M N P Complete Care Group

Sandgate Manor

Inspection report

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Ratings

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

Overall summary

We undertook an unannounced inspection of this home on 13 November 2014. This service provides accommodation and care for up to 25 people with complex physical care needs. There are three lodges in the grounds. These can accommodate up to two people in each lodge but are currently used as single accommodation. There are 19 people in single room accommodation in the main house, which comprises two floors accessible by lift. The home is located in a residential area of Sandgate. It is within walking distance of local amenities, shops and public transport and the main town of Folkestone.

This service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. 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.

People told us they liked living in the home and were happy there, they liked the staff and the opportunities they had for going out and doing the things they wanted

Summary of findings

to do. Relatives were very complimentary of the home commenting: "I can't fault it, staff are fantastic, and there is a nice mixture of older and younger staff". Another told us "We've always been very impressed with the care, staff know what they are doing, and it's just such a super place". A third person and their wife told us "Excellent service, would recommend it to anybody, always kept informed, if we have a complaint they deal with it immediately".

Staff told us they received updates to their training and records showed that a programme of essential training was in place to provide staff with the necessary skills to fulfil their role. However records showed some training was overdue for some staff, and did not make clear what cascaded training staff had received, how this was delivered to them and how their understanding and competencies were assessed.

People's concerns were taken seriously and acted upon, but not always recorded to show that proper processes had been followed.

Some stand-alone audits were undertaken that included, health and safety, medicines and finances, but some of these were not robust or sufficiently in depth to provide assurance that the area assessed was operating appropriately. An overarching assessment of service quality was planned but not yet in place; this would inform the registered manager and provider of shortfalls within the service so actions could be taken to address these.

Our inspection showed the home to be a place of fun and laughter. A majority of people were youthful, and their natural exuberance matched the determination and commitment demonstrated by staff to ensure they enjoyed the best quality of life they could, given the complexities of their physical and health needs.

People felt safe and cared for by staff. They were supported to live their lives in the way they chose. Where able to, they were supported to maintain their independence and to undertake tasks within their capabilities. People were supported to use a range of communication tools to ensure their voice could be heard and their views made known.

People lived in an environment that was well kept, visibly clean and ensured they had the right equipment in place for their needs. All appropriate health and safety checks were undertaken on a regular basis to keep them and staff safe. There were enough staff to support people's needs and the provider made sure that all staff recruited had all the necessary and important checks undertaken before they commenced work.

There were low levels of accidents and staff understood how to keep people safe and how to use the reporting mechanisms for safeguarding, whistleblowing and accidents and incidents.

Staff received appropriate induction into their job role and were given time to learn the routines and to find out about people's needs. They told us they had regular supervision but this was not as often as the provider's policy stated. However staff felt they could always get time alone with the registered manager or their line manager if they needed to.

Staff showed they had in depth knowledge of people's individual needs and support. Personal care was managed discreetly, and people were provided with the equipment they needed to help with their care and support needs. They were consulted about what they wanted to eat and staff ensured that everyone had enough to eat and drink, and assisted those with special dietary needs. People were supported to access health appointments and their healthcare needs were monitored.

Relatives told us they were always made welcome and some commented that they felt very much part of the team. People were supported through all aspects of their care and wellbeing including end of life care with the appropriate support of health and social care professionals. People had their own staff for one to one support so they used this time to do the things they wanted to do and could be as busy as they wanted to be.

There was a clear staff structure and people, staff and relatives found the registered manager approachable. Staff and relatives told us that the registered manager fostered a sense of openness and leadership; she was familiar to everyone and often seen around the home sitting and talking with people. People who used the service and their relatives were asked for their views about the service and felt listened to.

Summary of findings

We found a breach 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?

Good

The service was safe.

People felt comfortable in the home and with staff. The home was clean and well maintained with all appropriate safety checks and equipment servicing undertaken.

Staff understood how to keep people safe and when to escalate concerns. Medicines were managed safely and administered appropriately.

There were enough staff and the provider ensured that all appropriate checks were made of new staff to ensure they were able to work with people safely.

