

Tamaris Healthcare (England) Limited

Northlea Court Care 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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 16 and 17 February 2016 and was unannounced. A previous inspection undertaken in January 2015 found two breaches of legal requirements in relation to safety and suitability of equipment and safety of premises. After this comprehensive inspection, the provider wrote to us to say what action they would take to meet legal requirements in relation to the breaches and told us they would complete the actions by June 2016.

Northlea Court Care Home is registered to provide accommodation for up to 50 people. At the time of the inspection there were 31 people using the service, some of whom were living with dementia.

The home had a registered manager who had been registered since May 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were aware of the need to safeguard people from abuse and had a good understanding of potential abusive situations. They told us they had received training in relation to this area and were able to describe the action they would take if they had any concerns. Records showed that any safeguarding issues had been dealt with appropriately and relevant authorities notified.

At the previous inspection we found proper fire safety checks had not been undertaken. At this inspection we noted outstanding work from a fire safety audit had been completed and proper fire safety checks were being carried out regularly. Additional checks on risks around the home, such as water temperatures and on lifting equipment were also being carried out. At the previous inspection we had noted emergency call buzzers did not operate between floors, meaning staff could not always be summoned quickly in urgent situations. At this inspection we saw the system had been revised to ensure any emergency calls were audible throughout the home.

People told us they did not have to wait long for support and help. We noted there were long periods when no staff were visible around the home and lounge areas were not regularly checked to ensure people were safe and well. The regional manager told us staffing had been reduced because of the number of people living at the home. We noted there had been a significant number of unwitnessed falls at the home over the past five months, including five in the lounge areas. Staff told us they felt there were not enough staff on duty at times and this meant people sometimes had to wait for support. Suitable recruitment and vetting procedure were in place.

We found medicines were appropriately managed, administered and stored safely. Audits on the safe administration of medicines were undertaken. We found some issues with regard to topical medicines and records. Topical cream records held in people's rooms were not always completed and did not reflect the

records made by nurses on the main MAR sheets.

Staff told us they had the right skills and experience to look after people. They confirmed they had access to a range of training and updating. Records showed completion of online training was high. Additional training had been undertaken by the provider's trainers to enhance staff skills. Staff told us, and records confirmed regular supervision and annual appraisals took place.

People told us meals at the home were good and they enjoyed them. Alternatives to the planned menu were available. Staff supported people with their meals appropriately and in a dignified manner. Kitchen staff demonstrated knowledge of people's individual dietary requirements. Diet preference/ requirement sheets were reviewed and updated regularly. Where people were on food and fluid charts, to help monitor their intake, these were completed well and up to date.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care. Records showed people had provided their consent or that best interest decision had been made. The regional manager confirmed applications had been made to the local authority to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA. We noted the provider had failed to notify the CQC about the outcome of DoLS applications as they are legally obliged to do so.

People we spoke with and their relatives told us they were happy with the care provided. We observed staff treated people patiently, appropriately and with good humour. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners and other health professionals. Staff were able to explain how they maintained people's dignity during the provision of personal care and demonstrated supporting people with dignity and respect throughout the inspection.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care. Care plans also reflected advice from visiting professionals such as speech and language therapists. A range of activities were offered for people to participate in and people told us they could choose to take part or not. People said they enjoyed the activities, especially trips out. We joined people for a quiz which they enjoyed.

The regional manager told us there had been no formal complaints within the previous 12 months. Information about how to raise a complaint was available around the home. People said they knew how to make a complaint and that they would speak with the manager if they had any concerns.

The provider had introduced a new system of electronic audits and checks. These dealt with individual's care and welfare along with broad reviews of the home and the environment. There was also an electronic system for people, relatives, professionals and staff to record their views of the home and the management. The overwhelming response was positive. The regional manager said any concerns were logged and action taken to address them.

People told us they knew the manager and she toured around the home regularly. Staff told us they felt the manager was supportive and approachable. They said there was a good staff team at the home. Regular staff meetings took place and workers said they were able to raise issues for discussion.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

These related to Staffing and Good governance. We also found a breach of the Health and Social Care Act 2008 (Registration) Regulations 2009; in that the provider had failed to notify us of events they are legally required to do so. You can see what action we told the provider to take 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?

Requires Improvement ●

The service was not safe.

