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Elmglade 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 March 2018 and was unannounced. At our last comprehensive inspection of the service in December 2015 the service was rated 'good' overall and 'requires improvement' in our key question "is the service responsive?" Although we did not find the provider in breach of legal requirements at that time, we found people did not always have enough social and recreational activities to engage in.

Elmglade Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Elmglade Residential Home accommodates up to 23 older people in one adapted building. At the time of this inspection there were twenty people using the service.

The service continued to have a registered manager in post. At this inspection we found the registered manager had not met their legal obligation to submit notifications to CQC of events or incidents involving people at the service. Failure to notify CQC of these incidents meant we could not check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

The provider had not taken appropriate action to improve the quality of the service for people when required. At our last inspection we made a recommendation to the provider to review the provision of activities. We found little improvement had been made to increase opportunities for people to have their social and physical needs met. People and their relatives said there was still not enough to do to keep them engaged and stimulated. The registered manager told us some attempt had been made to increase activity provision but acknowledged that not enough had been done to make the improvements required. The provider also did not act quickly enough to make improvements to the service when these had been suggested by people and staff.

Aspects of the premises posed a risk of injury and harm to people. The provider did not formally assess risks posed by the premises to identify potential hazards to people. We found people were not sufficiently protected from the risk of scalding as hot water temperatures exceeded permitted safe levels in some parts of the premises. Window restrictors had not been fitted on some first floor windows to protect people from a fall from these windows. In one person's room, carpet was torn in two places which posed a potential trip hazard and increased the risk of falls.

However, the provider had continued to maintain a servicing programme of the premises and the equipment used by staff to ensure those areas of the service covered by these checks did not pose unnecessary risks to people.

The premises were generally clean but some parts would have benefitted from additional cleaning. Staff followed good practice to ensure risks to people were minimised from poor hygiene and cleanliness when providing personal care, cleaning the premises and when preparing and storing food.

The provider's quality assurance systems were ineffective and did not identify the issues we found at the service. The provider did not undertake any formal reviews of the service themselves so could not be assured that checks and audits were looking at the right things and that managers were appropriately identifying gaps and shortfalls at the service that needed to be addressed.

Notwithstanding the issues above, people and staff spoke positively about the registered manager and deputy manager and said they were approachable, supportive and listened. The registered manager worked in partnership with other agencies to develop and improve the delivery of care to people.

People said they felt safe at Elmglyde Residential Home. Staff had access to appropriate guidance on how to minimise identified individual risks to people due to their specific needs to help keep people safe. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse.

There were enough staff to meet people's needs at the time of this inspection. However staffing levels were not routinely reviewed in line with changes in people's needs to ensure there were enough staff to meet people's needs at all times.

The provider carried out appropriate checks on staff's suitability and fitness to support people. Staff had regular and relevant training. Staff felt well motivated and said managers supported them in their roles and dealt with their concerns appropriately.

The design and set up of the environment provided people with a degree of flexibility in terms of how they wished to spend their time. People were given space and privacy to meet with their visitors if they wanted this. However some aspects of the environment were not tailored to support people living with dementia. There was minimal signage to help people orientate around the premises and the general décor offered little visual stimulation for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People continued to contribute to the planning of their care and support. People's needs and specific preferences for how they wished to be cared for and supported were set out in their personalised support plan. Senior staff reviewed people's care and support needs regularly to ensure staff had up to date information about these.

People said staff were able to meet their needs. They said staff were kind and caring. Staff provided people with support that was dignified, respectful and which maintained their privacy at all times. They prompted people to be as independent as they could and wanted to be. Staff had received training to ensure that people would receive support at the end of their life that was comfortable and dignified.

People were encouraged to eat and drink enough to meet their needs. Staff supported people to take their prescribed medicines when required. These were stored safely and securely. Staff monitored and recorded their observations about people's general health and wellbeing and shared this information with all involved in people's care. When they had concerns about people they took appropriate action so that medical care and attention could be sought promptly from the relevant healthcare professionals.

