Imperial Care UK Ltd

Holly Lodge Residential Home

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?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We carried out this inspection on the 12 November 2015, it was unannounced.

Holly Lodge is a care home providing accommodation and support for up to 22 older people who are living with dementia. It is over three floors and there is a stair lift available to access the first and third floor. At the time of the inspection 19 people lived at the service. The third floor was not being used.

There was 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.

Summary of findings

Medicines were not being administered in line with the NICE (The National institute for clinical excellence) 'Managing medicines in care homes' guidelines.

People were given individual support to take part in their preferred activities. However, there were no planned trips out of the home into the community. There were some activities taking place, however there was no schedule of activities so people could see what was going to take place. We have made a recommendation about this.

There were audit systems in place to make sure the staff provided a quality service and keep people safe. However issues raised by these audits were not always followed up.

People were provided with meals that met their needs and preferences. Menus however did not offered a good variety and choice. People said they liked the home cooked food. Staff made sure that people had plenty of drinks offered through the day. We observed lunch being served and people seemed happy; although staff did not remind people what the meal was that they had chosen. Staff gave appropriate support to people who needed assistance to eat their meal. We have made a recommendation about this.

People demonstrated that they were comfortable at the service by smiling at the staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for care. Staff communicated well with people, and supported them when they needed it.

There were systems in place to obtain people's views about the service. These included one to one meetings with people and their families and an annual survey.

The providers investigated and responded to people's complaints. People or their family knew how to raise any concerns and were confident that the manager would deal with them appropriately. People and relatives told us they had no concerns.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications were being completed in relation to DoLS, the providers understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in planning their care, and staff supported them in making arrangements to meet their health needs. The providers and staff had contacted other health professionals for support and advice.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one supervision which currently is only twice a year. They also had an annual appraisal. We made a recommendation about this

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant changes to reduce further harm.

You can see what we have asked the provider to do with regards to any breaches in regulation at the end of this report.

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

Medicine procedures being followed to make sure people received their medicines as required and prescribed did not follow the NICE guidelines.

People and /or their families told us that they felt their relatives were safe living in the home, and that staff cared for them well.

Staff were recruited safely. There were enough staff deployed to provide the support people needed.

Staff had received training and knew how to recognise the signs of abuse. They were aware of their responsibilities in regards to reporting any suspicions.

Is the service effective?

Requires improvement

The service was not always effective.

The menus did not offer enough variety and choice, but they did provided people with a well-balanced diet.

People's families said that staff had shown that they knew their relatives individual needs well and staff appeared trained to meet those needs.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People were supported to take part in activities however these were not planned in advance and no trips out were arranged.

People and their relatives were involved in reviewing their care plan. Changes needed in care and treatment were communicated and discussed.

Summary of findings

People and families were given information on how to make a complaint and the provider took appropriate action to resolve complaints with in the agreed timescales.

Is the service well-led?

Requires improvement 

The service was not always well-led.

Quality assurance processes were not effective in making sure people received a service which maintained their health and wellbeing.

The home had an open and approachable registered manager and provider.

People and their families views were sought to monitor and improve the service being offered.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Holly Lodge Residential Home

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 12 November 2015, it was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service. On this occasion the expert by experience had first-hand experience of caring for a person with dementia and was a dementia Friend. A dementia friend is a volunteer who encourages others to make a positive difference to people living with dementia in their community.

We spoke with 15 people and eight relatives, three of which were over the phone. We also spoke with one health and social care professional visiting the home. We looked at personal care records and support plans for six people. We looked at the medicine records; activity records; and six staff recruitment records. We spoke with the providers, the registered manager, five members of care staff, one domestic staff member and observed staff carrying out their duties, such as giving people support at lunchtime.

Not everyone was able to verbally share with us their experiences of life at the service. This was because they were living with dementia. We therefore spent time observing people and how care was delivered, and people's body language this helped us understand the experience of people who could not talk with us.

Before the inspection we examined notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

At the previous inspection on 12 October 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Requires improvement

Is the service safe?

Our findings

People who were able to respond to the question do you feel safe, confirmed they did. One person said, "It is all safe, yes". Another person said, "Yes, I do feel safe". Another person said that they "Did not feel safe because she was not wanted". They added, after some thought and talking, "I've got to be fair; no one has tried to hurt me". Another person commented, "I do feel quite safe".