Is the service effective?

Requires Improvement

The service was not effective.

Staff met with their managers to discuss their work, but this was not as frequent as company policy prescribed. Staff received a range of training but some was overdue or not recorded. New staff received an induction to their role.

Managers understood Deprivation of Liberty Safeguards but discussions and decisions were not always recorded. Mental capacity assessments and best interest meetings were used for to support people make important decisions. Staff understood how to de-escalate people's behaviour in the least restrictive way.

People and relatives thought staff had the right skills and knowledge. Staff understood people's methods of communication. People liked the food they received and were consulted about what they ate. People's health needs were understood and attended to, to ensure their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.

People felt cared for and valued. They were treated as individuals but could share experiences and interests with others. Staff practice showed they respected people's privacy and dignity.

Staff showed they enjoyed the company of the people they supported. They empowered people to be as independent as they could be within their capabilities; they supported them to express their interests and hobbies.

People's end of life wishes were respected and their care and support handled sensitively. Care and consideration was shown to everyone connected to the person to ensure they were also supported.

Summary of findings

Is the service responsive?

Requires Improvement

The service was not responsive.

People and their relatives felt confident about raising concerns and that these would be listened to and acted upon. However, there was a culture of not recording informal concerns and this would show whether proper processes had been followed.

The registered manager assessed new people to ensure their needs could be met at the home. People who lived there had care plans that informed staff about their needs and how they wanted to be supported. People were supported to move elsewhere if they wanted to.

People had opportunities to do the things that interested them and visit places at home and abroad.

Is the service well-led?

Requires Improvement

The service was not well led.

Weaknesses in the standard of some recording had already been identified, but actions to address this had not been fully implemented. The quality monitoring system was not sufficiently effective to provide assurance of overall service quality to the provider or manager.

There was a clear staffing structure. Staff understood the lines of accountability, and understood their own responsibilities. Staff felt well supported and valued and always felt that their views would be listened to.

People and their relatives spoke positively about the culture and atmosphere of the home, and the approachability of staff. People and relatives were asked for their views and their comments were acted upon.

Sandgate Manor

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.

We undertook an unannounced inspection of this service on 13 November 2014. The inspection was undertaken by an 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also viewed other information we hold about the service in the form of notifications and complaints and previous reports. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 10 staff including the registered manager. We visited all areas of the home and met and spoke to more than half of the people that lived in the home either as brief acknowledgements or in more depth with staff support. We spoke with four relatives and a local authority commissioner.

Most people were unable to tell us directly about their day to day experiences, and we spent time throughout the inspection observing care. Staff who understood people helped them tell us what their views were; we also used a Short Observational Framework for Inspection (SOFI) tool. SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We reviewed a range of records. This included three care records and associated risk information; environmental risk information, recruitment information for two new staff; records of training and supervision, records of accidents/ incidents, complaints information and records of some equipment servicing information and maintenance records. We also viewed six policies and procedures, medicine records and quality monitoring audits undertaken by the registered manager and the provider.

The service was last inspected on 13 November 2013 and no concerns were identified from that inspection.

Good

Is the service safe?

Our findings

People told that they liked living in the home, and felt comfortable with staff and each other and enjoyed the things they did. Relatives we spoke with said they were very happy with the care and support provided and felt confident that the registered manager would act upon any concerns they had. They said the environment was well kept and there were always enough of the right staff, one commented: "There is a nice mix of older and younger staff". Interactions between staff and people were mutually respectful, and there was a friendly banter in the exchanges between staff and the people they were supporting.

Staff demonstrated a good understanding of the types of abuse that people in the home could be subject to. They understood the process for reporting concerns and suspicions and knew that they could report their concerns outside of the service if needed. They felt confident about raising concerns with the registered manager or her deputy. The staff team had supported the same people for many years and demonstrated strong emotional ties and commitment to them making clear the actions they would take to prevent any harm coming to them.

The home was clean and well kept. People had the equipment they needed and this was kept serviced to ensure it continued to be safe to use. The home was well maintained and staff said that reported maintenance issues were dealt with quickly with some prioritised for urgent resolution. Health and safety checks were undertaken in the premises on a regular basis to ensure people remained safe.

