The Thorns Retirement Home Limited

# The Thorns Retirement Home

## Inspection report

1 Coastal Road
Hest Bank
Lancaster
LA2 6DW
Tel: 01524 822558
Website: www.the-thorns.co.uk

Date of inspection visit: 07 & 12 October 2015
Date of publication: 11/01/2016

## 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 |

## Overall summary

This unannounced inspection took place on 07 and 12 October 2015.

The Thorns Retirement Home is situated in Hest Bank village near Lancaster. The home provides accommodation for a maximum of fifteen people who are 65 and over. Accommodation is provided in 11 singles and two double bedrooms over two floors. A lift is available for use between floors. The double rooms are used as singles, unless occupied by people who want to share. Ensuite facilities are available within some of the rooms. The home is set within its own grounds and has a designated car park.

There were twelve people living at the home on the day of inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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.

The service was last inspected on 8 January 2014. We identified no concerns at this inspection and found the provider was meeting all standards that we assessed.

At this inspection, feedback from relatives and visitors was positive and people who lived at the home spoke highly about the quality of service provision on offer. Staffing levels were conducive to meet people's needs. We observed staff being patient with people and meeting their needs in a responsive manner.

Arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Staff had a sound knowledge of safeguarding and were aware of their responsibilities for reporting any concerns. However processes in place were inconsistent to ensure that all safeguarding alerts were communicated to the Care Quality Commission (CQC.)

Robust recruitment procedures were in place to ensure staff were correctly vetted before being employed.

The registered manager had suitable arrangements in place for managing medicines. Medicines were safely kept and appropriate arrangements for administering them were in place. The registered manager carried out regular audits of medicines to ensure systems in place were being followed correctly by staff.

People's healthcare needs were monitored and referrals were made to health professionals in a timely manner when people's health needs changed.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were available to people between meals. Mealtimes were seen as a social occasion for people who lived at the home. Relatives and visitors were made welcome and were encouraged to eat with people who lived at the home. Feedback on the quality of food provided was positive from both people who lived at the home and relatives.

Risks to people who lived at the home were sometimes appropriately managed. Systems were in place to manage people at risk of falls, people at risk of pressure ulcers and other health related conditions. However risks presented within the environment were not always appropriately managed. We noted a fire risk assessment completed by an external specialist agency for the registered provider had not been acted upon and was out of date. The registered manager also failed to identify that portable appliance testing was also out of date. We identified a hot water tap that was not temperature regulated. This placed people at risk of harm of being scalded from the hot water.

The registered provider kept a detailed log of all accidents and incidents that had occurred at the home. However during the course of the inspection we identified two serious incidents that had not been reported, as required to the Care Quality Commission.

The home provided a good array of social activities for people who lived at the home. Family members and friends were encouraged to participate in activities. Consideration was taken to ensure people who chose not to interact within groups were supported in their rooms. Cultural needs were also recognised by the registered provider.

Detailed care plans were in place for people who lived at the home. Care plans covered their support needs and personal wishes. We saw plans had been reviewed and updated at regular intervals and information was sought from appropriate professionals as and when required.

Staff were positive about their work and confirmed they were supported by the registered manager. Staff received regular training to make sure they had the skills and knowledge to meet people's needs.

You can see what action we told the provider to take at the back of the full version of the 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?**
The service was not always safe.

People who lived at the home told us they felt safe. However we identified concerns within the environment which had the potential to cause harm.

Processes were in place to protect people from abuse. The provider had robust recruitment procedures in place and staff were aware of their responsibilities in responding to abuse.

Suitable arrangements were in place for storage and management of all medicines.

Staffing levels were monitored by the registered provider to ensure the needs of the individuals who lived at the home were adequately met. The registered manager ensured there were appropriate numbers of suitably qualified staff on duty.

**Requires improvement**

**Is the service effective?**
The service was effective.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. People who lived at the home told us their nutritional and health needs were met.

Relatives and friends were confident staff had the required knowledge to perform their role. Staff had access to ongoing training to meet the individual needs of people they supported.

People who lived at the home were not restricted within their movements. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

**Good**

**Is the service caring?**
Staff were caring.

People who lived at the home, relatives and visitors were positive about the staff who worked at the home.