Staff told us they felt there were insufficient staff on duty at times, leading to delays in care and support. We saw lounge areas were left unobserved for long periods. There had been a high level of unwitnessed falls at the home. Recruitment processes were robust and ensured appropriately skilled and experienced staff were employed.

People and their relatives told us they felt their family members were safe living at the home. Staff had undertaken training in safeguarding and they had knowledge of safeguarding issues and recognising potential abuse.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Medicines were handled safely and kept securely, although topical medicine records were not always completed accurately.

Is the service effective?

Good ●

The service was effective.

There was evidence applications had been made to the local authority safeguarding adults team to in relation to the Deprivation of Liberty Safeguards (DoLS). Staff understood about supporting people to make decisions and best interest processes were used where people lacked capacity to make decisions.

Staff told us, and records confirmed a range of training had been provided. Staff said they received regular supervision and annual appraisals and records showed this to be true. People's wellbeing was effectively monitored with access to a range of health and social care professionals.

A range of food and drink was available at the home and specialist diets were supported. People told us they were happy with the quality of the meals provided. Monitoring of fluid and food intake was up to date.

Is the service caring?

Good ●

The service was caring.

Relationships between people and staff were friendly and supportive.

People and their relatives told us they were happy with the care they received and felt they were well supported by staff. They said they had been involved in determining the care they received. They were kept up to date on any issues or changes.

Staff were aware of the need to maintain confidentiality around all aspects of people care. The issue had been addressed by management in meetings and at induction for new staff. We observed staff supporting people with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

Assessments of people's needs had been undertaken and care plans reflected people's individual needs. Plans were reviewed and updated as people's requirements changed and incorporated advice and guidance from health professionals.

There were activities for people to participate in. People said they enjoyed the activities and trips out from the home. We witnessed people enjoying a quiz activity. People told us they could make choices about how they spent their days or the care they received.

The provider had a complaints policy in place and people were aware of how to raise any complaints or concerns. There had been no recent formal complaints.

Is the service well-led?

Requires Improvement 

Not all aspect of the service were well led.

The provider had failed to notify the Commission of events they are legally required to do so.

The provider had introduced a range of electronic auditing systems to ensure the quality and standard of care was maintained or improved. Comments on the service from people, professionals and relatives were overwhelmingly positive. Staff were confident about the support they received from the registered manager.

With the exception of topical medicine charts records were

accurate and up to date.

Northlea Court Care 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 was planned to check 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 16 and 17 February 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

A Provider Information Return (PIR) was not requested prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Following the previous inspection the provider sent us an action plan detailing the action they would be taking to improve the service at the home. This inspection was carried out to check that the actions they had detailed had been put in place and improvements made. Prior to our inspection, we reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used the information they provided to help plan the inspection.

We spoke with four people who used the service to obtain their views on the care and support they received. We also spoke with two relatives who were visiting the home on the day of our inspection. We talked with the regional manager, the resident experience lead, a nurse, four care workers and two kitchen staff.

We observed care and support being delivered in communal areas, including lounges and dining rooms, looked in the kitchen areas, the laundry, treatment rooms, bath/shower rooms and toilet areas. We checked people's individual accommodation after obtaining their permission. We reviewed a range of documents and records including; four care records for people who used the service, eight medicine administration records; four records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, a range of other quality audits and management records.

Is the service safe?

Our findings

We examined the Medicine Administration Records (MARs) for eight people living at the home. We noted some people were supported with topical medicines. Topical medicines are those that are applied to the skin, such as creams and lotions. Records for topical applications, kept in people's rooms, were not always complete or well maintained. Some had gaps in dates, when the instructions indicated the cream should be applied each day or several times during the day. In other instances we found the dates recorded by the nursing staff on the MAR, did not match the dates recorded by the care staff. This meant we could not be sure the creams and lotions had been applied in line with instructions given by the general practitioner or other health professional because records were not kept up to date. We spoke with the regional manager and resident experience lead about this. They told us they had worked extensively with care staff about the importance and maintaining accurate daily records. The resident experience manager showed us records of meetings with staff to cover the completion of daily records.

People with "as required" prescriptions had a care plan covering the circumstances when the medicine should be offered. "As required" medicines are those given only when needed, such as for pain relief. We noted some "as required" care plans did not always have a date to indicate when they had been put in place, or been reviewed. This meant it was not possible to be sure they were always current.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good Governance.

