Care UK Community Partnerships Ltd

Ogilvy Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection of Ogilvy Court took place on the 28 February and 1 March 2017. The first day of the inspection was unannounced. At our last inspection on 30 June and 3 July 2015 the service met the regulations inspected.

Ogilvy Court is registered to provide accommodation for up to 57 people who require nursing and personal care. The service is provided to mainly older people some of whom may be living with dementia. It also provides a service for people with physical disabilities, learning disabilities and mental health needs.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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.

People were treated with respect. Staff engaged with people in a friendly and courteous manner. Staff respected people's privacy and dignity and understood the importance of confidentiality.

People and their relatives told us people were safe living in the home. There were procedures for safeguarding people. Staff knew how to recognise and report potential abuse of the people they supported and cared for.

Risks to people in relation to their care needs had been assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and to keep people safe. Accidents and incidents were addressed appropriately and learning took place to minimise similar incidents reoccurring. We have made a recommendation about the management and safe use of bedrails.

Arrangements were in place to make sure sufficient numbers of skilled staff were deployed at all times to provide people with the care and support they required. However, some people's relatives told us they felt there were times when the service would benefit from more staff being on duty. The provider had carried out appropriate checks to ensure staff were suitable and fit to support people. People were supported to take part in some activities.

We found that the home was clean and well maintained and records we looked at showed that required health and safety checks were carried out.

Care plans were in place which reflected people's needs and their individual choices and preferences for how they received care. Feedback from people and their relatives was positive about the care provided by the service. Arrangements were in place to make sure people received the medicines they were prescribed, however there were some areas of medicines administration which could be improved.

People had access to appropriate healthcare services including specialist advice when needed. People were registered with a GP who regularly visited the service. People's nutritional needs were assessed and their dietary needs and preferences met.

Staff were appropriately recruited and supported to provide people with individualised care and support. Staff received a range of training to enable them to be skilled and competent to carry out their roles and responsibilities. They had a good understanding of people's needs and how these should be met. There was an on-going programme of training and development for staff.

Staff understood the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were encouraged and supported to make decisions for themselves whenever possible. Some staff were a little vague when asked to describe the principles of the MCA and DoLS. However, staff knew about the systems in place for making decisions in people's best interest when they were unable to make one or more decisions about their care, treatment and/or other aspects of their lives.

The registered manager encouraged an open, inclusive culture within the home. People's relatives told us they felt welcomed when visiting the home and comfortable raising issues to do with the service with the registered manager. There were arrangements in place to deal appropriately and promptly with people's complaints and other issues.

There were effective systems in place to regularly assess, monitor and improve the quality of the services provided for people. These included unannounced checks of the service carried out by the registered manager and regional director during the night.

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 safe. People told us they felt safe and staff were aware of the measures to keep people safe. Risks to people's safety were identified and procedures were put in place to protect people from harm.

Staff ensured people received their medicines as prescribed. However some medicines records could have been better. The service was responsive in making improvements to these promptly.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

Arrangements were in place and kept under review to make sure there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People were cared for by staff who received appropriate training and support to enable them to carry out their responsibilities in meeting people's individual needs.

People were provided with a choice of meals and refreshments that met their preferences and dietary needs.

People had access to advice and treatment from health care professionals to meet their health needs.

People's consent was sought in line with legislation and guidance and where people lacked the capacity to consent to decisions legal requirements were met.

Is the service caring?

Good

The service was caring. People told us staff were kind and respected their privacy.

Staff working at the home were attentive to people's needs and

choices and treated them with respect.

There was a relaxed and inclusive atmosphere. People were supported to maintain relationships with family members and others important to them. People's relatives told us they felt welcomed when they visited.

Is the service responsive?

Good

The service was responsive. People received care that met their individual needs. Care plans reflected people's choices and preferences for how they were supported.

People had access to activities and there were plans to develop this area of the service.

People knew how to make a complaint and were confident it would be addressed appropriately. Staff understood the procedures for receiving and responding to concerns and complaints.

Is the service well-led?