Staff had a good understanding of each person in order to deliver person centred care. People's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

**Good**

**Is the service responsive?**
The service was responsive.

**Good**

# Summary of findings

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The management and staff team worked very closely with people and their families to act on any comments straight away before they became a concern or complaint.

The registered manager ensured there was a wide range of social activities on offer for people who lived at the home. Social activities were extended out to relatives and families.

**Is the service well-led?**

**Requires improvement**

The service was sometimes well led.

The registered manager had good working relationships with the staff team. Staff, relatives and professionals all commended the skills of the manager.

Regular communication between the registered manager and the staff team was positive.

However, suitable audit systems were not in place to ensure identified risks were managed appropriately.

The registered manager failed to have systems in place to ensure all notifiable incidents were reported to the Care Quality Commission.

# The Thorns Retirement Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 07 and 12 October 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with five staff members at the home. This included the registered manager, deputy manager and three staff responsible for delivering care.

We spoke with six people who lived at the home to obtain their views on what it was like to live there. We observed interactions between staff and people to try and understand the experiences of the people who lived at the home.

We also spoke with four friends and relatives and two health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to four people who lived at the home and recruitment files belonging to four staff members. We also viewed other documentation which was relevant to the management of the service including health and safety certification & training records.

We looked around the home in both communal and private areas to assess the environment to ensure it was conducive to meeting the needs of the people who lived there.

Requires improvement

# Is the service safe?

## Our findings

All the people who lived at the home told us they felt safe. One person described the home as, "comforting." Another person said, "There is no danger of having to close this home down. The care here is excellent."

The four relatives and visitors we spoke with were also complimentary about the standard of care provided. One person said, "I visit regularly. People are safe here."

Although people who lived at the service and relatives and friends stated people were safe, we found that safety, was sometimes compromised.

During the course of inspection we carried out checks on the hot water temperatures throughout the building. We noted thermostatic valves were fitted to all taps leading to bathrooms and sink units in bedrooms, however when testing the water in a communal downstairs bathroom we noted the temperature of the water was uncomfortably hot to touch. We observed this bathroom being used by people who lived at the home during the course of the morning. We pointed this out to the deputy manager who agreed the water was hot and could pose a risk to people who were vulnerable. The registered manager explained that originally this bathroom had not been intended for people who lived at the home and consequently there was no mixer valve on the tap to regulate the water. We looked at the boiler that heated the water and noted the water temperature was set at 60 degrees centigrade. This placed people at risk of scalding. The registered manager agreed to remedy this immediately and made a request to the handyman to fit a thermostatic valve.

We looked at documentation relating to equipment used within the home. We noted patient hoists, the lift and fire extinguisher had been serviced within the past twelve months. Maintenance records for portable appliance testing however demonstrated that the appliance testing had expired in January 2015. We brought this to the attention of the registered manager who confirmed it needed doing. They said this had been an oversight and agreed to make arrangements immediately to have all appliances tested. On the second day of inspection we were provided with evidence to demonstrate this had been acted upon and have since received confirmation that the portable appliance checks have been carried out.

As part of the inspection we looked around the building to ensure it was clean and appropriately maintained. We found communal areas were clean and tidy and there were no odours. We noted the registered provider had a refurbishment programme in place and had recently installed a new kitchen and purchased a new carpet in the lounge. Infection control processes were adequately maintained to ensure the home was clean. One visitor described the home as a "residential hotel which provided care."

During the course of the inspection we looked at how safeguarding procedures were managed by the provider. The registered manager told us all staff received safeguarding training and received refresher courses to top up knowledge. We looked at staff records and these confirmed staff had received regular safeguarding training.

Staff told us they had completed safeguarding training and all staff were all able to describe the different forms of abuse. All the care staff we spoke with were confident if they reported anything untoward to the registered manager or the management team this would be dealt with immediately. One staff member said, "If I had concerns I would report them to management. If the management didn't deal with it, then I would go to the CQC." Another staff member acknowledged it was important to be aware anyone could be an abuser and said, "You can't always assume it is a member of staff who is carrying out the abuse. It could be anyone."