We found there were no gaps in the recording of medicines on MARs, that handwritten entries were double signed to say they had been checked as being correct. Nursing staff confirmed they had their competency for safe handling of medicines assessed. We saw records confirming this. This meant medicines administered by nursing staff were managed safely and effectively.

People told us they received prompt care and attention. Comments from people and relatives included, "If you ask can they help they will be there in about 10 minutes"; "Sometimes I think there are enough staff and sometimes no" and "It all depends on what the girls are doing. Sometimes I have to wait and sometimes not. Probably have to wait about five or ten minutes."

Staff told us there had been a recent reduction in staff and this could cause some difficulties in delivering care. They said that in an afternoon there were only two staff on the ground floor and identified six people who required two care staff to support them with personal care or mobility. We checked people's care plans and found this to be correct. Staff said an additional care worker located on the upper floor was not always immediately available and this meant people sometimes had to wait for care or the floor was left unattended whilst people were being supported. They also said a recent change to move the nursing office on to the top floor had resulted in the nurses on duty during the morning shift spending less time on the floor, resulting in reduced personnel to observe the area. The regional manager told us this change had been brought about to improve communication and locate care records and other documents in a single location. During the inspection we noted there were long periods when it was often difficult to locate staff.

At the previous inspection we had noted there were occasional periods of 20 to 30 minutes when lounge areas on both floors were unobserved. During this inspection we spent time observing lounges on both floor and noted they continued to be left unobserved for significant periods. In one instance we spent an hour in a lounge area and observed that, with the exception of the activities worker popping in for two or three minutes to speak to someone, there was no staff observation of the area.

We looked at falls records for the home and saw in the period from September to the time of the inspection there had been 31 unobserved falls at the home, five of which had occurred in lounge areas. The regional manager told us they because of the reduction of people living at the home they had changed the rota system. There was now only one nurse on duty in the afternoon (although two on Monday to support GP visits). An additional care worker had been rostered to work and this individual worked between the floors. The nurse we spoke with told us afternoons were now busy, as they had a range of work to undertake, including administering medicines for the whole home and carrying out a range of daily audits. They said two people required specialist feeds to be set up through a percutaneous endoscopic gastrostomy (PEG) tube fitted, to support their dietary intake. A PEG is a tube that goes directly into a person's stomach where they cannot eat normally or can only take a limited amount of food orally. They were also required to review and update care plans. The regional manager told us they were looking to introduce a trained care worker to support medicines for residential clients.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 18. Staffing.

At the previous inspection in January 2015 we identified concerns about how fire safety had been monitored at the home. We had noted fire checks undertaken internally did not reflect deficits found in a subsequent fire safety report. The provider wrote to us and told us this issue would be rectified.

At this inspection we found evidence that all the actions identified in the previous fire action report had been addressed. A new handyman had been recently appointed. We saw evidence he was undertaking regular fire safety checks on fire doors, fire equipment and emergency lighting. Where there were issues identified then action had been taken to rectify the matter. For example, we saw one report noted a fire door was sticking and did not close properly when the fire system was activated. We checked the door identified and found it no longer stuck and closed fully. This meant appropriate checks were now being undertaken on fire safety equipment at the home to support people's safety.

At the last inspection we had also identified that emergency call bells did not ring between the two floors of the home. This meant that if there was an urgent situation on the ground floor staff on the first floor could not be alerted. Staff had told us this had resulted in delays in supporting people. The provider wrote to us and told us changes would be made to the system.

At this inspection the regional manager and staff told us changes had now been made to the call bell system to ensure that when a call bell was pressed it now rang on both floors. We noted the call bells ringing appropriately during our inspection. This meant action had been taken to address the matter and ensure staff could summon help appropriately.

People we spoke with told us they felt safe living at the home. Comments from people and relatives included, "I feel safe here"; "I am 100% safe here; 100%" and "Yes, I think I'm safe here." The provider had a safeguarding policy in place and staff were aware of their roles and responsibilities in relation to safeguarding adults. The Commission had been notified of eight potential safeguarding events in the last 12 months. We saw that, where necessary, action had been taken in relation to these matters and

investigations undertaken.

At the previous inspection we saw the home had risk assessments in place related to the environment and safe use of machinery. We saw these risk assessments continued to be maintained and monitored. Checks on safety around the home were also maintained, such as monitoring water temperatures around the home, ensuring window restrictors were working correctly and checks on extractor fans working appropriately. We saw evidence the practical fire drills were also undertaken to ensure staff knew how to react if there was a genuine emergency at the home. This meant action was taken to minimise the general risks to people living at the home.