Good

The service was well led. There was a registered manager in place who provided clear, visible leadership. The management team provided staff with appropriate leadership and support.

There was an open and inclusive culture and people were encouraged to provide feedback about the service.

Audits were carried out of a range of aspects of the service to review and monitor the quality of the service. Action was taken to address deficiencies found.

Ogilvy Court

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.

The inspection took place on the 28 February and 1 March 2017. The first day of the inspection was unannounced.

The inspection team consisted of one adult social care inspector, a bank inspector, a specialist nurse advisor 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.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service this included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We also looked at the Provider Information Return [PIR] which the registered manager had completed before the inspection. The PIR 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. The PIR was discussed with the registered manager and regional director during the inspection.

Some people using the service were unable to tell us about their experience of living in the home so to help us gain an understanding of this we spent a significant part of the inspection observing how people were supported by staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the registered manager, regional director, clinical lead, administrator, five nurses, four care assistants, area support chef manager, chef, two activity workers, maintenance person, two people's relatives and seven people using the service. Following the inspection we obtained feedback

about the service from speaking with six people's relatives.

We also reviewed a variety of records which related to people's individual care and the running of the home. These records included; care files of nine people living in the home, five staff records, audits, and policies and procedures that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Ogilvy Court. A person told us "There is always staff around at all times, day and night whenever I require them." People's relatives also confirmed they felt confident that people were safe. They told us "[Person] is safe. I have no worries" and "I feel [person] is safe in the home."

There were policies and procedures in place and displayed, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of poor practice from other staff. A member of staff told us "The [safeguarding] information is on the notice board." Staff told us they had received training about safeguarding people, which was confirmed by training records. Staff we spoke with were aware of whistleblowing procedures and were able to describe different kinds of abuse. Staff and the registered manager understood the correct reporting procedures and we found these had been followed when necessary. A member of staff told us "I have not witnessed any abuse since I worked here. I would see it if it was happening because we normally work in pairs. If I see it, I shall stop it immediately and comfort the person. I shall also report it to the manager. If the manager does not do anything, I will report it to the local authority."

Most people had family members who managed their finances. Other financial arrangements were in place for some people using the service. These included the management of their finances by a local authority. The service managed some cash for people for 'day to day' spending. We checked three people's cash and found the balances were accurate and matched income and expenditure records. Arrangements were in place to ensure the handling and management of people's monies was regularly checked by senior staff to minimise the risk of financial abuse. People's monies were also checked by auditors that were not employed in the home which reduced the risk of financial abuse.

Care plans showed risks to people were assessed and guidance was in place for staff to follow to minimise the risk of people being harmed and also to support them to take some risks as part of their day to day living. Risk assessments included risk management plans for a selection of areas including; risk of falls, bedrails and risk of developing pressure ulcers." A person's care records showed they had been identified at risk of falling when getting out of bed. Guidelines explained how staff should use the hoist and personal sling. A member of staff told us "I know how to hoist people because I had specific training as part of manual handling training." Information about the risk and prevention of pressure ulcers was displayed.

People's risks were reviewed monthly and whenever there was an incident there was learning from it. A nurse told us "When there is a fall we review both care plan and the risk assessment in order to learn from the incident and take any action to prevent further incident and harm to the person."

People with the risk of falling out of bed had bed rails. These were fitted with bumpers to prevent the risk of entrapment. However, one person's care record indicated from the person's bed rail assessment that the person had bedrails in place, but when we went to the room, there were no bedrails. Instead the bed was at its lowest point with a crash mattress in place to avoid any harm should the person roll out of bed. One staff told us that when bed rails were not in use the bedrails remained on the bed in a lowered position. This is

contrary to the measure to minimise risk of injury that should be in place. When bed rails are not in use they should either be removed or secured so that nobody can raise them and risk people being harmed. The lead clinical nurse informed us that all beds with rails that were not being used would be removed promptly by the maintenance. This was carried out during our inspection.

We recommend that the service seek advice and guidance from a reputable source about the management and safe use of bedrails.