Relatives felt that their family members were safe in the home. Relatives commented, "My family member is very safe"; "She is safe, and they deal with anything very quickly"; "We have no concerns about safety or anything" and "We know he is safe and in good hands there".

The staff at the home had not managed medicines in the care home safely and this left people at risk of possible harm. Staff told us that there was no one taking any controlled medicines at the service however when we looked in the controlled medicines cupboard we saw that one person had been prescribed controlled medicines. Controlled medicines are medicines that have been classed as controlled drugs (CD's) under the Misuse of Drugs Act 1987. These had not been appropriately recorded in the controlled drugs register. The number of tablets stated on the box did not match with the number of tablets found in the box and written in the controlled drugs register. There were no signatures on the register to confirm the drugs received. We found some medicines which were not controlled stored in the controlled drugs cupboard.

We observed the medicine round, which was conducted by two members of staff. The senior on shift was assisted by another carer. The senior dispensed the medicines into a medicine pot and then gave them to the other carer to take to the person and administer. The carer then returned to the senior carer, informed them that the person had taken the medicine and the senior carer signed the medicine administration record (MAR) chart. The medicines were dispensed from the lounge and one person who needed their medicine was in their bedroom. The carer had to take the medicine to the person's room and then return to the lounge to let the senior carer know that the person had taken it. This was not in line with the NICE guidelines.

One person said that they were in pain so the senior carer said that they would give the person some paracetamol as PRN (as required). There were no individual PRN protocols in place for people who had medicines which were prescribed to be taken 'when required'. This meant that there was no guidance for staff to know when they should give the person the medicine, the frequency it should be given and any possible side effects of the medicine. The pharmacy had supplied the home with guidance about what information should be in each PRN protocol. There was a bottle of liquid iron supplement which had not been dated when it was opened. There were not always photographs on the front sheet of MAR sheets in the MAR sheet folder.

The medicines policy and procedure was not fit for purpose. It related to doctors and nurses having to sign for medications and would be more suitable for a hospital or nursing home setting. It was not about the service being provided in the home. Therefore staff were not provided with suitable and sufficient guidance to enable them to carry out their roles safely.

The examples above showed the provider was not managing people's medicines safely. This was a breach of Regulation 12 (2)(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had undergone a medication review with their GP in March 2015, this was recorded in their care file. Staff had discussed with the GP that the person sometimes refused medication and the GP had advised that staff should accept the person's choice, record it on the MAR chart and not force them to take the medicines. The person's care plan reflected the GP guidance and regular reviews of the care plan showed that the person went through periods of refusing medicines.

Medicine fridge temperatures were recorded daily and temperatures were always between the recommended minimum and maximum temperatures. Staff had received training before they were able administer medicines. The registered manager said that the staff member's competency had also been checked. This was confirmed by the staff spoken to.

There appeared to be suitable numbers of staff to care for people safely and meet their needs. We saw the staff duty rotas which showed how staff were allocated to each shift. The rotas demonstrated there were enough staff on shift during the 24 hour period. The provider said "If a person telephones in sick, the person in charge would ring around the other carers to find cover". We saw evidence on the rota

Requires improvement

Is the service safe?

where this had occurred. This showed that arrangements were in place to ensure enough staff were made available at short notice. The provider told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. We observed that it was not difficult to find staff to assist people and people in the lounge were not left alone for more than a few minutes. However we saw that at weekends care staff undertook the cleaning and cooking. One visitor commented about staff numbers, saying, "Nine times out of ten, there are enough, but it can be a struggle for them at weekends. I do feel that they could do with an extra pair of hands then". The provider told us that they had tried to find domestic staff and there were adverts locally but they had not had any response. When we asked what tool they used to make sure that there were sufficient staff, the provider and registered manager did not have one to show us.

We recommend that the provider seeks advice and guidance from a reputable source, about deploying adequate staffing to meet people's assessed needs.