Although staff told us they were aware of the need to report safeguarding concerns, we identified a situation in which a person who lived at the home was placed at risk of harm. The provider had carried out an internal investigation to look at events surrounding the concern and had taken appropriate action but had not reported the incident to CQC. We spoke with the registered manager about this and they acknowledged after discussion that they should have reported the incident.

Staff were aware of their rights and responsibilities should they decide to whistle blow. One staff member said, "I would go to the police or CQC if it was relating to the registered manager."

We looked at how the service was being staffed. We did this to make sure there were enough staff on duty at all times, to support people who lived at the home. There were six

Requires improvement

# Is the service safe?

staff members on duty throughout the day of the inspection; this included the registered manager and a deputy manager. Staff were employed to carry out cleaning tasks alongside their caring duties.

People who lived at the home and visitors were complimentary about staffing levels. One person informed us they never had to wait for staff to come when they made a request. During the inspection we noted staff had time to sit with people to discuss their needs and responded in a timely manner. Staff were not rushed in carrying out their duties.

We spoke with staff members about staffing levels at the home. All staff said staffing levels were good and there were always enough staff on duty to meet the needs of the people who lived at the home. One staff member said there was, "Always plenty of staff on duty." The registered manager told us staffing levels were reviewed when people's needs changed and staffing levels would increase if the needs of people changed. When people were at end of life, extra staff would be drafted in to provide one to one care and support for the person.

We spoke with staff and the registered manager to ascertain what systems were in place for provision of staffing in an emergency. The registered manager explained there was an emergency on call system in place for management support outside of office hours. The registered provider had recently re-assessed on call provision and had restructured the system to take pressure off the registered manager from being on call for long periods of time. Staff said they were happy with the on call system in place and were confident management would support them if required. The registered provider did not use agency staff but had a bank of their own casual staff to cover in emergencies. This allowed for consistency of staffing.

We looked at recruitment procedures in place at the home to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed four files relating to staff at the home. Staff records demonstrated the provider had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The provider retained comprehensive records relating to each staff member which demonstrated full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work, one of which was the last employer. A staff member who had recently been recruited confirmed they were subject to all checks prior to being able to commence work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for all people providing a regulated activity within health and social care. This process allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults.

We looked at how medicines were managed within the home. We saw they were checked and confirmed on admission to the home by the registered manager. Medicines were stored securely within a cabinet in the staff office. Tablets were blister packed by the pharmacy ready for administration. Storing medicines safely helps prevent mishandling and misuse. Creams and liquids were in original bottles. PRN medicines were kept separate to medicines prescribed every day. PRN medicines are prescribed to be used on an "as and when basis".

Controlled drugs were kept in a separate controlled drug cabinet to meet legislative requirements. We checked the systems in place for administering and storing controlled drugs to ensure they met the requirements of the law. We also spot checked one controlled drug to ensure the stock numbers matched the numbers recorded in the controlled drug record.

The registered manager had completed an audit of medicines administration processes in January 2015 and had acted on concerns when poor standards in signing for medicines had been identified. This showed the registered manager acted in a timely manner to improve the standards of administering and recording of medicines.

We observed medicines being administered to two people. Records belonging to each person had a photograph upon them so the person could be identified prior to medicines being administered. Medicines were administered to one person at a time. Staff observed people taking their medicines before signing for it. We observed one person being administered eye drops. The staff member checked the expiry date on the bottle before administering the drops.

Requires improvement

# Is the service safe?

Staff requested consent from people prior to administering medicines and understood people had a right to refuse these. The staff member administering medicines explained it would be documented in notes should they refuse. The registered manager said if someone consistently refused they would speak to the individual and make a referral to the doctor to discuss why the person may be refusing their medicines.

We looked at accidents and incidents that had occurred at the home. The registered manager kept a central record of all accidents and incidents that occurred for staff and people who lived at the home. This allowed the registered manager to assess all accidents and incidents to look for emerging patterns. Records completed were comprehensive and up to date. Staff members on shift at the time of the accident were responsible for completing the forms. We noted however two serious injuries had occurred since the last inspection. These had been investigated by the registered manager but had not been reported to the appropriate bodies.

Good

# Is the service effective?

## Our findings

All the people who lived at the home agreed the food provided was excellent. One person who told us, “She [the cook] is very good. If there is something you don’t like, you just tell her and she will cook something else.” Another person said, “The cook either has a very good memory or it’s written down somewhere because they know what we like and don’t like.”

