Care Concept HCP Ltd

The Beeches

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 3 January 2018. The inspection was unannounced. The Beeches is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is also registered to provide domiciliary care to people who live in their own home.

The Beeches is registered to provide accommodation and personal care for 22 older people. There were 20 people living in the service at the time of our inspection visit. The service was also providing care calls for two people who lived in their own home to provide assistance with tasks such as washing and dressing, promoting continence and managing medicines.

In this report we refer to the two services as being the 'residential provision' and the 'care at home provision'. In addition, when we speak about issues that affect the staff working in both parts of the service we refer to them as being, 'care staff'.

The service was run by a company who was the registered provider. There was 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 1 February 2016 the service was rated, 'Good'.

At this inspection the service was rated, 'Requires Improvement'.

We found two breaches of regulations. This was because the registered persons had failed to suitably assess risks to the health and safety of people who used the residential provision and had not done all that is practical to keep them safe. As a result people had not always received harm-free care and had not been safeguarded from the risk of avoidable accidents and other untoward events.

We also found that the registered persons had not suitably assessed, monitored and improved the quality and safety of the carrying on of the regulated activity that was delivered in the residential provision. This was because quality checks in relation to this part of the service had not always resulted in shortfalls quickly being quickly put right. In addition and in relation to both parts of the service, the registered persons had not made robust arrangements to ensure that the service complied fully with a number of regulatory requirements. You can see what action we have told the registered persons to take at the end of the full version of this report.

Our other findings are as follows. We found that background checks on new care staff had not always been completed in the right way. However, in both parts of the service most of the necessary arrangements had been made to manage medicines safely. In addition, people were safeguarded from the risk of abuse and sufficient care staff had been deployed. Furthermore, in most instances lesson had been learned when things had gone wrong.

Some parts of the residential provision were not designed, adapted and decorated to meet people's needs and expectations. However, suitable arrangements had been made in both parts of the service to promote positive outcomes for people including seeking consent to care and treatment in line with legislation and national guidance. Although in practice care staff knew how to care for people in the right way, some of them had not received all of the training that the registered persons considered to be necessary. However, in both parts of the service arrangements were in place that were designed to assess people's needs and choices so that care was provided to achieve effective outcomes. Also, in both parts of the service people were helped to eat and drink enough to maintain a balanced diet. In addition, suitable arrangements had been made to help people receive coordinated care when they moved between different services. Furthermore, people using both parts of the service had been supported to receive on-going healthcare assistance.

People who used both parts of the service were treated with kindness, respect and compassion. In addition, they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Furthermore, confidential information was kept private.

Although in practice people who used both parts of the service received responsive care, information was not always presented to them in an accessible manner. However, people using both parts of the service had been offered sufficient opportunities to pursue their hobbies and interests and to engage in social activities. Furthermore, suitable arrangements had been made in both parts of the service to promote equality and diversity. This included the registered persons recognising the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. In addition, records showed that complaints and concerns had been properly managed and resolved. In the residential provision, suitable steps had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had established a positive culture in both parts of the service that was focused upon achieving good outcomes for people. In addition, care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. Furthermore, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Suitable arrangements had not been made to ensure that people consistently received safe and harm free care.

Background checks had not always been completed in the right way before new care staff were appointed.

Most of the necessary arrangements had been made to manage medicines safely.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Care staff knew how to keep people safe from the risk of abuse.

On most occasions lessons were learned when things had gone wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation in the residential provision were not designed, adapted and decorated to meet people's needs and expectations.

Care staff used national guidelines to promote positive outcomes for people including seeking consent to care and treatment in line with legislation.

Although care staff had not received all of the training in practice they had the knowledge and skills they needed.

Arrangements were in place that were designed to assess people's needs and choices so that care was provided to achieve effective outcomes.

People were helped to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services.

People had been supported to receive on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

Although in practice people received responsive care, information was not always presented to them in an accessible manner.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

Suitable arrangements had been made to promote equality and diversity.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.
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Is the service well-led?

Requires Improvement

The service was not consistently well led.

Suitable arrangements had not been made to ensure that the service met regulatory requirements by learning, innovating and

ensuring its sustainability.

There was a registered manager who had established a positive culture in the service that recognised the importance of providing person centred care.

Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

The Beeches

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 registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service's residential provision on 3 January 2018 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

During the inspection visit we spoke with ten people who lived in the service and with four relatives. We also spoke with a senior member of care staff and three care staff who were based in the residential provision. Two of these members of staff also worked in the care at home provision. In addition, we spoke with the activities manager, a housekeeper and the chef. We also met with the care coordinator for the care at home provision, the deputy manager and registered manager. We observed care that was provided in communal areas and looked at the care records for four people who used the residential provision and for the two people who used the care at home provision. We also looked at records that related to how both parts of the service were managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After the inspection visit we spoke by telephone with the relatives of both people who used the care at home provision. We also spoke by telephone with one relative of a person who used the residential provision.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the residential provision. One of them said, "Yes, overall it's pretty well run I suppose. A bit tatty at the edges I suppose but I'm cared for well enough." A person who lived with dementia and who had special communication needs smiled and waved in the direction of a member of care staff when we used sign assisted language to ask them about their experience of living in the residential provision. Relatives of people who used both parts of the service were confident that their family members were safe. One of them remarked, "The care here is good enough but they can be short staffed on some days."

However, we found that suitable arrangements had not been made to assess, manage and reduce risks to people's health and safety in the residential provision so that they consistently received safe and harm-free care. We found that there were security risks relating to some people being able to leave the residential provision on their own when it was not safe for them to do so. In addition, records showed that there were a significant number of defects in the residential provision's fire safety equipment. These shortfalls reduced the level of protection people had from the risk of fire. Furthermore, records showed that there were substantial shortfalls in the routine and periodic checks that had to be completed to ensure that the fire safety equipment which was in place was working correctly.

We also noted that a contractor had examined the service's electrical wiring installation and had concluded it was, 'unsatisfactory'. A number of improvements had been recommended. Records showed that most of these had not been completed by the registered persons. Furthermore, there were no records to show that gas fired appliances had been inspected on an annual basis to show that they remained safe to use.

In addition, we identified a number of environmental hazards in the residential provision that increased the risk of people having accidents such as falls or experiencing other untoward events. On the outside of the building most of the paths had flagstones that were poorly laid. They were loose, uneven and had large gaps between them creating a significant trip hazard. On the inside, the door to the main office was not secure and just hung open into a hallway. Furthermore, it had a broken fixture that protruded at eye level into which someone could easily have walked resulting in injury.

Other defects included a heavy window in a bedroom that could not be safely held open because the sash mechanism was broken. When we opened it the window immediately slammed shut resulting in the risk of people's fingers being injured. We also noticed that a large picture window in the conservatory had a hole in it. It was badly cracked and some sections of the glazing were not secure creating the risk that they would become dislodged and cut someone if they were to fall out. Furthermore, we could not be confident that other of the windows were safe to use. In one place, the wooden window frame was so rotten that the edge of the pane of glass was fully exposed and was only held in place by some crudely applied putty.

We also found that robust arrangements had not been made to assess, review and monitor the provision needed to promote good standards of hygiene. We were told that an infection control audit was regularly completed so that potential risks to the prevention and control of infection could quickly be addressed.

However, we found that this system was not working well as we identified a number of shortfalls that had not been quickly put right. Although most areas of the accommodation were hygienic we found that in one bathroom the bath and the wash hand basin were heavily stained with lime-scale and were not clean. In addition, we found that in all of the communal toilets, toilet rolls had not been placed in the wall mounted dispensers that had been installed in accordance with national guidance. These dispensers are designed to reduce the risk of cross infection by limiting the number of people who actually hold each roll before they have washed their hands.

Furthermore, two commodes did not have covers on them. In both cases the internal bowls were not fully clean and were odorous. In addition, the floor covering in one toilet was stained and dirty. We also noted that in two bedrooms the laminate surrounds to the wash hand basins were so damaged that the chip board interior was exposed. Over time, the chipboard had become damp and was badly stained because it could not be cleaned effectively. Furthermore, there was no clear evidence to show that the registered persons had promptly introduced other improvements that the local authority had said needed to be made in order to promote good standards of hygiene.

A further concern we noted related to the storage of hazardous substances so that they could only be used for their correct purpose. This included a bottle of aftershave that had been left readily to hand in one of the bathrooms and which may have been mistaken as being something to drink by people who lived with dementia.

All of these shortfalls had reduced the registered persons' ability to consistently deliver safe and harm-free care. We raised our concerns about the management of risks to people's health and safety with the registered manager. They assured us that each of the shortfalls in question would be addressed as soon as possible in order to better ensure that people received safe care that met their needs and expectations.

