Macneil Limited

Ashton Lodge Care Home

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**

Overall summary

This inspection took place on 23rd and 31st October 2014 and was unannounced.

During our last inspection, which was carried as part of our Wave 1 pilot on 24 April 2014 we found the registered provider in breach of regulations 9, 10 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection, we found that the provider had made the required improvements and is no longer in breach of regulations.

Ashton Lodge Care Home is registered to provide accommodation and nursing care for up to 92 older people and people with physical disabilities who required varying levels of support to manage conditions such as diabetes, the after effects of stroke or accident and other illnesses associated with old age. Some people required support to move around. The premises are a purpose built property with accommodation arranged over three floors. There were a variety of communal areas where people could relax, have meals or take part in activities. Bedrooms were located on all floors and could be accessed via a passenger lift. People with physical disabilities accommodated the ground floor, older people who did not require nursing care the first floor and people with dementia and nursing needs accommodated the second floor. The home had two kitchens, one

Summary of findings

providing vegetarian food for Asian people and one general kitchen. These were located on the third floor. The home had an outdoor space; however, this was limited due to the urban location.

There was a registered manager at Ashton Lodge Care Home. 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.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff knew how to safeguard the people they supported.

People told us they felt safe and we saw that people were treated with dignity and respect by staff and management. They said, "I am always treated with respect, they [care workers] always knock on my door and ask me what I want." "I feel very safe here."

Risks to people's safety were identified and managed effectively and there were enough staff on each shift to make sure that people were protected from the risk of harm. Robust recruitment procedures were followed to make sure that only suitable staff were employed to work with people in the home.

People did not always receive their medicines correctly, staff had received training and appropriate systems and storage arrangements were in place. However there were not always risk assessments in place for people who chose to self-administer medicines.

The service was effective because staff had the information they needed to provide personalised care and support. People's health and care needs were assessed with them, and people were involved in writing their plans of care. People told us they were very happy with the way they were cared for.

Staff received the training, supervision and support they needed to enable them to carry out their roles effectively. This included induction for new staff, key mandatory training and additional training in people's specialist needs. This meant that staff understood and were able to meet people's needs.

People told us there were no restrictions on their freedom. The management and staff had training and the home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards so they knew how to protect people's rights.

People told us they enjoyed their meals and there was always plenty to eat and drink. We saw that meals were home cooked, freshly prepared and well presented, and people were offered variety and choice. Special diets were catered for and people were involved in the assessment of and decisions about their nutrition and hydration needs. Professional advice and support was obtained for people when needed.

People's health care needs were supported effectively through arrangements for them to see health professionals such as GPs, chiropodists, dentists, nurses and opticians as required. Health professionals we spoke with at the inspection said, "It's a pleasure to visit this home" and "I wish they were all as good as this".

The service was caring because people were listened to, valued and treated with kindness and compassion in their day to day lives. There was a calm and relaxed atmosphere in the home. We saw that staff and management knew people well. All the interactions we observed between staff, management and people who lived in the home were respectful and warm. People told us, "They are so kind here." "They'll do anything for you." and "I'm treated very well here." We also spoke with a visitor. They told us they were very happy with the way their relative was cared for and said, "They're all very kind."

Staff who we spoke with knew what people needed help with and what they could do for themselves. They encouraged and supported people to remain as independent as possible.

The service was responsive because people's individual assessments and care plans were reviewed with the person concerned. These were updated as people's needs changed to make sure they continued to receive the care and support they needed.

People were provided with the opportunity to take part in a wide range of activities. Outings and entertainments were also arranged as requested by people who lived at Ashton Lodge Care Home. People told us they enjoyed the activities and looked forward to the entertainer.

Summary of findings

People told us they knew who to talk to if they had any concerns. They said, “I can’t find fault with anything.” “I’ve never had anything to complain about.” and, “I have no complaints whatsoever”. There was a complaints procedure displayed on the residents’ notice board on all floors and people were provided a copy during their admission.

There was an open and positive culture which focussed on people who used the service. The manager had an open door policy so that people who lived in the home, staff and visitors could speak with her at any time.

Staff told us, “You get great support.” “It’s such a good atmosphere, I enjoy coming to work.” and, “Strong management team, all of them are really approachable”.

