Ashdown Care Limited

Knappe Cross Care Centre

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

Overall summary

We carried out an unannounced comprehensive inspection on 16 and 20 July 2015. Knappe Cross care centre provides care and accommodation for up to 42 people. On the first day of the inspection there were 32 people staying at the service.

We last inspected the service in December 2013, at that inspection the service was meeting all of the regulations inspected.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Everyone was positive about the registered manager and felt they were approachable, caring and led by example.

The service did not have safe systems in place to ensure people received their medicines safely. Staff had not ensured the medication administration record (MAR) reflected the medicines people were prescribed. People

Summary of findings

were put at risk because there were not clear systems to identify people's allergies. It was not possible to ensure people had received their medicines because of a lack of a clear stock control.

People did not always receive care that was person centred and reflected their personal preferences. People were not always given the opportunity or made aware they could have a bath or shower. Some staff were task focused and did not always ensure they were undertaking tasks in a caring inclusive manner.

There were sufficient numbers of staff to care for people. Staff were seen to be busy and were meeting people's needs in a reasonable timescale. The registered manager was keeping the staff levels at the service under review and had made changes to the staff levels when required..

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They had made appropriate deprivation of liberties applications to the local authority and had taken best interest decisions in line with the MCA.

People were supported by staff who were appropriately recruited and were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintained a balanced diet. On the whole everyone was positive about the food at the service. Where there were concerns the registered manager was working to address these.

People were supported to take part in a range of social activities in the main communal areas. The

designated activity person spent quality time with people who wanted to stay in their rooms to prevent them from being socially isolated. People were kept informed of current events and activities by a monthly newsletter.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely.

People were referred promptly to health care services when required and received on-going healthcare support.

The service kept the premises, services and equipment well maintained to ensure people's safety. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider actively sought the views of people, their relatives and staff through staff and residents meetings and questionnaires to continuously improve the service. There was a complaints procedure in place and the registered manager had responded to concerns appropriately.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some aspects of the service were not safe.

The service did not manage people's medicines safely.

There were sufficient numbers of staff to care for people. Staff were busy and were meeting people's needs. The registered manager was keeping the staff levels at the service under review.

Staff had received training in safeguarding people from abuse and knew the procedures to follow should they have any concerns for people.

Risk assessments had been carried out and action had been taken to minimise identified risks.

The provider had robust recruitment processes in place.

The premises and equipment were managed to keep people safe.

Emergency personal evacuation plans were in place to protect people in the event of emergencies.

Is the service effective?

Good

The service was effective.

Staff had received effective inductions, training and appraisals.

Staff understood people's rights under the Mental Capacity Act 2005 and in relation to depriving people of their liberty.

People were supported to maintain good health. They had access to healthcare services and received ongoing healthcare support.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?

Requires improvement

Some aspects of the service were not caring.

The majority of staff treated people with dignity and respect in a caring and compassionate way.

People were involved in making decisions and planning their own care on a day to day basis.

People, relatives and health and social care professionals gave us positive feedback. They said staff knew the people they supported, about their personal histories and daily preferences.

Visitors were made welcome with no time restrictions on visits.

Summary of findings

Is the service responsive?

Requires improvement 

Some aspects of the service were not responsive to people's needs.

People did not always receive personalised care that was responsive to their needs and preferences.

There was a clear complaints procedure and people were encouraged to give feedback which was acted upon.

People's care plans were personalised and provided a detailed account of how staff should support them. Their care needs were regularly reviewed, assessed and recorded.

People were supported to take part in social activities. Activities were in place to ensure people were not at risk of social isolation.

Is the service well-led?

Requires improvement 

Some aspects of the service were not well led.

The registered manager at the service was fair, approachable and led by example. They understood their responsibilities and had support from the provider's operations manager.

The provider had quality assurance processes in place. However they had not always identified potential risks and areas for improvement.

The provider actively requested feedback from people and stakeholders, to help develop and improve the service.

Knappe Cross 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 16 and 20 July 2015 and was unannounced. The inspection was carried out by two inspectors.

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 information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

A few people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We 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.

We met most of the people who lived at the service and received feedback from 12 people who was able to tell us about their experiences and five visitors.

We spoke with 18 staff, which included nurses, care and support staff, the registered manager, the provider's operations manager and a relief manager who will or was be working at the service during a planned absence of the registered manager.

