Hillcrest Care Homes Limited

Roseway House

Inspection report

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Date of inspection visit: 28 September, 5 October and 19 November 2015
Date of publication: 13/01/2016

Ratings

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

Overall summary

We carried out this unannounced inspection on 28 September, 5 October and 19 November 2015. We last inspected the service on 28 June 2013, the service was meeting the legal requirements we inspected at that time.

Roseway House is a purpose built care home providing nursing and residential care for up to 49 older people, some of whom are living with dementia. At the time of our inspection there were 41 people using the service.

The home had a registered manager. 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.

We found the provider had breached Regulations 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always handled safely. Staff were not consistently recording the date the medicines were opened. A discontinued bottle of liquid paracetamol

Summary of findings

hadn't been disposed of and was still available in the medicines trolley. The home did not have a dedicated treatment room and the room used to store medicines was consistently too hot. The registered provider had plans to develop a dedicated treatment room but this work had not started at the time of our inspection. Fridge temperature checks had not been recorded consistently. Guidance for staff about when to give 'when required' medicines had either not been written for these medicines or lacked sufficient detail.

We also found some areas classed as 'high priority' which had been identified during the last fire risk assessment were still outstanding at the time of the inspection. Evacuation and business continuity plans required updating as some information was out of date.

You can see what action we told the provider to take at the back of the full version of the report.

We saw staff using moving and assisting equipment safely. Up to date assessments were in place to help protect people from a range of potential risks, such as skin damage, poor nutrition and the environment. However, risk assessment evaluation records lacked detail.

Regular health and safety checks were carried out, including fire safety checks, emergency lighting checks, portable appliance testing (PAT) testing and servicing of equipment. The home had an up to date gas and electrical safety certificate.

Staff demonstrated they had a good understanding of safeguarding and whistle blowing. They knew how to report concerns. One staff member said, "I would report [concerns] to the manager and if I got no joy go higher."

We received mixed feedback about staffing levels in the home. One person said, "She [registered manager] could do with more staff. One extra girl would make all the difference." One staff member commented, "Staffing levels are getting better." Another staff member said, "There was enough staff, there are some days when we are short staffed." Following our inspection we received concerns about night time staffing levels being inadequate to meet people's needs. Staff rotas showed the home was regularly running with four staff rather than the usual five overnight. During our unannounced, out of hours, visit we found five staff were on duty.

The registered provider's recruitment and selection procedures were followed, including requesting and receiving references and Disclosure and Barring Service (DBS) checks.

People and family members gave us positive feedback about the care given at the home. One person said, "Nothing is perfect. The staff look after me the best they can. I am fine." Another person told us, "The staff are lovely. If I need anything, they do something about it. I have no complaints. Everything is fine. I am quite happy." One family member said, "The staff are so very helpful. They are a friendly bunch." People, family members or staff did not raise any concerns with us about safety in the home.

People were treated with dignity and respect. There was a good rapport between people and staff. We observed staff were available in communal lounges to check on people's safety and wellbeing. People were supported to be as independent as possible with staff encouraging people to do things for themselves.

Staff told us they were well supported. One staff member said, "Quite supported, I can talk to the nurse or other carers. The manager's door is always open." Another staff member said, "I feel really well supported." Most training was up to date, apart from moving and assisting refresher training which was in the process of being updated. One staff member said, "All my training is up to date. It's moving and handling [training] tomorrow."

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA). 38 out of 41 people had a DoLS authorisation in place. Staff had a good understanding of MCA. Staff said they always asked people for permission before providing care and respected people's decisions. We observed throughout the inspection that staff consistently asked people for their consent. Staff knew how to support people's behaviours that challenged.

We saw people were supported to have enough to eat and drink. People told us the meals were good. One person said, "The food is good and you get a choice". One family member told us the registered provider had followed advice from a dietitian to improve their relative's pureed diet.

Staff said they supported people to meet their healthcare needs through attending doctors' appointments or

Summary of findings

contacting the doctor if they were unwell. People's care records showed they had regular access to a range of health care professionals, such as GPs, community nurses and dietitians. The nurse on duty told us a nurse practitioner came into the home on a regular basis.

People had their needs assessed before and shortly after admission into the home. Care records included a life history and information about people's preferences. Care plans were detailed and up to date.

Activities were provided for people to participate in. These included chats, manicures, parties, entertainers and ball games. One staff member commented, "There are loads of things [activities]." A Church service was planned for the last Friday in every month. Activities for people living with dementia needed improving. We have made a recommendation about this.

