Leicestershire County Care Limited

Abbey House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 14 December 2016 and was unannounced. We returned on 15 December 2016 announced to complete the inspection.

Abbey House is a care home that provides residential care without nursing for up to 37 people. At the time of our inspection there were 37 people in residence. The service is located within a residential area, which provides accommodation over two floors.

This was our first inspection of the service since they registered with us on 2 February 2015.

A registered manager was 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.

We found people's health, safety and wellbeing was put at risk because the poor cleanliness, faulty laundry equipment and delays in repairs had increased the infection control risks. People's medicines were not always stored and administered in a safe way. Although actions were taken on the day it showed the systems were not robust, effective or timely to meet people's needs safely.

We found the provider's quality assurance system to monitor and assess the quality of the service was not effectively used to monitor or identify shortfalls that we found during this inspection and to drive improvements. People's views and opinions of their relatives and staff were sought in a number of ways. However, it was difficult to monitor the progress and effectiveness of the improvements.

People's care needs had been assessed and measures to manage risks were put in place. People's needs were met although a delay in the response time. We found people's needs were not always monitored and their needs were not always re-assessed when changes had been identified. People were not involved in a meaningful way in the review of their care. Where changes had been identified people's care plans were not always amended to reflect those needs.

People told us that staff were not always able to respond in good time to meet their needs. Some people had regular visitors and took part social events organised by the staff. However, some people were at risk of social isolation as staff were not able to spend meaningful time with people individually.

We found people had regularly raised concerns about some aspects of the service with little or no improvement made. We also found the similar issues which related to the laundry and new issues regarding staff's poor and unsafe practices. The registered manager was responsive and addressed the issues when raised with them.

People told us they felt safe with the care staff. The registered manager and staff were trained in safeguarding adults, understood their responsibility and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People's safety was promoted through the employment of staff. The registered manager ensure there were enough numbers of staff to meet people's needs and used regular agency staff whilst staff disciplinary and recruitment was ongoing.

People's needs were assessed and their safety was managed in the main. Staff were trained to support people and used equipment to enable people to move around safely. Staff's ongoing support was being provided in the main through individual and group meetings. However, staff relied on the verbal information communicated through the handover meetings to ensure people's needs were met at the care plans were not always up to date.

People spoke positively about the meal choices, which met their dietary and cultural needs. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care. Records showed people and where appropriate their relatives were involved in making informed decisions about all aspects of their care.

People told us staff were kind and caring towards them. Staff knew how to support people living with dementia and recognised when people used non-verbal communication to express themselves. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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 always safe.

Further action was needed to maintain a safe and hygienic environment for people to live; ensure people's medicines were managed and stored correctly and there were enough staff to meet people's needs without delay.

The registered manager and staff were trained and systems were in place to protect people from abuse. Risks assessments were in place which staff followed to maintain and promote people's safety and independence. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

Staff were trained and being supported in their role to provide the care and support people required. Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent. Care plans showed people were involved in making decisions about all aspects of their care and support.

People's nutritional and cultural dietary needs were met and they were supported to access healthcare as required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring. Staff had developed positive relationships with people and spent time to get to know them. Staff encouraged people to make decisions about their day to day lives and the support they received. Staff respected people's privacy, dignity and promoted their independence.

Is the service responsive?

Requires Improvement

The service was responsive.

People's assessed needs were met when they moved to the service. People's needs were met although at times with some delay. Further action was needed to ensure people's needs and risks were regularly reviewed and care plans amended when their needs changed.

People maintained contact with family and friends and chose how spent their time. Meaningful time spent with people would prevent the risk of social isolation.

People knew how to complain and the complaint procedure had been followed.

Is the service well-led?

Requires Improvement

The service was not always well led.

A registered manager was in post. Further action was needed to implement fully the provider's quality assurance systems to help monitor the quality and drive improvements more effectively.

People, relatives and staff gave us positive feedback that the service was well-led.