People were actively involved in developing the service in a variety of ways, such as meetings, satisfaction surveys, forums and day to day contact with the management team. Suggestions made by people were acted on. This meant that people’s views were taken into account.

Throughout our visit the staff and management team showed us that they were committed to providing a good service. There were effective systems in place to monitor and review the quality of the service. The management team carried out regular audits to make sure that any shortfalls were identified and improvements were made when needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines were administered safely, however, there were some shortfalls in risk assessments, self-administration and covert administration of medicines to people who used the service.

People told us they felt safe. Safeguarding procedures were robust and staff knew how to safeguard the people they supported. Effective risk management systems ensured that people were protected from harm.

Robust recruitment procedures were followed to make sure that only suitable staff were employed. There were enough staff employed on each shift to make sure that people were safe.

Is the service effective?

Good

The service was effective. Staff were given the training, supervision and support they needed to make sure they had the knowledge and understanding to provide effective care and support.

The service obtained people's consent to the care and support they provided. People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People's health and personal care needs were supported effectively. Their nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring. People were listened to, valued, and treated with kindness and compassion in their day to day lives. They were involved in planning and making decisions about their care and treatment. There was a calm and relaxed atmosphere in the home.

People could not always be confident that information about them was treated confidentially. Staff were careful to protect people's privacy and dignity. Staff encouraged and supported people to remain as independent as possible.

Is the service responsive?

Good

The service was responsive. People's individual assessments and care plans were kept under review and updated as their needs changed to make sure they continued to receive the care and support they needed.

People were encouraged to express their views and these were taken into account in planning the service. There was a complaints procedure and people knew who to talk to if they had any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. There was an open and positive culture which focussed on people who used the service. The owner visited the home frequently and was supportive to the management team and staff. The staffing and management structure ensured that staff knew who they were accountable to and where to get support.

There were effective quality assurance systems in place to monitor and review the quality of the service. The manager was proactive in looking for ways to develop and improve the service and promoted the active involvement of people who lived at home and the staff team in this process.

Ashton Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 23rd and 31st October 2014 and was unannounced.

The inspection was carried out by two inspectors, one pharmacist inspector and one professional advisor who had expert experience in dementia care.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed our records including previous inspection reports.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used 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 talk with us. We spoke with12 people who used the service, 5 relatives, one clinical lead, two registered nurses, two senior care workers, 13 health care assistants and the head chef. The registered manager was on annual leave during our inspection and a manager from another home managed by the provider was covering the registered manager and assisted us during this inspection. We looked at 16 care plans and care records, medicines administration records and other records and documents relevant for the running of the service. These included complaints records, training records, staffing records, accident and incident records, staff rotas, menus and quality assurance records.

Prior to our inspection we contacted various professionals such as contract monitoring and GP surgery, but we did not receive a response, however we spoke to a visiting community nurse during our inspection.

Requires Improvement

Is the service safe?

Our findings

During our inspection on 24 April 2014 we found that appropriate procedures were not in place to ensure people's safety and welfare. This meant there had been a breach of the relevant legal regulation (Regulation 9 (1) (b) (ii). During our inspection on 23rd and 31st October 2014 we found that the provider had taken action that we had asked them to take. The provider had updated risk assessments and provided more detail in how to manage pressure ulcers more effectively.

People who used the service were not always safe because the registered person did not always protect people against the risks associated with the unsafe management of medicines, by means of the making of appropriate arrangements for the handling, using safe administration and disposal of medicines.

We found that the service was not always following good practice in some areas, for example to risk assessments for self-administration, medicines prescribed to be given as needed, medicines prescribed to be given covertly, and the disposal of controlled drugs. A few people were being supported to keep and administer creams and inhalers. When people kept and self-administered their inhalers, although this was risk assessed, the risk assessment did not identify how the inhalers were to be stored, and whether any monitoring by staff was needed. We saw that one person kept and used their prescribed creams; however this had not been risk-assessed as safe. This meant that people were not suitably protected from risks associated with the self-administration of medicines.