People we spoke with told us they knew how to complain. They said they had no complaints. There had been no complaints made about the home in the past 12 months. People and family members could give their views at quarterly 'relatives meetings.' However, these had not been very well attended.

We received positive feedback about the registered manager from people, staff and visitors. One person said, "The manager is a canny [nice] lass. She could do with more staff. One extra girl would make all the difference." One staff member said, "I can go to the manager with anything. I think most [staff] would do that." The home had a good, friendly atmosphere. One staff member commented, "I love it here and the residents." They added, "Nice atmosphere, we have a good team at the moment."

There were opportunities for staff to give their views through attending staff meetings. Staff said these were regular and staff felt able to give their views. The registered provider consulted with visiting healthcare professionals in April 2015 to gather their views about the care provided at the home.

The registered provider undertook a range of quality audits to check on the quality of people's care, including checks of care plans, infection control procedures and health and safety measures. Care plan audits had been successful in identifying areas for improvement and ensuring action was taken. Medicines audits were completed regularly. These had been successful in identifying gaps in MARs but had not identified the areas that we had found during the inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe. Medicines records and procedures did not support the safe administration of medicines.

People were assessed on admission to protect them from a range of potential risks, such as skin damage, poor nutrition and the environment. Risk assessment evaluation records lacked detail.

Staff demonstrated they had a good understanding of safeguarding and whistle blowing. They knew how to report concerns.

We received mixed feedback about staffing levels in the home from people and family members. The home was regularly running with four staff rather than the usual five overnight. However, staff told us they had no concerns about the staffing levels. We saw during our inspection people had their needs met in a timely manner. The registered provider's recruitment and selection procedures were followed.

Regular health and safety checks were carried out, including fire safety checks, emergency lighting checks, PAT testing and servicing of equipment.

Is the service effective?

Good

The service was effective. Staff told us they were well supported and received the training they needed.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA). People were asked for their consent before receiving care. Staff knew how to support people's behaviours that challenged.

We saw people were supported to have enough to eat and drink. All of the people we spoke with told us the food was good.

Staff said they supported people to meet their healthcare needs. People had regular access to a range of health care professionals, such as GPs, community nurses, a nurse practitioner and dietitians.

Is the service caring?

Good

The service was caring. People and family members gave us positive feedback about the care provided at the service.

People were treated with dignity and respect. We observed staff were available in communal lounges to check on people's safety and wellbeing.

People were supported to be as independent as possible. Most care plans recorded people's preferences and how they wanted to be cared for.

Summary of findings

Is the service responsive?

Requires improvement 

The service was not always responsive. People had their needs assessed before admission. Detailed and up to date care plans were in place. Although most care plans were detailed, some required further information to make them specific to people's particular needs.

Activities were provided for people to participate in, such as chats, manicures, parties, entertainers and ball games. A church service was planned for the last Friday in every month. We found activities for people living with dementia were not always meaningful and required improvement.

People we spoke with told us they knew how to complain but said they had no complaints. People and family members could give their views at quarterly 'relatives meetings.'

Is the service well-led?

Good 

The service was well led. We received positive feedback about the registered manager from people, staff and visitors. The home had a good, friendly atmosphere.

There were opportunities for staff to give their views through attending staff meetings. The registered provider consulted with visiting healthcare professionals in April 2015 and received positive feedback.

The registered provider undertook a range of quality audits to check on the quality of people's care. These included checks of care plans, infection control procedures, health and safety measures and a pressure damage audit. Audits had identified areas for improvement.

Roseway House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 September, 5 October and 19 November 2015 and was unannounced. Our visit on 19 November was out of hours to follow up specific concerns we had received about night time staffing levels.

The inspection was carried by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with nine people who used the service and five family members. We also spoke with the registered manager, one nurse, one senior care worker and three care assistants. We observed how staff interacted with people and looked at a range of care records. These included care records for four of the 41 people who used the service, medicines records for all 41 people and recruitment records for five staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Inadequate

Is the service safe?