Abbey House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 December 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of caring for someone who uses this type of care service. One inspector returned on 15 December 2016, announced to complete the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the provider's statement of purpose. This document sets out information about the service and the support people can expect to receive. We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service. We contacted health and social care professionals and commissioners for social care responsible for the funding of some people's care that use the service and asked them for their views. This information was used to plan the inspection.

We spoke with seven people who used the service, six visiting relatives. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the registered manager, two senior carers and four staff involved in the care provided to people and the clerk. We spoke with the cook and the maintenance person. We also spoke with the area manager, acting on behalf of the provider and six health and social care professional visiting the service at the time of our inspection visit.

We looked at the records of six people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of four members of staff, training records and sampled policies and procedures. We looked at the records to see how the provider assessed and monitored the quality of the service which included the premises and equipment maintenance records, meeting minutes, audits and complaints.

Requires Improvement

Is the service safe?

Our findings

Risk to people's wellbeing were not always managed safely. People expressed concerns about the laundry system. They told us that the tumble dryer was not working. Comments included, "There are no towels left so I can't have a shower. My hair has not been washed in over a week and it's not nice" and "We have no clothes. I have 15 pairs of pants but I only have the pair I am wearing left." A relative said, "I do her washing, I am happy to do that but she is a size 8 and I come in and find she is wearing size 18 clothes that hang off her and that she has to hold up. I have to wash those as well, I have no idea where it comes from."

We found the laundry room were full of bagged soiled clothing, bed linen and towels from over five weeks because the dryer had not been working. Staff were transporting the bagged soiled clothing to another care home within the same provider. This was an infection control risk to people at Abbey House, the staff transporting and the other care home and the impact on their laundry regime. This supported the concerns we received prior to our visit.

The registered manager told us the replacement part for the tumble dryer was due to arrive the following week. That meant people would still not have clean clothing for the sixth week. When our concerns were raised with the provider we were told that a replacement tumble dryer would be delivered. Also two extra staff were called to deep clean the laundry room to reduce the infection control risk. A tumble dryer was delivered and fitted on 14 December 2016.

We found staff were not consistently following the infection control practices. A used catheter was left in the shower room which caused the offensive odour. When raised with the registered manager, a continence nurse was called to meet the person's healthcare needs and the shower room was cleaned.

We found specimen samples had been stored in the medicine fridge for a number of days that meant a delay in medical treatment sought for people. Staff administering medicines had not taken action. We told the registered manager who confirmed that people had received medical attention, the samples were discarded safely and the fridge disinfected. The registered manager assured us action would be taken in line with the provider's disciplinary procedures.

We saw staff wore protective gloves and discarded the used items in a suitable bin. Staff in the main described the infection control practices they followed to protect people with a contagious disease or infection such as MRSA. However, some inconsistent practice was found when staff left someone's room. When we raised this with the registered manager and the area manager they took action. The care plan was amended and shared with the staff to ensure that people were protected people. In addition the provider's infection control procedure was updated.

We found medicines were not always stored safely. Medicines were stored in a locked room but the medicine cabinets were not always locked. People's prescribed topical creams were found in the communal bathroom cabinet. The printed details on the labels had faded and difficult to identify those belonged to. The senior carer administering the medicines in dining room had not secured the medicine trolley to the

wall. That meant someone could remove the trolley without staff's knowledge. Refrigerated medicines such as topical creams and eye drops dispensed in November 2016 found were not dated when opened. This is important because these items only have a shelf life of 28 days. That meant staff would not know when the 28 days had past. Action was taken when we shared our findings and new prescriptions ordered with the registered manager.

Medicines that had to be tightly controlled otherwise known as controlled drugs had been administered at 9.10am but the medicine records were still not signed by two staff to confirm medicines were checked and administered until three hours later. That meant the correct procedure had not been followed and could put people's health at risk. When raised with the registered manager they confirmed people had received their medicines and the senior staff was stopped from administering medicines. This task was allocated to another senior staff member.