Risk assessments and reviews were also undertaken in relation to individuals. Each person had Personal Emergency Evacuation Plan (PEEP) in place to inform staff or other personnel of the type of support they required to evacuate the building. People's care records also contained risk assessments in relation to moving and handling, skin integrity and potential choking risks. These risk assessments were reviewed monthly. Accidents and incidents were recorded and monitored using the provider's electronic recording system. The regional manager told us all notifications of such matters also came through to him to review and monitor. Where action was required, such as additional staff training, this was progressed. This meant action was taken to assess and monitor risk associated with people's individual care and support.

At the previous inspection we found appropriate staff selection and recruitment processes were being followed. Staff personal files we examined at this inspection confirmed these processes were still in place, including references being taken up and Disclosure and Barring Service (DBS) checks being made. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with vulnerable people. Registration of nursing staff was checked on a regular basis, to ensure it was up to date. All nursing staff are required to be registered with the Nursing and Midwifery Council (NMC). This meant appropriate processes were in place to ensure the appropriate recruitment of skilled and experienced staff.

Is the service effective?

Our findings

People we spoke with told us they felt staff had the right skills to support them. Comments included, "The girls look after us well" and "The care staff know what to do. They know how to help."

The regional manager and resident experience lead told us that a recent review of staff training had shown it was almost at 100% for online training. They said this was regularly monitored as part of the audit process and staff were reminded to update training, as required. We looked at staff training records and saw a range of courses were undertaken, including: safeguarding, fire safety, equality and diversity and health and safety. Training was linked to core values for the service including, dignity and respect, equality and diversity and choice and consent. Staff proudly told us they were up to date on the ELearning.

The resident experience manager told us about work she had done with staff around the completion of daily records. She said that as part of the process she had conducted a quiz before and after the event to monitor how people's understanding had changed. She showed us documents indicating most staff had achieved a higher percentage score following the training. We also saw training had been provided for nursing staff around care planning and care plan documentation. Staff confirmed they received regular supervision with the manager or senior member of staff and documents supported this. They said they also had an annual appraisal. This meant staff had undertaken appropriate training and development to ensure they had the skills and knowledge to deliver safe care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications had been made to the local authority for assessments regarding potential DoLS applications. The regional manager told us they were still awaiting independent assessments for many people. We spoke with the local authority DoLS team who confirmed that three applications had been granted and a number were still in the process of being assessed and considered.

Where people had capacity to make their own decision about the care they received then this was documented. For example, one person had requested staff use bedrails when they were asleep in bed as this made them feel safer. Where people did not have capacity to make their own decisions then staff had followed the MCA and best interests decisions were noted. This included where people were supported to be safe through the use of lap belts in wheelchairs and bedrails. There was evidence of appropriate processes being followed where people had DNAR (Do Not Attempt Resuscitation) notifications in place. Staff

understood about supporting people to make personal choices wherever possible. This meant appropriate action had been taken by the home to ensure proper and legal processes were followed in relation the MCA and DoLS.

Records showed people had access to health and social care professionals to help maintain their health and wellbeing. People had attended hospital outpatient appointments or been seen and assessed by health professionals at the home. Where necessary, people had been seen by their general practitioner. Advice and recommendation from health professional was incorporated into people's care plans. For example, we saw a speech and language therapist had recommended a specific diet for one person and this was covered in an updated care plan. The regional manager and the nurse on duty confirmed there was a weekly review by one of the local general practitioners to ensure people could be checked or to discuss referrals to other services. This meant people were supported to maintain good health through access to appropriate services and professionals.

People told us the food at the home was good and there was sufficient to meet their needs. One person told us, "Good food? It must be because no one likes to miss a meal." We spent time observing meal times and noted the food on offer was hot and appetising. Where necessary people were supported by staff to eat and drink. Staff concentrated on supporting people individually and there was good social interaction during the meal time. People requiring special diets, such as softer food or diabetic meals, were supported. We spoke to kitchen staff who had a good understanding of people's particular needs. The regional manager told us they had recently reviewed dietary notification sheets for everyone at the home. He said these were now part of a regular audit process to ensure they were up to date. The cook confirmed that diet sheets had been reviewed and said they were notified quickly of any changes. They also told us they spoke to visiting professionals, such a speech and language therapists, to ensure they had the correct information regarding specialist diets.