We looked at the care provided to four people which included looking at their care records and looking at the care they received at the service. We reviewed the medicine records of seven people. We looked at four staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits. We also attended a staff handover between shifts.

Before the inspection we contacted 15 health and social care professionals that supported people at the service to ask for their views about the service and received feedback from six. We also spoke with a health professional visiting the service at the inspection.

Requires improvement

Is the service safe?

Our findings

The service did not always manage people's medicines safely. They had not ensured people's medicine administration record (MAR) reflected the medicines people were currently prescribed. The registered manager said the pharmacy were not removing discontinued medicines on the MAR sheet when they sent the monthly medicine order. The staff at the service had not taken measures to make changes to the MAR sheets to ensure people were not put at risk of being given discontinued medicines.

There was not a clear consistent approach to demonstrate whether people had medicine allergies. For example, some people had their known allergies recorded on the MAR sheet, others were recorded on the folder divider where the person's photograph and name were recorded, with some not recorded. A medicine audit in April 2015 had identified people's allergies had not been recorded on the MAR sheet. The registered manager had advised staff of the concern however this had not been addressed. This put people at risk of being given medicines which they had an allergy to and could cause an adverse effect.

Staff were not keeping an on-going record of the stock of medicines at the service. At a nurse meeting in January 2015 nurses were told about the importance of carrying forward medication totals to keep a record of medicines at the service. However we found they were still not keeping a record of medicines. This meant that it was not possible to check people had received their medicines as prescribed.

There was no guidance protocols in place to guide staff to know when to use 'when required' medicines. For example, if a person complained they were in pain there was no guidance regarding what the 'when required' pain relief had been prescribed for. However the two registered nurses we spoke with were very knowledgeable about people's needs and were able to tell us about why people had been prescribed 'when required medicines'.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection the registered manager put in place an action plan to address the concerns we had identified to make medicines safe for people at the service.

Registered nurses at the service were responsible for the administration of medicines. The registered manager had completed medicine competency checks on all of the nurses who administered medicines. One nurse said they were not able to undertake a medicine round until they had been signed off as competent by the registered manager. The operations manager said they were considering training a senior member of the care staff to be able to administer medicines to people receiving residential care without nursing. Medicines were stored safely. Following a pharmacy medicines audit in February 2015, it had been identified there was an excess stock of some medicines. Actions had been taken to reduce excess stock at the service.

Before the inspection concerns had been raised with the Care Quality Commission regarding odours at the service. The registered manager said there had been a shortage of housekeeping staff at the service. People had been advised at a residents meeting about the staffing difficulties and how the staff were prioritising areas like toilets and dustbins. When asked in a survey sent to health professionals in April 2015 about the cleanliness of the home, one had responded, ''excellent'', three said ''good'' and one said ''fair' 'In general we found the service to be odour free. Where we found odours in some people's bedrooms, it was clear the rooms had been regularly cleaned. Staff were dealing with continence issues and doing all they could to manage any odours. The registered manager said they were looking at replacing carpets with hard flooring in a few of the bedrooms. We identified that some bedrooms and corridors had not undergone routine cleaning. For example, there were dusty areas and carpets requiring vacuuming. However, toilets and communal areas were clean and dustbins had been emptied. People said they had been informed of the staffing difficulties and were satisfied with the level of housekeeping being undertaken. One person said, "I am quite happy they clean my room twice a week." The registered manager said they had a new housekeeper employed and had agreed with the provider additional housekeeping hours to get the service back into order.

The laundry room was very small and the staff had to take extra care to keep soiled laundry away from clean laundry. The registered manager and staff said they used different

Is the service safe?

laundry baskets for soiled and clean laundry. Clean laundry was then transferred to a separate room for sorting and ironing. This meant there were systems to minimise cross contamination risks with people's laundry.

People said they felt there were enough staff but commented that it would be nice to have more, so they had time for a chat. Staff said they felt there were not always adequate staffing levels to meet people's needs. The staffing schedule showed there was a trained nurse on each shift with six care staff each morning, five each afternoon with two at night. On the second day of the inspection there were seven staff on duty in the morning, because a staff member had required additional induction hours. Staff said this had made it easier and they had not been so rushed and could give people more time. The registered manager monitored the staffing levels by looking at people's needs and the time they needed for their support. Recently they had implemented an early start for one worker at seven o'clock to support people who wanted to get up early. The registered manager confirmed they were satisfied there were adequate staff to meet the dependency needs of the people at the service. During the inspection staff were very busy but did not appeared rushed and took time to settle people before moving on to their next task.