Friends and relatives we spoke with were complimentary about service provision at The Thorns. One friend said, “The service is brilliant, it’s very good.” Another relative said, “When [relative] moved in here, I wouldn’t have given them long to live. [Relative] has now put weight on; they look amazing and look twenty years younger!”

Breakfast was being served when we arrived at the home. We observed people being taken breakfast in bed. The registered manager told us all people were offered the opportunity to have breakfast in bed when they awoke or requested it. Each person had a breakfast card which detailed their likes and preferences for breakfast. Staff referred to these cards each morning to ensure peoples breakfast preferences were met.

The dining room was pleasantly decorated. Tables had flowers, condiments, napkins and glasses upon them ready for the meal being served. It was set for ten people on the day of inspection. Lunch was served in the dining room for those who required it. Some people preferred to eat in their rooms. The registered manager said they liked to try and encourage all people who lived at the home to eat in the dining room at least once each day. This was to encourage people to socialise as a means to reduce isolation.

We observed meals being provided at lunch and dinner whilst at the home. People’s preferences were taken into account when serving food. We observed a variety of foods being offered and served. Food was plentiful and looked appetising. People were offered a variety of fluids alongside their meal.

Both meals observed were a leisurely affair and people were not rushed. People sat eating lunch, chatting to other people who lived at the home. We overheard two people discussing lunch. One person said, “The food is nice.” The other person responded with, “It’s always nice.”

We observed staff popping in to enquire about people’s comfort and to ensure people were happy with their food. The registered manager explained staff did not stay in the dining room once people were eating meals as they thought it was inappropriate having staff stand over people whilst they ate. We observed staff standing in close proximity of the dining room and if people required any assistance they would respond to need.

We looked in the kitchen and noted there were ample stocks of food in place. The registered manager showed us the weekly menu that staff worked loosely around. People were offered the opportunity to have input into choosing what was on the menu. The cook had a list of people’s likes and preferences and took these into consideration when planning meals. There was also alcohol available for people. The registered manager said, “Some people enjoy a little drink in the evening.”

We spoke with staff to gauge their knowledge of dietary requirements of people who lived at the home. Staff had a good knowledge of each person and were aware of their individual dietary needs. Staff confirmed people at risk of malnutrition were weighed regularly and referrals were made to dieticians if there were concerns. One staff member told us that one person wasn’t keen on eating so they monitored the person’s food intake to ensure they ate regularly.

Individual care files showed health care needs were monitored and action taken to ensure optimal health was maintained. On the first day of inspection, paramedics were at the home attending to the health needs of one of the people. The registered manager told us staff had noted the person was not well so they called for assistance from health professionals. This showed us the registered provider was proactive in managing people’s health, in a timely manner.

During the inspection we saw various health professionals visited the home to attend to people’s health needs these included a GP, and chiropodist. All the health professionals we spoke with praised the registered provider and said they met people’s health needs. We noted that after health professionals had visited daily records were updated. Staff documented all health professionals input and recommendations into care records in a timely manner.

Records demonstrated people who lived at the home had regular appointments with general practitioners, dentists,

Good

# Is the service effective?

chiropody, physiotherapy, audiology, occupational therapy, specialist health practitioners and opticians. We noted people were given the option of informing relatives and inviting the relatives along to the appointment. People's consent to share updated information with relatives was requested before information relating to the persons health was shared.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. We noted a capacity assessment had been carried out for one person that determined the person did not have capacity to manage their own health condition. A best interests meeting was then carried out to determine how the health condition would be managed.

We spoke with staff to assess their working knowledge of the MCA. All staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. One staff member said, "It's all about working with people to encourage them to make sound decisions. If they can't make the decisions for themselves it's about working with them and their families to make the decision for them. Sometimes it's how you approach it and how you talk to people to enable them to make the decision."

We spoke with the registered provider about the Deprivation of Liberty Standards. (DoLs.) The registered manager told us all staff including themselves had completed DoLS training. The registered manager had a good understanding of DoLs and said at present no people were subject to restrictions. Whilst undertaking the inspection we observed no restrictions in place to limit people's freedom. People were able to mobilise freely throughout the building and were free to leave if they wished.

