Care Quality Commission

Northway House Residential Home Limited

Northway House Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

Northway House Residential Home was last inspected on the 15 May 2014. At that time we found the provider was not meeting the regulations in relation to the management of medicines and staffing. Following the inspection the provider sent us an action plan telling us about the improvements they were going to make, including the timescales for being compliant with the regulations. During this inspection the provider had taken action to address staffing levels but improvements were needed in relation to the management of medicines.

This inspection was unannounced and took place on 29 and 30 October 2014. At the time of this inspection there were 23 people living at the home.

Northway House Residential Home can accommodate up to 29 people. The home provides accommodation and personal care for older people. The home does not provide nursing care. This is provided by the local

Summary of findings

community nurse team. The home offers a rehabilitation service in partnership with the local authority independent living team. This service offers respite for people, which may prevent hospital admissions.

The service had gone through some major changes in the past year. For a period of time the service provided nursing care and then the provider decided to cease providing nursing care. This meant a change in staff personnel, including the management of the home. Two people in particular had found the changes unsettling, especially the changes of manager.

The home has been without a registered manager since April 2014. A new manager was appointed in June 2014 but an application to register with the Care Quality Commission had not been received at the time of this inspection. 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 and associated Regulations about how the service is run.

Some of the ways medicines were managed were not safe. People did not always receive their medicines as prescribed because the supply of their medicine had run out. This put people at risk as they did not have the medicines they needed. Medicine records were not always accurate and the use of prescribed creams and ointments was not always recorded to confirm people were receiving creams as prescribed.

People's rights to make decisions were not always fully protected because staff were not always following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make particular decisions. For example, where bed rails were used. The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interest.

There were some systems in place to assess the quality of the service provided in the home but these were not always effective. The systems had not ensured that people were protected against some risks, for example risks related to the management of medicines. There were no arrangements in place to obtain feedback from people living at the home, their relatives, professionals or staff.

The experiences of people who lived at the home were positive overall. People told us they felt safe living at the home, staff were kind, gentle and patient. They said the care and support they received was good. Visitors also spoke positively about the service provided. There were good links with health and social care professionals. Professionals told us they were particularly confident about the care and support provided to people with mental health issues and those receiving the rehabilitation service.

People enjoyed the food and had a choice about what and where to eat. A variety of activities were offered, which provided people with stimulation and interest. We saw positive interactions between people living at the home and staff. Staff were respectful and friendly during exchanges with people. There were processes in place for raising and responding to complaints. However not all people were aware of who to raise concerns with although the majority of people said they would speak with a member of staff .

Staffing levels had improved since the last inspection which meant there were sufficient staff to meet people's needs and support their independence. Call bells were answered promptly and people requests were responded to. Safe systems were in place when new staff were recruited to make sure they were suitable. New staff completed training before working in the home to help them work safely with people.

Staff were knowledgeable about people's individual needs and preferences. They were aware safeguarding issues and knew about the various types of abuse and how to raise any concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version 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

The service was not safe. Medicines were not always managed safely and records had not been completed accurately.

People felt safe living at Northway House. Risks were appropriately managed and took account of individual choice and independence. Staff in the home knew how to recognise and report abuse.

Recruitment processes ensured staff were suitable to work with vulnerable people and staff were trained to meet people's needs safely. Staffing levels ensured people received appropriate support to meet their needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Where people did not have the capacity to consent to their care and treatment, the provider did not act in accordance with legal requirements.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

The home had established good links with external professionals. People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

The staff were trained and competent to provide the support individuals required. They knew the people they were supporting and the care they needed.

Is the service caring?

Good

This service was caring. People were positive about the care they received and said they were supported by staff who were kind and caring. The staff were friendly, patient and discreet when providing support to people.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Care plans were reviewed regularly with each person living at the home or with a relative where appropriate.

Is the service responsive?

Good

This service was responsive. People had their needs assessed and individual care records showed how they wanted to be supported. Staff provided care and support in a sensitive and respectful manner. People said they were happy with the care and support they received.

Summary of findings

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with people's preferences and interests.

Family members and friends were welcome at the home and they continued to play an important role and people enjoyed spending time with them.

People were able to raise concerns or issues about the service and issues raised were acted on. However, not everyone knew who to raise concerns with.

Is the service well-led?