There were enough staff to ensure people received the right level of care and support they needed. When call systems/alarms were rung, responses were very quick. There were many staff on duty and whilst some work was very intense and one-to-one based, staff had "eyes and ears" for all in the room in which they worked.

Some staff had been specifically recruited to provide one to one support to people. This meant that there were always care staff available to support people who were not receiving one to one support at the time.

Recruitment files for new staff showed that the home ensured that appropriate criminal record checks and checks of applicant's previous working conduct and character were looked into. This helped to ensure that any newly appointed staff member was fit to undertake their role and people would be safe in their care.

Regular fire drills were held and along with regular testing and checks of fire equipment and alarm systems, this ensured people and staff were prepared to take the appropriate action in the event of a fire. Staff understood people's individual needs in the event of an evacuation and personalised evacuation plans had been developed.

Emergency procedures were in place in the event of breakdown of gas, electricity or water supplies. An emergency evacuation plan had been put in place but in the event of a stop to the service preventing people coming back to the home the plan did not make clear where people would go as an interim measure. In discussion the registered manager and deputy had ideas of where people might go but had not formalised these arrangements, and the registered manager agreed to review this.

In discussion staff showed an understanding of the reporting process for accidents and incidents. Records showed that people had experienced a low level of accidents in the last twelve months. There were appropriate actions taken to various risks and dangers in respect of potential building problems. Signs were displayed at key points, when there was a problem and works were underway, there was a maintenance book that displayed regular reports.

A risk assessment framework was in place and environmental risks that could affect everyone had been developed and these were updated when things changed. Records showed that interim risk assessments were developed for short term risks, for example during maintenance works. Individual risk information had been developed for each person and this was kept under annual review. People were supported to take informed risks to ensure they lived their lives in the least restrictive way, for example, participating in on line dating and understanding any dangers that could be associated with that.

The registered manager commented that the use of social media was initiating a great deal of discussion within the home because of the need to respect people's privacy coupled with the need to also protect them from harm. The registered manager acknowledged that whilst they could not police people's social media interactions and

Good

Is the service safe?

particularly those people who had provided internet services for themselves, they would ensure people were aware of the dangers. The registered manager told us that the decision to provide internet access for everyone in the home had been agreed upon but would have appropriate safeguards built into it.

Only trained staff were able to administer medicines. A team leader confirmed to us that they had received the appropriate training to administer medicines and Percutaneous endoscopic gastrostomy (PEG) support, (a medical procedure where a tube is inserted into a person's stomach to provide them with food or medicines when oral intake is not possible). They told us that as part of the audit of medicines they checked Medicine Administration Record (MAR) sheets at shift handover to ensure all medicines had been signed for.

We observed lunchtime medicines being administered; these were managed appropriately and safely. We looked at the systems for the ordering, receipt, storage, administration, recording and disposal of medicines, discussion with administering staff, a review of records and our observations showed these to be carried out appropriately and ensured medicines were handled safely.

At the last inspection we highlighted that storage temperatures of medicines were not being checked to ensure medicines were stored at the appropriate temperature to maintain their effectiveness. Since then the home had introduced temperature monitoring of storage areas on a weekly basis and records showed that this was being undertaken by staff.

Some people had been assessed as being able to keep some but not all of their prescribed creams in their bedrooms. We found that there was a risk that one person might purchase over the counter medicines, but a risk assessment had not been developed to look at this and we brought this to the attention of the registered manager, who agreed to discuss this with the person concerned and develop a risk assessment with them, so that this was managed in a safe but least restrictive way.

Requires Improvement

Is the service effective?

Our findings

Relatives told us they felt the home benefitted from quality staff that understood their job and had the right skills and knowledge to support people appropriately. They told us they were kept informed and consulted when decisions needed to be made. They felt their relatives' health needs were well attended to.