We also found that Mental Capacity Act assessments were not in place for people who were having medicines administered covertly and there were no written instructions for staff on how to administer these medicines covertly, for example whether to crush, or to add to food or drink. This meant that people wo had their medicines administered covertly cannot be confident that this was carried out safely.

We found medicines were disposed of regularly however there were no arrangements in place to denature controlled drugs before they were disposed of, and medicines other than controlled drugs were being stored in the controlled drugs cupboard. The provider did not follow current guidance by the National Institute for Clinical Excellence (NICE), 'Managing medicines in care homes' 2014. Which states "Care home providers should keep records of medicines (including controlled drugs) that have been disposed of, or are waiting for disposal. Medicines for disposal should be stored securely in a tamper-proof container within a cupboard until they are collected or taken to the pharmacy."

Some people with dementia were prescribed pain-relieving medicines or medicines for agitation or challenging behaviour, to be given only when needed. We found that there was no written guidance in place on how to administer these medicines, for example how to tell if a person was in pain, or under what circumstances to administer medicines for challenging behaviour. This meant that the provider did not adhere to recent NICE guidance, 'Managing medicines in care homes' 2014, which states "the home must record 'when required' medicines in the resident's care plan".

These matters were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Other aspects of medicines management were safe. Medicines were stored securely, at the correct temperatures to remain fit for use and were accessible only by staff authorised to handle medicines. Staff with responsibilities for administering medicines to people had completed medicines training, and were assessed as competent to do so. Written information was available for staff and people living at the home about their prescribed medicines, such as what medicines were for, and possible side effects. People's medicines were reviewed regularly by the GP, and all prescribed medicines were available. Records were kept of medicines received, administered and disposed of. These records were clear and up to date, with no gaps in recording, and showed that people were receiving their medicines regularly. There was an effective system in place to record when topical medicines, such as creams, were applied.

Regular audits were carried out to check whether medicines had been administered correctly, including daily checks on controlled drugs. Due to the issues we found, these audits were not always effective in picking up when medicines good practice was not being followed.

People who used the service told us they felt safe staying at the home. They said, "I am always treated with the utmost

Requires Improvement

Is the service safe?

respect." "I always feel safe here." One relative told us, "The service provided for [their family member] was brilliant. Carers were patient, attentive and always caring." Another relative told us, "The service is very good. My relative is well cared for, that why we are not moving our relative somewhere else." A senior care worker told us, "This is a friendly home and the service users and staff are very well treated. We like the homely atmosphere."

We spoke with 16 members of care and nursing staff. They described their safeguarding training and understood the various types of abuse to look out for to make sure people were protected. They knew who to report any concerns to and had access to the whistleblowing policy.

A safeguarding procedure and whistleblowing procedure was in place, which was given to staff during their induction and discussed during the safeguarding training they had received. Training records viewed showed us that the majority of staff had received safeguarding training within the last twelve months. We discussed with the manager the current outstanding safeguarding alerts and saw information that the registered manager had contacted the local authority to resolve these and obtained information on actions to be taken by the provider.

People told us they were able to come and go as they pleased. During our visit, we saw staff supported people to make decisions. For example, staff explained what was on the menu that day and people were asked what they would like to have for lunch. During our SOFI observation at lunch time we saw that people were not rushed to make a decision and staff answered any questions they had with patience and good humour. We saw that people who did not want to eat their meal in the dining room were able to eat in their rooms. This showed there were no restrictions on people's freedom.

Each person's care plan contained individual risk assessments in which risks to people's safety were identified such as falls, poor nutrition and skin integrity. Guidance about any action staff needed to take to make sure people were protected from harm was included in the risk assessment. People who we spoke with confirmed that the care plans had been discussed with them. Records showed that where people's needs changed, staff completed appropriate risk assessments and changed how they supported people. This meant that people were supported to understand how to stay safe and were given the opportunity to raise any concerns they might have about their safety.

Incidents and accidents had been recorded and monitored and actions had been taken to reduce the risk of similar events happening again. We also saw evidence that incidences and accidents had been discussed with care and nursing staff during regular meetings. This showed us that accidents and incidents had been taken seriously and planned actions had been put into place to ensure similar accidents and incidents did not happen again and people who used the service and their relatives can be confident that they were safe.