As part of their overall care some people's food and fluid intake was monitored. We saw records relating to this had been completed by care staff and were up to date. The regional manager told us that for anyone where there was a concern about fluid intake a review had been undertaken with the general practitioner and an appropriate fluid intake level agreed. This meant people were supported to maintain appropriate levels of food and fluid to help keep them well.

At the previous inspection we had recommended more visual signage by made available to help people identify important areas such as bathrooms and toilets. At this inspection we saw visual signage had been added to these areas. The regional manager told us further changes to the physical environment would be made, to support people living with dementia, as the home underwent future refurbishment. This meant work had commenced to make the home environment more dementia friendly and accessible

Is the service caring?

Our findings

People we spoke with told us they were happy with the care provided. Comments from people about their care included, "If you ask them anything they do it with a smile. There is nothing too hard for them to do"; "The girls are nice and look after us well"; "The care staff are great"; "It's not like home, but it's bearable. The staff are lovely; really care" and "There is no place like home, but this is second best."

We spent time observing the interaction between people and the staff. We saw there was a good relationship and staff treated people with kindness and consideration. We saw staff and people exchanged pleasantries and shared jokes. One person told us, "I take the micky out of most of them and they take it out of me. But I don't mind, that's what keeps us going. There is always laughter here." Staff members told us, "I love the residents. They are all different characters" and "I know you are not meant to, but you become attached. We are part of their family and try and make it like being at home." This meant the relationships at the home were caring and supportive.

People and their relatives told us they were involved in developing their or their relative's care packages. One relative told us they had regular discussions with the staff about their family members care and were able to make suggestions or ask for changes. Relatives said the home communicated well with them and kept them up to date with any changes or concerns. Comments included, "They keep me informed; they will ring me at home. If (names) has any extra medicine they will inform me" and "They let me know what is going on." Details about activities going on in the home, future events and other information were displayed on noticeboard or poster around the home. This meant people and relatives were kept informed and up to date about events at the home and changes to people's care or condition.

Staff induction processes included information about confidentiality and the need to ensure that sensitive information was not shared outside the work environment. We saw there had been a recent issue where information may have been shared on social media. We saw this had been addressed by the manager and staff had been reminded about the importance of maintaining confidentiality and the dangers of sharing work related items on the internet. This meant confidentiality was taken seriously by the provider and staff were reminded about the importance of not sharing information inappropriately.

People told us staff respected their privacy and dignity. They said they could have their room doors open or closed as they wished and staff always knocked or checked they could enter. We witnessed staff knocking on doors, even when they were open, before entering people's rooms. People told us that when staff supported them with personal care they did so in a way the minimised any embarrassment. One relative told us, "They always make sure (name) is covered when they help." We witnessed a nurse providing treatment to a person, by changing a dressing. We noted the nurse ensured the door to the room was closed during the procedure and checked the person wanted it left open when they had completed the task. One person, who had been helped by a member of staff, told us, "Did you see that? I was struggling with these buttons; they are so small. She came up to me and didn't just do it for me; she asked me if I needed help. She didn't just steam in and do it." This meant people's privacy and dignity was respected.

People were supported to be as independent as possible. People had the freedom to walk around the home as they wished and we saw several individuals strolling around the corridors and stopping and chatting to both staff and other people as they went. Some people had personalised motorised wheelchairs. They said these had recently been renewed and they were just learning how to use them, so were currently limited to going around the grounds, for safety reasons. They told us that once they were fully competent in handling the device they would be able to go out by themselves into the wider community. Three people told us they had been supported by staff to visit a local public house. One person told us, "It was good to get out. We just sat and chatted but it was a different four walls. I only had a cup of tea, but it was the best cup of tea." This meant people were supported to maintain their independence and individuality.

Is the service responsive?

Our findings

People told us they felt staff were responsive to their needs. They said that if they needed help with anything they would always try and help. One person told us, "The girls are very attentive and pleasant. They will get the doctor for me, if necessary." A person explained they were having some difficulty with organising some dental work and staff were helping sort it out. Whilst we chatted to them a nurse came in to update them on a recent telephone call and let them know a new appointment had been made. We also observed a care worker bringing a tea tray to a person in their room. The person coughed and the care worker noted that it sounded "a bit chesty." They asked the person if they were feeling alright and whether they wanted to nurse to come and check them over. The person said they felt fine. This showed staff responded to people's day to day needs.