The registered manager told us that due to management concerns about the standard of the previous induction programme this had now been revised. New staff now spent two and a half days in classroom based training and were added to the staff rota whilst they shadowed and learned from more experienced staff. This allowed them to familiarise themselves with routines and people's care and support needs. Newer staff told us that their induction had taken as long as they needed as they had been new to care They said this was offered to all new staff to ensure that they felt confident to undertake their role and responsibilities as a fully functioning member of the team.

A staff training programme was in place. Staff told us they attended training regularly and were up to date with their essential training; and they told us that they received a letter each year reminding them of training they were required to do and dates of training. The majority of staff had updated their essential training on a regular basis, but the main training record kept by the registered manager had not been updated to reflect this. The departure of a fire trainer and also a food hygiene trainer meant updates for some staff had fallen behind. However the registered manager had taken steps to address this by seeking alternative training providers.

Some training was cascaded to staff from their seniors but this additional training was not recorded on staff training records, or any assessment of their understanding or competency. This is a breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. The registered manager told us that she was looking into the value of the regular updates staff received for essential training and wanted to improve the learning and training experience staff received from these updates to make this more effective.

The provider's supervision policy indicated supervisions should ideally take place every six to eight weeks. Staff told us that they received regular supervision and this was usually at three monthly intervals for most staff. Newer staff received more frequent supervision to check that they were settling in and had the right competencies. Staff thought that current supervision frequencies were appropriate because they could always seek out the registered manager or their supervisor if they wanted to discuss an issue.

The registered manager demonstrated an awareness of Deprivation of Liberty Safeguards (DoLS). She told us about discussions that had taken place with social care professionals about whether some people needed a DoLS authorisation. The outcomes of these discussions had not been recorded on the relevant people's care files, although they made clear that authorisations were not needed, this is a breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010. The registered manager understood that recent court rulings on the interpretation of DoLS may well have changed previous decisions around DoLS and agreed to review these with the DoLS team.

Staff said they always asked people and sought their permission for every area of support they gave, and staff were observed checking out with people if it was okay to help them or say something or look for something in their personal space. Records showed mental capacity assessments were completed for more complex decisions, with the use of best interest meetings where necessary.

Some people experienced occasional vocal outbursts that could be considered challenging to others, but care records gave clear strategies for managing this. We observed some behaviour that was challenging at times but noted that a hug and reassuring words were the response by staff to alleviate the person's anxiety and this was in line with their care plan. Staff used behaviour monitoring appropriately if they wanted to focus on specific behaviours, and the possible causes. This helped inform their strategies for managing this type of behaviour in a positive way to remove or reduce possible triggers, and support people in the least restrictive manner.

Staff were proactive in trying to make the best use of new technologies to aid communication. One person showed us how they used their iPad and a headset to express themselves through a communication package. A specialist "Communications Advisor" was employed for two mornings each week and was present during the inspection. They had developed the picture books that

Is the service effective?

supported interaction and provided people with a hard copy book of memorable experiences in photos. They also supported the use of IT and a number of new ways of working were being investigated, for example using IT packages on personal computers, tablets, and cameras. This was "work in progress".

We observed staff picking up on the smallest of signals and body language to interpret what people wanted to say or to do, and showed staff to have a deep and well developed understanding of each person's methods of communication.

Staff said they sought consent for every area of support people received. Records showed that the staff were familiar with undertaking mental capacity assessments for some areas of care support and treatment where more complex decisions needed to be made. The registered manager was also familiar with best interest discussions/ meetings and had used these on occasion.

Everyone thought that the food was good. We met with the chef and sampled the food offered to people. One person told us they were the "consultee" for people and they made it their job to interact with people about food and comment to the chef. There was a picture book of the food, so menus could be selected by nods, smiles or frowns. People told us staff knew what they wanted to eat because they asked them. The registered manager told us that menus were developed from many years of knowledge and understanding of people's individual likes and dislikes. An alternative meal was offered on the menu if people did not want the main dish, and we saw this operating in practical terms during the inspection. Both dishes were freshly cooked and presentation was good. Special dietary needs were catered for and food supplements provided for some people.

