GCH (South) Ltd

Baugh House Care Centre

Inspection report

19 Baugh Road
Sidcup
Kent
DA14 5ED

Tel: 02086201007
Website: www.goldcarehomes.com

Date of inspection visit:
09 July 2018
10 July 2018

Date of publication:
08 August 2018

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 the 9 and 10 July 2018 and was unannounced. Baugh House Care Centre is a 'care home'. People in care homes receive accommodation and nursing, or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Baugh House Care Centre provides residential and nursing care for up to 60 older people, some of who may be living with dementia. There were 41 people living at the service at the time of our inspection.

At our last inspection on 25 and 27 July 2017 we found breaches of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to concerns that medicines were not always managed safely and the provider had not always followed safe recruitment practices when employing new staff.

At this inspection we found that improvements had been made in the management of medicines however, further improvement was required with the provider's quality monitoring processes as we found gaps in six people's medicine administration records where prescribed medicines had not been signed by staff as given to people and the reasons for omissions had not been documented. We saw that improvement had been made in that robust recruitment checks were being carried out before staff were employed to work at the home.

At this inspection we also found a breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that sufficient numbers of staff were not deployed throughout the home in order to meet the care and support needs of people using the service. You can see what action we told the provider to take at the back of the full version of the report.

All of the staff we spoke with said they enjoyed working at the home. However, there were mixed views about the support they received from managers. Some staff felt that managers had not always listened to what they had to say and some told us they did not feel they were respected. We have made a recommendation about motivating staff and team building.

The home had a 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. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.

People told us they felt safe living at the home. Training records confirmed that staff had received training on safeguarding and there was a whistle-blowing procedure available and staff said they would use it if they needed to. Staff were attentive to people's needs. Action was taken to assess any risks to people and risk assessments and care plans included information for staff about action to be taken to minimise the chance

of accidents occurring. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. We found that the home was warm, clean and tidy and free from any unpleasant odours. People were protected from the risk of infections. People told us the home was comfortable and met their needs.

Staff had the knowledge and skills required to meet people's needs. 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 told us they enjoyed the meals provided to them and they could choose what they wanted to eat. People were supported to maintain good health and they had access to healthcare professionals when they needed them.

People had been consulted about their care and support needs. These needs were assessed before they moved into the home. Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. People's privacy and dignity was respected. People received appropriate end of life care and support when required. There was a range of activities for people to partake in if they wished to do so. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on.

The provider sought the views of people using the service and their relatives through residents and relative's meetings and satisfaction surveys. The registered manager worked with other care provider's and professional bodies to make improvements at the home.

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 consistently safe.

Staff were not always being deployed effectively throughout the home in order to meet people's care and support needs. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

People were protected from the risk of infections.

Is the service effective?

Good

The service was effective.

Assessments of people's care and support needs were carried out before people moved into the home.

Staff had completed an induction when they started work and they received training relevant to the needs of people using the service.

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments relating to their dietary support needs.

We found that the home was warm, clean and tidy and free from any unpleasant odours. People told us the home was comfortable and met their needs.

People had access to health care professionals when they needed them. The registered manager worked closely with health care professionals to make sure people received good care.

Is the service caring?

Good

The service was caring.

Staff treated people in a caring, respectful and dignified manner.

People and their relatives, where appropriate, had been involved in planning for their care needs.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good

The service was responsive.

People had care plans and risk assessments that provided guidance for staff on how to support them with their needs.

People's care plans included sections on their diverse needs. Staff had received training on equality and diversity. Staff said they would support people according to their needs.

There was a range of appropriate activities available for people to enjoy.

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

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

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvement was required with the provider's quality monitoring systems as we found gaps in people's MAR where prescribed medicines had not been signed as given.

Staff said they enjoyed working at the home. However, there were mixed views about the support they received from

managers. We have made a recommendation about motivating staff and team building.

The home had a registered manager in post.

The provider took into account people and their relative's views through residents and relatives meetings and surveys.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The registered manager worked with other care provider's and professional bodies to make improvements at the home.