People told us there were always enough staff. They said, "They come straight away if I ring my bell", "I never have to wait long" and "Anything that needs doing is done very quickly." We saw that a number of people had activities planned in advance. Rotas reflected scheduled activities to ensure that sufficient staff were available. This meant that people were supported to take part in community activities and any associated risks were managed appropriately.

We looked at the staff rotas for the four weeks before our visit. These showed that different staffing numbers were arranged for all floors, the number of staff scheduled was depending on people's needs. In addition to care staff there were registered nurses, administration staff, domestic staff and kitchen staff on duty. This meant that the people were safe because the service ensured that there was a suitable skill mix when arranging staffing so that people's individual needs were met at all times.

An activities coordinator was scheduled to work each weekday. The manager told us she ensured that the rotas were flexible so that they could support people who used the service. Staff told us that if a person wanted to go out, but required staff support to do so, the rota was flexible so that this could be facilitated. We also saw that the rota was displayed on each floor, which provided detailed information on the various responsibilities staff had during their shift. For example, who was responsible for one to one support, 30 minutes check-ups, the administration of medicines and lunchtime support.

The manager told us that robust recruitment procedures were followed to make sure that only suitable staff were employed. All staff and volunteers were vetted through the

Requires Improvement

Is the service safe?

Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. Employer references were also checked. Staff confirmed that all these checks had been carried out before they started working in the home. We viewed records of staff working at Ashton Lodge Care Home, which confirmed that appropriate recruitment checks were carried out. This meant that the service followed safe recruitment procedures.

Good

Is the service effective?

Our findings

People who used the service told us, “The staff are very good. They are very helpful”, “The food served is excellent. We get a choice of dishes. There is a choice of soft drinks such as pineapple, cranberry or orange juice.” Another person told us “The staff are very good and helpful; they always ask me for my permission before giving personal care”.

During our observations, we saw that staff members communicated effectively with people. For example, we saw one person who was experiencing anxiety. We saw that staff took the time to sit with this person, listen to what they had to say and answer all their questions with patience and kindness. When people spoke to staff who passed by, we saw that staff stopped what they were doing and gave people their full attention. This showed that staff made people their priority rather than the day to day tasks they needed to perform.

All staff had received mandatory training in topics such as moving and handling, infection control, first aid, food safety, safeguarding adults, dementia care awareness, and dignity in care. In addition, some staff had obtained care specific qualifications. When staff started work at the home they were provided with induction training. They were given an induction folder to work through the common induction standards in care. They completed these in their first three months. Staff told us that when they had first started working at Ashton Lodge Care Home they had worked with an experienced staff member for the first few weeks so they had time to get to know each person and how to care for them. This showed that staff were given the training they needed to make sure they had the knowledge and understanding to provide effective care and support for people who lived in the home.

All new staff were supervised for at least two weeks when they commenced work. Staff told us they had supervision sessions with their line manager every eight weeks where they were able to discuss their work. They told us they felt free to talk with the manager any time if they were concerned about anything. They said, “The door is always open”, “She (the manager) is firm but very fair, she’s always there for you” and, “You get great support, above and beyond.” Another staff member told us that the manager set aside one day during the week where she made herself available and did not plan any other meetings. This allowed staff to meet her in confidence if they wished to do so.

Staff told us about the training they had about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager told us that the home approached the supervisory body (local authority) to undertake a standard authorisation of Deprivation of Liberty for people who had been assessed as lacking capacity. They had been told by the supervisory body that they should forward applications for standard authorisations of Deprivation of Liberty for all people using the service. The manager was currently liaising with the supervisory body the appropriateness of this. Care workers and nurses had knowledge of the MCA 2005. Staff told us they had received training in this, and records confirmed this. One nurse said, "We have some people who we have to protect from harm, for their own best interests. Some people presented with behaviours that challenged and so we have to use minimal restraint, such as holding hands.”

People had enough to eat and drink. Drinks were readily available throughout the day and people were offered a choice of hot and cold drinks at regular intervals. We saw that meals were home cooked, freshly prepared and well presented. The home provided vegetarian meals cooked in a separate kitchen for people to ensure their religious needs were met. One person told us, “The curry always smells so nice; sometimes I ask them to serve it to me.” People having lunch in the dining room commented on how much they enjoyed the food. They said, “It’s always lovely”, “There’s always plenty to eat here” and “Smashing”. One relative told us “My relative enjoys the occasional Chinese meals offered.”

