each person's care file. These gave staff important information about people including their life history and their likes and dislikes.

People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with their personal care needs. One person told us, "The staff respects my privacy and they are very kind." A relative said if a member of staff was in my loved ones room and my loved one wanted to go to the toilet, the member of staff would wait outside and check on them if they were taking too long to see if they were okay. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they

could. They said, "When I support someone with personal care I explain to them what I am doing. I cover them up to maintain their dignity and I make sure no one comes into their room."

People received appropriate end of life care and support. The registered manager told us that none of the people currently required any support with end of life care. A nurse from a local hospice told us they had supported staff with training on end of life care. Earlier this year the registered manager asked them for advice when a resident was nearing the end of their life. Staff followed the advice the nurse gave to them and the family were happy with the care that was provided. They also told us that representatives from the home attended Hospice Link meetings that provided education opportunities for staff and managers to keep them up to date with aspects of end of life care.

People and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home.

Is the service responsive?

Our findings

People and their relatives told us they liked the home and that staff were responsive to their needs. They knew about the complaints procedure and said the registered manager would deal with any concerns if they had any. However we found that the service was not always responsive.

We saw that people's care plans were reviewed regularly; however some people's care records did not accurately reflect their current needs and the support they required from staff. For example one person had a catheter but there was no care plan for staff to follow in supporting them with this care need. Another person's care plan recorded they were continent. However under 'support required' it was recorded that the person was doubly incontinent. Each person's care folder held an 'at a glance' sheet that included a summary of their care needs. One person's at a glance sheet recorded that they did not eat pork, however we saw them eating pork sausages at lunch time. An assistant manager showed information in the person's care file confirming they were now happy to eat this and confirmed that the at a glance sheet had not been updated to reflect this change. The same person's care folder held out of date information about a family member. This meant that some people might be at risk from inappropriate care and support because their care records did not always reflect their needs and the support they required from staff.

People were provided with a range of activities but these did not always take place when the home's activities coordinators were off work. One person told us, "I do a lot of activities and it keeps my mind active. We have a knitting group and I do the knitting and another lady does the crochet." Activities at the home included movie matinees, board games, arts and crafts, gardening, coffee mornings, reminiscence quizzes, religious services, hand massages and a knitting group. Entertainers also visited the home and in October 2017 some people went out for a pub lunch, some people went to greyhound dog race and a Halloween party was arranged.

However during the inspection we observed there were limited activities taking place across the home. There was a game of skittles being played on one unit but not many people were involved and this did not last long. People living with dementia resided on the units on the top floor of the home. There were rooms at the end of the corridors that people walked to and from, however these were sparsely furnished. One had a dolls cot, pram and high chair and in the cot there were dolls for people to pick up. One doll had one arm and one leg and there was a wet floor sign placed in the pram. There were memory boxes outside people's rooms that included their names and pictures however there was little else to orientate people. An assistant manager on the unit asked if people wanted to see a film but people did not go.

The registered manager told us that there were two activities coordinators employed at the home; however both of them were not at work over the two days of the inspection. They told us that care staff were tasked to support people with activities in the activities coordinators' absence. However staff we spoke with told us they did not always have the time to carry out this task as they needed to support people with their care needs. One member of staff said, "Normally the activities are quite good and people have things to do but I think they could improve activities for people on the units upstairs."

These issues are a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities)

During the inspection an assistant manager put a care plan and monitoring records in place for the person who required support to manage their catheter care. They also updated the other persons at a glance sheet to reflect their dietary requirements and information about the family member.

Care and health assessments were undertaken to identify people's support needs when they moved into the home. Information contained in the care files indicated that people, their relatives and appropriate healthcare professionals had been involved in the care planning process. We saw that care plans and risk assessments were developed using the assessment information. Care plans included information and guidance for staff on how people's needs should be met. They described the support people required from staff with their care and support needs. The care files also included the person's life history, personal preferences, and capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated records.

The registered manager told us there was a religious service at the home every Sundays. Some people regularly attended a local church by themselves. Representatives from different religions visited the home to support people with their religious needs. The registered manager told us that some people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service user's guide and the complaints procedure. This was confirmed with the people we spoke with. We saw that where one person's first language was not English staff used cards with pictures and words in the person's language to communicate their needs and wishes. We also saw that the chef supported a person from a particular cultural background to eat food in keeping with their culture. They showed this person had their own set of condiments to complement their meals.