Baugh House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 9 and 10 July 2018 and was unannounced. The inspection team on the first day consisted of two inspectors, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector attended the home on the second day of the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. '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 contacted health and social care professionals and the local authority that commissions services from the provider to gain their views about the home. We used this information to help inform our inspection planning.

During the inspection we looked at the care records of six people, staff training and recruitment records and records relating to the management of the home. We spoke to six people using the service and six relatives to gain their views about receiving care. We spoke with the registered manager, the regional manager, the quality assurance manager, the customer relations manager, two nurses, six care staff, an activities coordinator and the chef about how the home was being run and what it was like working at the home. We also spoke with a health care professional that was visiting the home.

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

Requires Improvement

Is the service safe?

Our findings

Sufficient numbers of staff were not deployed throughout the home in order to meet people's care and support needs. On the first day of our inspection the staffing rota on the nursing floor indicated that there should have been two nurses and four care staff on duty. However, we noted that a member of care staff and a nurse had not arrived for work. This was due to staff sickness at short notice and staff rotas not being kept up to date. The deputy manager arranged for a member of care staff from the ground floor to support the nursing floor team. An agency member of staff also arrived later to offer additional support. We noted that the nurse on duty had to attend a meeting with a social care professional. As there was no other nurse on duty this meant that the medicines round happened later than usual. People also received their personal care, breakfast and lunch later as some had been prescribed medicines to take with their food. We noted during lunch time there were four care staff and a nurse on duty. Whilst the nurse was carrying out the lunchtime medicines round, two members of staff were supporting one person with personal care and two staff were supporting the remaining 22 people with their meals. Some of these people were being nursed in bed and had their meals in their rooms.

People on the nursing floor told us, "There are not enough staff, they all work so hard. Staff haven't got time for any niceties.", "I don't really think there is enough staff. Some days they are short of staff. I need two staff to hoist me out of bed' so have to wait.", "Recently they appear short staffed, it has become difficult for staff to do what they want to do." Comments from relatives included, "They are short staffed especially at weekends when there is no manager or reception, my relative has to ask several times before someone is available to help take them to toilet.", "It would have been nice to sit out with my relative's friend on the balcony today, its 11.41 am and the staff haven't been round to get my relative out of bed." A relative on ground floor said, "When I am here there appears to be enough staff."

The registered manager told us that a dependency tool was used to assess people's care and support needs and to plan staffing numbers and rota's. However, some staff told us it could be difficult working on the nursing floor as many people required support from two carers at a time. Comments from staff included, "Sometimes it feels like there is not enough staff.", "It can be quite hard on the nursing floor, getting people up, washed and dressed. It's much easier on the ground floor. It feels like there is more staff there.", "I like working on the nursing floor but I think we need more staff to get things done." and, "It's not fair when people have to wait for care." A member of staff said, "Staffing levels are fine down here."

On the second day of the inspection we saw there was a full complement of staff working at the home. There were two nurses and four care staff on duty on the nursing floor which reflected the staffing rota. People received their personal care, meals and medicines on time.

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

Following the inspection, the registered manager told us they had reviewed people's care and support needs and increased the number of care staff on the nursing floor from four to five.

At our last inspection of the service 25 and 27 July 2017 we found a breach of regulations in that medicines were not always managed safely. People's Medicine Administration Records (MARs) had not always been completed correctly by staff to confirm they had received their medicines as prescribed. One person had been prescribed an 'as required', medicine but there was no reference to the medicine on the person's MAR. Additionally, we noted that a third person had been prescribed a Controlled Drug (CD) to be taken 'as required' but there was no protocol in place to give guidance to staff on the conditions under which the medicine should be offered to ensure it was administered appropriately.

At this inspection we found that some improvements had been made. There was now guidance in place for staff on the conditions under which 'as required' medicine should be offered to people to ensure it was administered appropriately. However, further improvement was required as we found gaps in the recordings of six people's MAR where prescribed medicines had not been signed as given by staff and the reasons for the omissions had not been documented. We saw that monthly medicines audits had been carried out for each floor at the home. We noted that the medicine audit for the nursing floor documented there had been no gaps on people's MAR despite six instances where people's prescribed medicines had not been signed as given by staff.