Overall, people were mostly satisfied with the care and support they received from staff. People knew how to make a complaint if needed and the provider had appropriate arrangements in place to deal with these.

At this inspection we found the provider in breach of legal requirements with regard to safe care and treatment, good governance and notifications of other incidents. You can see what action we told the provider to take with regard to this breach at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Risks posed by the premises were not appropriately assessed and managed. Aspects of the environment posed a risk of injury or harm to people.

Risks posed to people by their specific needs were better managed. Plans were in place that instructed staff on how to minimise these risks.

The premises were generally clean but some parts would have benefitted from additional cleaning. Servicing of the premises and equipment was carried out to ensure they did not pose unnecessary risks.

There were enough staff to keep people safe but staffing was not reviewed as people's needs changed. Staff knew what action to take to protect people from abuse.

The provider carried out appropriate checks on staff to make sure they were suitable and fit to work for the service. People received their medicines as prescribed.

Requires Improvement ●

Is the service effective?

The service was effective. Staff continued to receive training to help them meet people's needs. They were supported in their roles by the managers.

Staff were trained and aware of their responsibilities in relation to the MCA and DoLS.

Staff monitored people to ensure they ate and drank sufficient amounts and their general health and wellbeing was looked after. Staff reported any concerns they had about this so that appropriate support was sought.

Some aspects of the environment were not tailored to support people living with dementia.

Good ●

Is the service caring?

The service was caring. People spoke positively about the staff

Good ●

that supported them and said they were kind and caring.

Staff ensured that people's dignity and right to privacy was maintained, particularly when receiving care.

People were supported by staff to be as independent as they could be.

Is the service responsive?

The service was not always responsive. People still did not have enough to do to meet their social and physical needs.

People continued to be involved in planning their care. Support plans reflected people's choices and preferences. These were reviewed regularly by senior staff.

Overall, people were satisfied with the support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Staff were trained to ensure that people would receive support at the end of their life that was comfortable and dignified.

Requires Improvement ●

Is the service well-led?

The service was not always well led. The registered manager had not met their legal obligation to submit notifications to CQC of events or incidents involving people at the service.

The provider had not taken action since our last inspection to continuously improve the quality of the service for people. They were not quick to make improvements when these were suggested.

The provider had limited oversight of the service. Their quality assurance systems were not effective and did not identify shortfalls we found at the service.

People and staff spoke positively about managers and said they were approachable and supportive.

The provider worked with others to develop and improve the delivery of support provided to people.

Requires Improvement ●

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

This inspection took place on 7 March 2018 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During our inspection we spoke to fourteen people using the service and three visiting relatives. We spoke to the registered manager and the deputy manager. We also spoke to one senior care support worker, two care support workers, the staff member responsible for laundry and the staff member responsible for cleaning duties. We looked at records which included three people's care records, medicines administration records (MAR) for three people using the service, three staff files and other records relating to the management of the service.

We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At this inspection we found people were at risk of injury or harm because aspects of the premises were not as safe as they should be. We checked to see if restrictors had been fitted on windows on the first floor of the home. Restrictors help to protect people from the dangers of falling from upper floor windows. In four people's bedrooms and in two communal bathrooms we found restrictors were not fitted and window openings exceeded a safe level of 100 millimetres as recommended by the Health and Safety Executive (HSE) in their guidance 'Health and safety in care homes'. Given the layout of people's bedrooms and the bathrooms the window openings were not easily accessible however there remained a risk that they could be accessed and in this instance people would not be sufficiently protected from injury or harm that could result from a fall from these windows. In other rooms we saw evidence of restrictors in place but the registered manager could not provide an explanation as to why these were in place on some windows and not on others.

We also checked the hot water outlets in the aforementioned bedrooms and found these exceeded the HSE's maximum recommended temperature of 44 degrees Celsius. As people were supported with their personal care needs by staff, in the majority of instances staff would be testing and checking hot water temperatures before providing care to people. However there remained a risk that people could still access these outlets which meant they people were not fully protected from the risk of scalding from hot water.