Our findings

Work to ensure the safety of the premises had not been completed. The home had evacuation plans and a business continuity plan to ensure people were supported appropriately in an emergency. These required updating as they contained out of date information. For example, a linked care home identified in the plan, which could be used in an evacuation, had closed. A fire risk assessment had been completed in July 2015 identifying three 'high priority areas'. These were that the home had no aids for the evacuation of less mobile service users, fire doors were wedged open and fire divisions in the roof void were damaged. The registered manager confirmed this work had not yet been completed. The registered manager said the registered provider was waiting for the work to be done. A quote for the work had been given but this work had not yet been done.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not always handled safely. Some medicines were stored in a medicines trolley. We checked these medicines and found staff were not consistently recording the date medicines were opened. This helps staff to confirm medicines are still safe to be given to people. We saw a bottle of liquid paracetamol was on the trolley which had a date of opening recorded as June 2015 and should have been discarded at the time of our inspection. Following the inspection the registered manager confirmed this medicine hadn't actually been opened. They went on to tell us the medicine had been discontinued and should not have been on the trolley anyway.

Medicines were not stored appropriately. The home did not have a dedicated treatment room. The registered manager told us the room medicines were stored in was too warm. We viewed the temperature records for this room. We found the temperature was consistently over the recommended maximum for storing medicines. Although the registered provider had plans to develop a dedicated treatment room, this work had not started at the time of our inspection. We were also unable to establish a timetable for completing this work. The registered manager told us a new treatment room was part of the refurbishment programme for the home and was a high priority. We viewed fridge temperature checks. These had not been recorded consistently. For example, there were no records available for August 2015.

Some people had been prescribed 'when required' medicines. These are medicines that are used by people when the need arises; for example tablets for pain relief or other remedies for a variety of intermittent health conditions. Although some 'when required' protocols had been written, these were not available for all 'when required' medicines. The protocols which were available lacked sufficient detail to guide staff as to when to give these medicines consistently and effectively. For example, one person had been prescribed a particular medicine to help with agitation. The 'when required' protocol stated the medicine was 'to alleviate the symptoms of agitation should distraction techniques fail to work.' The protocol did not identify which techniques staff should try in order to avoid the need for medicines. For another person, the protocol stated to give pain relief if the person appeared in pain. The protocol did not detail the signs for staff to look out for.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines administration records (MARs) were usually completed accurately. We identified a small number of instances where MARs had not been signed to confirm medicines had been given. These had been identified and dealt with during the registered provider's monthly medicines audits.

People we spoke with did not raise any concerns with us about safety in the home. One person said, "It's a roof over my head and the staff are canny [nice]. I am quite satisfied. It's a nice place." One family member told us an ex-employee of the home had recommended it for their relative.

Another family member told us, "My Dad is treated like a member of the family here. He gets really good care."

Staff told us they thought people were safe. One staff member commented, "Very safe, staff are good with health and safety." Another staff member said, "I have not seen anything of concern." Another staff member told us, "[Safe] Yes, I would say so, it is a safe environment. It feels safe." One staff member said staff always followed agreed moving and assisting techniques to keep people safe. We observed

this during our inspection. For example, we observed two staff members using a mobile hoist to transfer people from wheel-chairs to armchairs in the lounge. They spoke to people throughout the transfer, re-assuring them of their safety and security.

People were assessed on admission to protect them from a range of potential risks, such as skin damage and poor nutrition. These were reviewed regularly and were up to date at the time of our inspection. Risk assessments for maintaining a safe environment had been identified for each person. These identified potential risks, the person's views of the risk and the actions required to reduce the risk. For one person, who was identified as being unaware of risks, the control measures to keep them safe were regular observations and hourly night checks. Although risk assessments were reviewed regularly the record of the evaluation was neither detailed nor meaningful. For example, the record of evaluation for one person repeated the same generic phrase 'risk management remains appropriate' each month.

Regular health and safety checks were carried out. For example, fire safety checks, emergency lighting checks, portable appliance testing (PAT) testing and servicing of equipment. These were up to date at the time of our inspection. The home had up to date gas and electrical safety certificates.

Staff demonstrated they had a good understanding of safeguarding. This included identifying various types of abuse and potential warning signs. They also knew how to report concerns. One staff member said, "I would report [concerns] to the manager and if I got no joy, go higher." Staff were also aware of the registered provider's whistle blowing procedure. Another staff member said they had used it in the past. They went on to say, "I would use it again with no hesitation. The people come first." Another staff member told us, "I would definitely raise concerns. They would be taken seriously. We have a very good manager who you can talk to. They would be addressed."