We saw staff supporting people and responding to the call bells when people called for assistance sometimes there was a delay. We received mixed comments when we asked people if there were enough numbers of staff to meet their needs. These included, "I don't think there is always enough staff on, but their [people who used the service] needs are met," "There is not enough staff on in the lounges as some people are not supported to get up and walk but they do and we have to try and stop them," and "There are not enough staff you can wait a long time for call bells, up to an hour but you know it's because they are with others. I haven't had a shower as they don't have time, I would like on at the weekend."

This was a breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to ineffective infection control practices, cleanliness, and unsafe management of medicines and inconsistencies in staff which puts people's health and safety at risk.

The following day we found the laundry room was clean and the majority of bags of soiled clothing, bedding and towels had been washed, dried and returned to people's rooms. The registered manager told us that the new dryer would be kept until the backlog of laundry is completed and the industrial dryer fixed.

One person said, "Staff look after my medicines and so far I have had no problems, it's always done on time at mealtimes." We observed the senior staff administered medicines safely and signed the medicines records to confirm medicines were taken. They followed the correct procedure for administering medicine 'as required' such as pain relief and recorded the amount administered. This showed that people received these medicines in a safe way and their health was monitored.

The provider information return stated that routine fire checks, maintenance and servicing of the premises and equipment was carried out. Records we viewed confirmed that there was ongoing painting and decorating being carried out to improve the living environment for people.

People told us that they felt safe at the service. People told us that staff helped them to stay safe and met their care needs. A relative said, "I think she [family member] is safe as they [staff] look after her well and give her what she needs" in relation to their care. We saw this to be case when someone became anxious staff reassured them by talking with them and guided them to where they wanted to be seated. This showed staff recognised the importance of protecting people who might not be able tell us say if something was wrong due to their health condition.

Staff were trained in safeguarding procedure and understood their role to keep people safe. Staff member said, "You can't stop accidents happening but we try to reduce risks to protect people." Another staff member said, "I always report concerns to the senior or the manager." Training records showed staff were

trained in a range of health and safety topics to ensure people were supported to stay safe.

Health and social care professionals told us they had no concerns about people's safety and that staff had reported concerns to the local authority to ensure people were protected from harm. This supported the notifications we had received and showed that the registered manager had referred concerns to the relevant agencies and taken action to protect people.

Staff underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Staff recruitment records contained an enhanced Disclosure and Barring Service (DBS) check, at least two valid references and health screening. A DBS is a criminal record check which may affect their working with people and helps employers to make safer recruitment decisions.

People told us their needs had been assessed to help staff support them safely. One person said, "I feel safe as I have my [walking] stick now and I can get about independently" and they explained that staff accompanied them to go out. Another person told us that staff would take someone living with dementia for a short drive when they became upset because they wanted to return to their family home. This meant the person's safety was assured whilst promoting their independence.

People's care records showed that risk assessments were in place and measures were in place to ensure staff had guidance to support people to stay safe. These centred on the person's individual needs such managing the risk of falling, contagious diseases or to meet people's specific healthcare needs. Care plans were developed from the assessments which provided staff with guidance about the support people needed.

People's care plans detailed the number staff people required to meet people's care and support needs. For instance, one care plan stated two staff were required to move them using a hoist. Staff described how they reduced the risks to people. For example, a person's risk assessment explained why their mobility had changed, that they used a walking frame and the role of staff supporting them. We saw a person at risk of falling was reminded by staff to use the walking frame so that they could move around the service safely. This showed staff had followed this person's care plan.

Staff understood their role to report incidents and accidents that affected people's safety. Records showed action had been taken to support the individual and to reduce further risks. For instance, one person's risk assessment for falls had been re-assessed and the care plan had been amended. That showed action was taken to prevent future harm to the person.

Staff also told us there were busy times. The staff rota showed that agency staff were used regularly to cover staff absences at short notice. The registered manager told us that the staffing levels were based on the number of people using the service and their needs. They used agency staff due to ongoing staff disciplinary and recruitment to help ensure people's needs were met.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the skills and knowledge they needed to meet people's needs. One person told us that staff knew how to support someone living with dementia in a positive manner and promote their wellbeing. A relative said, "The staff are trained well to carry out the care that is needed."