In one person's room we saw their carpet was torn in two places. This was a concern as the person was known to be at risk of falls and torn carpet posed a potential trip hazard that could make the person fall.

We found no evidence that the provider formally assessed risks posed by the premises to identify potential hazards to people using the service, staff and to others. As a result there were no formal management plans in place to inform and instruct staff about the actions they must take to reduce the risk of injury or harm to people. For example the provider had not undertaken a formal risk assessment of the premises to identify potential slip and trip hazards that could cause people to fall. This meant staff may not be sufficiently aware of the appropriate action to take to ensure potential risks were minimised, to reduce the risk of people falling.

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

Notwithstanding the issues we found above we saw the provider continued to carry out some checks of the premises and equipment to check these were fit for purpose and/or safe to use. We saw evidence of recent checks made of fire equipment, alarms, emergency lighting, call bells, hoists, the lift and portable electrical appliances. The registered manager told us within the last 12 months checks had also been made of the gas heating system and of water hygiene. However the registered manager could not access the relevant certificates during this inspection so we could not verify these checks had been undertaken.

Individual risks posed to people by their specific needs were better managed. People's records showed the

managers assessed, monitored and reviewed individual risks to people. These covered a wide range of risks posed to people by their physical, physiological and mental health. Plans to manage identified risks were current and guided staff on how to mitigate and reduce these risks to keep people safe. For example for people with reduced mobility, plans were in place to instruct staff on how to move and transfer people safely from their bed to a chair.

During our inspection there were adequate numbers of staff to meet people's needs. We observed staff were visible and responding promptly to people's requests for assistance. We discussed staffing levels with the registered manager. At the time of this inspection, there was a senior care support worker and two care support workers on duty. They were supported by the deputy manager and registered manager. In addition to care staff, the provider employed a part time cook, a cleaner and a laundry assistant. This ensured when these staff were on duty, care support workers were not undertaking domestic duties that would take them away from their caring responsibilities. At night there were two care support workers on duty.

The registered manager told us the staffing complement would only change if the number of people using the service fell below nineteen. Other than that it remained fixed at the current level. This was a concern for us as the provider did not assess and review staffing levels as the individual needs of people using the service changed. We saw from two people's care records they required increased monitoring and observation from staff due to recent changes in their healthcare needs. However the provider had not considered whether these changes impacted on staff's ability to provide adequate levels of support to all the people at the service. This meant they could not be fully assured that there were enough staff to meet people's needs at all times.

Some parts of the environment were clean and hygienic. We saw people's bedrooms and communal toilets and bathrooms were clean and tidy. However some areas of the environment would have benefited from more thorough cleaning. For example we saw a build-up of dirt and dust around the skirting board in the front lounge of the home and in some parts of the communal hallway. However staff followed procedures for minimising risks to people that could arise from poor hygiene and cleanliness when providing personal care. They had been trained on infection control and we saw they wore personal protective equipment (PPE) to reduce the risk of spreading and contaminating people with infectious diseases.

People said they felt safe with the staff that supported them. Comments we received included, "I do feel safe and looked after and my things are taken care of.", "I don't worry here, they keep me safe and take good care of us." And, "I've never felt unsafe. I feel looked after and never worry. "

Staff continued to be supported by the provider to protect people from the risk of abuse. Staff had received training in safeguarding adults at risk, were able to identify the different types of abuse that could occur and understood what action to take to ensure people were protected. This included reporting concerns they may have had about a person to the managers promptly.

The provider maintained recruitment procedures to check that staff were suitable to support people. We looked at staff files for two members of staff employed by the provider since our last inspection. The provider had checked their eligibility to work in the UK, obtained character and employment references for them, sought evidence of their qualifications and training and undertook appropriate criminal records checks.