People's medicines were stored securely. A medicines policy which included procedures for the safe handling of medicines was available. The five medicines administration records [MAR] we looked at showed that people received the medicines they were prescribed. A person using the service knew about the medicines they were prescribed and confirmed they received them on time every day. Topical cream medicines such as skin barrier creams were also administered. However, some details of topical cream medicines such as the frequency date and signature was not consistently recorded. The clinical lead told us that all topical cream records would be checked and amended if the date and other details were not recorded on the administration records.

Appropriate records for administering medicines covertly were in place and included a mental capacity assessment, authorisation and details from a GP about the person's need for medicines to be administered covertly. However, three people's covert medicine forms we looked at lacked detailed guidance about the way staff needed to administer the medicines covertly. For example one person's covert medicines guidance told us that the person's medicines should be taken in yoghurt or tea but the guidance did not include detail about which medicines were covertly administered in the yoghurt and which in the tea. Also the three records we looked at did not indicate a pharmacist had been consulted about how the medicines should be covertly administered to remain effective. The clinical lead and a nurse told us they would ensure each covert medicine record was reviewed with a pharmacist and any deficiencies found addressed. This was commenced during the inspection.

Nurses administering medicines told us and records showed they had received medicines training and assessment of their competency to administer medicines. We observed nurses administering medicines to people in a considerate and safe manner. They wore a 'do not disturb' tabard so they could focus on the task of administering medicines safely. We observed that in one unit the morning medicine round went on until nearly 1200 hours. The nurse explained that this had been unusual, and due to them having had to manage a number of care issues and also provide a GP with assistance when they visited the service that morning.

There were various health and safety checks carried out to make sure the premises and systems within the home were maintained and serviced as required to meet health and safety legislation and make sure people were protected. These included regular checks of the hot water temperature, fire safety, gas and electric systems. There was accessible information and guidance for staff to remind them about the safe temperatures of hot water when assisting people with personal care.

Fire emergency plans including evacuation procedures were displayed. Each person had a personal emergency evacuation plan [PEEP]. An up to date fire safety risk assessment and emergency plan was in place. A member of staff told us "We record this [PEEP] regularly to ensure that people get the right assistance in the event of fire." Fire drills took place regularly. The accident/incident procedure was displayed. Staff we spoke with knew about reporting and recording all incidents. Records showed the service carried out reflective learning following incidents.

The five staff records we looked at showed appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These included checks to find out if the prospective employee had a criminal record or had been barred from working with people who needed care and support.

There were systems in place to manage and monitor the staffing of the service so people received the care they needed and were safe. There was no indication that people's needs were not being met by the service during the inspection. The communal lounges were always staffed so people were not left unattended. Care assistants had time to spend one to one time with people and were available when people needed assistance. Staff responded to people's call bells without delay. A person using the service told us "Staff come in to ask me how I am all the time. I don't have to use the call bell."

A member of staff told us there were enough staff but that the number of nurses on duty at night had been cut. They told us there had been two night nurses working on the ground floor unit but that currently there was only one, which meant nurses spent longer carrying out tasks such as medicines and were less available to assist care assistants. A care assistant told us "I think we have enough staff. They find others if staff are off sick. Usually it works out ok. It is manageable." One staff told us that they felt there was not enough qualified staff around to ensure that staff are supervised and supported and that approximately once a week they finished their shift late. Some people's relatives told us they felt there should be more staff on duty particularly during busy times. The registered manager told us they monitored the staffing within the service closely. She provided us with examples of when staff shift patterns had been changed to meet the needs of the service and told us an extra member of staff was now provided to accompany people to hospital appointments.

Some people's relatives and some staff were not positive about staff moving frequently between units. A member of staff told us they found this challenging as they didn't know "from one week to the next" whether they would be changing units. Another staff told us "I am not happy when I have to work on other units because I don't know the other staff. And very often those staff are agency staff who don't know the people. This makes the work more difficult. A person's relative spoke positively about the care a person received but told us they felt moving staff frequently to work in another unit did not promote consistency of care, and commented "I don't like staff moving." Another person's relative told us they felt it was particularly important that people who lived with dementia had familiar staff providing the person's care. This was discussed with the registered manager who told us staff had been moved to other units so they became familiar with all areas of the service. She informed us she would review this practice.