The provider operated safe recruitment procedures. Staff recruitment records clearly showed that all the necessary checks had been carried out. Staff told us they did not start work until the required checks had been returned and were satisfactory. These checks included proof of identity, satisfactory written references and a Disclosure and Barring Service (DBS) criminal record check. These processes made sure recruitment was safe and prevented unsuitable candidates from working with people living at the home.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion that abuse had taken place. Staff told us about the different signs they may see if a person was being abused. All staff at the home received safeguarding and whistleblowing training and regular refresher training. Staff were confident they could raise any concerns with the manager or outside agencies if this was needed. When staff were given a scenario regarding another staff member being abusive to a person they were caring for, all were very clear about the action they would take to keep that person safe. People could be confident that staff had the knowledge to recognise and report any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. We found that risk assessments had been reviewed in a timely way. These included risks associated to mobility, falls, challenging behaviour and skin integrity.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to try to prevent future incidents. For example, purchase of a pressure mat, to alert staff when a person gets out of bed to prevent them falls.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the stair lift to make sure people were protected from harm. Internal equipment checks and servicing were regularly carried out to ensure the equipment was safe. Risk assessments for the building were carried out and for each separate room to check the home was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained under contract every six months. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

The provider had an on-going program of maintenance of the premises which this included redecoration. There was a record of the day to day maintenance and weekly checks that needed attention. These included replacing light bulbs, checking call and fire alarm systems are working correctly. The grounds consisted of a small patio area and a walk way to the end of the premises. The area was fenced and was secure. Normally this area is well maintained with flower baskets and tubs bringing colour to the area, making it pleasant and safe for people to use.

Requires improvement

Is the service effective?

Our findings

People themselves were not really able to comment on staff effectiveness, however when they spoke about staff they told us "They are lovely people here".

Relatives told us "The carers are patient" with their family member and added "They are all brilliant with him there". "They have a good understanding of his condition. They know when he is very stroppy that it's best to leave him be. They go back and just try again, which is good" "There is good understanding here by these people (the staff)". This relative explained how well the staff had managed her family member, who had not been allowing anyone to help them at home. They told us, "She hadn't washed for so long, but here, she has had a shower, her hair has been washed, her nails done, it's wonderful what they've done with her".

The menu showed there was little choice at lunch time, on the day of our visit, it was a choice between roast pork or roast chicken. When the food was presented to each person staff did not tell them what they were being given and did not check if they were happy. Some people were able to provide feedback about the food; they couldn't recall that they were given a choice. People said, "The food is good. I just get the food"; "The food is passable. There's no choice, you either eat it or go without".; "You get a kind of choice but not always" ; "It is easy to criticise, but the food is okay, they just put it in front of us, but I'm not a fussy eater". People told us that there was sufficient food. One person said, "Sometimes I get too much". Another person said "There's enough to eat" and, "There is plenty of food and plenty of drink as well"'. We saw that following an inspection by the Food Standards Agency they received a 5 star award for food hygiene.

People who remained in bed had a drink by their beds. Staff told us that one person could easily reach their drink, however other people needed staff assistance to safely drink, so staff offered them a drink each time they checked on them which we saw was at least hourly. One person at the home had a visual impairment. We observed that staff did not tell them where the food was positioned on the plate. The person found it hard to keep the food on the plate, we saw that this person had not been offered a plate guard which would have improved their ability to eat independently and enable them to enjoy their meals.

We recommend that the provider reviews arrangements for meals and the choices provided.

Staff told us that they had received induction training, which provided them with the knowledge to provide peoples care safely. The manager explained that new staff would shadow experienced staff, and not work on their own until they have been assessed as competent to do so. The home would also support staff to complete the new care certificate recommended by skills for care. This course once completed satisfactorily would provide evidence toward their next vocational award. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as moving and handling and health and safety. Staff were trained to meet people's specialist needs such as dementia, challenging behaviour and diabetes. Dementia training for example helped staff to know how to support people living with dementia.

Staff were supported through individual one to one supervision meetings and yearly appraisals. The provider undertook the supervision of the registered manager supporting them to access any necessary training and courses to further their skills and knowledge. The registered manager set up supervision meetings for the staff twice a year which is under the 6-8 weeks recommended by the skills for care council. However, the registered manager worked closely with the staff and informal supervision took place often. All staff had an annual appraisal planned. This was to provide opportunities for staff to discuss not only their performance, but also plan ongoing development and training needs, which the registered manager was monitoring.

We recommend that the provider follows good practice guidance on staff supervision.

The premises had been not been fully adapted to meet the needs of people living with dementia. For example the use of colour had not been used to make toilets easier for people with dementia to identify. The provider explained

Is the service effective?

that this would be taken in to consideration as they redecorate. They were doing this in association with recognised guidance on the use of colour to increase people's independence with dementia.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had followed the process for making DoLS applications, in light of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use this in practice. People's consent to all aspects of their care and treatment was discussed with them, their families or legal representative as appropriate.