People were supported to take the medicines prescribed to them. People's care records contained information regarding their medicines and how they needed and preferred these to be administered. We checked stocks and balances of medicines and people's individual medicines administration record (MAR)

which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were stored safely and securely. The managers undertook weekly checks on medicines as well as monthly audits to assure themselves these were being managed safely and appropriately. Staff were suitably trained and their competency to safely administer medicines was reviewed and assessed by the managers.

The registered manager was improving the way the service reviewed incidents or safety concerns so that appropriate action could be taken to protect people when required. A new process was being introduced at the time of our inspection where incidents involving people would be reviewed in detail with all staff to discuss emerging or changing risks to people and any new learning for staff on how they could improve their working practices to ensure people's continuing safety.

Is the service effective?

Our findings

People said staff were able to meet their care and support needs. One person said, "They know what they are doing, I get what I need with the care." Another person told us, "They work hard and do a good job, they seem well trained." A relative said, "They are well trained here."

People's needs had been assessed by managers to determine the level of support required and this information was used to plan and deliver care that would help them to achieve positive outcomes in relation to their healthcare needs. We saw plans informed staff on how to help people manage their specific healthcare conditions effectively, through for example promotion of a healthy diet and lifestyle and through providing timely support with their prescribed medicines. Where people could experience a medical crisis due to their specific conditions there was information for staff on how to recognise the signs that would indicate this and the appropriate support that should be provided or sought for the person. The managers sought input and worked collaboratively with a wide range of healthcare professionals such as the GP, the district nurse, the tissue viability nurse and the local authority challenging behaviour team to ensure that people's specific healthcare needs were being effectively met.

Staff supported people to keep healthy and well and made sure people could access healthcare services when they required support with their healthcare needs. One person said, "I've seen the dentist and optician here and I can ask to see the GP and I get put on the list. I know they would call them if I needed them." A relative told us, "I'm kept informed of appointments and up to date of any changes to medication the GP makes. I have calls if [family member] isn't feeling well which I'm happy with." Staff maintained records of the care and support provided to people which contained their observations and notes about people's general health. This helped them to monitor people's health and wellbeing and identify any underlying issues or concerns that may be impacting on this. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the GP.

Staff continued to receive regular and relevant training to help them to meet people's needs. This included refresher training to help staff keep their knowledge and skills up to date with current best practice. New staff were required to successfully complete a programme of induction before supporting people unsupervised. Staff had supervision meetings and an annual appraisal with managers to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning.

Staff supported people to eat and drink sufficient amounts to meet their needs. We observed the lunchtime meal and saw staff encouraged people to eat their meals and checked that people ate enough. Staff also made sure people had access to drinks to help them to stay well hydrated. One person said, "I have a drink in front of me wherever I am sitting and a jug in my room and I can reach it from my bed." Another person told us, "I can always reach a drink wherever I am." Staff were knowledgeable about people's individual dietary needs including their specific likes and dislikes, food allergies and specialist dietary needs due to their healthcare, cultural or religious needs. Staff recorded what people ate and drank. They used this information along with monthly nutritional risk assessments to check that people were eating and drinking

enough. Where any concerns about this were identified they sought specialist support from the relevant healthcare professionals.

On the whole, the layout of the premises provided people with a degree of flexibility in terms of how they wished to spend their time. In addition to their own bedroom people also had use of two large communal lounges and dining area which were warm and comfortable spaces for people to spend time in. There was also a large garden which in warmer weather would be a peaceful and relaxing space for people to spend time. However some aspects of the environment were not tailored to support people living with dementia. For example there was minimal signage to help people locate toilets and bathrooms or to help people orientate around the premises. There were no easily recognisable features such as photographs or pictures outside of people's bedrooms which could have been useful to help people locate their room more easily. The general décor around the premises was neutral and sparse and offered little visual stimulation for people. Menus were written up on a board but did not use pictures to describe meals thereby excluding people who would have had difficulty reading and understanding what was written on this.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Is the service caring?