People were assisted to eat their meals either through prompts and supervision or through more practical help. We observed that this was undertaken respectfully by the staff concerned. People had the right equipment to help them eat their meals independently. Conversation was maintained while people were assisted with their meals and with others around the main tables. Because wheelchairs were not all at the same heights some people could not make use of the two main dining tables and ate in the dining rooms on small tables over their wheelchairs.

Even though the dining arrangements looked awkward for some people, the people affected who were able to, told us they were happy with this arrangement as it was flexible and enabled them to move around whenever they wanted to eat their meal elsewhere in the home. When the meal was over people were seen to join others at the main table for conversation.

People had a range of complex health and physical care needs that staff were familiar with and understood how these could affect each person. Their weights were monitored and supplements provided where assessed as needed by their doctors. Records showed people were appropriately referred to health professionals and accompanied to health appointments on a regular basis. Staff understood the checks they needed to make to ensure people did not develop pressure ulcers and knew what steps to take to alert people appropriately when they felt these might develop.

People had the right equipment to reduce risk of pressure ulcers occurring and staff were provided with guidance in regard to the settings that should be maintained on people's air mattresses. The provider employed a physiotherapist to assess each person and devise an exercise programme to suit their needs. Physiotherapy assistants were employed to support people to undertake their exercise routines and to ensure they retained their muscle strength, and range of mobility.

Good

Is the service caring?

Our findings

People felt that staff understood their needs and felt cared for. Relatives told us they viewed the home as a "Home from Home" and always felt welcome there. They said they always felt listened to. They felt that people had enough to do now that they had one to one time with staff and could choose how they used this.

A relative told us that staff respected people's decisions and were flexible. For example if people wanted privacy or to be alone with their relative this was respected, or staff would be available if the person expressed a need for staff support.

Observations showed that staff enjoyed their work; they showed dedication 'beyond the call of duty' at times. For example at a meeting we attended staff offered to cover some care hours on an unpaid basis whilst a person they had cared for over many years was unwell.

Staff showed that they shared the same values of care, and actively promoted the empowerment and engagement of people seeking their ideas and involvement in projects for charity fundraising or ideas for improving people's experiences of living in the home. At inspection they were keen for people to show us how they felt. Smiles dominated, and frowns were almost non-existent. Staff cared, because they knew people and the things that pleased and interested them.

People were supported to be as independent as they wanted to be. Three people lived in lodges in the grounds and lived a more independent life. One person told us that they ordered their own shopping on line and helped with the preparation of meals which they ate in their own accommodation. They had friends over when they wanted. One person showed us they had personalised their bedroom. They told us "I am proud of it". Some people we met were looking forward to parental visits over the next few days. This was clearly an important part of some of their lives.

We saw that staff and people had jointly decided to honour the memory of a former resident by taking part in a charity fun activity. This involved some staff dressing in their pyjamas for the day; people found this hilarious and it was their turn the next day. Other people were busy baking and decorating cakes with staff support to sell to other homes to raise money. This was very much a joint effort and people were clearly enjoying the process but also spoke sadly about the loss of their friend and this was handled sensitively by staff.

Personal care giving by staff was undertaken discreetly. People's preferences around same gender care staff were respected. Staff understood people's individual continence issues and ensured they were given the right support around this to maintain their dignity and independence. Staff were vigilant and worked well as a team with a caring attitude, yet with an efficiency that yielded responsiveness to needs, and quickly.

None of the present group of people expressed interest in attending religious services but staff told us that this could be accommodated if a person requested this. People had capacity to make everyday decisions about their life, for example if they chose to leave their bedroom door open during the day they knew this impacted on their privacy, some people made the decision to lock their bedroom door when they were not present and everyone could make this choice if they wanted to. Staff were observed always checking with people that they were happy for staff to do tasks or activities for them or with them.

We were told that although there were formal residents meetings from time to time, much of the decision making around activities and for example the fun activity, took place in informal gatherings of staff and people who expressed an interest. The registered manager said that people and staff had their own channels of communication to work these things out. Formal resident meetings were for the big things that needed to be discussed with everyone, people we spoke with liked this informal arrangement.