We spoke with a member of staff who told us one person who lived at the home liked to go out alone but sometimes became forgetful. The registered provider had put a system in place to aid the person to promote their independence and not restrict their liberty whilst out in the community.

We looked at staff training to ensure staff were given the opportunity to develop skills to enable them to give effective care. The registered manager maintained a personal training file for each staff to identify what skills each staff member had and what training was required for staff. Staff were provided with induction training from the registered manager and the deputy manager and were expected to undertake additional training. Staff confirmed all new employees were expected to carry out a period of shadowing prior to working unsupervised. Progress of new staff was tracked using an induction booklet. The deputy manager stated that all new staff were expected to complete the Care Certificate as part of the induction. The care certificate is a nationally accredited training programme which aims to provide new staff with the skills and qualities required to provide safe and effective care.

All the staff we spoke with said they were provided with appropriate training to carry out their role. We noted staff had been provided with training in safeguarding of vulnerable adults, safe administration of medicines and first aid. We also spoke with a visitor at the home who supplied the home with cleaning products. They confirmed they attended the home on an annual basis and provided the staff with health and safety training and risk assessment training. The visitor complimented the knowledge and skills of the staff team and said it had improved dramatically over the past ten years.

We spoke with staff about supervision. All the permanent staff we spoke with told us they felt supported within their role. The registered manager said that communication with the staff team was usually dealt with informally or as required. We saw evidence supervisions took place.

Good

# Is the service caring?

## Our findings

All the people who lived at the home were complimentary about the staff who worked at the home. One person said, “The staff are very kind.” Another person said, “This is a lovely home.”

All the relatives and visitors we spoke with acknowledged the care provided to people was good. One visitor said, “In my opinion, if we had to score the home out of ten, I would score it as ten plus. The staff are so kind.”

We observed positive interactions throughout the inspection between staff and people who lived at the home. During the course of the inspection we noted staff frequently checked the welfare of each person to ensure they were comfortable and not in any need. One staff member asked a person if they would like their cushions plumping up as they passed by their room. We observed another staff responded immediately when they noted one person did not look comfortable sat in their chair.

We observed staff responding to a person who was upset. The staff member explained this person was grieving for their partner who had recently passed away. Staff offered lots of comfort to this person and reassurance to ease any distress. They also used appropriate touch to give comfort. They demonstrated patience and understanding, staying with the person whilst they were upset.

We observed general interactions between staff and people who lived at the home. Staff took time to sit with people and engage in conversation. One staff member told us they often had to wait for their transport to go home. Whilst they waited for transport they used their free time to sit with people who liked to stay in their room. The staff member said, “I don’t like seeing people sat on their own.”

We observed staff laughing and joking with people and people looked comfortable in the presence of staff. We overheard one person asking a staff member what the pudding was for lunch. The staff member responded by saying, “It’s no pudding Wednesday” and laughed. The person responded by laughing and said, “You are pulling my leg.”

Privacy and dignity was also addressed within people’s care plans. People were asked about their preferences for privacy and staff were aware of people’s preferences. We observed staff members knocking on people’s doors and asking permission to enter rooms.

People who lived at the home had access to advocacy services if they so wished. Staff were aware of the role of advocacy and its importance within services. We were informed by staff that advocacy services had been used in the past but at present no one required an advocate. Everyone who currently lived at the home had active input from family and friends.

We noted a number of visitors at the home on the day of inspection. All the visitors we spoke with commended the service provider on the hospitality provided. Visitors were welcomed and were at ease within the home. Visitors were welcomed to visit people in the privacy of their bedroom if the person wished. People had their own telephone line within their bedroom so they could contact friends and relatives whenever they required and had the privacy to do so.

Good

# Is the service responsive?

## Our findings

People who lived at the home told us there were always plenty of activities on offer for them to become involved in, if they wished. One person said, "There is always something to do."

One visitor to the home said, "It's marvellous here. They don't leave people sitting around with nothing to do. There is always something going on."

The registered manager told us there were a variety of activities on offer to people who lived at the home. One staff member told us activities provided included pet therapy, visiting musicians, drama productions and a company who visited to provide exercise sessions on a fortnightly basis. Staff told us they also provided entertainment and facilitated reminiscence sessions and arts and crafts with people. They also played board games such as bingo.