Some aspects of the service were not well-led. The home has been without a registered manager since April 2014. A new manager was appointed in June 2014 but an application to register with the Care Quality Commission had not been received at the time of this inspection.

Although there were some systems to assess the quality of the service provided in the home these were not effective. The shortfalls we found during this inspection had not been looked at as part of the services' own quality monitoring systems. The systems used did not enable people to give formal feedback about the quality of care they received.

There were systems in place to make sure the staff learnt from events such as accidents and incidents. This helped to reduce the risks to the people who used the service.

Requires Improvement

Northway House Residential 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 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.

Prior to the inspection we reviewed a range of information to ensure we were addressing potential areas of concern and to identify good practice. This included the Provider Information Record (PIR), which asks the provider to give some key information about the service, including what the service does well and improvements they plan to make. We also reviewed previous inspection reports and other information held by CQC, such as notifications. A notification is information about important events which the service is required to send us by law.

This inspection took place on 29 and 30 October 2014 and was unannounced, which meant the staff and provider did not know we would be visiting. The inspection team consisted of a CQC inspector, a pharmacist inspector and an expert-by-experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of this inspection there were 23 people living at the home. Some people had lived at the home for many years, while others had moved in during the past year. We spoke with 13 people receiving a service, four relatives, and 11 members of staff, including the manager, care staff, and ancillary staff. Some people were not able to fully express their experiences to us. We observed care and support delivered to people. We reviewed the care files of four people to help us understand the care they required. We also reviewed four staff personnel files, staff training records, a selection of policies and procedures and other records relating to the management of the service.

As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from four professionals; a local authority team manager; a community nurse; a community psychiatric nurse and an occupational therapist who was part of the independent living team.

Requires Improvement

Is the service safe?

Our findings

When we inspected this service in May 2014 we found people were not always protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage people's medicines. At this inspection medicines were not always handled safely.

Medicines were stored securely however the arrangements for storing the medicine keys were not secure. Suitable arrangements were in place for ordering people's medicines however we saw two examples where a person's medicine had run out before the new supply had been received. Both people had been unable to take one of their prescribed medicines for four days.

Staff used printed medicines administration record sheets to record when they had given people their medicines. The records did not always demonstrate that people had been given their medicines as prescribed. We looked at all the records in current use. Eight peoples' records had at least one gap, so it was not clear whether people had received their medicines as prescribed. One person's record showed that on five occasions staff had given one tablet when the prescribed dose for the medicine was two tablets. Staff had not recorded why they had not given the correct dose.

One person's record showed they had been prescribed a number of inhaled medicines to help their breathing. This treatment had been reviewed by the doctor and two of the inhalers had been discontinued. One of these inhalers had not been removed from the person's medicines cupboard. This increased the risk that the wrong inhaler would be used. Staff said they had used this inhaler on the morning of the inspection, not realising it was the wrong one.

Several people were prescribed creams and ointments. These were kept in their bedrooms and applied by care staff. Records were available in people's rooms for staff to complete when they had applied these preparations. We looked at the preparations and records in five people's rooms. Two people had no record charts for the creams in their room. One person had two creams prescribed by the doctor in April and August 2014 which were not on their record sheets. Staff said these were not in current use.

Leaving these preparations in place increased the risk they would be used incorrectly. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People looked after some of their own medicines when able to do so. One person confirmed they were happy with these arrangements. Staff looked after and gave most of the medicines used in the Northway House. We saw staff giving some people their lunch time medicines in a safe and respectful way. People were asked if they needed pain relieving medicines, prescribed to be given 'when required', so they were able to choose whether they needed these medicines.

People told us they felt safe living at Northway House and had access to the necessary support to meet their needs. Comments included, "I am very happy here. No harm comes to me"; "No one bullies me or tells me what to do"; and "They (staff) come around to ask if everything is ok. They make sure I am alright."

Relatives said they had no concerns about their family member's safety at the home. One told us, "Mum is safe here. She is looked after very well." Another relative said, "I have not seen or heard anything of concern. We don't go home worried about safety." Visiting professionals had no concerns about the safety of people using the service. A member of the independent living team said, "Staff really understand and they are helpful and supportive."