Failure to suitably assess risks to people's health and safety and to do all that was practical to keep people safe in the residential provision was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We examined the procedure used by the registered persons when recruiting two new members of care staff. Records showed that there were shortfalls in the checks that had been completed. We noted that in each case the registered persons had not obtained a suitably detailed account of the applicants' employment histories. This shortfall had reduced the registered persons' ability to determine what background checks they needed to make. However and in practice, a number of assurances had been obtained including security clearances to show that the applicants did not have relevant criminal convictions. In addition, the registered manager assured us that no concerns had been raised about the performance of the two members of care staff in question since they had been appointed. They also told us that the arrangements used to appoint new members of staff would quickly be strengthened to address our concern.

Most of the necessary arrangements had been made in both parts of the service to manage medicines safely. In the residential provision, there was a sufficient supply of medicines and they were stored securely when not in use. Care staff who administered medicines had received training. In addition, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. This included carefully checking to make sure that the correct medicines were being dispensed and accurately recording each occasion on which this was done.

However, we noted that care staff in the residential provision had not always followed national guidance when managing medicines that are administered by placing patches on a person's skin. When this is done it

is important to vary the location on which patches are placed so as to reduce the risk of people developing sore skin. At the time of our inspection visit one person was having one of their medicines administered in this way. We noted that on a small number of occasions care staff had not recorded where the patches had been placed which had reduced their ability to ensure that this was done in the correct way. We raised our concerns about this shortfall with the registered manager who immediately took steps to rectify the mistake in question.

We found that on most occasions lessons had been learned when things had gone wrong in both parts of the service so that people were suitably protected from the risk of avoidable accidents and other untoward events. This included people being referred to healthcare professionals when it appeared they would benefit from being provided with equipment such as walking frames and wheelchairs.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. In addition, we found that the registered persons operated robust and transparent systems when assisting people to manage their personal spending money. This helped to ensure that they were suitably safeguarded from the risk of financial mistreatment.

The registered manager told us that they had carefully calculated how many care staff needed to be on duty in both parts of the service. This had been done taking into account the number of people using the parts of the service and the care each person needed to receive. Records showed that the service was being staffed in line with the minimum level set by the registered persons. We concluded that there were enough care staff on duty in the residential provision because we saw people receiving all of the practical assistance they needed. We also concluded that there were enough care staff deployed in the care at home provision, because records showed that care calls were reliably being completed at the right times.

Requires Improvement

Is the service effective?

Our findings

People who used the residential service told us they were confident that care staff knew what they were doing and had had their best interests at heart. One of them said, "The staff are fine with me and they help a lot and they're nice about it too." Relatives of people who used both parts of the service were also complimentary about this matter. One of them said, "On balance, I do think that the staff are pretty good. It's quite a settled staff team the place has got a relaxed and homely feel to it."

However in relation to the residential provision, we found that some people's individual needs were not fully met by the design, adaptation and decoration of the accommodation. We were concerned to note that one corner of the building where the main lounge and dining room were located was subject to subsidence. In the dining room two large sections of the wall that had cracked had been boarded over. This arrangement had been in place for several years because the funds had not been available to complete the necessary repairs. In addition to this unsightly arrangement, the subsidence had resulted in some of the large windows in these rooms not forming an effective weather-tight seal. During the afternoon of our inspection visit we noted the rooms to be draughty and too cool for comfort. This was the case even though the central heating was switched on. Three people sitting in the lounge complained to us about this matter. A fourth person even went to their bedroom to fetch their overcoat and gloves in order to keep warm.

The conservatory was also too cool to be used due to being draughty. In addition, one of the seven bedrooms we visited was cold. This was because the wooden window was warped and so could not be fully shut. In another bedroom, the window could not be opened at all because it was wedged into place by numerous coats of paint. In two other bedrooms panes of glass had been replaced with hard plastic that had become dull and brittle with time. One of these had cracked and had been crudely repaired with sticky tape.

Other shortfalls included wallpaper finishes that were marked and scratched. In various places carpets were old, worn and stained. Also, in some bedrooms the furniture that was chipped and damaged. Furthermore, although bed linen was clean it was often mismatched and looked unsightly. In various places double glazed windows had failed and were misted up inside.

We also found that suitable steps had not been taken to support people who lived with dementia to find their way around their home. Although signs were fitted to bathroom and toilet doors these were very small and did not use easy-to-understand graphics that are often helpful for people who live with dementia. We were also concerned to note that little had been done to distinguish each person's bedroom door so that there was less risk of them entering the wrong room.