The home was clean. Soap and paper towels were available and staff had access to protective clothing including disposable gloves and aprons, and liquid hand cleanser was available to staff. Housekeeping duties were carried out by domestic staff. A cleaning schedule was in place and infection control checks carried out. Records showed improvements were made when needed to ensure the service was always clean.

The local authority had carried out a check of the food safety in 2016 and had rated the service very good.

Good

Is the service effective?

Our findings

People using the service told us they were happy with the care and support they received from staff, who they told us seemed to understand their needs. Care assistants were seen to respond to people's individual needs in a manner that indicated they were aware of people's varied needs. People's relatives also provided us with positive feedback about the staff. Comments included; "They [staff] are very good," "The care is very good" and "[Person] has good care."

Staff informed us that when they started working in the home they had received an induction, which included learning about the organisation, people's needs and shadowing more experienced staff. Staff informed us their induction had helped them to know what was expected of them when carrying out their role in providing people with the care and support they needed. The regional director told us aspects of the Care Certificate induction [the benchmark for the induction of new care workers] was included within the care assistants' induction programme.

Records showed and staff told us they had received relevant training to carry out their responsibilities in providing people with the care and support they needed. Comments from staff included; "I am happy with the training, we receive everything". A nurse spoke very positively about the diabetes training they had recently received and of the support they received from the clinical lead manager. Training records showed staff had completed training in a range of areas relevant to their roles and responsibilities. This training included; moving and handling, first aid, safeguarding adults, health and safety fire safety, infection control and food safety. Staff had also received training in other areas such as; dementia, dysphagia [difficulty in swallowing], wound care, diabetes, care planning, positive behaviour management training, epilepsy awareness, medicines, bedrails and learning disability awareness. One staff told us they had not received training regarding the management of behaviour that challenged the service. We spoke with the registered manager about this who told us they would address the issue. A nurse told us they felt they could do with more clinical training/learning.

Staff were supported to obtain qualifications including vocational diplomas in subjects relevant to their roles such as health and social care qualifications. Nurses were assisted with revalidation process for maintaining their nurse registration with the Nursing and midwifery Council [NMC].

Staff told us they felt well supported by the registered manager. They informed us and records showed that staff regularly had the opportunity to meet with a senior member of staff to discuss their progress and the needs of people using the service. Records showed a range of matters to do with the service were discussed during staff 1-1 and group supervision meetings. Topics included; record keeping, activities, risk assessments, incidents, mealtime experience including discussion of what was best practice and what was not good practice at mealtimes. The registered manager told us staff supervision meetings were flexible and took place promptly when there were issues to do with care workers' performance. We found staff had received regular appraisal of their performance. Comments from staff included; "Staff here are like a family, friendly, we support each other, work really well together as a team" and "Good supportive team, we help each other." A nurse told us "I get support from the lead nurse ."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager knew about the requirements of MCA and DoLS. Records showed that some people using the service were subject to a DoLS authorisation at the time of our visit. We saw arrangements were in place to ensure people were not restricted. Door keypads had the number of the key accessible to people so those who were able to leave their unit safely were free to do so.

Staff had received MCA/DoLS training but some staff lacked some clarity about the principles and requirements of the MCA. However, staff knew that if people were unable to make a decision about their treatment or other aspects of their care, health and social care professionals, staff, and family members would be involved in making a decision in the person's best interest. People's care plans showed they and when appropriate their family were supported to be involved in decisions about people's care and treatment.

Staff were knowledgeable about the importance of obtaining people's consent when supporting people with their care and in other areas of their lives. We observed care workers involving people in day to day decisions and that their decisions were respected. We saw staff respected people's decisions when they said or indicated by gestures and/or behaviour their choice such as when they decided that they did not want to do something such as a particular activity. Nurses administering medicines asked people if they consented to take them and when people declined, they were offered them again later.