People were happy with the healthcare they received. A relative said, "They get a doctor, they take him to hospital". Another relative told us that 'They had a doctor into her [their family member] a couple of weeks ago, they are very on the ball about her health". A third relative was also happy, "When he is unwell, they get in touch quickly. He has got chest problems and they get worse". They added, "When they do phone the doctor, he doesn't always come in, but that's not the home's fault. This time, when he came, his oxygen levels were low and he got him into the hospital straight away. So they were right to call him".

The registered manager had procedures in place to monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. Relatives told us that their family member's health and well-being had been discussed with them, that they had been kept informed of any changes in their condition. A visiting district nurse was positive about the home saying, "It's a really good care home. They are always really responsive when we come in and any advice is taken on board. They are very good at calling for advice if they are worried about someone. The staff are very caring".

The district nurse also said the only time they had to raise concerns is when they identified deterioration in pressure ulcers. The district nurse explained that once they had advised the registered manager about the concerns, a meeting took place and plans were immediately put in place to reduce the risk to people. The district nurse commented that "Staff at the home have now all received training in pressure care. Any issues are sorted out straight away. They are a really lovely home".

Some people could occasionally become agitated or verbally and physically aggressive. Staff knew how to calm these situations and how to distract people. Staff told us that knowing the persons background and family names was useful if a person became anxious. Staff used this information to change the subject to help calm the person. People's care plans detailed clear instructions for staff on what to do if the individual became angry or very anxious. These instructions were reviewed regularly and updated as necessary as more effective ways were found to calm that person.

Good

Is the service caring?

Our findings

Most people were unable to tell us about the care they received. One person said "It's very confusing, sometimes they are persuasive and sometimes that are bossy, sometimes they help me and sometimes they don't". Oher people gave us positive comments, "They look after you well"; "They are all great here"; "The manager is all right, too" One person told us, "They make a fuss of me, they are all right".

All of the relatives said that they could visit the home with no restrictions. All said that they felt welcome. One relative told us, "I don't say, I just come in". Another relative said, "They make you tea as well". Another relative said, "I turn up at all sorts of times and they are brilliant". Other comments included, "It has a nice, homely feel whenever we come"; "We come in frequently and feel very welcome" and "We are all welcome. In fact we are all friends now".

Relatives were happy with their family member's care. Comments included, "They are all very helpful, happy and nice people. It is wonderful. The staff are charming, and make a fuss of her"; We have no qualms about his care at all. They are lovely staff here"; "The whole family are happy with the care here"; "Everyone is so kind to him, they have become his family now and his face just lights up when he sees them". One relative described how pleased they were that their family member's appearance was well maintained, "He is always clean and tidy. His hair is cut, moustache trimmed, nails trimmed". We observed that people were wearing clean clothes, their hair had been combed, and they looked cared for.

Observations were very caring. For example the provider spent a long time with a person in the lounge, sharing a word search book with them and trying to help the person look for words. We also observed staff supporting people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed within reach.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted with about their family member's likes and dislikes, and personal routines. Staff encouraged people to make choices throughout the day. Such as, what time they got up, whether they wanted to stay in their rooms. Changes in care and treatment were discussed with people or their representative before they were put in place. People and their families were included in the regular assessments and reviews of their individual needs. People felt they could ask any staff for help if they needed it. People were supported as required but encouraged to be as independent as possible. In this way people were receiving the care that met their needs and preferences.

One person who had just returned from hospital was very unsettled, the staff contacted their relatives and asked if one of them could visit to settle him back in to the home. Two relatives arrived quite quickly to help with this; they were very pleased to have been contacted, seeing it as an example of how well the staff communicated and how much they cared, that their family member be settled and content.

People's spiritual needs were met. Staff told us that "Someone comes in from St Stephens, every two to three months". Staff said "We do ask people if they would like to have more visits from the church but the people we have here at the moment do not seem very interested. The local school comes in and sing carols at Christmas everyone seems to like that".

Requires improvement

Is the service responsive?

Our findings

Relatives told us that they were happy to the way the home kept them informed at all times when there were issues concerning their relative. One of the relatives explained that staff were concerned for their relative when they started wanting to stay in his room. They told us "It is his choice not to have a television in the room and it was his choice about 18 months ago to stay in bed, the staff discussed this with us. He is happy so we are too". They also explained that the staff now contacted them about everything rather than her elderly frail mother. As a family, they had decided on this change and were pleased that the staff continued to honour it.