When people were asked whether they had their call bell responded to promptly, they were generally happy with the response times. People said they sometimes had to wait longer at busier times and one person said, "I can wait a few minutes or up to half an hour". The registered manager said and records confirmed the call bell system at the service had been faulty. The provider had been working with the call bell provider to improve the system which had not been successful. A new call bell system had been commissioned which would take several months to build and install. The maintenance person undertook weekly checks of the call bells to ensure they were working correctly to keep people safe. The registered manager had been undertaking monthly audits and was satisfied with the staff response times. However they had been unable to get a current accurate audit as the response times on the system were inaccurate. During the inspection, staff responded to call bells promptly.

People were protected because staff had received safeguarding training, knew about the signs of abuse and were confident any concerns reported would be responded to. The service had policies and procedures for staff about how to report safeguarding concerns which included contact details for the local authority safeguarding team. Staff said they would be happy to raise a concern if the need arose and were confident the registered manager and provider would take appropriate action. One person said, "I am quite happy here, they look after me, I haven't got a home anymore, and I am quite safe here." Another said, "I feel safe not frightened."

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, mobility, choking and manual handling. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks.

People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. People who had been assessed as being at risk of choking had guidance in their rooms to inform staff of signs to look for and action to take when supporting the person with diet or fluids.

The recruitment at the service was robust and the relevant checks had been undertaken. Staff files showed staff were interviewed, appropriate references were sought and background checks known as Disclosure and Barring Service (DBS) checks were undertaken. These checks help employers make safer recruitment decisions and should help prevent unsuitable people from working with vulnerable people who use care services. The provider undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing Midwifery Council (NMC) and were registered to practice.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded each accident and the actions they had taken. They had undertaken monitoring of the person when required.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to manage the premises and equipment. The

Requires improvement

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maintenance person undertook regular checks and maintenance of equipment. These included, monthly checks on the emergency lighting, water temperatures, beds and wheelchairs and that window restrictors were in place where required and effective. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person. The registered manager had also undertaken safety checks on moving and handling equipment and a mattress audit to ensure pressure relieving mattresses were working effectively.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. A fire risk assessment carried out in March 2015 had identified an office which required a door closure. This had been actioned and was awaiting installation. There were emergency contact numbers to guide staff in the event of a fault at the service. Staff said the registered manager and maintenance person were also available if there was a concern.

In June 2015 the food standards agency environmental health officer had undertaken an inspection, based on how hygienic and well-managed food preparation areas were on the premises. They had scored the service three out of a possible five, with five being the highest. The registered manager and cook were able to tell us the actions and improvements which had been taken in response to the visit. These included, tiles being replaced, cleaning of under surfaces, a replacement fridge, some painting and improved records. The day after the visit the service implemented a new safe food safer business file and were recording menus, food, fridge, freezer temperatures.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the people living at the service. Staff said the training was good and it helped them to do their jobs. One staff member said, "Training, I think it is really good, the more you read the better." The registered manager had completed a train the trainer course and delivered manual handling training and fire training. One visitor said, "I have seen (the registered manager) take them (new staff) under her wing and do the training herself, so they are taught how to do it properly."

Staff were encouraged to undertake additional qualifications in health and social care. One staff member said, "I have an NVQ two, the registered manager has been trying to get me to do the next level." Another staff member said, "I have spoken with (the registered manager) and requested additional training in dementia and diabetes, which is being arranged." Registered nurses were offered courses to extend their clinical skills to meet people's needs. The day after our visit they were scheduled to undertake training in catheterisation and verification of death.

Supervision and appraisals were used to develop and motivate staff and review their practice. The registered manager had a program for appraisals to ensure all staff met with her annually. Supervisions were carried out regularly, however they were not always recorded formally. The registered manager completed a journal where they recorded conversations with staff. Staff said they felt supported by the registered manager and senior staff.

People who lacked mental capacity to take particular decisions were protected. Staff demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. They had made three applications to deprive people at the service of their liberty to the local authority DoLS team.

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people. For example, best interest decisions had been taken appropriately in regard to the use of bed rails and lap belts.