Our findings

People and relatives spoke positively about staff. Comments we received included, "They are caring, they have helped me to settle by making me comfortable in my room."; "They are kind and they will help you with everything you ask if they can."; "On the whole they really do care."; "They do really care and go out of their way to settle people and make them feel at home by inviting relatives to bring anything in from home to personalise rooms." And, "They care about the residents."

We observed positive interactions between people and staff. People appeared comfortable and relaxed with staff and did not hesitate to ask for their support when they wanted this. People were not rushed and given the time they needed to make choices or to move at a pace that suited them. We saw a good example of this during the lunchtime service. We observed a staff member seated beside a person in the lounge helping them to eat their meal. The staff member explained to the person what was on their fork at each mouthful, regularly offered the person a drink whilst maintaining an on-going conversation with the person. The staff member did not rush the person and encouraged them to eat as much as they could.

People's privacy and dignity was respected and maintained. One person said, "They knock on my door and respect my privacy in the bathroom by asking if I need them and waiting outside." Another person told us, "I can lock the door but I don't want to. They help me to be independent and respect my privacy. When I have visitors they don't interrupt constantly but are kind and welcoming." And another person said, "They call out to me when they come in to my room and knock on the door if I am using the bathroom." A relative said, "We have privacy when I visit and they make us tea and knock on the door or say excuse me if they need to interrupt." Another relative told us, "[Family member] definitely has her dignity and is treated like a person and not just talked at." We saw staff knocked on people's bedroom doors and ask permission to enter before doing so. They kept doors to bedrooms and communal bathrooms and toilets closed when providing personal care to help maintain people's privacy and dignity.

People were supported to retain as much independence and control as possible. One person said, "They look out for me, help me with anything I need help with or ask for and they let me be independent by encouraging me to walk with my frame." People's records detailed the level of support they required from staff with day to day tasks. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people. They ensured people were able to rise from chairs and to mobilise independently at a pace that suited them. Staff told us a new toilet had been put in at the premises which was closer to the main lounge so people were now less reliant on needing staff's support to use this when required.

Staff made people's relatives and friends feel welcomed and able to visit without restrictions. We observed staff greeted people's relatives and friends warmly, responded appropriately to their questions and provided them with information about their family member including how they were and whether they had had a good day. One relative said, "It is pleasant enough in that they welcome you and you get time and space to sit and chat wherever you want."

Is the service responsive?

Our findings

At our last inspection of the service in December 2015 we found improvement was needed because people did not always have enough social and recreational activities to engage in. At this inspection we found little improvement had been made to this aspect of the service which was supported by people's feedback and from what we observed during our inspection. One person said, "It's so quiet and there isn't anything much to do...I'm bored and it is making me worry and feel lonely." Another person told us, "We don't do much." A relative said, "There is not much going on though and [family member] does spend most of her time just sitting around." And another relative told us, "They [people] do sit a lot instead of doing an activity. [Family member] would love to bake or sew here."

We asked people for their suggestions about how this aspect of the service could improve. Comments we received included, "I would like more things to do, activities like a trip to the local garden centre, tea rooms, parks, shops and things to do like art work, sewing, baking, making things", "A few things to do like going out, using the garden more, entertainment, library.", "Some things to do other than watch TV, I do get bored." And, "It could be a bit livelier, some games and things to do."

We observed during the day people were mostly using one of the two lounges in the premises. In the morning we saw the television was on in this lounge and some people were sitting and watching this. Two people were reading the newspaper. Conversations between people and staff were limited to staff asking people if they were 'ok' or 'needed anything'. No planned activities took place and we did not see staff undertaking any 1-2-1 activities with people. In the other lounge we saw resources that could have been used to undertake activities such as arts and crafts, games, a piano to play music and various CD's and books. However this room was not used during the course of our inspection by people. The door to this room remained closed all day which could have appeared to people that this room was not accessible to them. After lunch people returned to sitting and watching television or quietly watching people around them or the staff. Some people had visitors. One person said, "You can have visitors any time which is nice, it breaks up the day."