One staff member was also trained as a beauty therapist. The registered provider employed the staff member for an additional two hours per week to provide beauty treatments to people. The staff member told us they offer people who lived at the home opportunity to have a facial or beauty treatment within this time. The staff member said people responded positively to this treatment. The staff member also purchased toiletries and held a little shop in the home, where people could choose some luxury items to pamper themselves with. The staff member said that people enjoyed selecting nicely scented items.

On the first day of inspection a musician visited the home and sang to the people who lived at the home. People were given instruments to join in if they wished. We observed people enjoying this activity singing along and playing instruments.

We noted various opportunities for activity around the home. We noted books and magazines in the living room and conservatory and an arts and crafts area in the lounge.

Staff were aware of people's likes and dislikes when offering social activities. One person enjoyed spending time in their room completing puzzles. Staff told us they sometimes assisted them if they requested help. Another person enjoyed music and used to play the piano. The home had a piano in the lounge and we observed one staff member playing this. They said they hoped it would encourage the person to come along and play too.

Visitors told us they were encouraged to come along and join in sessions. The registered provider was creative in facilitating activities for people who lived at the home. On one occasion they had decided to hold an "Ascot, Ladies day" event at the home and people who lived there were encouraged to dress up and wear a hat. Refreshments were provided and visitors were welcomed to join in. We were shown photographs taken on the day and everyone looked happy and enjoying themselves.

The registered provider had sought to increase people's access within the grounds of the home. We noted they had recently had the front garden re-designed so people could sit in the gardens at the front of the home. Work had also been completed to improve access from the home onto the adjoining canal. One staff member said people enjoyed having the access to the external areas outside the home.

We looked at care records belonging to three people who lived at the home. The deputy manager told us they had started making improvements to care records and had introduced some new paperwork. Care records were person centred and contained detailed information surrounding people's likes and preferences. One person had a one page profile in place which highlighted the key points of importance to consider when supporting them. We also noted in another person's file they liked to wear purple clothing. On the day of inspection, we noted this person was dressed in purple. This demonstrated the registered provider was committed to providing personalised care.

Care records demonstrated the registered manager carried out a detailed pre-assessment of each person before they moved into the home and captured relevant information relating to the care support requirements of the person. This ensured people's needs were documented and met from the onset of the service.

Care plans were detailed, up to date and addressed a number of areas including health and wellbeing, communication, mobility and safety, personal care, continence and end of life care. Care plans detailed

Good

# Is the service responsive?

people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's being involved wherever appropriate, within the care plan.

Needs identified within the care plan were also addressed within the individual risk assessments for each person. Care plan records were evaluated monthly by the registered manager and the deputy manager. We saw evidence that records were updated when people's needs changed.

We noted that people were encouraged to complain about the service if they were unhappy with any aspect of the care. People had literature in their rooms which included a complaints procedure. The complaints procedure was also clearly on show in a communal area. People who lived at the home said they had no complaints about the service. One person said, "I've no complaints about the home, it's a lovely place." People knew who the manager was and how to complain.

All the family members and visitors we spoke with confirmed they had no complaints with the service. One said, "The service is brilliant, it's very good. I've no complaints." Another relative told us they had made a complaint about a staff member once and was impressed at how quickly and efficiently it was dealt with. The relative said, "It wasn't a problem for the manager and it was dealt with." We saw evidence this complaint had been investigated thoroughly by the provider and appropriate action was taken in light of the complaint. The registered manager stated they had not had any formal complaints because concerns were picked up and dealt with in a timely manner.

Requires improvement

# Is the service well-led?

## Our findings

Prior to the inspection taking place we analysed data held upon our system about the registered provider. We noted that the home was at risk of under-reporting incidents which are notifiable to the CQC. During the inspection we identified three incidents which had not been reported to the CQC. We spoke to the registered manager about these incidents and they acknowledged there had been confusion about reporting one incident but acknowledged that with hindsight they should have reported the other two.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the registered manager had failed to report notifiable events as stated in the regulations.