We sat in on a meeting about a person who was very unwell; the meeting took account of the views and feeling s of the relatives present and also those of staff who had worked to support the person for many years. The person's dignity was considered throughout the discussion and this included their end of life care and wishes.

Requires Improvement

Is the service responsive?

Our findings

A complaints procedure was in place and in a format that people could understand. The provider information return indicated no complaints had been received at the time of submission. In discussion the registered manager reported to us an incident of concerns raised by some people in respect of a staff member, this had been dealt with immediately and the people concerned had been given praise and reassured about their raising this issue. However this had not been recorded as a complaint.

We were told that people did complain about each other from time to time, but these issues were dealt with immediately and noted in people's daily reports. There was a culture of issues being dealt with before they became formal complaints but this gave no indication of the level or frequency of concerns raised or that the service was managing these appropriately. This is a breach of Regulation 20 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010.

People and their relatives told us they felt confident of raising issues with staff and that these would be dealt with. For those people that were unable to voice their concerns the registered manager confirmed that they would use speech and language therapy to help them raise issues if needed.

We looked at people's plans of support. For a person new to the home we saw that an initial assessment of need had been undertaken to ensure their needs could be met. The care plan was developed from this and added to as staff became more familiar with the person and their care and support needs.

The registered manager told us that anyone referred would always be visited and assessed if they met the criteria before any decision was made for them to come to live in the home. Introductions to the other people living in the home would also follow through coming for short visits for lunch or tea and some planned overnight stays. These arrangements would differ for each person to meet their specific transition needs. The views of staff and people already living in the home would be taken into consideration before any decision to admit someone was made.

Care plans were personalised and made clear guidance on how people preferred their care and support to be provided, people told us that they were involved in their care plans and met with staff on a regular basis to discuss their support. Relatives told us that they were consulted and kept informed where they needed to be. They were invited to attend reviews and felt listened to. People's records were kept updated and daily reports provided a reflection on each persons, mood, activities, nutrition, visitors and appointments they may have had during any one day. Handovers were held and these ensured that any changes to a person's care and support were made clear to staff coming onto shift, so that these could be met.

One person had made the decision to move on because they preferred a quieter lifestyle and they had discussed this fully with the manager; the staff were supportive of this move because that was what the person wanted but said they would miss them. We spoke to the person concerned and they told us they were very happy with their decision to move and that the staff had supported them to do this. They confirmed that arrangements were in place for them to spend short periods at their new placement as part of a transition plan and they were hoping to move soon.

In addition to the main group of care staff for the home who support people with their everyday care and support needs, people also had their own personal assistants. People were allocated a number of hours each week for personal assistance to access the community to use the hours as they wanted for example to go to events, shopping, college or the pub. Personal assistants were recruited specifically for the people concerned and they were involved in their selection.

There were a number of vehicles available that could be used to take people out. People told us about holidays they had and trips out to the local area or further afield. Two people told us about a recent trip to London with staff to see the poppies at the Tower of London; they had stayed overnight and enjoyed an evening in London. Other people were seen to be coming and going from the home throughout the day to health appointments or just out to the shops, visits or other activities.

Staff promoted the use of new technology to enable people to more independent and to express their ideas and views, one person showed us how their IPOD could be linked to their IPAD to enable them to answer our questions about what it was like to live there, and this helped them communicate their wishes when out in the community.

Requires Improvement

Is the service responsive?

One person had just returned from a local airfield, the trip had been organised just for him, because of his love of aeroplanes. We met a younger man who liked his own company but had an interest in cars; we saw he had a car magazine to browse. Other people were seen using their picture books. People had been supported to personalise their bedrooms to reflect their specific interests and tastes even down to the style of décor and the wall paper used.

Carers responded to the individual needs for each and every person. There was no 'one size fits all' attitude, although where people shared similar aims or interests they were accommodated in group activities whilst others went on solo trips or undertook a separate activity with a carer to provide support. A relative told us "If he wants to go out, they take him out". "It's all done right", "If someone is frightened of fireworks then they are kept away from where they are, if they like them they can go and see them with staff".