New staff member told us they had completed an induction training which covered the policies, practical training, read care plans and working alongside experienced staff to provide care correctly. Staff were able to provide a good insight into the needs of people using the service and told us training had helped them to provide the appropriate care.

Staff training matrix we looked at confirmed that staff had received training in a number of topics related to health, safety and well-being of people. Some staff had attained professional qualifications in health and social care and others were completing the 'Care Certificate'. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. This supported the information in the provider return.

Despite some concerns regarding the infection control practices and medication administration procedures, we saw staff supported people effectively when assisting people to move around. We observed staff moved people safely when using a hoist. Staff walked with someone and guided them to the dining room until they were seated comfortably. This showed staff provided effective care and support to meet people's needs.

Staff told us that they felt supported. One staff member said, "I think we're working together now and it's working well. Communication is better." One staff member staff, "I had my appraisal and supervisions are getting back on track now." They said the supervision meetings helped them to reflect on their work and how their training had impacted on people's quality of life. Meetings provided staff the opportunity to share ideas to develop the service.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff sought consent and our observations confirmed this. People and relatives in some instances, told us that they had been involved and made decisions about their care. Some care plans were signed by the person or their relative to confirm their consent for the care to be provided.

The registered manager and staff had undertaken training in MCA and DoLS and when this should be applied. Staff understood the importance of people consenting to their care and respected their wish to refuse care. A staff member said, "Most people are able to give their verbal consent and I always ask before I do anything." Another said, "Sometimes if [person's name living with dementia] refuses help then they another staff member will ask or I'd come back after a bit. I'd let the manager know too."

We found conditions on the DoLS authorisation to deprive a person of their liberty were being met. A health decision-specific capacity assessment had been completed and referrals to health and social care professionals in the person's best interest, when required. For example, where someone had their medicines given to them disguised in a drink. That showed the principles of the MCA were followed.

People told us the quality and choice of meals provided was good. Comments included, "The food is good and home cooked. They [staff] always ask you want you want" and "There is always a choice and I am vegetarian and they always ask me what I want." A relative said, "She [family member] eats well here, she enjoys her food."

The meal choices included a vegetarian meal and meals to meet cultural diets. People were offered a choice of fruit cordial or water which were regularly topped up. Staff showed people the plated meals so they could choose the meal they liked to eat and helped themselves to the selection of vegetables and gravy placed each table. Staff assisted some people by cutting up the food into smaller pieces and provided with adapted cutlery to eat independently. These were examples of empowering people to make decisions. All the meals looked nutritious and a number of people had second helpings.

People's needs and preferences with regards to nutrition were documented which included supporting people with diets reflective of their culture and beliefs. Kitchen staff were provided with information about people's dietary needs which was used to plan the menus. Staff understood the support people needed to maintain their health for example where people had diabetes. Records showed advice was sought from health care professionals to ensure nutritional risks such as poor appetite or weight loss plans were managed.

People had access to a range of health care services to meet their ongoing healthcare support. One person said, "I go to the LRI [hospital] for appointments I do this by myself which I am happy with. When I get back they [staff] will always safe me some tea if I have missed it."

Staff monitored people's health and any concerns were shared with the relevant health care professional to ensure the care provided remained effective. People's care plans detail the role of district nurses to meet specific healthcare needs such as diabetes and to manage skin conditions. That showed co-ordinated care and support was provided to ensure people's healthcare needs were met.

Health and social care professionals told us that people's healthcare were met and the staff sought advice when people's health was of concern for example where changes to someone skin condition or appetite. This showed that people's health was maintained.

Good

Is the service caring?

Our findings

People spoke positively about the staff's caring approach towards them. Comments included "The staff are wonderful, so caring and friendly. They are very approachable" and "We like living here as the staff care for us well."

Relatives we spoke with praised the staff for their approach to looking after their family members'. They said, "I think it is the best place for her [family member]. It feels like home and I feel like me and my mother are part of this family" and "It's nice that staff understand we like spending time with her where there's not a lot of noise because she doesn't hear too well."