The regional manager told us and we saw records confirming that all nurses had been re-trained by a qualified nurse manager within 24 hours of identifying these issues and competency assessments were undertaken to ensure staff were competent and safe to administer medicines. All nurses were required to check MAR together at handovers. Nurse's and the registered manager were to audit MAR weekly. The medication audit sheet was also amended so that 100% of MAR were checked. We were not able to assess the impact of the new medicines audit system at the time of this inspection. We will check this again at our next inspection of the service.

We found that all other aspects of medicines management at the home were robust. There were safe systems in place for storing, administering medicines and for monitoring CD's. Medicines which required refrigeration were kept in lockable refrigerators in medicine rooms and the temperature of the refrigerators and rooms were monitored daily to ensure medicines were safe to use. Staff that administered medicines had received medicines training and competency assessments on an annual basis. We observed a nurse during a medicine round. They administered medicines to people safely in a caring and unrushed manner. People had individual MAR that included their photographs, details of their GP, information about their health conditions and any allergies. Some people received their medicines in a covert manner. Covert administration of medicine occurs when medicine which need to be administered in people's best interest is deliberately disguised, usually in food or drink, in order that the person does not realise they are taking it. We noted that Mental Capacity Assessments and Best Interests meetings had been completed along with the appropriate documentation before covert medicines had been administered. The registered manager told us there had been one medicine error since our last inspection. We found the medicine error had been documented and investigated appropriately. We also saw that an external pharmacist had carried out a medicines audit in April 2018 at which no significant findings were documented.

People told us they received their medicines when they needed them. One person told us, "I always get six tablets every morning from the nurse." Another person said, "I always get my medication. The nurse see's that I have some water to drink to help get them down" A relative told us, "The nurse made sure that my relative had blister packs of their medicines when they came here. They get her medication."

At our last inspection we found a breach of regulations in that recruitment procedures had not always been effectively operated to ensure staff employed were of good character or had the right skills and experience.

At this inspection we found that improvements had been made in that robust recruitment checks were carried out before staff were employed to work at the home. Staff files contained completed application forms that included their full employment history, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Staff's eligibility to work in the UK had also been verified.

The registered manager told us that the home currently relied on the use of regular agency nursing staff. They showed us records confirming that the agency had carried out recruitment checks, the nurses were registered with the Nursing and Midwifery Council and they had completed training that reflected the needs of people living at the home. The agency nurses we observed and spoke with appeared to know people well. Two newly recruited nurses were due to commence employment at the home the week following our inspection. The regional manager told us they were actively seeking to recruit another two nurses to work at the home. They said the introduction of new nursing staff would lead to a decrease in the number of agency staff working at the home.

People and their relatives told us they felt safe and that staff treated them well. Comments from people included, "I am safe. I can shut my door and be alone at any time.", "I need staff to hoist me in and out of bed. I feel safe with them", and, "I feel safe, I cannot move without assistance, the staff do anything you want them to do." Comments from relatives included, "I feel [my relative] is safe here. They have settled in very well; the carers are pretty good" and, "My relative is safe. I have never seen anything untoward, the staff are lovely."

There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Training records confirmed that all of the staff had received training on safeguarding adults from abuse. Staff told us if they thought safeguarding concerns had not been properly handled by their managers they would report their concerns to social services or the CQC. They also said they would use the providers whistle blowing procedure to report poor practice if they needed to.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. The home had a fire risk assessment in place which had been reviewed in May 2018. We saw records confirming that the fire alarm system was tested and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, gas and water safety. Equipment such as hoists, wheelchairs, mobility aids, baths, lifts, the call bell system and window restrictors were also serviced and checked regularly to ensure they were functioning correctly and safe for use.