Although we observed during our inspection people had their needs met in a timely manner, we received mixed feedback from people and family members about staffing levels. One person said, "She [registered manager] could do with more staff. One extra girl would make all the difference." A family member told us there had been problems previously with staffing levels. One staff member commented, "Staffing levels are getting better." Another staff member said, "There was enough staff, there are some days when we are short staffed." The registered manager told us she carried out an analysis of staffing levels each month and when new people were admitted. We viewed this analysis which indicated more staff hours had been provided than the tool recommended.

Following our inspection we received anonymous concerns about night time staffing levels being inadequate to meet people's needs. We asked the registered manager to provide copies of staffing rotas. These showed the home was regularly operating with one member of staff less than the usual number of night-time staff. We visited the home unannounced at 8.30pm on 19 November 2015 to check the staffing levels. We found the five staff on duty, consisting of one agency qualified nurse, two agency care staff and two care staff employed by the registered provider. We carried out observations in communal lounges around the home. We saw people were supervised and their needs were met in a timely manner. We spoke with all five staff individually. They all told us they had no concerns about the staffing levels and were able to meet people's needs.

Staff files confirmed the registered provider's recruitment and selection procedures had been followed. The registered provider had requested and received references. This included one from the new staff member's most recent employment. Disclosure and Barring Service (DBS) checks had been carried out before confirming staff appointments. These checks were to make sure new staff were suitable to care for vulnerable adults.

Good

Is the service effective?

Our findings

Staff were well supported. One staff member said, "[I am] quite supported, I can talk to the nurse or other carers. The manager's door is always open." Another staff member said, "I feel really well supported." They went on to say, "The nurse is extremely supportive, the carers are very knowledgeable and give information about the residents." Another staff member commented, "Definitely well supported."

The registered provider had a training matrix. We viewed the matrix which identified that most training was up to date. However, we saw 27 out of 44 staff members needed moving and assisting refresher training. The registered provider had already addressed this shortfall and staff members were in the process of completing this training. One staff member said, "All my training is up to date. It's moving and handling [training] tomorrow."

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider was following the requirements of the MCA. All people using the service had been assessed to determine whether a DoLS authorisation was required. At the time of our inspection 38 out of 41 people had a DoLS authorisation in place.

Staff we spoke with were knowledgeable about the MCA and their responsibilities under the Act. They could tell us when MCA applied to a person and their responsibilities under the Act. One staff member said, "When a person lacks capacity." Another staff member commented, "When somebody doesn't have capacity to make decisions for themselves." They went on to tell us how they supported people by making decisions in their best interests. For example, one staff member said they would refer to care plans or ask family members what the person used to like. They gave an example of one person who liked to dress a certain way and how they made sure this happened. Another staff member said, "We talk to relatives about what people used to like and what would be feasible to continue with." Another staff member said they would show people items of clothing to help them make choices.

People were asked for their permission before receiving care or support from staff. We observed throughout the inspection that staff consistently asked people for their consent before giving care or support. For example, we overheard staff asking people if they would like to go for a walk in the garden after lunch. Staff said they always asked people for permission before providing care. They also said they would respect people's decisions. For example, one staff member said, "If they say no, I say that's fine and come back later. We cannot overrule the person." They went on to tell us they would report the refusal to the nurse in charge. Another staff member said, "We leave them and say let me know when you want some help."

Staff said some people displayed behaviours that challenged. They gave us examples of how they supported people when they were anxious. This included observation and giving people space and time to calm down.

We carried out an observation over lunch time in the ground floor residential dining room to help understand people's mealtime experiences. We saw people were offered a choice of meal. 10 people had their meal in the ground floor dining room. Two people chose to have their meal in the lounge, with the remaining eight people in their rooms. People's meals were hot and served by friendly, competent staff. Three people required one to one assistance with their food. A nurse, a care staff member and the activities co-ordinator provided uninterrupted one to one support, to people in the dining room, before helping the people who stayed in their rooms.

All of the people we spoke with told us the food was good. One person commented, "The food is good and you get a choice." Another person said, "You get nice food and it is well-cooked." Another person said, "The food is good. There is a nice choice."

Good

Is the service effective?

One family member told us, "[My relative] needs her food to be pureed. They do it very well here. We got some advice from a dietitian which the home has followed. The staff here are fantastic but we could do with some more to help them." Another family member said, "The staff are very helpful. [My relative] is eating very well now."