People chose their lunch time meal each day, the menu options were recorded on a notice board in the dining room. In addition to the main two options people told us, “There’s always a salad if you prefer.” We saw that staff supported people who needed help by asking them if they would like their food cut up for them. People were not rushed in anyway. Where people had particular needs such as diabetes or swallowing difficulties, their diets were catered for.

People were invited to take part in a food survey each year. The service had analysed the results of the 2014 survey.

Good

Is the service effective?

This showed that people felt there was always enough food with good variety and choice. The cook told us that he had met with people who used the service regularly to discuss their opinions on the meals.

People's nutritional needs were assessed and weights were recorded regularly to make sure that people were getting enough to eat and drink. We saw that one person required some additional support regarding their diet and external professional advice had been sought and followed. Their care plan had been updated to reflect the advice that had been given about providing drinks and food that had been fortified with extra calories. Food charts were recorded for this person to monitor how much they ate each day. This showed that people were protected risk of harm through malnutrition.

People told us they were able to see a GP whenever they wanted to. We saw that people felt comfortable to discuss their health needs with staff and ask their advice. Care plans contained information about people's health needs and medical conditions along with guidance for staff. People told us they had regular appointments with other health professionals such as chiropodists, dentists and opticians. This meant that people were supported to manage their health care needs and their day to day health needs were met.

We spoke with one district nurse from the emergency response team who provided nursing care to people who lived in the home. She told us that she visited the home regularly. She said that the service was quick to refer people they had concerns about. Overall they had no concerns about the care people received at the home. She said, "It's a pleasure to visit this home" and "I wish they were all as good as this." This showed that when people's needs changed, referrals were made quickly to relevant health services.

Good

Is the service caring?

Our findings

During our inspection on 24 April 2014 we found that at times people were not treated as individuals and were not always treated with respect or able to maintain their dignity. This meant there had been a breach of the relevant legal regulation (Regulation 10 (2) (c). During our inspection on 23rd and 31st October 2014 we found that the provider had taken action. The provider took appropriate actions to monitor and assess the quality of the service and we saw that actions had been taken to ensure improvement had been made.

People who used the service told us, "The staff are very good. They are very helpful, always polite", "The staff are gentle and polite" and "The staff are very good, they do really care and listen to what I have to say." Relatives told us "The staff are very helpful; they are always polite" or "We are pleased with the service. The care given is first class" and "They [care worker] couldn't do a better job for my mother, this is an excellent home."

People, and those that mattered to them, were encouraged to make their views known about their care, treatment and support through day to day conversation with management and staff, regular meetings and annual surveys. One relative told us they were informed and involved in the care provided, "Very good communication, we are kept well informed. For example when my relative was not well the staff phoned us to let us know, we were told the GP had been contacted to see my relative."

Where suggestions were made by people these were followed through. For example, people had suggested playing dominos and we saw that people were now offered regular domino sessions. Also people asked for more activities at the weekend and we saw from meeting minutes that this request had been actioned. A relative stated "My relative continuous to be extremely well cared for."

During our observations, we saw that people were asked for their permission before staff did anything. For example people were asked if they had finished or would like anymore before their plates were taken away at lunch time. We saw that staff and management knocked on people's doors, even when they were open, and waited for permission before they went into people's rooms. We observed interactions to be friendly and staff provided various options for people who used the service to choose from. For example we overheard one carer asking a person if the person wanted to play Bingo or was happy to read the newspaper.

People's dignity was maintained and their privacy was respected in their day to day lives.

We spoke with the manager about this following the inspection and she agreed to be more vigilant in future about this. We observed that staff were discreet in their conversations with one another and with people who were in communal areas of the home. They were careful to close doors when people were being supported with their personal care. People who liked their privacy and wished to spend their time in their own rooms were supported to do so. People told us and we observed that people were treated with dignity and respect at all times. However people could not always be confident that information about them was treated confidentially. Personal records were stored in the nurses' room on each floor, during our inspection we found that the rooms had not always been locked.