The provider had infection control policies and procedures in place which provided staff guidance on how prevent or minimise the spread of infections. We found that the home was warm, clean and tidy and free from any unpleasant odours. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available. Staff knew the importance of following infection control protocols. They told us they washed their hands and wore personal protective equipment (PPE) when supporting people and we observed this throughout our inspection. Training records showed that all staff had completed training in infection control and food hygiene. The provider carried out monthly infection control audits to ensure the home environment was clean and safe for people.

The regional manager showed us the provider's system for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. Where trends had been identified we saw that action had been taken to reduce the likelihood of the same issues occurring again. For example, data collected regarding falls had been analysed, evaluated and was being used to

reduce the number of falls occurring at the home.

Good

Is the service effective?

Our findings

People and their relatives told us the service was effective and met their needs. One person told us, "The staff know what they are doing. I can ask any of them to help me and they will do it." Another person said, "The staff know how they have to help move me about." A relative told us, "The staff are trained, my [relative] is well looked after." Another relative commented, "I get the impression the staff are trained, they have got to know [my relatives] personality and how they like things done."

Assessments of people's care and support needs were carried out before they moved into the home. These assessments were used to draw up individual care plans and risk assessments. Nationally recognised planning tools such as the multi universal screening tool [MUST] were being used to assess nutritional risk. People's care plans described their needs and included guidance for staff on how to best support them. We saw that people's care plans and risk assessments had been kept under regular review.

Staff had the knowledge and skills to support people needs. One person told us, "The staff seem to be well trained. When using the hoist to get me in and out of bed I always have two staff and I always feel safe when I am being moved." A relative told us, "The staff are trained specifically so that they can meet [my relatives] eating and drinking support needs." All of the staff we spoke with told us they had regular training which had enabled them to perform their role efficiently. The registered manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw certificates and training matrix confirming that staff had completed training in areas such as safeguarding adults, infection control, moving and handling, health and safety, fire safety, Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), first aid and food hygiene. Staff had completed other training relevant to people's needs for example, dementia awareness and death, dying and bereavement. Nursing staff had also completed clinical training, for example, on tissue viability and wound care. Records showed that staff received regular supervision and annual appraisals in line with the provider's policy. Staff told us the supervision and appraisal sessions were beneficial to their development.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments of their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. We saw that, where required, speech and language therapist's advice had been sought for people with swallowing difficulties and retained in their care records. We spoke with the chef who showed us documents located in the kitchen referring to people's dietary risks and personal preferences. One person told us, "The food is very good. I only eat tiny amounts, staff have got used to serving me a smaller portions. Staff have got used to offering me extra gravy or sauces. Vegetables are cooked nicely." Another person said, "There is lots of choice, plenty of it. I like my food. For drinks we can have orange juice or plain water depends on what they have on the go. We always get a piece of cake or cupcake in the afternoon with our drinks." A relative commented, "The food looks very nice. If it is a bit dry for [my relative] the staff will offer some sauces. Recently they had some salad cream which really pleased [my relative]." Another relative said, "My [relative] enjoys their meals. Food is always nicely cooked. The chef is very approachable. They prepared some lovely food for a party for my [relative]."

We observed how people were being supported and cared for at lunchtime. We noted that some people on the nursing floor received their lunch later as they had been prescribed medicines to take with their food. Some people ate their meals in their rooms in accordance with their preferences, some people required support with eating and some people ate independently. People were offered a choice meals and drinks. We observed staff sat with people supporting and encouraging them to eat. They chatted about the food and asked people what they would like to try first. We saw the chef speaking with people discussing what they would like on the tea menu for the next day. Jacket potato with prawns came out as the favourite choice. We saw that people were also provided with drinks and snacks throughout the day and these were available in the lounges on each unit.

We found that the home was warm, clean and tidy and free from any unpleasant odours. People told us the home was comfortable and met their needs. One person told us, "The home is always clean. I like sitting out on the balcony." Staff told us that people liked to use the balcony in the summer to relax in.