We carried out a further observation in the first floor dining room. We saw people were encouraged to sit down at the table only when the meals had arrived. People were offered a choice of drinks. One person was given the choice of juice, tea, coffee or milk. People were then given choice of meal from the two options on the pictorial menu displayed on the wall. We saw one person did not want either option. The staff member suggested the person could have something different and gave some options to choose from. The person chose to have a sandwich. Where people were not eating their meal staff offered gentle prompts and encouragement. Staff also gave people the chance to change their meal for the other choice available on the food trolley. Before people left the dining room staff checked whether they would like anything else. One person replied, "No thanks, I enjoyed that." Throughout lunch time, staff were consistently kind and considerate.

People were supported to access healthcare when needed. Staff said they supported people to attend doctors' appointments or contacted the doctor if people were unwell. The nurse on duty told us a nurse practitioner came into the home to monitor the nursing residents' needs.

The registered manager told us the home had been allocated additional financial resources to make improvements to the care of people living with dementia. There was a three year plan in place which included environmental improvements and a dementia specific activity programme.

Good

Is the service caring?

Our findings

People and family members gave us positive feedback about the care provided at the service. One person said, "Nothing is perfect. The staff look after me the best they can. I am fine." Another person told us, "The staff are lovely. If I need anything, they do something about it. I have no complaints. Everything is fine. I am quite happy." One family member said, "The staff are so very helpful. They are a friendly bunch".

We observed throughout our inspection there was a good rapport between people and staff. Staff referred to people by their first name. We saw there was a great deal of warm and friendly conversation between people and staff. People were allowed the time they needed without being rushed. When we arrived at the home at 9.30am breakfast was in full progress. We observed people were given the time they needed to finish their meal at a pace that was appropriate to them. Some people had a late breakfast to suit their wishes.

People were cared for by staff who knew their needs well. Many staff members were from the local area. Staff we spoke with showed a good understanding of people's background and care needs. They told us they spent time with people to find out about their preferences. One staff member said, "We sit with residents and talk to them for a while, we find out what they would like."

We carried out an observation in a communal lounge for 30 minutes. We saw staff were available in the lounge throughout our observations to check on people's safety and wellbeing. Staff were reassuring and chatted with people about their welfare. For example, they checked people were feeling alright and well. A person came into the lounge during our observation. They were greeted with a warm welcome from the staff member in the room. The staff member said, "Good morning [person's name], would you like a cuppa." They then said, "Come on [person's name] have a comfy chair." The staff member offered the person some choices for breakfast as they had just woken up. Breakfast arrived shortly afterwards and the person sat down to enjoy it.

People were treated with dignity and respect. We saw staff members always knocked on bedroom doors before entering. Staff had a good understanding of the importance of treating people respectfully. They gave us examples of care practices they used to promote people's dignity and respect. These included closing curtains, keeping doors shut, keeping people covered up when providing personal care and explaining what they were doing. The nurse on duty said, "Staff speak to people really nicely. They treat them like their own family would like to be treated." We saw a staff member discreetly suggest to a person they could help change their top as they had spilt tea on it. The person agreed and they then went to the person's bedroom together.

People were supported to be as independent as possible. Where people were able to do things for themselves, staff told us they gave prompts and encouragement. One staff member described how they promoted people's independence. They said, "By knowing the resident and knowing their capabilities, offering choices, offering support and allowing them to do as much for themselves as they can." Another staff member said, "We promote independence by giving choices."

Requires improvement

Is the service responsive?

Our findings

People had their needs assessed before and shortly after admission into the home. This included considering their communication, dietary needs, personal care, social care and medicines. Staff gathered as much information as possible about each person when they were admitted. One staff member said, "[They] gather as much information as possible, speak to the previous home and talk to the resident." In this way staff had information available to help them understand people's needs.

People had detailed life histories in their care records. These were important to help staff better understand the needs of the people in their care. Life histories we viewed gave information about the person's childhood memories, their aspirations and their characteristics. Some people had stated their aspirations as having their nails and hair done, being pampered, visiting local shops and listening to music. Care records also gave details of people's religious and spiritual wishes, known allergies, health professionals involved in their care and their likes and dislikes.

The information available to staff, including the initial assessment, was used to develop care plans. Care plans included details about people's preferences and how they wanted to be cared for. For example, people's food preferences were identified. One person stated a preference for a female carer only and requested supervision whilst in the bath or shower for reassurance. Another person had expressed their preferences for the time they wanted to go to bed.