People told us "I can get up when I want to, I like being up early, but some days I like to stay in my room and that is fine to" Another person told us "When I press my buzzer the staff do come quickly". Staff responded to changes in people's health and care needs to ensure people's health and wellbeing. One person's relatives were able to talk about the staff responsiveness to an incident that had affected their family member: They told us "Another resident got into their room: they dealt with it quickly and well, they arranged an alternative room and are spending more time one to one with them. They contacted us straight away and we went in". Other relatives commented "They phone us straight away if there is a problem' and "They always come to talk to us".

There were some activities observed during our visit. The lounge had a television on quietly at one end of the room, and Christmas music playing at the other end which the people seemed to enjoy. People were asked about the activities that are provided in the home. One person had been given a word search book. Another person said, "We have the wireless on"'. Another person said, "You get a bit lazy sitting around all the time. It's not very exciting" and ""There isn't anything to do but I don't want anything". However we also noted when some people were asked about activities they did not remember taking part in an activity earlier that day. A relative, said, "They don't do outings at all here: we were told that from the beginning. They do not do many activities here, but most of them will not want to do any or could not". One person said that they had not been out at all. However we did see that activities had been recorded, these included one to one activities as well as group activities such as bingo and carpet skittles.

We recommend that the provider's seek advice on activities and outings suitable for people with dementia and that these are advertised with in the home.

Several of the relatives were very pleased with the new rooms in the extension. One was especially happy that "This lovely room was brand new for him and it was chosen, right at the end of the corridor, to give him the exercise".

People who were cared for in bed did not tend to have call bells within reach; however staff and records confirmed that they would be unable to use them to call for assistance. That is why staff visit the people who were in their bedrooms on at least on an hourly basis. These visits were seen recorded in the care and support file.

People said that they had no complaints. People and their families were given information on how to make a complaint when they were admitted to the home and this was seen on the notice board. People and their family were given the opportunity to raise any concerns they may have at reviews or when visiting the home. All visitors said they would be confident about raising any concerns. One person's relative said they, "Have never needed to make a formal complaint but I would talk to the manager or the owner, they would sort it out I am sure, but I have nothing to complain about". The registered manager told us that they had been regularly speaking to families and updating them. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Families told us they knew how to raise any concerns and were confident that the providers would deal with them appropriately within a set timescale. In the complaints file we saw where a complaint had been recorded. This had then been investigated and followed up in writing with in the time scales.

The registered manager carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these discussions. This was an important part of encouraging people to maintain their independence. People's needs were risk assessed by the registered manager and care and treatment was planned and recorded in people's individual

Requires improvement

Is the service responsive?

care plan. The plan was then reviewed during the trial period of four to six weeks and necessary changes made to make sure the person received all the care and support that was needed.

We spoke to a visiting district nurse, they told us about six months ago the home accepted an emergency admission; it resulted in the home taking a person who the hospital placed inappropriately. However they were "Outstanding" with them and managed them brilliantly until they could be moved to a more suitable placement. The provider put one to one staffing in place and got advice from all the relevant healthcare professionals. This meant the person was well cared for and they did not impact on the people living in the home.

Person centred care plans had been introduced for staff to follow to meet peoples individual care needs and preferences. People's needs were recognised and addressed by staff and the levels of support were adjusted to suit individual requirements. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. The staff recorded the care and support given to each person. Each person and/or families were involved in regular reviews of their care plan, which included updating their assessments as needed. Staff were able to describe the differing levels of support and care provided to people and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We observed that people could ask any staff for help if they needed it. Staff understood the needs and preferences of the people they cared for.

There were no restrictions on visiting. Relatives commented, "I always feel welcome, staff always know where I can find mum", "Things were a bit stressed for a while but staff are always very welcoming" and "I like visiting here staff are always so kind".

Requires improvement

Is the service well-led?

Our findings

One relative called the home "Well managed". The Providers were very much in evidence throughout the inspection, sometimes talking with people and helping them as well. Relatives who came into the home clearly knew who they were and showed that they were used to being greeted by them. Relatives said that communication was very good. One relative said, "If we raise queries when the manager is not there we always get a call the next day". There was a long term registered manager in post. We observed staff interacting well with people, each other and the registered manager. The environment was busy but calm and staff knew people's needs well and asked other staff members for help and support when needed. The registered manager, providers, and the staff were well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. There was clear leadership demonstrated within the home and staff were clear about their roles and responsibilities.