People were supported to maintain good health and had access to healthcare services. People and visitors said they were happy they had access to services when they required them. One person said, "They call the doctor if necessary, he has been a few times this year." People's care records had visits from social and health care professionals recorded. These included the GP, podiatrist, optician audiologist and speech and language team (SALT). In one example, guidance from SALT regarding a plan of care had been followed by staff and the person monitored and SALT had been kept informed of changes.

GPs that supported people at the service said they were confident staff made referrals to them promptly and followed their advice. Care plans also reflected that staff took appropriate action when required. For example, one person's care plan had identified the person had lost weight. The staff had increased the person's calorie intake and made the GP aware. In another care plan staff were guided if the person's communication skills deteriorated to refer the person to the speech and language team (SALT).

People's day-to-day health needs were met. Staff were informed of people's changing needs at a handover between each shifts. For example, they were told one person had been identified as having a vulnerable area of skin and the actions staff needed to take to prevent further deterioration. A second example, staff were advised that a person had been unwell and they required additional care and monitoring.

People were supported to eat and drink enough and maintain a balanced diet. One person said "We get four

sheets of menus at the beginning of the month. They come around the day before to ask." Another said "I get two choices, but I can ask for something different like a sandwich or jacket potato."

People on the whole were positive about the food. Comments included, "Food is excellent, I get plenty," "The food is beautiful, I get plenty, too much some times." And "The food is excellent, especially today we had scampi, chips and peas. However three people said they had concerns about the food. Their comments included, "The food varies it depends on the cook, sometimes the meat can be tough." "The vegetables are not cooked enough for old people like me" and "Sometimes I am worried the food isn't cooked enough." The results of a food survey sent out to people in May 2015 showed people had responded positively about the food at the service. The registered manager and records of a residents meeting confirmed they were aware of the concern regarding tough meat. The registered manager said they had been looking at the meat from the butcher to see if improvements could be made.

The safer food safer business file in the kitchen had recorded the appropriate temperature recordings for cooked meat which meant meat had been cooked to the correct temperature.

Throughout our inspection people were offered a variety of drinks and appropriate snacks. Lunch was served in the dining room. The lunchtime experience appeared calm and unrushed, most staff were offering people support discreetly and appropriately. However a staff member went through the dining room with a housekeeping trolley while people were eating their lunch, disturbing the calm atmosphere. The registered manager made us aware staff needed to bring the housekeeping trolley through the dining room as it was the only route. They had previously told staff to wait until after mealtimes and said they would remind them again.

People who required a specialist diet had the appropriate meal to meet their needs safely. The cook had clear guidance on the daily menu list of people's dietary requirements. One visitor said, "(The person) has puree as she can't chew, the meals are set out separately and look as good as they could."

Requires improvement

Is the service caring?

Our findings

People were positive about the caring attitude of staff. Comments included; "No need to worry, they are very caring." "Staff treat me very well," and "The care is good here". "It is warm and comfortable here, the staff are wonderful, kind, nothing too much trouble." Visitors were also happy with the care provided. Comments included, "The nurses at the moment are very good here... If I wasn't satisfied (the person) wouldn't be here, I am quite happy." And "I am actually very happy with the care here." A survey sent by the provider to people in May 2015 had recorded that out of the 14 responses, all had recorded they were satisfied with the care they received.

While walking around the service we overheard a person shouting and getting very distressed. We heard the staff member speak in a calm manner and defused the situation and a cheerful banter followed. We observed however, that this approach was not consistent. Some staff carried out tasks with no meaningful interaction or without respecting privacy and dignity. For example, undertaking cleaning tasks in a bedroom while the person was asleep, poor interaction with people during lunch and going in and pulling the curtains, waking a person who was asleep. The registered manager said they were working to ensure that staff consistently treated people with respect at all times. They said it was partly due to some staff member's cultural background that they might appear abrupt and task focused. They were working with these staff on a day to day basis and during their staff supervision to improve their approach.

Staff talked with us about people in the home in a compassionate and caring way. They spent time getting to know the person and demonstrated a good knowledge of people's needs likes and dislikes. One staff member said, "Everybody working here is really good. You get into the habit of doing things the way people like." One person said, "The carers have all treated me very well," and this had helped her to settle quickly. They said that their family had helped to choose the home and were pleased with the care and support they had received. Staff protected people's privacy when providing personal care by closing doors and curtains and making sure the person was covered with a towel. They helped each person to maintain their independence by supporting the person to do what they could for themselves and only assisting when needed. For example, when supporting a person to the lounge they gave them time to sort themselves out and use their walking aid.