People's care records were person centred and contained assessments of their needs, including specific assessments of their mobility needs, skin integrity needs and nutritional requirements. An assessment of people's dependency needs was updated monthly. This noted if people's requirements for help with certain tasks was changing. Malnutrition universal screening tool (MUST) scores were updated monthly. MUST is a nationally recognised tool to help monitor people's weight and nutritional needs. Care records also showed Waterlow scores were regularly reviewed. The Waterlow system is an assessment tool to monitor people's risk of skin integrity damage. People's care records contained a front sheet highlighted as "clinical hotspots." This was an immediate visual prompt for staff as to particular areas people may be at high risk in. Through the use of a sticker system the sheet identified people may be at high risk in areas such as; weight loss, choking or falls. This meant appropriate assessment and reviews of people need were undertaken and any risks highlighted.

Following on from assessments, people's records contained detailed care plans related to their individual needs. Care plans covered areas such as mobility, skin integrity, support with medicines and support with pain relief. Care plans contained detailed actions that staff should take to support people with these identified needs. Where necessary, advice had been sought from health professionals and this had been incorporated in care plans. For example, one person's care plan noted they had some difficulty with swallowing food. A referral had been made to the speech and language therapy service and a review undertaken. We saw that following this visit the care plan had been rewritten to reflect the advice given on how best to support the person. This meant plans were in place to ensure people received the correct care and treatment and these were reviewed and updated when necessary. People and their relatives told us they had been involved in determining their care plans.

We spoke to staff about people who lived at the home and found they had a good understanding of them as individuals and their particular needs. They were able to describe the range of support people needed and also their particular likes and dislikes. They said some people enjoyed physical contact, such as hugs whilst others were more reserved. One care worker told us, "We know what works and what doesn't. What is good for one person may not be good for another." This meant staff understood and supported people's individuality.

People told us there were a range of activities at the home that they could join in with. They said there was bingo, quizzes and some trips out during the summer. They said they regularly went to the nearby public house for a drink and a chat. One person told us, "The men seem to like it. They go and have a drink and talk about football and stuff. It is like what they would normally do. We all enjoy a good chat." We noted posters around the home inviting relatives to visit the home for a forthcoming special mother's day event. We joined people for part of a quiz on one afternoon. People were sitting round enjoying a drink of their choice and participating in the event. There was a good deal of laughter and people were clearly enjoying the activity. Staff said the activities worker had a good range of ideas. They said that if an outside activity was organised they would often come in specially to help support people, including on their days off. This meant there were a range of activities and events to help support and stimulate people.

People told us they were able to make choices. They told us they could make choices about meals, when they went to bed, whether they spent time in their room or in the lounges with others and if they wanted a bath or a shower. People's likes and dislikes were recorded in the care records and on food preference forms. People's choice of optician and dentists were also recorded in their care plans. Some people had also chosen to take up postal votes at elections, whilst others had nominated proxies. This meant people's choices and personal preferences were supported and respected.

The provider had in place a complaints policy and information about how to raise a complaint was available throughout the home. The regional manager told us there had been no formal complaints in the last 12 months. He said any formal complaint would be logged on the provider's system and would be monitored to ensure a proper response was made. People told us they knew how to raise a complaint but had not done so recently. Comments included, "So far so good. I haven't had to complain so far" and "I've no complaints. Overall, I'm as happy as I can be." This meant the provider had a complaints policy in place and people knew how to raise concerns if they wished to.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Commission since May 2013. The manager was on holiday at the time of our inspection. We were supported on both days of the inspection by the regional manager and a resident experience lead for the provider.

During our planning of the inspection we saw we had received one notification that a person living at the home had been subject to a DoLS order to limit their freedom whilst at the home. Providers are required by law to submit notifications to the CQC in line with regulations under the Health and Social Care Act 2008, including safeguarding events, deaths, serious injuries and DoLS applications. This is so we can monitor the service and maintain an awareness of how the service is operating.

On examination of records at the home we found that the provider had failed to notify the CQC of at least three DoLS applications that had been granted and three applications which had been refused within the last 12 months. The resident experience lead acknowledged that notifications had not taken place and stated there had also been a number of people who had passed away, where DoLS applications had been in progress and subsequently withdrawn.