Arrangements were in place to provide people with effective health care. People saw a doctor when they needed to and referrals were made to relevant health professionals when people were unwell and/or needed specialist care and treatment. Healthcare professionals including chiropodists and opticians visited the service regularly so people received effective healthcare and treatment. The registered manager told us a regular dental service was not provided but a dentist could be contacted to provide people with dental care and treatment when required. A GP and an optician visited the service during the inspection. Records showed a person had a health passport which provided detailed information about the person for hospital staff to refer to if the person was admitted to hospital so they understood the person's needs.

We found people's nutritional needs and preferences were recorded in their care plan. The chef had knowledge and understanding of people's individual nutritional needs including particular dietary needs, food allergies and personal food preferences. Records showed that meals catered for people's varied preferences and cultural needs. We saw people were offered a choice of meals and their choices were provided. Pureed meals were presented in an attractive manner. Snacks were available at any time and people were offered a variety of drinks throughout the day. A person frequently asked for a cup of tea in between mealtimes which was provided promptly by staff. A member of staff commented "It is his sole pleasure in life". People who were nursed in bed had drinks within their reach. One staff told us "There is one person [staff] who is allocated to ensure that people have drinks in their rooms at all times."

People told us they enjoyed the meals. A person told us "This food is lovely and you can see the amount of effort that has gone to making it nice and presentable. I don't have much of an appetite, but I have to do justice to this lovely food that has been prepared for me, very often the chef visits me to find out about the food I would like him to prepare for me." People told us they were provided with their choice. Two people

spoke of the choices they had made for their breakfast, which included having a cooked breakfast.

The area support catering manager was visible in the units. He told us he observed how food was served and gathered feedback from people about the food.

We noted that breakfast did not start being served in dining rooms until 9.30am and some people were still eating breakfast at 10.15am. Lunch started at 12.30, which meant it was a short time between meals for people, and the likelihood people would not be hungry by lunch if they finished their breakfast after 10.00am. A person told us they found this to be very late particularly as they were an 'early riser.' The registered manager told us that people received snacks and drinks late evening so had the refreshments they required to sustain them until breakfast. Review of the time of breakfast and the possibility of having two breakfast sittings to improve the service for people who woke early was discussed with the regional director and registered manager. They told us they would review and address the issue.

People were provided with the support they needed with their meals by care workers who provided this assistance in a positive and sensitive manner. Staff sat beside people, described the meal to people and assisted them with their meal without rushing them. People were asked if they wanted second helpings of food and refreshments. Equipment including plate guards and cutlery aids were used by people to support them to eat independently. The area support catering manager told us they were in the process of improving the catering service within the home and had purchased new tableware and cutlery which were designed to meet people's varied and individual needs.

The food people ate was recorded to check that people received the nutrition they needed and people's weight was monitored closely. Appropriate action was taken such as referral to a doctor and dietitians when people lost weight. People with swallowing difficulties received support from a speech and language therapist.

People told us they were happy with their bedrooms. We saw people's bedrooms were personalised with a range of items including photographs of family members. The environment of the home was suitable for people's varied mobility needs including those who were wheelchair users. Handrails were situated throughout the home to assist people to move freely within all communal areas of the home. The service has a passenger lift so people unable to use stairs could access the first floor.

The service employed a maintenance person. There were arrangements in place to make sure maintenance checks were carried out and issues addressed promptly. There were some areas of the service such as a bathroom on the 1st floor unit that were 'tired looking.'

Good

Is the service caring?

Our findings

During our visit we saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and respectful way. Comments from people included "I am trying my best to get better because everybody is trying their very best for me. Nothing is too much for them [staff] and they work very hard and they always have a smile on their face. They make sure I have a wash every day and have fresh clothes. My bed is made for me and they help me to change positions to make me comfortable. Although I am in my bed all day I don't feel lonely because staff come in at all time to find out how I am and whether I am in pain," "They [staff] are nice" and "Staff says kind words to me and encourage me."

Comments from relatives included "They [staff] do try and make [Person] content and most often [Person] is, but we can't really tell," "I am very happy, [Person] is well looked after" and "Staff are friendly."