People were supported to maintain good health and had access to health care support. Staff monitored people's mental and physical health and when there were concerns people were referred to appropriate healthcare professionals for advice and support. We saw that people's care files included records of their appointments with healthcare professionals. One person told us, "When I collapsed, one of the carers came with me to hospital to get checked over. They do look after you." Another person said, "I have my feet done by the chiropodist. My eyes have had got worse but the optician has been in to check, I am just waiting for new glasses." A health care professional told us they had been visiting the home to see people who were referred to the tissue viability team. They said the people they had reviewed had pressure relieving equipment in place when deemed appropriate. Any recommendations made by them or the GP following the assessments had been followed by staff.

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 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 DoLS.

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

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "Last night I was feeling a bit groggy and uncomfortable in bed. The carer made a fuss of me, sat me up and looked around for something to put in the bed to make me more comfortable. They found the duvet which she put along my side." Another person said, "The staff are friendly and considerate. They do their best to look after your needs. If there is no stool available to put my legs up they will go and find something suitable." Comments from relatives included, "Very accommodating, friendly and sociable staff", "Most carers are caring, some do go the extra mile, others do their job and go" and, "Staff are caring. It's the way they approach people, smiling whilst saying their name and asking if they are okay. Sometimes it is just these little things that can make a difference to a person day."

People told us they had been consulted about their care and support needs. One person told us, "I remember being asked about my likes and dislikes. Staff know how I like to be looked after." Another person told us, "I have a care plan. I remember being asked my likes and dislikes." A relative told us, "My relative is on respite here, the hospital set out the care plan."

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know people well and they were able to tell us about people's individual needs and what they did differently for each person. Care was delivered by staff in a way which met people's needs. For example, during meal times and social activities we saw staff actively listening to people and encouraging them to communicate their needs. Staff were also observed assisting people to sit or stand with gentle physical promoting. We saw staff respected people's wishes for privacy by knocking on doors before entering their rooms.

People's privacy and dignity was respected. One person told us, "The staff always make sure I am fully dressed before they move me into the chair." Another person said, "When they do my personal care, they always close the door and close the curtains." A relative commented, "The staff always say hello to my relative and knock on the door before they come in." Another relative said, "My relative likes to be called by his first name, staff always use this when they greet him." A third relative told us, "When my relative needs changing, staff always ask us to leave. They are always apologetic when asking us to wait outside."

Staff told us how they ensured people's privacy and dignity was respected whist personal care was provided. A member of staff told us they closed people's doors and curtains when supporting them with personal care. If other staff or relatives knocked on the door they would ask them to wait until they had finished personal care and advise them when it was alright to enter the person's room. They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves. They also told us they made sure that personal information about people was locked away at all times.

People and their relatives were provided with appropriate information about the home in the form of a Welcome Pack. This included the complaint's procedure and the services they provided and ensured people

were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service.

Good

Is the service responsive?

Our findings

People and their relatives told us the service met their care and support needs. Comments from people included, "The staff are very good with me", "I feel I get the care I need" and, "I am happy and well looked after." A relative said, "Compared with the last home my relative looks 100% better, they are always washed and look cleaner. We have no issue with my relative's care plan." Another relative commented, "My relative tells us they are happy here. The staff encourage her to wear what she wants, she loves looking different and loves anything glittery."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. People's care files included care plans and risk assessments that described their care and support needs. Some included guidelines for staff from health care professionals such as speech and language therapists or dietitians on how to best support them with their needs. They also included historical and personalised information about the person and their families, their communication methods, their likes and dislikes and interests and preferences. A relative told us they had been concerned that their relative was always in bed. After a discussion with the occupational therapist their relatives care plan was changed. They told us, "It was specifically altered so our relative gets out of bed three days a week. It's lovely sitting with them out on the balcony." We saw that people's care plans and risk assessments were reviewed regularly and reflected any changing needs.

Staff knew people well and understood their needs. The staff we spoke with were able to describe people's support needs in detail. A visiting health care professional told us, "I asked for one person's details today and the member of staff was able to tell me the persons weight and date of birth. They seemed to know everything about the person." A relative told us, "They have got some superb staff here. Some of the younger ones show real passion for the job. They seem to understand how to care for people with dementia, I have seen staff laughing and joking with my relative."