This was breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. Regulation 18. Notification of other incidents.

The regional manager and resident experience manager demonstrated a new audit and monitoring system the provider had introduced, utilising tablet (hand held computer) technology. They showed how a range of daily and weekly checks were now required to be completed by both the manager and nursing staff, these included checks on medication, care plans and a range of other aspects of the home and the environment. They explained three people a day were monitored in relation to their medicines. Checks were made to ensure MARS were dated and coded and appropriate numbers of medicines in stock. There were also direct checks on individuals, where the manager spoke to the person directly and asked ten specified questions including issues related to privacy and dignity, staff attitudes, whether they felt listened to and if they had any current concerns. The manager would then also review people's care records and other documents, including details such as the use of lap belts and DoLS applications. Any matters that arose from these audits would be highlighted as actions and allocated to an individual to complete within a given time scale. This would be monitored by the manager and regional manager.

Additionally, the manager was required to conduct regular walk around checks on the home, including; was the home clean and tidy, did people look well cared for and were charts complete and up to date? The manager would also speak to people. These checks could also be undertaken at night or over a weekend. Any matters were noted as actions and were monitored until completed.

The home also had a tablet based feedback system that allowed professionals, relatives and people using the service to give immediate feedback on their experiences at the home. The process also allowed for users

to tick a box indicating they wished to speak with someone. This prompted an alert to the manager and a range of other senior staff and a response would be made, often within the hour. The resident experience manager showed us copies of entries on the system from professionals, relatives and people who used the service. For professional responses we saw that out of a total of 21 entries, 16 had been scored as 100%. Recent comments included, "Service user continues to be well cared for and happy in the placement" and "Residents are well cared for. Staff are knowledgeable and friendly and show compassion towards other colleagues, residents and visitors." Out of 49 relatives responses 21 were for 100% satisfaction and there had been a general improvement in scores over the short time scale the process had been in operation. A number of residents had responded to questions. Comments noted included, "I am happy living here"; "The girls always make you laugh when you are down" and "Think it is very friendly and the staff are very friendly and cosy." The regional manager said anything noted of concern or low scores would be looked at and actions considered, as necessary. This meant the provider had a range of methods and system to monitor and audit the quality of the service provided at the home and take action to improve the service, where appropriate.

Staff were also encouraged to take part in an electronic colleague engagement process. They were asked to comment on whether they felt part of a team, the support they received from the manager and did they have the knowledge to carry out their job. Comments were overwhelmingly positive, with workers indicating they felt well supported and that they generally felt part of a team and supported by colleagues. This meant the provider had a system to monitor staff responses and empower them to feedback about the quality of the service.

Staff told us there were also regular staff meetings. They said they were able to raise issues in the meetings and discuss any concerns. We saw copies of minutes from general staff meetings, health and safety meetings and clinical governance meetings. Meetings covered a range of issues including; infection control and a reminder that staff needed to wear uniforms, to looking at increasing the frequency of religious services at the home.

People we spoke with told us they knew who the manager was and that they could speak to her if they wished. Comments included, "I know the manager. I always speak to her when I come to the door" and "(Manager) is lovely. She comes round and chats and checks that things are okay." Staff said they felt supported by the manager and could approach her with any concerns. Staff comments included, "Actually she is okay. She tries her best for us and you can go to her" and "(Manager) is good. We do like her; get on with her. She will come around and ask how everything is."

Staff told us that with the exception of concerns about staffing they were happy in their work. They told us there was a good staff team at the home and staff members supported each other. Comments included, "We work as a team. It's a good care worker team. We get on together okay" and "It's like a little family. I think we have a fantastic staff team." This meant staff felt supported in the roles and people were able to approach the manager, if they wished to raise any issues.

With the exception of topical medicine sheets kept in people's rooms, we found records were up to date, contained good information and were maintained appropriately.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have in place accurate and complete records related to the care and treatment provided because topical medicine records were not up to date. Regulation 17(1)(2)(c)

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The provider had failed to notify the Commission of the outcomes of applications under the Deprivation of Liberty Safeguards.

The enforcement action we took:

we issued a fixed penalty notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider did not have sufficient number of suitable qualified, competent and experienced staff deployed to support the needs and ensure the safety of people who used the service. Regulation 18 (1).

The enforcement action we took:

We have issued a Warning notice against the provider.