Staff had received training about safeguarding vulnerable adults. The service had policies and procedures in place, and information was on display to remind all staff about their responsibilities. Care staff had a good understanding of the various forms of abuse and they knew who to report any concerns or suspicions of abuse to. This showed that staff were aware of the systems in place to protect people. Care staff were confident senior staff would take action. Senior staff were aware of their responsibilities to report safeguarding issues to the local authority and CQC.

Risks were appropriately managed and took account of choice and independence. Where risks were identified appropriate risk assessments and management plans were in place. For example, risks to people's skin from pressure damage, risk of falls, poor diet and mobility risks. Risk assessments were reviewed regularly and as circumstances changed. Appropriate actions had been taken to reduce people's risks. For example, one person told us they had

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Is the service safe?

fallen. As a result they were given a pendent alarm to wear to call staff in an emergency if needed. The person told us, "This is for my safety. It is wiser to wear it. If I went down again I can call the staff."

People were involved in the decisions about the risks they chose to take. For example, one person said they were very keen to retain their independence and they enjoyed visits to the local town to see friends. This person had experienced falls when out. The risk had been identified in the person's care records and had been discussed with them. Despite the risk the person was supported to enjoy independence outside of the home.

At the last inspection in May 2014 we found staffing arrangements were inadequate and had the potential to put people at risk. At this inspection most people said that there were sufficient staff on duty to meet their needs. Comments included, "There's enough people to help. They come quickly if you ring the bell"; "I've called in the night a couple of times if I need help… I don't have to wait too long" and "the staff are excellent. Always there when you need them." During the inspection call bells were answered promptly. Staff had time to talk and engage people with activities. Two people felt there were shortages of staff at times but they were unable to say how this affected them.

No concerns were raised by relatives or visiting professionals about staffing levels. One professional said, "There are lots of staff around. They have time to help people with their rehabilitation." Staff said there were always enough staff on duty unless there was short notice sickness. Since the last inspection the home no longer provides nursing care and staff felt the overall dependency and needs of people living at the home had decreased. Staff said they were not rushed when delivering care and support, this was confirmed by people we spoke with.

Additional staff had been employed since the last inspection. This included laundry and kitchen staff, a person to serve drinks and assist with mealtimes and an activities coordinator. Care staff said this enabled them to spend more time caring for people as they were no longer involved in domestic tasks such as laundry or preparing and serving supper. The manager had reviewed the shift patterns to ensure enough staff were on duty at all times, in particular peak times, for example in the morning. Staff said this had worked well. The duty rota showed planned staffing levels had been maintained unless short notice sickness had occurred. Where possible, sickness was covered by the existing staff.

Records relating to staff recruitment showed the necessary checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were suitable to work with vulnerable people.

Requires Improvement

Is the service effective?

Our findings

People received care and support from staff who had received training and had read the relevant policies relating to the Mental Capacity Act 2005. Staff, including the manager, were aware of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), but had not always put this into practice. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority to protect the person from harm. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

Seven people living at the home had dementia and therefore may lack capacity to make certain decisions. The manager said no one required the application of a Deprivation of Liberty Safeguard (DoLS). The manager was aware of a supreme court judgement made in April 2014, which made it clear that if a person lacking capacity to consent to arrangements for their care, was subject to continuous supervision and control and was not free to leave the service they are likely to be deprived of their liberty.

The care records for one person who had a dementia type illness, showed they were able to make 'simple decisions', for example what they like to eat and drink. The care records showed that for more complex decisions the involvement of the person's relative, social worker and/or Independent Mental Capacity Advocate would be needed.

This person had bed rails in place to prevent the risk of falls from bed. The need for the rails had been risk assessed. However, the consent form in their care plan had not been completed or signed to show agreement for the use the bed rails. There was no supporting evidence of how the person's capacity to consent to bed rails had been assessed. There was no record of whether any best interest discussions or meetings had taken place to ensure the use of bed rails was the least restrictive way of managing the risk, or to ensure they were not being deprived on their liberty. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager had worked with the relevant external professionals recently to establish another person's capacity and whether restrictions to their liberty were required to keep them safe. A meeting had been undertaken to ensure a best interest decision had been made for the person. One mental health professional involved in the best interest meeting said, "They (the manager and home) worked in partnership with us. They were brilliant during the whole process. The person and their family were very pleased with the outcome and the service overall."