Peoples care plans also referred to any diverse needs such as their religious, cultural and sexual preferences. Staff had received training on equality and diversity and understood how to support people with their diverse needs. The registered manager and staff told us they encouraged people to express themselves and they would be happy to support people to do whatever they wanted to do. A relative told us, "My relative loves bright clothes, having their nails done and she likes to wear glittery things. The staff encourage her to wear what she wants, she loves looking different."

The registered manager said that most people could communicate their needs effectively and could understand information in the current written format provided to them, for example the welcome pack and the complaints procedure. They told us these documents were provided to people with poor eyesight in large print. They said information could be provided in different formats to meet people's needs for example, in different written languages.

People were provided with a range of appropriate social activities that met their needs. Comments from people included, "I like doing word searches in the papers and books", "I have done sitting exercise outside

on the balcony, it's very enjoyable. A gentleman comes in sometimes for a singalong with us. He is good at getting people to join in", "The children's choir came and sang to us. It was lovely seeing them" and, "Activities are very relaxed. I like to sit here and read my books. We had a very good fete on Saturday and I had a nice burger cooked for me." Comments from relatives included, "Our relative isn't able to get involved, they like to sit outside, they came down to the garden and joined in the fete", "We were able to hold a birthday party for my relative. Our relatives were welcomed. The chef prepared the food for us. It was a lovely party", "The garden party on Saturday had excellent food it was nicely cooked", and, "I know my relative likes doing the craft work, some of their craft is displayed on the lounge wall."

The home employed an activities coordinator. They said, and the regional manager confirmed that another activities coordinator was due to start working at the home the day after our inspection. They told us they provided activities such as bingo, knitting, cake making, arts and crafts, sing a longs and gardening. Entertainers such as singers and musicians were booked on a regular basis to attend the home. The activities coordinator also told us they provided one to one activities for people who liked to stay in their rooms. They said they offered sessions in response to people's preferences for example, nail painting, playing music or reading books or newspapers. They said that some people just enjoyed the company and a good chat. The home had a wish tree where people hung requests for preferred activities. In response to this the regional manager told us the home had hired a large minibus for a planned trip to the seaside in July. The home also held a lunch club every last Wednesday of the month were people from the local community could attend the home and meet with people.

People said they knew about the complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. We saw easy to read copies of the complaints procedure was displayed throughout the home. One person told us, "I complained to the nurse that the bed wasn't long enough. He came and made some adjustments for me." A visiting health care professional told us, "When a relative wasn't happy, the registered manager asked for a meeting. The registered manager said she would do certain things. I can see that they have done what they said they would do and the relatives are happy now." Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns. We saw the registered manager and senior staff had reflected on and used complaints to help improve the standard of care provided. We also saw a number of compliments had been received in relation to the good standard of care provided.

Where people required support with care at the end of their lives we saw there were end of life care plans in place. People's next of kin had been contacted and they were actively involved in planning care and expressing their wishes. The plans provided staff with details about the person and their current care needs. An advanced practice nurse from a local hospice told us they had been attending the home every one or two weeks to offer support to staff with palliative or end of life care. They said staff were proactive in identifying people who fell into these categories and staff had followed their advice when it was given. They had trained nurses and care staff recently and said they would be providing further training in the next few weeks. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at where people did not want to be resuscitated.

Requires Improvement

Is the service well-led?