People and their relatives said they knew about the home's complaints procedure and they would tell staff or the registered manager if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated if necessary. We saw copies of the complaints procedure displayed throughout the home. We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and staff. One person told us, "I can access the manager anytime I want to." A relative said, "The registered manager and deputy manager are excellent and great examples, they were carers themselves and so know what is required. The staff all seem to work together as a team and support each other. The domestic staff work very hard, staff are very thoughtful, residents are thought of first." Another relative commented, "They are very on the ball here, they keep relatives informed with what is going on, marvellous people. The registered manager has an open door policy and is very approachable." However despite this positive feedback we found that some aspects of the management of the service required improvement.

The providers systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not always effective. The registered manager carried out audits on 10% of peoples care files on a monthly basis. These audits in some cases had identified shortfalls in recording and action plans confirmed that the shortfalls had been addressed. We saw that the provider had carried out a mock inspection at the home in September 2017. A report was produced and a number of recommendations were made. The registered manager confirmed that the recommendations had been addressed for example some people's care plans had been made more personalised and risk assessments were put in place for people on specialised diets. We also saw a report from an unannounced early morning spot check carried out by the registered manager who told us they carried out these checks to make sure people were receiving appropriate care and support. During the spot check the registered manager checked two care plans on each unit and prompted staff to make sure they updated records throughout their shift.

We saw the minutes from carers meetings held at the home in July, August and September 2017. These meetings were well attended by staff from all of the units at the home. During the August meeting the registered manager reiterated the importance of checking monthly reviews and expressed the importance of carrying out a full review should any changes in people's needs take place. Topics discussed at the September meeting included key working and meal times. Under key working an assistant manager had asked staff to ensure that when reviews had been completed that they informed them so that they could sign them off. Under meal times it was recorded that staff should sit with residents and not rush them.

Despite the audits and management instructions we found that some people's care records did not reflect their current needs and staff were not observed sitting with people during meal times.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw other audits that had been effective for example medicines, health and safety maintenance, complaints, incidents and accidents and infection control audits were carried out on a regular basis and action plans confirmed that the shortfalls had been addressed. For example actions taken following a medicines audit included carrying out controlled drugs audits on a weekly basis instead of monthly and removing a medicine from a person's bedroom because it wasn't stored securely. An assistant manager

confirmed that incidents and accidents were discussed with staff. For example when a person had a fall on their unit they held a group supervision session with staff to discuss the incident in order to reduce the likelihood of these types of incidents occurring again.

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

There were mixed views from staff about the management of the home. Some staff said they were well supported by the registered manager and their line managers, however other staff told us they rarely saw the registered manager on the upstairs units. Staff felt nothing changed when they raised concerns with the management of the home. One member of staff said that staffing arrangements were disorganised and communication was not always good. Another member of staff said that getting permanent night staff was an issue and they didn't feel confident in their line manager. Sometimes they had to wait to get things that were needed such as pads and gloves.

People and relatives told us there were regular resident's and relative's meetings. One person said, "We have a residents meeting once a month and we put forward our points of view and it gets sorted." Another person said, "They listen to you and if there are any problems they take you seriously." Minutes from the last residents meeting indicated the meeting was well attended by people using the service and issues discussed included staffing, food, domestic and laundry services, activities and putting together a residents committee. The minutes included actions taken as a result of people's comments. For example one person said the Sunday buffet was too early. Managers were to be supervised regarding buffet times and the registered manager carried out a spot check during a meal time on the following Sunday. A relative told us "we have relatives meetings and the managers tell us what has been going on and we can make suggestions."

The provider took account of the views of people and their relatives through surveys. The registered manager told us they had recently introduced a food satisfaction survey which was not yet completed. We saw one completed questionnaire. This rated the food as good overall with a suggestion of 'More menu choice'. The home used an external survey provider to measure the quality of the service. The survey gathered the views of people using the service, family and friends and rated the home against standard criteria. Ratings were given in the areas of; staff and care, home comforts, choice and having a say, quality of life. We were told that the 2017 survey was currently in progress, the results of which were as yet unknown. The registered manager said that once the surveys were completed the feedback would be evaluated and actions would be taken to make improvements at the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not always receiving care and support that met their current needs or reflected their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found that appropriate action had not always been taken to support people where risks to them had been identified. Risk assessments were not always reviewed when people's needs changed. Advice provided from health professionals was not always followed by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems for assessing, monitoring and improving the quality and safety of the services that people were receiving were not effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed throughout the home in order to meet the care and support needs of people using the service.