Staff gave people time to make decisions about their care, and how and where they spent their day. People said there were no restrictions on what they could do. One person said, "I am free to do what I want." People, who were able, had freedom to go outside if they wanted to. One person enjoyed spending time in the garden and another person spent time independently out of the home.

Staff said they had opportunities for training, to make sure they had the skills and knowledge to provide the support individuals needed. They said they were encouraged and supported to attend training sessions. There were reminders about a variety of forthcoming training events for staff to sign up to in the staff office. For example first aid refresher courses; infection control; mental health awareness and end of life care. Nearly 40% of staff had signed up for the refresher courses offered in November 2014 and January 2015. Other staff training records showed staff had completed training relevant to their roles and responsibilities. This included training to keep people safe, such as in moving and handling, infection control, and safeguarding. The Provider Information Record (PIR) showed nearly 60% of staff had achieved a level 2 or above NVQ or Diploma in Health and Social Care. The manager planned to develop an overall staff training matrix following the introduction of staff appraisals. This would record the training staff had completed and identify if/when training needed to be repeated. After the inspection the manager sent us the proposed schedule for senior staff appraisals, which were planned for the month of November 2014 and would inform the training plan.

Staff said they had not received supervision, which enabled them to discuss their role, performance and training needs with their manager. Two staff said they had not received supervision for over two years. Two other members of staff, who had worked at the home for several years said they

Is the service effective?

had not had a one to one meeting with their manager in their time working at the home. The manager was in the process of establishing a supervision programme for all staff. With the exception of one member of staff, staff said they were able to speak with the manager if they had any queries or concerns.

People we spoke with did not raise any concerns about their care or health needs. People said they were satisfied with the care they received and were well treated. One person said, "Staff do so much to help me. I am contented here."

One relative said, "The overall care is good." However they had been concerned about the supply of their family member's continence products. They gave us permission to discuss their concerns with the manager. The manager said a senior member of staff had spoken with the family in the recent past but would speak with them again to ensure they understood the issues. Two other relatives spoke positively about the care their relative received, saying, "We have been very happy with the care. Mum looks well and seems happy and settled."

Visiting health professionals also spoke positively about the care and support provided. They told us staff were competent and skilled and understanding of people's needs.

A community nurse said staff acted on their recommendations, which ensured the correct health care was provided for people. A mental health nurse told us they were contacted appropriately with any concerns and problems. They said, "Staff are knowledgeable and follow our recommendations. It is a brilliant service." Care records showed the involvement of other healthcare professionals such as opticians, occupational therapists, physiotherapists and chiropodist. People told us they were able see their GP when needed and they also attended outpatient appointments to ensure their health needs were monitored. This showed outside professionals were involved to make sure people's needs were met.

Where people were at risk of losing weight and of dehydration, systems were in place to monitor and manage these risks. Care plans provided information for staff to ensure people received the appropriate support. Where one person was at risk due to a poor dietary intake, a referral had been made to the GP. The person was supported to eat and drink at mealtimes to improve their intake, and additional snacks were offered during the day. As a result, records showed the person's weight was stable.

People were able to make choices about the food they ate. There was a choice of two main meals daily and these were displayed on a board in the dining room to remind people what was available. If people did not want either of the main meals offered, they could choose an alternative. We saw a member of staff discussing the daily lunch and supper menu with people. They went through the menu with each person, allowing them time to make a choice. One person chose to have something not on the menu and this was organised by staff.

Some people had special dietary needs, and preferences. Kitchen and care staff had the information they needed to support people. For example, three different meals were provided at lunch time to meet people's needs and preferences, including a vegetarian meal. People told us they enjoyed the food. Comments included, "The food is good and we get a choice" and "The food is excellent and plenty of it." One person felt there had been a decline in the quality and variety of foods available more recently.

Lunchtime was very pleasant and sociable. The majority of people ate in the dining room where tables were set in a restaurant style. Staff maintained a cheerful and chatty atmosphere while serving and supervising. People were quite lively and sociable during their lunch, obviously enjoying the food and occasion. All but one person ate independently. The person who needed assistance was being supported by one member of staff in the dining room and was encouraged to eat. People were given drinks and snacks during the morning and there was water and fresh fruit available in the lounge/dining area.

Good

Is the service caring?

Our findings

People said they were well cared for and they spoke highly of the care staff. Comments included, "The carers are very nice and gentle and understanding. Everything's done for you. We're well looked after"; and "The people (staff) are all very kind, nice and helpful."