Requires Improvement

Is the service well-led?

Our findings

A relative told us that the home had provided "fantastic"' care to their relative over many years, they went on to say: "We can't fault them, the manager is brilliant absolutely brilliant". People who could express themselves were very supportive of staff and one person stated they found the home wonderful and so much better than another home they had resided in.

The staff maintained policies and procedures files and these were indexed and the information was easy to find. These were developed centrally and issued to homes within the group. We viewed a number of policies and found these had been reviewed but we sampled six of the more common and important policies and found that half were overdue for their review. We discussed this with the registered manager who agreed that approximately 12 were still to be reviewed and this would take place in the next few months.

In a number of areas appropriate recording to demonstrate actions taken by staff was absent. For example, there was an absence of information about the number and frequency of informal complaints and how these concerns were managed. Discussions and decision making about whether Deprivation of Liberty authorisations should be pursued were not recorded. Appropriate and accurate recording would demonstrate and provide assurance that proper processes had been considered and followed.

The registered manager returned the provider information return on time. This told us that the registered manager acknowledged that recording within the home could be improved and although there were plans to improve how people's support and care could be better evidenced over the next twelve months improvements had not been implemented into everyday practice. However, staff had already attended a report writing course to help improve their recording skills.

The providers were well known in the home and visited regularly. The main focus of their visits had been to check on the state of the premises and ensure maintenance issues were dealt with this meant they did not have assurance that all areas of the service were running well. The provider representative was a familiar presence in the home and people and staff found them approachable. The registered manager undertook some local audits in respect of medicines, finances, and health and safety but these were not robust or in depth.

Records from the outcomes of these audits did show that some shortfalls were identified and actions to implement changes in practice were made and these were being acted upon. We were informed that the provider was piloting a new quality monitoring system at another site and would introduce this more widely once it had been evaluated.

Staff meetings were held but not as regularly as the registered manager would like. Records showed three had been held in the last 13 month period. Staff had told us they felt very relaxed about raising issues with other staff and with members of the management team and felt listened to and that their views were valued.

The culture of the home was one that showed staff to be motivated, fully aware of their roles and responsibilities and that they were keen to support and care for people. There was excellent camaraderie amongst personnel of all disciplines. Staff expressed confidence in the team, their leaders and managers they spoke positively about the leadership of the registered manager and how this influenced the way the home was run.

There was a clear staffing structure, that people we spoke with knew about they understood individual staff roles and knew who was able to make decisions if they needed answers to questions they had about aspects of their care or support. We spoke with staff at different levels of the structure who understood the lines of accountability and who they would report to in the first instance.

Each shift was supported by a team leader and a senior carer and worked very much as a team. Everyone felt able to approach the registered manager at any time, or other senior managers. The team leader and deputy were very 'hands-on' and were consulted about various day-to-day decisions. Our discussions with them were interrupted several times due to enquiries from other care staff such as transport arrangements to visit various facilities, or places of interest to people.

Observations of how staff interacted with each other showed the home ran well, smoothly, and with an excellent team spirit. A "house diary" was an effective visible way to show organisation and arrangements for the week of the various activities that happened.

Requires Improvement

Is the service well-led?

There was a registered manager in post who ensured that other agencies including the Care Quality Commission were appropriately notified of significant events. The provider information return and home records showed that there had been three significant events this year but CQC had only been notified of two. When we discussed the third event with the registered manager it was clear that all appropriate actions had been taken to deal with the situation at the time and investigate the cause but there had been an oversight in not alerting CQC as required. We learned that as a result of the event some changes in staff practice around preparation of baths and showers had been implemented to minimise the risk of a similar occurrence.

People and their relatives were routinely asked for their views about the service. Feedback from surveys was analysed and comments addressed as they arose. Resident meetings focused mainly on the planned holidays for the year and any specific issues people wanted to raise. Records showed that many of the larger planned activities people had requested had already happened or had been planned for.

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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services and others were not protected against the risks associated with unsafe or inappropriate treatment arising from a lack of accurate record keeping.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.