From observation and talking with staff we found that staff had a good rapport with people and understood their varied and complex needs. We saw several examples of staff engaging with people in a sensitive and positive manner. A care assistant spoke to a person in a caring manner and held their hand to comfort and calm them when they became very agitated. Another person became distressed and started to shout when they wanted to enter someone's bedroom. A member of staff gently reminded the person that the room was not theirs and showed them the way to their room. When a person was being assisted with being repositioned, the person's door was closed, and we heard a staff member say to the person "We are here to make you comfortable, is it ok if we turn you on your right, this will relieve the pressure on the skin and you should notice the difference. It is ok take your time. We are not in a rush."

A care assistant told us about the importance of getting to know people well. "If I know the residents, I know what makes them happy, I love my job. When they first bring in a new resident I try to give them assurance that I care about them, and I truly do, from there we develop a relationship. All the care assistants here are very tender towards the residents, if you put yourself in their [people's] place it helps develop a relationship."

Everybody had named nurses and key workers [responsible for the coordination of people's care]. Their names were placed on people's bedroom doors. However, when we spoke with people and their relatives they were unable to tell us who the person's key worker was. A person using the service told us "I am not sure who my keyworker is. I have had several over the years." The registered manager told us the keyworker allocation was being reviewed and would make sure people were informed of who their keyworkers were. They also told us they would review the arrangements for moving staff frequently to another unit.

Care workers understood people's right to privacy. Staff had a good understanding of the importance of confidentiality. Staff knew not to speak about people other than to other staff and others involved in the person's care and treatment. Staff knocked on people's bedroom doors and accommodated people when they chose to spend time in their bedroom by themselves or with visitors. There were visual prompts on the doors to remind staff to 'stop, wait and ask before entering the room'. We observed staff followed those steps before going into people's room.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. Relatives of people and records showed people had contact with family members. Staff including the registered manager spoke of the importance of good communication with people's families. Relatives and others important to people were able to visit at any time during the day and could make themselves drinks from a small kitchenettes located on the units. There were 'quiet' rooms that people could use to have time with friends and relatives in private away from their bedroom.

Staff and people using the service confirmed the service celebrated a range of religious festivals. People's birthdays were also celebrated by the service. Representatives of local churches regularly visited the service. It was Shrove Tuesday [pancake day] when we visited. People were offered pancakes. A person told us they enjoyed them.

People's care plans included information about each person's background and family to help staff understand their individual needs. People's preferred name was recorded in their care records. A person confirmed they were addressed by their correct and preferred name. Records showed staff had completed learning about equality and diversity during their induction. Care workers had a good understanding of the importance of respecting people's individual beliefs and needs. People had memory boxes displayed outside their bedroom. The purpose of a memory box is to stimulate the person's memory. They include objects that are meaningful memory joggers, such as personal items and photos.

People had some information in their care records about their end of life needs. Appropriate procedures were in place and followed with involvement of the person, family, GP and others where applicable prior to completion of a Do Not Attempt Resuscitation [DNAR] record.

A number of adjustments had been made to meet people's varied communication needs. For example there were boards with large writing about the days, dates, weather and temperature to orientate and inform people. There were large signs for directions and to show the designation of rooms.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs. A person told us they saw a doctor when they were unwell. People's relatives informed us they were contacted by the service when people's needs changed and when there was an incident. Comments from people's relatives included; "They call me if anything happens," "I am kept informed," "I have a chat with staff when I visit and they update me about any changes."

People's needs were assessed with their participation and when applicable their family involvement, prior to them moving into the home. Care plans were developed from people's initial assessment and identified the support people needed with their care and other aspects of their lives. The care plans we looked at were in electronic and paper format contained detailed information about each person's health, support and care needs, what was important to them and their preferences. Staff we spoke with were knowledgeable about the guidance they needed to follow to meet people's individual needs such as particular medical needs.