People said they were able to make choices about their day to day lives. One person said that they had a nice room, personalised with their belongings, which helped them feel at home. Some people used communal areas of the home and others chose to spend time in their own rooms. One person said, "You decide how much time you want to spend downstairs. I like to have my breakfast and evening meal in my room, and lunch in the dining room being sociable." Another said, "I stay here (their room) I don't want to go downstairs, visitors can come when they want to."

We saw that care records supported people in making choices. One persons' goal with regard to social activities was "For (the person) to engage in social activities and events as she decides and wants to."

People's relatives and friends were able to visit without being unnecessarily restricted. One person commented, "They are able to come whenever they like", "I have visitors every day and they are treated very well." One visitor said, "It's like home to me now" another said, "We are always made welcome. On mum's birthday they set up a table for us to all eat, it was very nice."

Requires improvement

Is the service responsive?

Our findings

People did not always receive personalised care that was responsive to their needs and preferences. People were not being given the choice whether they wanted to have a bath and in some cases a shower. We found one bathroom out of order and two other bathrooms which appeared unused. The registered manager said nobody at the service currently wanted to have a bath. People's care plans did not show that people had been asked their bathing preferences. However five people we asked said they would like the opportunity to have a bath. Comments included, "They haven't got any baths here, they wash me, I would like a bath if I could have one." And "I haven't had a bath since I came here; no one asks if I want a bath." Staff when asked about people having a bath or shower said that anyone could have a shower. They said they usually showered one person per day on the two sides of the service and that people chose to have a bed bath.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before each person was admitted to the service the registered manager undertook a pre admission assessment. They would meet the person and if appropriate their family or the person visited the service. The pre admission assessment allowed the registered manager to record people's wishes, physical and health needs so they could assess whether the service could meet their needs. When people came into the service they were included in developing their care plans.

People's individual needs were regularly risk assessed, recorded and reviewed monthly by the registered manager and nurses. People had the opportunity to be involved in the review every six months. One person said, "I was told I would have a review every six months and I had one with (the registered manager) a few weeks ago." However some reviews had not been recorded. People and visitors said they were kept informed and made aware of changes and were satisfied they received the care they wanted. Comments included, "I am kept informed, if anything happens they ring me. Or tell me when I visit." "I go through the care records once a year and am quite happy with them." "If they have concerns they ring before I visit to let me know. They are managing (person) very well and as best they can."

Care plans contained information about how to communicate with people and recognise their changing needs. How staff should encourage conversations and give people the time to respond. For example, the person used hand gestures, thumbs up for yes or downwards for no.

People were supported to follow their interests. Staff arranged for a social profile to be completed for each person either by the person or where this was not possible by their families. The social profile identified likes and dislikes, for example one person had recorded, they liked black and white films, opera music, jigsaws, chess and the accordion. The designated activity staff recorded the activities people had had taken part in. We saw people playing cards and a game of bingo in the lounge. They said that other activities included word games and quizzes, and visiting musicians who encouraged them to join in with the singing but they could choose whether or not they wanted to participate. Care records showed that people who were cared for in their rooms could spend individual time with the designated activities staff member if they wished. The activity staff said they visited people in their rooms on a Tuesday and a Friday to give them one to one time.

The service routinely listened and learned from people's experiences, concerns and complaints. People said they would feel comfortable raising a complaint. Comments included, "If I had a complaint I would tell (the registered manager), I could speak openly." "I am happy as a sandbox if the worse came to worse I would speak to matron." "Happy to complain to the matron she is very nice, they all are." One person said they had raised a concern with the registered manager about a staff member and were satisfied action had been taken. Their comments included, "I have told matron and she has spoken to them, it is alright now." There were three recorded complaints received by the service since September 2014. These had been responded to appropriately and in line with the provider's policy. For example, one complaint regarding a water stain above a window had been responded to and work undertaken to rectify.

Requires improvement

Is the service well-led?

Our findings

People and visitors were very complimentary about the registered manager. They said the registered manager was approachable and had confidence in her ability. Comments included, "The manager is always accessible," "If I had a problem I would go to the top to (registered manager) she is very good" and "(Registered manager) cares."