Relatives said they were happy with the care and support provided to their family member. One said, "Mum needs encouragement to engage with things. Staff are good at getting her to do things." Another relative said "We looked at 19 other homes before choosing this one. We feel we made the right choice. Staff are warm and friendly. They are always asking if she is Ok. They helped her to settle in." Relatives told us they always received a warm welcome and felt they were able to visit at any time. One relative said, "The manager and staff are never too busy to have a chat."

People could receive their visitors in one of the three communal areas or in their private bedrooms. Families and friends were kept informed of, and invited to, a range of activities and events at the home. For example, the home was planning to host a Christmas event for friends and family which included a buffet.

No concerns were received from visiting professionals. One told us "Staff treat people with dignity and respect." Another professional said, "I have no concerns. I have not seen any poor practice. People's personal care and appearance is well attended to. People I see are happy here."

People were supported to have their personal care needs met. People were neatly dressed in their own clothes, which looked well cared for. Staff helped people to take pride in their appearance and dress in their personal style. One person said, "My life was in clothes". They were very pleased with how their clothes and appearance were looked after at Northway House. They told us they had access to a regular hairdressing service as well as manicures.

During the inspection staff interacted with people in a caring and professional way. For example, one person became distressed and anxious. A member of staff recognised this and their approach was caring and respectful. They engaged the person by lowering their position to make eye contact. Reassurance was given along with gentle hand holding until the person became calm and even smiled at the member of staff. These strategies were included in the person's care plan related to their moods and emotions. There were friendly conversations and jokes shared and people's requests for assistance or information were responded to quickly.

There was a good rapport between many of the people; they chatted happily discussing the news of the day. One person said they found the home "homey and relaxed" compared with other places they had visited. They added, "You can sit, relax and have a gossip…that's me." A person who recently chose to live permanently at the home said they had chosen it because of the staff: "The staff are absolutely wonderful. I couldn't ask for better."

Staff were discreet and professional when assisting people with their personal care needs. Where one person required assistance with their continence needs staff prompted and assisted them in a way that retained and respected their dignity. People using the service and staff said personal care was always provided in private. Staff were aware of how to ensure people's privacy was supported during personal care, for example ensuring bedroom or bathrooms doors were closed. Staff knocked on people's bedroom doors before entering.

Bedrooms had been personalised with people's belongings, such as small pieces of furniture, photographs and ornaments, which helped people to feel at home.

Although some people did not understand the term care plan, people were involved in decisions about their care. Care plans were developed and reviewed with people using the service and/or with their relatives where appropriate. One person confirmed, "I can read it if I want to and the deputy came recently to ask if I was happy with everything". Another person said they were aware of their care plan and had input into it.

Two relatives described how the home had taken on board their suggestions when their family member first moved to the home. They said they felt listened to, involved and their suggestions had improved their family member's experience at the home.

Good

Is the service responsive?

Our findings

Before people moved to the home their needs were assessed to ensure the home was able to meet their needs and preferences. The manager told us she encouraged people to visit the home before making a decision and two relatives confirmed this. The relatives said, "We chose this home because of the attitude of the manager and staff, and the facilities here. We liked the room on offer, which suited Mum's needs and means she can be more independent." Other people said they had chosen the home, in consultation with their families, because of its location and previous knowledge of the home.

Each person had a care plan which was personal to them. Care plans were easy to understand and provided good information to enable staff to care for people in ways that supported individual needs and preferences.

People were supported when they became anxious, for example, care plans explored triggers for people's anxiety to find ways to support them. One person had a dementia type illness and they sometimes expressed their anxiety with verbal or physical aggression. The care plan gave details of the actions staff should take to reduce the person's anxiety. Staff spoken with were aware of the techniques to use and showed an understanding of the person's behaviour which was non-judgemental and caring. During the inspection staff used the suggested techniques, which had a positive impact on the person.

Care plans included information about risks for example pressure damage to skin and personal safety. There were clear strategies in place to reduce the identified risks. For example, where one person was at risk of skin damage they sat on a pressure relieving cushion. Where people required equipment or assistance from staff to mobilise safely this was recorded. People had the equipment they needed to maintain their independence, for example walking frames.