People's care plans had been reviewed regularly. Records showed that letters were sent to people's relatives inviting them to participate in the care and review of care of their relative using the service. Records showed that care plans were updated when people's needs altered such as when there were changes in people's behaviour or health. We saw that care plans had information about the care and support people needed and guidance about how this should be provided. Specific guidance was in place for staff to follow in the event of a person having a seizure. Clinical review meetings took place. During these meetings nurses comprehensively reviewed a person's needs.

People's care records showed people who had diabetes had their condition appropriately managed by staff who were responsive to any changes in their needs. People had regular eye and foot checks and a regular and annual clinical examination. Staff were knowledgeable about the management of diabetes. A nurse was aware of the actions to take if a person had high or low blood sugar. However the service had no emergency packs for use when people had a significant low blood sugar which staff could use to help raise the person's blood sugar to a safe level. There were no guidelines for staff to help them identify signs and symptoms of low blood sugar and high blood sugar. The clinical lead addressed the issue during the inspection and ordered Hypo Wallet kits [portable low blood sugar management kit], to meet the needs of people who have diabetes.

Staff were responsive in taking appropriate action to protect people from developing pressure ulcers. People's records specified the care people needed to relieve pressure on their skin, which included how frequently people needed their position changed. We checked a person's repositioning monitoring records and saw that these indicated people were repositioned regularly. Another person's care records showed their skin was closely monitored for signs of skin deterioration and staff were responsive in taking appropriate action including repositioning the person regularly to prevent the development of pressures ulcers. A person's care plan showed the person's pressure ulcer was healing due to appropriate action having been taken by staff, which included seeking advice and guidance from a local health authority tissue viability nurse [TVN].

Accurate fluid monitoring records were in place for people who were at risk of dehydration.

Records showed that people's pain was monitored closely; a pain management tool was in place to ensure nurses took appropriate action and were responsive to people having symptoms of pain and administered prescribed pain relieving medicines when this was needed.

Staff and records showed people's needs were monitored on a day to day basis and during the night. Staff had a 'handover' at the start of each shift when they received and shared information about each person's current needs and progress. We listened to a staff handover meeting that took place between a night nurse and morning staff. This handover included comprehensive information about each person's care needs which was shared with staff. Care records were completed during each shift and included details about the activities people took part in and any changes in people's health and care needs so staff had up to date information about people's current needs.

At the time of the inspection one activities co-ordinator was supported by two care staff activities workers. The service had an activity plan. This included a range of social activities including physical exercise, sensory activities, religious activities, outings, music, pet therapy, arts and crafts and jigsaw puzzles. We several people participated in an activity where they were shown cards of famous people and invited to identify each person. A session of floor basketball took place. Also a person brought in a trained dog for people to engage with, which people enjoyed. Staff were seen spending 1-1 time sitting with people talking with them. An activity worker told us they ensured they spent time with people who chose to stay in their bedroom. They told us they spoke with them and support them to do a preferred activity if they wished, so minimised the risk of social isolation. Records showed people had taken part in recent colouring, reminiscence, music, manicures, aromatherapy and relaxation sessions. Community activities took place which included going to a local supermarket for shopping and refreshments. A person using the service told us they went out and about within the local community without restriction.

However, during the inspection, some people did not seem to have a lot to do, several people spent time in the lounges watching television. The registered manager recognised that the provision of activities could be better and told us they were in the process of recruiting another activities co-ordinator An activity worker told us about the plans they had to improve activities for people. The registered manager told us an activities worker had activities training planned.

The service had a complaints policy and procedure for responding to and managing complaints. The complaints procedure was displayed. A person using the service told us "I have no complaints. All is well." Another person told us "If I had a complaint I would tell the office straight away and they will sort it." People's relatives informed us they found staff approachable and would report any complaints they had to the registered manager. A person's relative told us "I have no complaints." Another person's relative told us they had raised issues that had been addressed by the registered manager. Staff knew they needed to take all complaints seriously and report them to the registered manager and/or other senior staff. Records showed there had been three complaints since October 2016. These had been managed appropriately. There had also been several compliments about the service, which included "To all the staff that look after my [relative] a big thank you and keep up the good work" and "Thank you so much for caring."

Good

Is the service well-led?