We saw people were confident to approach staff who spent time with them individually. Staff member supported someone into the 'small' lounge so they could spend time with their relatives. The staff member was attentive and was talking with the person until they were seated. The person described who their visitors were which showed they had developed a positive relationship with the staff member.

We saw staff assisted some people to eat their meal in a caring manner. We saw care was taken to maintain people's dignity at mealtimes as aprons were worn to protect their clothing.

We saw staff understood how to support people living with dementia. Staff recognised how people living with dementia communicated. For example, staff replenished someone's drink because they kept looking at the empty glass. When another person living with dementia appeared to be unsure what they wanted to do a member of staff walked with them to the lounge and then the dining room where they sat looking at pictures in a book.

Staff told us they liked working with people who used the service. One staff member said, "I treat them [people using the service] are like my own family. Some people don't have lots of visitors so it's important that we spend time with people."

Staff told us they received information about people and their care needs before they moved into the home. A staff member said, "I find that I learn more about people by spending time with them, talking with their relatives and reading their care plan." They told us that they respected one person's choice to remain in their room and would direct their visitors to their room. This person's care plan reflected their wishes and showed that staff followed the care plan.

People's care records showed how they wished to be cared for and had information about family life, interests and their beliefs. Their individual choices, preferences and decisions about their care were recorded. Records showed where the person was unable to make certain decisions about their care needs, their relative or health care professionals had been involved.

Staff told us that they key-worker responsibilities for a number of people. They had responsibility to make sure the person had everything they needed with regards to toiletries and clothing and would liaise with

their relatives as required.

People told us staff supported them in a way that maintained their privacy and protected their dignity. One person told us staff supported them with their personal hygiene needs as and when requested. A few people told us they were concerned about someone who went in and out of other people's bedrooms. That meant people privacy was not respected by others who used the service. They had not told staff as they were not always around as they may be assisting other people with their personal care needs. We shared the comments with the registered manager who assured us they would take action.

We saw staff ensured people's privacy and dignity was respected and promoted. Staff described ways in which they preserved people's privacy and dignity, by closing the door and drawing the curtains. A staff member knelt down so they were at the same eye level as the person seated and discreetly asked if they would like help to return to their room to 'freshen up'. The staff member said, "I'd give them the flannel so they can wash their front and offer to help wash their back".

Staff recognised how best to support people living with dementia or those who used alternative method to express their views and choices. For example, staff showed people the plated meal choices so they could choose what they wanted to eat. Staff spoke in a respectful way to people and addressed them in the way their care plan said they preferred.

Staff understood and respected people's confidentiality. Staff treated people's bedroom as their own space and we saw they always knocked and did not enter until asked to do so. The bedrooms we saw looked comfortable and were personalised.

The provider information return stated that there was ongoing improvement to the environment to meet the needs of people living with dementia. We saw decorating was ongoing on the ground floor. The registered manager their plans to refurbish the first floor and the use of signs, symbols and pictures to help people locate facilities such as the toilet within the home.

Requires Improvement

Is the service responsive?

Our findings

People told us that they, or in some instances their relative, had made a decision to live at Abbey House. People's needs were assessed, which formed the basis of their care plans. However, people did not always receive personalised care that was responsive to their needs. The delay in addressing the faulty laundry equipment meant people did not have enough clean clothes to wear. This was addressed on the first day of our inspection visit.

People told us that staff were not always able to respond in good time, as one person said, "Call wait times can be over an hour at times." The lunchtime meal service was not always a pleasant experience for some people because of the layout of the tables. We saw staff constantly walked around the dining table close to the servery as they took meals out to people seated in the lounge or the bedrooms.

Staff told us there were busy times in the day and people sometimes had to wait a short while. Staff member said, "I can assure you that no one goes without care sometimes they may have to wait a little while." However, they were able to describe how they supported people and their individual routines and preferences. They told us they were made aware of any changes to people's needs at handover meetings. The registered manager assured us that staff would be monitored to ensure people's needs were met without delay and if required take further action.