Staff were knowledgeable about the support people required, including their physical and mental health needs and personal care. They were able to describe individuals' likes and dislikes, and preferred routines, which reflected what was recorded in people's care records. Care plans contained information about people's preferences and life history, which gave a sense of the person. Staff said they had time to speak with people and get to know them and that care records contained the information they needed to deliver people's care safely and in a way people preferred.

The service worked in partnership with the independent living team to provide a rehabilitation service. A member of the team told us about the improvements to one person's mobility and overall health. They said, "Everything we ask staff to do to assist with rehabilitation they do. We get regular up-dates from staff. They are aware and have a good understanding of people's support needs." One person admitted for rehabilitation said she was satisfied with the treatment and care she received.

People said the routines within the home were flexible and met their needs. For example, they said they could choose when to get up and go to bed and how and where they spent their day. One person said, "I like to get up early, this is my choice and it suits me". They said staff were always happy to assistant them to do this. A relative told us their family member was able to "live the same here as they did at home". The person was able to keep their preferred daily routine, which was important to them. We saw some people used the communal areas, including the garden. Other people chose to spend time in their own room.

One person with a visual impairment seemed to spend a great deal of time hovering anxiously in the corridor near their room. They told us they were given a sheet with information about what activities were taking place but as they couldn't see the sheet they did not always know what activities were available. However, the activity coordinators informed the person about what was going on and the person did participate with activities regularly, such as outings, and baking, which they enjoyed. They told us they also enjoyed the company and conversation of others.

People were able to take part in a range of activities. Two activities coordinators were employed who provided activities to people in groups and/or in their rooms. In the week of the visit, activities were focused on Halloween and people were making pompoms and pumpkin lanterns in the morning. During the afternoon there was an art session. On the walls there were examples of people's art and poetry. Quizzes were also appreciated by residents. People were given a choice about whether they took part in the

Good

Is the service responsive?

activities. One person said they enjoyed planting and tending the garden, cleaning their own room and setting the tables for mealtimes. These activities reflected the person's preferences, interests, and past life experiences

Some people were able to go out independently. One person had a fairly independent life style and used the bus to visit the cricket ground and to meet up with friends. They told us, "I go out quite a bit to do shopping and get exercise… as well as meeting friends." Other people are able to go out with relatives or friends and the activities coordinators organised trips or outings to local places of interest. For example, cafes, shops, and garden centres. One professional said, "There is a good level of interaction and stimulation here for people".

Eight of the 13 people spoken with were not aware of ways of raising comments or suggestions such as a residents' meeting. One person told us regular residents' meeting used to be held to enable people to meet with the manager and provider to discuss a host of issues. For example changes at the home; food; activities; and the overall quality of care provided. However they said these meetings had not been held for several months and they no longer felt involved in making decisions. The manager confirmed this and showed us the minutes from the last residents' meeting held in March 2014. The manager said she planned to reinstate regular residents' meetings. However, she wanted to review how the meetings were run and structured to ensure everyone living at the home had an opportunity to participate.

There was a complaints procedure in place and people were given information about how to raise complaints when they moved to the home. While most people said they would take 'grumbles' to any member of staff, they could not identify a person who was there to listen to them. No-one living at the home mentioned speaking to the manager if there was a problem or concern.

The majority of people did not raise any specific concerns or complaints with us. However, one person told us the changes which had taken place at the home, including the changes to the management over the past months, had concerned them. They felt the home had been unsettled by the level of change and they did not know who to speak with about this. We shared this information with the manager at the feedback session. Two relatives told us they would speak with the manager or deputy if they had any concerns. They felt any concerns would be listened to and acted on. One said the manager was, "never too busy to chat".

The manager told us no formal complaints had been received since the last inspection. She explained that since being in post, one relative had raised an issue 'informally' which was dealt with immediately. No record was kept of the nature of the concern or the outcome. The manager said this was at the relative's request.

Requires Improvement

Is the service well-led?

Our findings

The home had been without a registered manager since March 2014. A new manager was appointed and took up the post in May 2014, however they left shortly afterwards. The current manager had been in post since June 2014 but had not registered with the CQC at the time of the inspection.

The home had experienced an unsettled period over the past year with changes to the service provided. In July 2014 the provider decided to withdraw nursing care at the home. During this time there had been disruption and changes for people living at the home and staff roles. Some people using the service had felt the impact of the changes and described it as an 'unsettling' time. In the past year there had been three managers which people and staff had found difficult.