Our findings

We found that the home's systems for monitoring the quality and safety of the service were not always operating effectively. We found that a medicine audit documented there had been no gaps on people's MAR despite six instances where people's prescribed medicines had not been signed as given to people by staff. We noted that the medicine audit sheet recorded that 20% or 10 records, which is the greater, should be checked. We brought this to the attention of the regional manager and they agreed that the audit might not be effective considering there were 23 people living on the top floor. They took immediate action by carrying out a medicines audit of all MAR on the top floor. The audit established that on the occasions we had identified people's medicines had been administered when required but were not signed for. Daily records indicated that on one occasion a person was asleep when they were required to take inhaler medicine and the member of staff had not recorded this on the MAR. No adverse reactions were recorded in people's daily notes. We also found, through our observations and speaking with people, their relatives and staff, that staff were not always being deployed effectively throughout the home in order to meet people's care and support needs. These issues required improvement. Following the inspection, the registered manager told us they had increased staff numbers on the nursing floor of the home.

All of the staff we spoke with told us they enjoyed working at the home. There was an on-call system in operation that ensured management support was available when staff needed it. However, there were mixed views about the support they received from managers. Positive comments from staff included, "I love working here. I think everyone really cares for the residents", ", "It's a very good company, they are really trying hard to do their best for the people living here." Less positive comments included, "There is no clear management, they don't listen to complaints from staff and the staff morale is low", "We don't work as a team, there is no clear direction." Some staff also said their race and culture was not always respected. We discussed these issues with the regional manager. Following the inspection, they sent us a plan for improving communication with staff. They had arranged open door sessions for staff to attend in August 2018 to feedback on their experiences of working at the home.

We recommend that the service seeks support and training for the management team, about motivation and team building.

We found other areas where the home's quality monitoring systems were operating effectively. Checks and audits were conducted in a range of areas including complaints, safeguarding, CQC notifications, accidents and incidents, pressure sores and infection control. We saw action had been taken in response to audit findings where required. For example, we saw that when accidents and incident records were analysed, any trends or themes were addressed and if required referrals to health and social care professionals were made as appropriate.

The provider's quality assurance manager visited the home on a monthly basis to carry out audits. The audits covered the CQC key questions of safe, effective, caring, responsive and well led. We saw a report and an action plan from the June 2018 visit. As a result of the visit we saw that action had been taken for example, to ensure all PRN protocols were completed, covert medicines were reviewed and a clinical lead

nurse had been employed to work on the nursing unit. We also saw a report from an unannounced night time visit to the home in July 2018. Actions taken following the visit included for example, reviewing night care plans to make sure there were risk assessments in place for people preferring to keep their doors shut at night. The quality assurance manager told us they carried out these unannounced checks to make sure people where receiving appropriate care and support.

People and their relatives spoke positively about the running of the home. One person told us, "The home is well run. There is a good manager in charge." Another person said, "The manager and deputy manager are always about. They are both easy to talk to, I can raise any issues I have with them." A relative told us, "There is a much more relaxed atmosphere now with the new manager." Another relative told us, "The manager always comes along and says hello. She is often in her office and the door is always open and we find her easy to talk to."

The home had a registered manager in post. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed at the home. The registered manager told us they had worked closely with the local hospice, speech and language therapist, the tissue viability team and other health care professionals to make sure people received good care. They also had regular contact with the local authority service commissioners and they welcomed their views on service delivery. An officer from the local authority commissioning team told us there had been a lot of improvements at the home since the registered manager started working at the home. A visiting health care professional told us, "There have been massive improvements made since the registered manager came on board. The place has brightened up a lot."

The provider sought the views of people and their relatives through satisfaction surveys and meetings. We saw an action plan from the resident's June 2018 survey. People commented where they felt improvements could be made for example, some people suggested redecorating the home and some people felt the garden was not well kept. Actions taken included re-flooring four bedrooms and planning for redecoration, and the activity coordinator started up a gardening club. Funds had also been made available to purchase new garden furniture. One relative told us, "We have completed a survey recently. Compared to the last home my relative was in this place is quite excellent, no complaints." Another relative said, "I have completed a survey. The home does the best they can with the resources they have. They have some outstanding staff." We saw a report from a group discussion in February 2018 with people regarding redecoration and activities being offered at the home. We also saw the minutes from a relative meeting February 2018. Issues discussed at the meeting included activities, staff recruitment and a Summer Fete.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of staff were not deployed throughout the home in order to meet people's care and support needs.