All of these defects reduced people's ability to receive care in a safe, comfortable and pleasant setting that met their expectations. Expressing the majority of the feedback we received a person said, "The staff are great but the building is rough isn't it. It's been allowed to deteriorate and now there's so much that needs to be done." Records showed that the registered persons had made some improvements including buying new furniture for some of the bedrooms. However, there was no clear plan to address most of the other

defects we identified and no realistic prospect of them being resolved in the near future.

However, we found that national guidelines had been consistently used in both parts of the service to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. Also, we checked whether the registered persons had ensured that any conditions on authorisations were met.

Records showed that in both parts of the service people had been consulted about the care they received and had consented to its provision. We also noted that the registered manager had completed assessments when a person lacked the necessary mental capacity to make decisions about important things that affected them. This is necessary to identify occasions when it is necessary to involve key people in a person's life ensure that decisions are always taken in their best interests.

In addition and in relation to the residential provision, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who used the residential provision only received lawful care that was the least restrictive possible.

Records showed that the registered manager had established what practical assistance each person needed before they used both parts of the service. They told us that this had been done to help to ensure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

We saw that care staff in the residential provision were able to promote positive outcomes for people who lived with dementia. This included occasions on which they became distressed and needed assistance to keep themselves and other people safe. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who became worried because they could not clearly recall in which town the service was located. They were becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person that the service was located in Louth and speaking with them about local landmarks. We noted that this information reassured the person who became relaxed and who was happy to accept a cup of tea.

We were told that new care staff had received introductory training before they provided people with care. For care staff who did not have a recognised qualification this training involved completing the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. However, the delivery of this training was poorly recorded and so we could not be confident that it had always been provided in the right way. We were also told that care staff had received on-going refresher training to keep their knowledge and skills up to date. Although records showed that this training had not been provided as frequently as intended, we found that in practice care staff knew how to care for people in the right way. An example of this was care staff knowing how to assist people who were at risk of developing sore skin or who needed help to promote their continence.

People who used the residential provision told us that they enjoyed their meals. One of them remarked, "The food's is pretty good on most days and certainly we get more than enough." Another person said, "The chef is excellent. He always gives you a good meal." A person who lived with dementia and who had special communication needs smiled broadly when we used sign assisted language to ask them about their experience of dining in the service. We were present at lunch time and we saw that people were offered a choice of dishes which were well presented.

We also found that people in both parts of the service were being supported to eat and drink enough to maintain a balanced diet. Records showed that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager was aware of the arrangements that needed to be made if a person was at risk of choking. This included people having their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered manager arranging for people using the residential provision to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People who used both parts of the service were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

Good

Is the service caring?

Our findings

People were positive about the care they received in the residential provision. One of them remarked, "The staff are very caring indeed and I have no trouble at all with them." Relatives of people using both parts of the service were also confident that their family members were treated with compassion and kindness. One of them remarked, "I call to the service just about every day and I'd quickly know if something wasn't right. Yes the building is old and run down but the care is top quality. You'd never guess it though looking in from the outside." Another relative told us, "I think they are marvellous here. I can't fault them. When my family member was poorly they rang us every day to make sure we were okay too. They care for us as well."

We saw that people in the residential provision were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in a quiet alcove. They were both looking out of a window and chatting about how the wind was blowing the branches of the beech tree after which the service was named. Another example was a member of care staff gently reassuring a person that one of their relatives who worked during the week would probably visit them during the course of the next weekend.

Care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the residential provision. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff gently asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people who used both parts of the service had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted in both parts of the service. We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. In addition, most people had their own bedroom that they had been encouraged to make into their own personal space. Although bedroom doors were not fitted with locks, we noted that on most occasions care staff knocked and waited for permission before going in.

People in the residential provision could speak with relatives and meet with health and social care

professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone.

We found that suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People who used the residential provision said that care staff provided them with all of the assistance they needed. One of them remarked, "The staff help me a lot but at the same time they don't take over and leave me to my own devices if that's what I want." Relatives of people who used both parts of the service were also positive about the amount of help their family members received. One of them commented, "I'm completely confident that my family member is well cared for. The care staff who call to see my family member go over and above what they have to do."

However, we found that people using both parts of the service had not always received personalised care that was responsive to their needs. This included their need to have information presented to them in an accessible manner. Records showed that care staff had prepared a care plan for each person. These were intended to describe the care each person needed and had agreed to receive. However, little had been done to present information in a user-friendly way for people who lived with dementia by using multi-media tools such as graphics and colours. This oversight had reduced people's ability to be fully involved in the process of recording and reviewing the care they received. We spoke with the registered manager about this shortfall. They told us that they would consult with people about the matter and would follow their suggestions about how information should be made more accessible to them.