Although most care plans were detailed, some required further information to make them specific to people's particular needs. For instance, one person who had communication difficulties required staff to help with communication. Their communication care plan stated, 'staff to support [person's name] to be able to express [person's name] needs.' The care plan did not identify the strategies staff should use to help the person. Care plans were reviewed regularly to keep them up to date. The record of the review was detailed and gave an insight into how the person was doing.

Family members said staff responded to their relative's needs in a timely manner. One family member told us about one occasion when their relative had ran out of toiletries. They said the staff had gone and purchased some to keep their relative going. They went on to tell us staff, "Now check more regularly to avoid this in the future."

People had the opportunity to take part in a range of activities. Staff gave us examples of the activities people could choose from. These included chats, manicures, parties, entertainers and ball games. One staff member commented, "There are loads of things [activities]. A comprehensive schedule was displayed in the home to make people aware of the activities that were available. A church service was planned for the last Friday in every month to which residents and family members were invited. Entertainers performed once a month.

The home provided care and support for people living with dementia. We found activities for these people were not always meaningful and required improvement. We observed plastic skittles had been set up in the lounge area. We did not observe any people playing with them. The activity co-ordinator attempted to engage people with an activity involving balloons and rackets. However, we observed people did not seem keen to become involved with the task. The activity co-ordinator had a number of positive ideas for activities for people. We have made a recommendation about this.

People we spoke with told us they knew how to complain. They said they had no complaints. One person said, "I just see a member of staff." Another person said, "You cannot please everyone but I am very satisfied." They went on to say, "The manager is doing very well. There is nothing to improve." One family member said they had previously raised some complaints about their relative's care. They said this had been attended to and appropriate action taken. There had been no complaints made about the home in the past 12 months.

The registered manager held quarterly 'relatives meetings.' The meetings were not very well attended. One family member said they did not attend as they had no complaints. Another family member said, "I have only attended one meeting but I will go again."

We recommend the service considers current guidance on meaningful activities for people living with dementia and takes action to update their practice accordingly.

Good

Is the service well-led?

Our findings

The registered manager was well regarded by residents, staff and visitors. One person said, "The manager is a canny [nice] lass." One staff member said, "I can go to the manager with anything. I think most staff would do that." Another staff member said, "[Registered manager] is really knowledgeable."

The registered manager told us she carried out walkabouts and observations to check staff were providing good care. We observed the registered manager was active around the home. We saw she knew people well and addressed them by their first name. People we spoke with voluntarily gave us positive feedback about the registered manager.

We found there was a good, friendly atmosphere throughout the home. One staff member commented, "I love it here and the residents." They added, "Nice atmosphere, we have a good team at the moment." Another staff member commented, "Nice atmosphere, there is often music and laughter." Another staff member said, "Very cheerful, positive." Staff members we spoke with had clear views about what the service did best. Their comments included, "Looking after the residents" and "We have a great relationship with families."

There were opportunities for staff to give their views. One staff member said, "We have team meetings every month. We can raise views." Another staff member told us, "Team meetings are every six weeks to monthly." They added that staff were vocal and raised their views. Another staff member said, "Any problems get aired at the meeting. Minutes are available for those who can't attend."

The registered provider undertook a range of audits to check on the quality of people's care. Care plans were audited regularly to ensure they were up to date and reflective of people's care needs. The audit also included checking whether admissions documents, assessments and care plans were person-centred. The audit checked care evaluations were a review of the value and success of the care plan. Care plan audits had been successful in identifying areas for improvement and ensuring action was taken. For example, one person's care plan audit we viewed had identified family members had not completed the person's life history and some care records were not legible.

Other monthly audits included checks of infection control procedures, health and safety measures and a pressure damage audit. The pressure damage audit included checking whether the person's skin was damaged on admission, the pressure relieving equipment the person used, whether care plans were accurate and progress made. The audit identified one person had skin damage when they were admitted to the home which was now healing well. Medicines audits were completed regularly and these had been successful in identifying the gaps in MARs we identified during our inspection but had not always identified other concerns we had found during the inspection.

The registered provider consulted with visiting health professionals in April 2015 to gather their views about the care provided at the home. 10 replies had been received giving positive feedback to questions about the home's environment, the approachability of the registered manager and other staff and how knowledgeable staff were about people's care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People who used the service and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines.** **Regulation 12 (2) (g).**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **People who used the service and others were not protected against the risks associated with unsafe or unsuitable premises because some areas of the premises had not been adequately maintained.** **Regulation 15 (1) (e).**