Staff were also complimentary about the registered manager. Their comments included, "Getting better than it was, (the registered manager) knows what needs to be done and how. She expects the highest level of care for everyone." "(The registered manager) is resident led, very committed." Health professionals fed back that they had confidence in the registered manager and had seen improvements at the service since their appointment.

The registered manager was registered with the Care Quality Commission in August 2014. They were supported at the inspection by the provider's operation manager who visits at least monthly.

The registered manager was aware of the day-to-day culture in the service, including the attitudes, values and behaviour of staff. The registered manager said they walked around the service each day and met with people. However the registered manager had not recognised staff were not offering people the opportunity to have a bath at the service. During our inspection the registered manager was seen leading by example, actively educating staff and challenging practice in a constructive and motivating manner.

The registered manager had an annual audit program which they completed to monitor the quality of the service provided. This included infection control, medicines, complaints log and a visual check of premises. Where the registered manager had identified concerns they had put into place actions. However some actions for the medicine audits had not always been effective and follow up actions had not happened. This meant that the systems in place to ensure the safe management of medicines at the service had not been effective. The registered manager and senior nurse took immediate action on the second day of our inspection to address this error.

On the visual check of premises in April 2015, they had recorded areas of concerns and the actions required. For example, they identified carpets in some corridors; the lounge and dining room were in need of replacement. The registered manager said they were in the process of getting quotes and looking at different types of flooring to resolve the concern. In an infection control audit in June 2015 the registered manager had identified rooms which had areas of dust. They had taken action and sent a memo to staff to make them aware and to take action.

The registered manager does not currently have a deputy manager they could delegate responsibilities. The operations manager said they had been actively trying to find an appropriate candidate. In the meantime the registered manager was supported by two senior nurses who undertook a few additional responsibilities. For a planned absence of the registered manager a retired manager from the provider's other home had been brought in by the provider to manage the service. They were also supported by the provider's operations manager to ensure the continued safe running of the service.

People were involved in decisions about the running of the home as well as their own care. A meeting for relatives and residents is held twice a year, which aimed to provide an opportunity for people to discuss upcoming events, plans and refurbishments within the home. The last meeting held in March 2015, people were asked their views regarding the refurbishment of the communal areas and made aware of the staffing difficulties around housekeeping and the actions being taken.

The provider actively sought the views of people and their families and friends to develop the service. A quality assurance questionnaire was sent in May 2015 for people who use the service. They were asked 18 questions about the catering, laundry, premises, management and the care and support they received. The provider received 14 responses which were on the whole positive with 13 people saying they felt safe at the service and were treated with respect. There were a few comments regarding the laundry, meat being tough and having to wait for the toilet. The results had been collated and the registered manager said they had ensured staff were aware of people's feedback. The provider had also sent a survey to people's relatives in May 2015 and received three responses which were all fair to excellent in their responses to questions.

Each month the service produced a newsletter. This gave people information about special events being celebrated,

Requires improvement

Is the service well-led?

a social events calendar, events happening outside of the service, for example, Wimbledon and the tour de France and a word search activity. People said the newsletter was very informative.

Staff were actively involved in developing the service. Staff meetings were held regularly and a survey had been sent to staff in April to ask their views. However staff had not always taken the opportunity to attend the staff meetings and complete the surveys. The registered manager said she attended regular staff handovers and met with staff so was kept informed of their views. There were regular nurse's meetings, where concerns were discussed and ideas put forward, to improve the service.

The provider actively sought feedback from health professionals supporting people at the service. A survey had been sent to 11 health professionals in April 2015 to ask their views about the quality of the service. The five responses received back were positive about the service.

The operations manager undertook monthly quality assurance visits. As part of their visit they spoke with people and visitors at the service, looked at care records, recruitment, training, care practice and the environment. They developed an action plan which was given to the registered manager and was checked on their next compliance visit.

The registered manager monitored and acted appropriately regarding untoward incidents. They completed a falls grid over view and looked at trends and patterns in accidents to ensure appropriate actions were taken to reduce risks.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The systems in place to ensure the safe management of medicines at the service were not effective.** 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The provider had not ensured people had received person centred care that reflected their personal preferences.** 9(1)(a)(b) and (c)