We discussed the activity provision on offer to people at the service with the registered manager. They told us that an external activity provider came in every Tuesday to facilitate games and activities with people, a hairdresser visited on Wednesdays and on Thursdays a musical entertainer came in with various instruments which had been a big success with people. The registered manager told us they sometimes brought their dog into work on Fridays as people enjoyed this. They said as the weather became warmer they would be able to do more activities with people outside of the home such as going for walks in the local community. Outside of these activities, the registered manager said that staff were still responsible for delivering ad hoc activities tailored to people's specific needs, but acknowledged that this area still needed to improve given the feedback and comments received from people. We were concerned that the provider had not taken appropriate action, when recommended to do so, to continuously improve the quality of the service for people. We have addressed this further in the Well-Led question in this report.

People continued to be involved in planning and reviewing their care so that the support they received

reflected their preferences and choices. One person said, "They write everything down and I know I can read it when I like and I can tell them to add things or they write my comments down." Another person told us, "They write everything down so the next person knows how to look after me well." A relative said, "I was involved from start to finish. When we came here they chatted with my [family member] and I about everything she needed and everything was recorded. If ever there were any changes they would talk to us and they would call me if necessary."

People's care records were current and contained information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was information for staff on how people should be supported. For example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care and how they wished to spend their day. One person said, "I feel that my wishes for care and choices for my life if I get sick are respected. They are written in my care notes." Another person told us, "I can choose what I have and if I would like help. I can get up when I want to and bedtime is when I choose to get in bed. I sit in my room to watch TV in the evening." Another person said, "I choose my bedtime and there is usually someone to assist me. I go up about 8.30 pm and watch TV in bed. I have a bath about once a week but I can have a good wash every day."

People's cultural, spiritual and religious needs were catered for. For example where people wished to access religious services, staff arranged for people to attend these. One person said, "My religion is never questioned and a priest will visit if I want them too. I feel I am listened to and my wishes are recorded."

The managers ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with these changes.

Overall, people were mostly satisfied with the support they received from staff. Comments we received included, "The staff are nice. I have one or two of them who look after me. If one is not here the other is but it is so small I'm familiar with them all.", "They are a nice and friendly lot.", "There is never anyone I do not recognise (staff) and mostly they are a nice bunch". Relatives said, "They are hard workers and do their utmost to look after everyone here" and "They seem to give good care and look after them all well. I recognise them all and they make me welcome and comfortable too."

People knew how to make a complaint if they were unhappy with any aspect of the service. One relative said, "I would complain to the management as I know they would do things straight away." The provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise. Records showed when a concern or complaint had been received the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology when this was appropriate when people experienced poor quality care and support.

Staff had received training to ensure that people would receive support at the end of their life that was comfortable and dignified. This meant people did not have to leave the service to have this support delivered by another provider. Staff ensured that the care and support people received in their final days was well co-ordinated and managed so that people would be afforded the comfort and dignity they deserved at the end of their lives. One relative said, "At the end all [family members] and my wishes were upheld and respected with sensitivity." Another relative told us, "We have all discussed and recorded end of life wishes. They are discreet and respectful. Dignity is upheld here."

Is the service well-led?

Our findings

The service had a longstanding registered manager in post. 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 this inspection we found the registered manager had not fully met their legal obligation to submit notifications to CQC of events or incidents involving people at the service. Checks of records showed the registered manager submitted notifications about some events and incidents such as when people had suffered an injury or when there had been death at the service. However we found they had not notified us of the outcome of applications made to a supervisory body for a standard authorisation to lawfully deprive seven people of their liberty. When we asked the registered manager why this was they told us they had not fully understood that they were required to do so. We also found they had not submitted a notification of an allegation of abuse involving one of the people using the service to CQC although the incident had been reported to the local investigating authority at the time. The registered manager told us this had been a genuine oversight on their part. Failure to notify CQC of all events and incidents meant we could not fully check that the provider had taken appropriate action to ensure people's safety and welfare in these instances.