Our findings

People and their relatives spoke in a positive manner about the service and the way it was managed and run. A person's relative told us they would recommend the service. A comment from a person's relative included; "I can approach the manager at any time, I am very happy."

The service has a clear leadership structure, which consisted of a registered manager who works full time in the home. The registered manager directs the management of the service with support from a deputy manager, an administrator, a clinical lead and nursing staff. A regional director visits the home regularly and provided operational support to the registered manager. An on call system was in place so staff could obtain advice and support from a senior staff member at any time.

The registered manager carried out a 'walk around' of the service when she came on duty to speak with people and staff. We heard and saw the registered manager engage in a positive manner with people using the service and staff. Staff told us "We get good support from the management. If we have any issues the management respond well. Always available." Staff were very happy about the support given by the lead clinical nurse. One staff told us "She is very helpful and helps on the unit. We could do with her being here permanently. She helps to provide continuity. We need somebody like her here."

The registered manager and regional director told us and records showed that the registered manager had made improvements to the service since being in post. The registered manager informed us they were keen to continue to improve and develop the service. The service was responsive in taking prompt action to address any issues found during our inspection.

Staff we spoke with were clear about the lines of accountability. They knew about reporting any issues to do with the service to the registered manager. Where incidents had occurred, appropriate detailed records had been completed, retained at the service, reported to the provider and reviewed to show areas where learning and improvements to the service were needed.

An 11am morning meeting took place daily. We joined one of these meetings. Staff representatives of a range of areas of the service attended them. They included the registered manager, clinical lead, chef, maintenance person, activities co-ordinator and nurses, who comprehensively reviewed and discussed aspects of the service and agreed the action required to make improvements when this was needed.

Staff meetings, provided staff with the opportunity to receive information about the service, become informed about any changes and to discuss the service with management staff. A member of staff told us "We have meetings. We can speak up, I feel that I am listened to." The staff member provided us with an example of how the registered manager had addressed an issue raised by them. Records showed best practice and other matters were discussed during team meetings. These included; MCA and consent, best interests, nutrition and hydration and policies.

Staff had the opportunity to nominate another member of staff for a Going the Extra Mile [GEM] Award to

recognise staff who make a substantial contribution to the quality of service provided to people. The registered manager told us this helped show staff were valued for their work. A staff survey had taken place in 2016; action had been taken to address issues raised.

People and those important to them were provided with information about the service and had opportunities to feedback about the service. Residents and relatives meetings took place. Records showed a range of aspects of the service were discussed with people and their relatives. These included staffing and details of any changes to the service. Action had been taken in response to feedback about the service from people and their relatives in 2016.

A range of records including people's records, visitor's book, communication book and health records for individuals showed that the service had a culture of openness and partnership working with local authorities and health care service commissioning groups and others. Records and feedback from the host local authority and the registered manager indicated that the service worked closely with health and social care professionals. The registered manager spoke in a positive manner about the relationship the service had with the host local authority.

A range of checks to monitor the quality of the service were carried out. These included quality assurance checks carried out by the registered manager, regional director, area support chef manager, nurses and head office staff. Audits included; financial audits, medicines, risk assessments, staff training, health and safety and accidents and incidents. Also review of people's care plans, fire safety, visual checks of bedrails, hot water and window checks, cleanliness of the kitchen, environment took place. Records showed action had been taken to make improvements when needed.

Regular health and safety meetings took place with the maintenance person, registered manager, nurses and other staff. A health and safety audit of the service had recently been carried out. The area support chef manager told us that a catering service improvement plan had been carried out and an action plan was in place to make improvements. A recent audit of the laundry service showed action had been taken promptly by the registered manager to address the deficiencies found.

Policies and procedures were up to date and accessible to staff. The provider completes a monthly 'I Communicate' bulletin which is accessible to staff and includes information about governance and details of up to date guidance and policies. It also produces a monthly newsletter about the organisation and its services, which is accessible to people.

The registered manager told us she and the regional director completed unannounced checks of the service during the night to assess how the service provided to people at night and to spend time with night staff providing them with support advice when needed.