The registered manager told us people were asked for their views about the home in a variety of ways. These included care reviews and informal meetings; events where family and friends were invited; and through annual surveys sent to relatives. However none of the relatives spoken with seemed to have been involved in any feedback questionnaires. Relatives did not feel that this was a cause for concern , as they noted that staff and management spoke with them when they visited the home. The registered manager told us that they would be sending out surveys in January 2016. We did view surveys at our inspection in 2014.

Daily walkabouts were completed by the registered manager of the home. The walkabout includes checking the general condition and cleanliness within the home. Infection control, whether fire doors were propped open or if there were any odour problems were also checked by the registered manager on week days. They also checked water temperatures had been undertaken; menus, nutrition sheets had been completed, and checked the staffing rota. Weekly checks were also carried out including fire alarm checks, maintenance books checks and reviewing care plans. Monthly management checks include weight monitoring, medication reviews and staff records. Any issues were recorded and signed off when the actions were completed. However, we found that cleaning schedules were not always completed by staff to confirm the areas that had been cleaned daily at the weekends. These were not consistently completed. For example, the last week in October and first week in November 2015 evidenced that not all duties had been signed off. Some weeks showed the weekday daily tasks had not all been signed off. No cleaning at the weekend had been signed off by staff, even though we were told care staff had undertaken this cleaning. This called in to question the robustness of the checks being undertaken regarding infection control. The registered manager said that when the care staff undertook some of the cleaning tasks they did not always sign the schedule; but that she had seen that the areas had been cleaned.

A pharmacy carried out a medicines audit in June 2015. The audit records showed some concerns were identified including bottles of medicines and tubes of cream were not always dated when they were opened. It also picked up that there were no 'As and when required medicines' (PRN) guidance in the medication record sheet file. Two of medicines picked up in this audit report were also picked up during our checks of medicines. This shows that the auditing systems were not consistently robust.

Health and safety monthly checklists were completed and shortfalls were identified. There was no evidence to show what actions were put in place when shortfalls were identified.

The examples above showed the provider did not have systems in place to assess, monitor and improve the quality and safety of the service being provided. Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**.**

Policies and procedures had been recently brought for the home, so that staff would have up to date information about all aspects of the home. However these needed to be reviewed and changed to meet the practices carried out within this home. Although they had started this process, there were some areas such as medicines where it referred to nurses administering medicines, however this was not a nursing home and nurses were not employed to work at this home.

We recommend that the provider reviews their policy and procedures so they are relevant to the service they provide.

Requires improvement

Is the service well-led?

Accident and incident reports were completed following any accidents or incidents that occurred within the home. These were sent to CQC and the health and safety executive when significant and they met the criteria.

Care plan audits were carried out which covered whether regular reviews were being carried out, whether other healthcare professionals have been involved and if the care plan was up to date. The audits showed that there were no issues with care plans. Risk assessments were completed following accidents that occurred within the home. Falls were recorded and it was clearly documented any action taken to ensure that the person was not injured, did not require any medical intervention and was safeguarded to ensure it didn't happen again.

We were present at a staff handover which took place between all care staff shifts. This provided the opportunity for daily updates about people's care needs. Staff were positive about this and felt able to discuss areas of concern and make suggestions. Staff told us it was important to them to work as a team. This was evident in the way the staff related to each other and to people they cared for.

Staff said that they felt supported by the registered manager and we observed staff approaching the registered manager throughout the day. Staff felt that they could approach both the registered manager and provider at any time and this would not be a problem. We observed staff speaking to the registered manager throughout the day, asking questions and giving them information. Staff meetings were held regularly and minutes showed that staff were encouraged to discuss any concerns that they had and were given updates to changes in the home. The staff meeting held on 6 August 2015 covered energy saving, shift swapping and reminding staff to check the identity of visitors and care professionals. Previous meetings had covered updates to legislation, fire safety within the home and complaints. This showed staff were being kept up with information that concerned their practice and the smooth running of the home.

Staff were aware of the vision and values of the home. The staff demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and aiming to improve the service they provided. From our observations and what people told us, staff understood the values and were putting these into practice. It was clear that they were committed to caring for people and responding to their individual needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 17(2)(a)** **People's medicines were not managed safely**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17(2)(a)** **The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service being provided.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.