We looked at what audit systems were in place to ensure to ensure safe and effective care was delivered. The registered manager said they completed medication audits but were unable to confirm any other audits took place. During the course of the inspection we noted that a fire risk assessment carried out by an external consultant had expired in April 2015 and required updating. We also noted the portable appliance testing certificate had expired. We pointed these out to the registered manager who agreed to ensure these tasks were carried out as a matter of urgency. We received confirmation these tasks had been completed following our inspection.

We also noted the fire and rescue service had issued a fire action plan in April 2014 to the registered provider. The action plan stated the registered provider was to ensure the findings identified by the external consultant's fire risk assessment were carried out within the timeframes specified. When we spoke with the registered manager to ascertain what actions had been completed as specified in the fire risk assessment, the registered manager could not produce any evidence to show the actions set out in the fire risk assessment had been addressed or completed to make the home safe. The registered manager was unable to provide any evidence to demonstrate that actions had been taken to address the risk identified within the risk assessments.

During the course of the inspection we noted that staff were required to work alone during certain periods of time each day. We asked the registered manager if there was a lone workers risk assessment in place to address and manage the risks associated with lone working. The registered manager said they were unsure about this and could not produce an up to date risk assessment to show the risks of lone working had been addressed and were being managed. We were supplied with this after our inspection had been completed.

All of the people who lived at the home spoke positively about the manager and their management style. One person who lived at the home said, "You couldn't have a better person managing the home."

All the members of staff we spoke with also commended the style of the manager and their caring and supportive personality. One staff member said, "[Manager] is good. You can see the love in them. They are 100% dedicated to their job." Another staff member described the home as, "A nice place to work and live."

There was an open culture within the home. We noted an incident whereby a staff member had made a mistake. The staff member was upfront and admitted to the mistake. Staff said they could approach the manager with any concerns and they were confident they would be listened to. Another staff member said, "We can always go to [the manager] to discuss any problems or make suggestions. They are very approachable." Two staff said they, "Loved working" at the home and likened the home to a "Family unit."

All staff felt they were supported by the registered manager. One staff member said, "If we have any problems we can go to them [the managers.] The management often praise us when we have done good."

The registered provider had recently carried out a restructure within the home and had increased the management positions within the home. This restructure was part of a business continuity plan that had been developed between the registered manager and the registered provider. The registered manager was hoping to retire in the near future and a deputy manager had been identified to replace the registered manager. The registered provider had allowed plenty of time for a transition to occur so that the deputy manager was appropriately trained and ready for taking over the role of the registered manager.

Requires improvement

# Is the service well-led?

People who lived at the home, relatives and visitors were aware of who was in charge and who to go to when they had concerns. During the inspection we observed people asking the registered manager for advice and guidance.

Communication between the team was good. The registered manager explained that all staff sat down and ate breakfast together every morning. This enabled the staff to have a daily team meeting and a comprehensive handover from the manager. All important information was also documented on a handover sheet. Team meetings were organised approximately twice every year.

The registered manager worked hands on when required. They confirmed they covered shifts when staff were sick from work. Staff said the registered manager was, "very hands on" and understood the needs of the people who lived at the home. Staff praised the registered manager for her commitment to working as part of the team. The registered manager was empathetic towards the needs of the staff and said, "I would never ask my staff to do anything I would not do."

The atmosphere of the home was warm and welcoming and team work played an integral part in the running of the home. One health professional passed comment on the comradery of the staff team and described the teamwork as good.

The registered manager had some quality assurance systems in place. These included medication audits and staff training audits. We noted that a medication audit carried out earlier in the year identified some concerns, to which the registered manager acted immediately.

The registered manager was committed to seeking views about the quality of service provision as a means to improve service delivery. The registered manager sent out questionnaires to family members and health professionals twice yearly. The registered manager acknowledged the importance of seeking feedback and said they were unafraid of making changes if they were required.

Feedback from people using the service was achieved on an informal everyday basis. We overheard the registered manager routinely asking people if they were happy with the service on the days of the inspection.

The registered manager said that communication with the registered provider was good and confirmed they met monthly to discuss the service. The registered manager said they felt supported by the registered provider.

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 |
| --- | --- |
| | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>**The registered manager failed to notify the Commission without delay incidents as required within a timely manner.**<br><br>18 (2) (a) (ii)<br><br>18 (2) (e) |