This issue was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

The provider had not taken appropriate action, when recommended to do so, to continuously improve the quality of the service for people. After our last inspection in December 2015 we made a recommendation to the provider to review the provision of activities, taking account of best practice, to ensure people had a range of suitable activities to choose from and that met their needs. At this inspection we found the provider had taken minimal action to improve this aspect of the service. The registered manager told us there had been no formal discussions with the provider following the last inspection to discuss how the service intended to make required improvements. They said no action had been taken by them or the provider to seek out best practice in the provision of activities to identify how the service could learn from this to make improvements. The registered manager told us some attempt had been made to purchase resources for staff to use in the delivery of activities but also said staff did not feel confident in doing this as they had not been provided with relevant training and guidance to support them to do this. The registered manager acknowledged that not enough had been done to make required improvements and that this needed to be addressed.

The systems the provider had in place to assess and monitor the safety and quality of the service were not as effective as they should be. The registered manager showed us a folder to evidence the range of checks and audits undertaken by managers at the service. This consisted mainly of 'tick lists' to show a check had been made of an aspect of the service but there was no substantive detail to evidence what had been checked. For example we saw managers undertook a health and safety check of people's individual rooms and from the most recent check no issues had been identified through this. However we identified through our own checks missing window restrictors and high hot water temperatures in at least four people's rooms. We also

saw a torn carpet in one person's room. We noted the provider did not undertake any formal reviews of the service themselves. The provider could not be assured that current checks and audits were looking at the right things and that managers were appropriately identifying gaps and shortfalls at the service that needed to be addressed to ensure people were safe and experienced good quality care.

The registered manager encouraged people and staff to make suggestions for how the service could be improved. People were asked for their views and suggestions through quality surveys and 'residents meetings'. Staff were asked in their individual supervision meetings, if they were given the opportunity to manage the service how they would improve this for people. People and staff's responses and suggestions were well documented. However the provider did not act quickly to make the suggested improvements. We noted people said the quality and range of activities should be improved. However as already detailed above, progress in improving this aspect of the service was slow. We also noted staff had asked for a new toilet to be put in closer to the main lounge which would significantly improve how people were supported with this aspect of their care. A new toilet had eventually been put in but staff said this had been a long drawn out process which did not give us assurance that the provider was responsive in making timely changes and improvements to the service when required.

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

Notwithstanding the issues above, people and staff spoke positively about the registered manager and deputy manager and it was clear they were held in high regard by all. One person said, "[Registered manager] is a nice person and makes time to sit with you for a chat. She is very busy but I see her daily." Another person told us, "The managers are friendly and kind and the big boss is often here saying hello." A relative said, "[Registered manager] is approachable and a great listener. She writes down things and gets back to you quickly with answers." And another relative told us, "I find [registered manager] very approachable and the owner is a very nice, approachable chap."

Staff also spoke positively about managers and felt well motivated. One staff member said, "We are doing our very best and it is a very nice home. Teamwork and management are brilliant." Another staff member told us, "The management are flexible and supportive. Teamwork is good and there is no frustration, we work together." We saw the managers were often out in communal areas chatting to people and getting involved. They knew people well and their interactions with people were friendly, yet professional and focussed on meeting people's needs and resolving their queries.

The registered manager worked in partnership with other agencies such as the local authority to develop and improve the delivery of care to people. We saw through the service's participation with Sutton Homes of Care Vanguard Initiative, staff were able to stay abreast of best practice in falls prevention and end of life care.

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	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The provider failed to notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care and treatment. Regulation 12(2)(a).</p> <p>The provider was not doing all that is reasonably practicable to mitigate any such risks. Regulation 12(2)(b).</p> <p>The provider was not ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. Regulation 12(2)(d).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on</p>

of the regulated activities. Regulation 17(2)(b).

The provider did not seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. Regulation 17(2)(e).