There were some systems to assess the quality of the service provided in the home but these were not always effective. The systems had not ensured that people were protected against some risks described in this report. For example we found continued concerns relating to the safe management of medicines and the service was not fully meeting the requirements of the Mental Capacity Act (2005).

There were no systems in place to obtain feedback from people using the service about their experience or to enable them to influence the operation of the home. People said they could not recall completing satisfaction surveys or giving their feedback about the service is any 'formal' way. One person said, "We haven't ever done that". The manager and deputy were not aware of when the last satisfaction survey had been completed. No records could be found relating to a quality assurance survey for people using the service, their relatives or professionals. The manager said the provider had not shared any quality assurance action plans for areas of suggested improvement.

The provider visited the service regularly but there were no recorded processes to monitor the overall quality of the service. The provider gave some verbal feedback to the manager about areas for improvement found during their visits. An example given was the need to deep clean the conservatory, which was done. The manager showed us a template she had created to assist the provider to review the service during their visits but this was yet to be implemented.

Following the inspection the provider said reports were prepared following their visits recording matters discussed with residents, their relatives and staff. Any issues raised requiring attention was discussed with the manager and an action plan was produced and reviewed at the next visit to monitor progress. However, the manager said they received verbal feedback only and no formal records or actions plans were shared with them. This meant the provider did not have an effective system in place to monitor the quality of the service as the manager was unaware of the provider's written reports and actions plans.

There was a lack of effective quality monitoring arrangements at the service. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection the manager sent a copy of a questionnaire to be given to people living at the home to obtain their feedback about the service they received.

People knew who the manager was however they did not think they had access to her. For example, when asked who they would raise concerns with, no-one living at the home mentioned speaking to the manager if there was a problem or concern. Two relatives said they spoke with the manager regularly and that she was "never too busy to chat". They felt the manager was accessible and approachable.

Audits were carried out on a regular basis by the manager and deputy to monitor some aspects of the quality of the service. Areas covered included care plans, risk assessments; cleanliness and general maintenance. Where issues had been identified we found action had been taken. For example, the outcome of the care plan audits was shared with staff and care plans had been reviewed and up-dated to ensure they were accurate. The deputy manager aimed to meet with two people a week to hold individual conversations and review people's care with them. Records confirmed this was happening.

Incidents and accidents were reviewed by the manager and deputy regularly to ensure risks to people were reduced and lessons were learnt. There was a monthly audit in place which analysed the type the incident or accident and whether this has resulted in any injury or the need for

Requires Improvement

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medical intervention. No particular trend relating to the one person or the environment had been identified. Where people had experienced falls; trips or slips their care plan had been reviewed. Where necessary referrals had been made to external professionals and additional equipment or supervision had been put in place to reduce the risk.

All staff with the exception of one said they felt supported by the manager and deputy. Staff told us the manager 'worked on the floor' with them and was ready to help if staff sickness occurred. Staff felt the culture within the home was improving. They talked about the significant changes at the home over the past year and how this had impacted on their role. They felt more settled and said the general atmosphere had improved. One said, "Things are much better now". Another told us, "The manager is trying to sort things out after all the changes".

The manager had established monthly staff meetings, which staff said were useful. The meetings enabled staff to discuss any work issues and allowed the manager time to discuss any working practice or organisational issues. Minutes of the meeting were taken. We saw issues discussed included, staff contracts; the culture of the home; training and issues relating to the care of people at the home. Minutes of the meeting were displayed so staff unable to attend could be up-dated about the issues discussed. Staff, with the exception of one, said they felt free to raise any issues at the meetings.

There was a management structure in place which provided clear lines of responsibility and accountability. The manager had overall responsibility and was supported by a deputy manager and a team of senior care staff. Staff spoken with were aware of their roles and responsibilities. The manager knew about the events which were required to be reported to CQC under the Health and Social Care Act 2008. We had received notification of these events in the past.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not have suitable arrangements in place to protect people against the risks associated with the unsafe use and management of medicines. Regulation 13.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them. Regulation 18 (2)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **People who use services were not protected from unsafe or inappropriate care as the registered person did not regularly assess and monitor the quality of services provided. Regulation 10(1)(a) (b).**