Following our inspection visit we received an action plan from the registered manager that outlined their plans to address the issues we found over the two days. These included the ongoing staff recruitment, improved communication and visibility of staff by using the work stations close to the lounges to complete the care records.

People we spoke with were not always aware of their care plan or involved in the review of their care needs. One person said, I have not had a review of the care plan and another said, "No care plan review." We received mixed responses from relatives about their involvement in the review of their family member's care. A relative said, "We have care plan reviews that myself and my mum are involved in." Another said, "Wasn't involved in the care plan and I have to be my mother's voice as she can't speak up for herself" and "left a list in the bedroom of the things she likes and doesn't like."

We found some people's care needs had not been regularly reviewed. Records showed people were not involved in a meaningful way in the review of their care. Where changes had been identified people's care plans were not amended to reflect those needs. Staff told us they were made aware when people's needs had changed but could not refer to care plans as these were not up to date. For example, one person's continence care needs were not being monitored by the staff in relation to how much they drank and the amount of urine that was passed. The person's health deteriorated and the continence nurse was called to meet the person's health needs, which could have been avoided. The registered manager assured us that action would be taken which included a meeting for all senior staff and a plan to prevent further risks to people's health.

We found staff followed a care plan provided by the local authority for someone with a learning disability whose trial stay had been made permanent. Although staff described this person's needs and their preferred meals were more suited to a younger person their care plan was still being developed. This could affect the quality of care and support the person received because the agency staff would not have access up to date care plans.

The registered manager told us that they were in the process of updating people's care plans and that the monthly reviews were not being completed in line with the provider's expectations. They assured us that care plans were being updated and that these would be reviewed regularly. The area manager told us they would monitor that the required improvements were made.

We saw some people received visitors throughout the day. Some people watched television in the lounges and others did artwork in the dining room. A person who preferred to remain in their room said, "I like to read and watch television programmes that I enjoy so I prefer to stay in my room. I will come out for my meals. That's my choice and the staff respect that."

We saw care staff spent meaningful time with people and had organised the Christmas party with an external entertainer. People were seated in the dining room at tea time with their relatives in for the Christmas party. People and the staff team were dressed up for the occasion, some wore their Christmas jumpers and some staff were in fancy dress. People seemed to be enjoying the entertainment as they were singing along to the songs, smiling and clapping their hands. Some people chose not to take part and remained in the lounge watching television. One person told us their faith was important to them and whilst they were unable to attend services, their relative brought religious magazines for them.

One person told us that they had regular appointments to meet their health needs. They said, "When I get back from the hospital I feel unwanted. I like to go to my bedroom and get undressed but they [staff] done come and see me again." Another person said, "I would like a companion." This showed some people were not protected from social isolation.

Residents meetings were held whereby people were asked for their views about the service, quality of meals and make suggestions about the social and seasonal events being planned. Minutes showed people shared their views about the quality of meals and also raised concerns about the staffing and the lack of activities in October and November 2016. The registered manager told us until they recruited an activity co-ordinator care staff organised activities for people.

People and relatives told us they knew how to complain. One person said, "We've already complained about the laundry and we keep getting told it's being fixed." A relative said, "I have no complaints but would speak with [registered manager's name] if I did have a problem."

The complaint procedure was displayed in the foyer of the service. The contact details for the local authority and advocacy service were included should someone need support to make a complaint.
Records showed three complaints were received and the complaint procedure had been followed.

The service had received over a number of compliments and positive testimonial about the service, the staff and the care provided to people. The registered manager looked at all the compliments as part of the quality audits to help monitor the quality of service. They told us that the positive feedback was shared with the named staff which showed staff were a valued.

Requires Improvement

Is the service well-led?

Our findings

This was our first inspection of the service since they registered with us on 2 February 2015. We found the provider had inaccurately registered the number of people they could accommodate. When we brought this to the attention of the area manager, an application was sent to us to correct their registration. The service was now registered correctly.