In addition, we found that the 'progress notes' which were completed at the end of each shift in the residential provision to describe the care each person had received were not well managed. This was because they did not always accurately describe the care that had been delivered. An example of this was a record that showed a person had not been assisted to bath or shower for more than four weeks whereas the person told us that they had indeed received this assistance on a weekly basis in line with their wishes. Shortfalls in recording the actual delivery of care increased the risk that mistakes would be made. This was because care staff did not always have access to reliable and consistent information about each person's current expectations about the care they wanted to receive. We raised our concerns with the registered manager who assured us that more robust checks would be completed to ensure that all care records were accurate and fully supported care staff to provide people with responsive assistance.

Nevertheless, other records and most of the comments made by people who used both parts of the service confirmed that in practice people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.

The activities managers in the residential provision told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. We were told that this involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a number of people joining the activities manager in one of the lounges to play carpet bowls. We also saw people being given one to one support to enjoy individual activities. In addition, we were told that entertainers regularly called to the service to play music and to engage people in enjoying gentle exercises.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people who used the residential provision being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. Furthermore, we were told that people had been enabled to share in community events. An example of this was people being helped to put their name on the electoral roll and being supported to cast their vote if they wished to do so.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people who used the residential provision to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, documents showed that the registered persons recognised the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

We found that suitable arrangements were in place in both parts of the service to listen and respond to people's concerns and complaints. Although the complaints procedure did not present information in an accessible way, people who used the residential service told us that in practice they felt free to raise any concerns they had so that they could be used to develop the service. In addition, records showed that each complaint which had been received had been properly investigated and quickly resolved.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. We also noted examples of care staff kindly supporting relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Requires Improvement

Is the service well-led?

Our findings

People who used the residential provision considered the service to be well run. One of them said, "I do think it's quite well run. The staff are friendly and helpful and that's the main thing. The place is a bit ramshackle but that doesn't matter so much to me." Relatives of people who used both parts of the service were also complimentary about the management of the service. One of them remarked, "Overall it's fairly well managed. If I have a problem the staff are happy to sort it out and things are pretty informal."

However, we found that suitable arrangements had not been made to ensure that the service met regulatory requirements by learning, innovating and ensuring its sustainability. Although there was a registered manager who promoted the delivery of person centred care, the registered persons had not prepared an accurate Statement of Purpose. This is a legal document that the registered persons have to prepare to describe how they intend to provide people who use both parts of the service with safe, effective and responsive care. We found that the document was out of date and did not provide people with an accurate and comprehensive account of the facilities and care available in the service.

In their Provider Information Return the registered persons told us that it was important to operate robust quality checks to ensure that people reliably received safe care. However, we found that quality checks had not always been completed in the right way to quickly put problems right. This had resulted in the persistence of the concerns we have described earlier in our report. These issues included oversights in the provision of safe and harm-free cares, the administration of some medicines, recruitment of staff and the maintenance of the accommodation. They also included shortfalls in the creation of accurate and accessible care records.

In addition, we were not given the assurances we needed that there were robust systems to ensure the sustainability of the service. There were no records to show that the service's income was balanced against expenditure. Furthermore, the registered manager did not receive regular financial updates about how much money had been spent and how much was left for the remainder of the financial year. These shortfalls reduced the confidence we could have that sufficient income was being generated to support the continued operation of the service.

Failure to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activities was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we found that people who used both parts of the service and their relatives had been engaged and involved in making improvements. Speaking about this a person who used the residential provision remarked, "I think I am asked about things to do with the home and if I want something the staff will try to get it." Records showed that people who used the residential provision had been invited to meet with the registered manager on a number of occasions. This had been done so that people had the opportunity to suggest how the service could be improved. We also noted that the registered persons invited people who used both parts of the service and their relatives to complete an annual questionnaire to comment on their

experience of using the service.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. This included there being a named member of care staff who were in charge of each shift. In addition, arrangements had been made for the registered manager and the deputy manager to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that nurses and care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'zero-tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. This included operating efficient systems to manage vacancies in the residential provision. We saw that the registered persons carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had failed to assess risks to people's health and safety and to do all that was practical to keep people safe in the residential provision.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons had failed to assess, monitor and improve the quality and safety of the services in the carrying on of the regulated activity in the residential provision.