We spoke with the area manager and registered manager to find out how they assured themselves of the quality of the service they provided. The area manager carried out regular quality monitoring visits. The report for October 2016 detailed the checks carried out which included the premises, care records and feedback for people who used the service and staff. Areas that required improvements included the staff supervision and training. However, it was difficult to monitor these improvements because there was no action plan or progress report. Staff told us that they found staff meetings useful and they were encouraged to make suggestions to develop the service. It was difficult to monitor the areas for improvements because these had not been identified.

The registered manager showed us the schedule of staff supervision and appraisal meetings planned to support staff individually where they could reflect on their role and development. It showed a number of appraisals had been completed. They also told u they would liaise with the provider's training department to ensure staff's training and their records were up to date. This would assist the registered manager to monitor staff's skills and knowledge was kept up to date.

The provider's quality assurance systems were not being used effectively. Various audits were in place but they issues were not always identified. For example, staff and health care professionals told us that the medicines cupboards in the treatment room were not always locked. Checks on the premises and infection prevention audits were not robust as the audit in November 2016 had not identified the concerns were being reported about intermittent fault with the laundry equipment.

We found staff were not always proactive and did not always work as a team with shared responsibilities and approach to monitoring and meeting people's needs. Care plans were not always up to date and reviewed regularly to ensure staff had clear guidance to meet people's needs. For example, a relative had left a list of their family member's likes and dislikes but no one had considered using the information to amend the care plan. Charts to monitor people's health were not being completed and no one questioned this or reported the issue to the registered manager. The registered manager assured us that people, their relative and the keyworker would be involved in the review of their needs to ensure they receive a quality care.

The service had a registered manager in post and they understood their legal responsibility. They had maintained their knowledge through training and were aware of the provider's expectation of providing quality care. The registered manager was aware of the CQC approach and gave examples to support the information in the provider return answered the five key questions we ask about services, in that is the service safe, effective, caring, responsive and well-led.

We saw the registered manager had good rapport with those using the service, visitors and staff. They had clear responsibilities and operated an 'open door' policy and encouraged people to speak with them if they had any concerns or wished to talk about anything that affected them. They gave an example of using the provider's staff disciplinary procedures effectively. Agency staff being used to meet people's needs although there were delays in some the response times.

The registered manager analysed information such as accidents, incidents, complaints to establish any trends or pattern. For example, the analysis of the number of falls people had had queried the effectiveness of the risk management. This was an example of the registered manager being effective in their role.

People told us the registered manager was approachable to those using the service, their relatives and staff. Comments received included, "[Registered manager's name] is very approachable and listen to you, the communication is very good" and "She [registered manager] is focussed on the resident's care and supports all of us [staff] too. She's fair and will deal with issues" and "The staff are approachable and will listen to you which is nice."

The registered manager had introduced 'flash' meetings to address issues of staff's poor or unsafe practices, where possible this was done immediately. As a result of the issues that we had identified the registered manager had had flash meetings with staff members and further training and support was put in place for the staff.

The registered manager told us that they had lead responsibility for infection prevention and control. As a result of the issues we had identified, they assured us regular visual checks and staff's practices would be carried out. To further assure us the area manager told us that they would monitor the effectiveness of the infection control measures in place as part of the quality assurance visits to the service.

The provider information return stated the planned improvements to the service in relation to the redecoration and to improve opportunities for people to influence how the service was managed. We found some improvements for instance the decorating had already started. Residents meetings were used to listen to people's views about the service and made suggestions how the service could be improved. For instance, plans to develop the outdoor space. The provider had sought people's views through an annual survey. The registered manager told us that they would share the results and plans to develop the service with people who used the service.

We received positive comments about the registered manager from health and social care professionals we spoke with. They found the registered manager to be approachable and focused on meeting people's care needs which showed they valued the registered manager's management style. These comments were shared with the registered manager and the area manager.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe and ineffective infection control practices and cleanliness, unsafe management of medicines and the lack of consistency in the staffing which puts people's health and safety at risk. Regulation 12 (1) (2).