Staff who we spoke with knew what people needed help with and what they could do for themselves. They confirmed that people were supported and encouraged to remain as independent as possible. For example, one person had wanted a different bed; their room had been moved around to accommodate this and gave the person more independence. We also see another person moving into their own flat. The person told us "I am so grateful to the manager for all the work she has done in helping me to find my own flat."

People living at the home come from various cultural backgrounds in particular people from Asian background. There was a prayer room available for people to use and we saw that people using the service, relatives and care staff celebrated Diwali and prayed together.

People were given regular opportunities to voice their views during residents and relatives meetings, which were arranged monthly for people who used the service and quarterly for relatives.

Good

Is the service responsive?

Our findings

People who used the service told us that they had been involved in making decisions about their care. For example one person told us, "I talk to staff regularly about my care and tell that what help I needed." Two relatives told us that they were regularly asked about the care of their relative and the care plans viewed confirmed this. We also asked people if they had any complaints and what they would do if they were dissatisfied about the service provided. Everyone we spoke with told us they had no complaints about the service. They said, "I can't find fault with anything, I would recommend it to anybody." "I've never had anything to complain about." and, "I have no complaints whatsoever". People told us they knew who to talk to if they did have any concerns. One person said, "I would just tell the manager and she would soon sort it out". One relative told us "My relative can't speak English; here the staff understand what they need. Staff respects our culture and there is a religious service every Thursday which my relative can attend."

During our inspection on 24 April 2014 we found that inaccuracies and missing information in care plans and records meant that people were at risk of not receiving care and treatment in line with

their individual needs, and that appropriate preventative measures were not in place to maintain a person's health and welfare. This meant there had been a breach of the relevant legal regulation (Regulation 9 (1) (b) (i). We also found that whilst some people were receiving the appropriate care, an accurate record of their care needs were not kept. This meant there had been a breach of the relevant legal regulation (Regulation 20 (1) (a). The delivery of care was not always able to meet people's individual needs in regards to activities, socialisation, and religious needs. We found there had been a breach of the relevant legal regulation (Regulation 17 (2) (g) (h).

During our inspection on 23rd and 31st October 2014 we found that the provider had taken action we have asked them to take, which can be found in this section. We viewed 16 different care records throughout all three floors of the home and found records to be of good standard, personalised and prescriptive to the care and support required by people who used the service.

Each person's personal records contained a pre-admissions document. This was completed with the person concerned and included information about their social history, significant relationships and interests. This meant that staff knew what was important to them and were able to take this into account in the way activities were organised.

People's needs were fully assessed with them before they moved to the home to make sure that their needs could be met by the home. Assessments were reviewed with the person concerned and care plans updated as their needs changed to make sure they continued to receive the care and support they needed. Each person had a named member of staff as their key worker. Staff told us that, as a person's keyworker, they were responsible for ensuring the care plan was kept up to day in consultation with the person concerned. Staff also said that they discussed how each person had been when they handed over to the next shift, highlighting any changes or concerns. This meant that people received the care and support they needed when they need it.

During our visit we saw that staff and the management team took time to listen to people, answer their questions and provided reassurance when needed. People told us that they had been involved in planning their care and that care plans were discussed with them from time to time. The manager told us that a member of the management team spent time with each person to make sure the care plan was person centred. In addition to the monthly review the manager arranged six-monthly reviews with people and relatives where appropriate, to make sure that the care plan was working well and make any necessary changes. We saw that the person or their relative had signed the care plan to show their agreement. Staff told us they found the care plans helpful and were given time to read them. Staff knew each person well and were able to describe the kind of care people needed.

The activities coordinator spent time talking with people about the kind of activities they would like to take part in. At a recent resident's meeting people said they would like more activities on Sundays. Following this meeting the manager had taken action and facilitated for one activity co-ordinator to work at weekends. This showed that people were encouraged to express their views and these were taken into account in planning the service.

During our visit, a group of people were having a prayer meeting together with a number of relatives. Other

Good

Is the service responsive?

activities on offer included quizzes, coffee mornings, card games and scrabble. There was a room set aside to reminiscence, have a cup of tea and peace and another room to have religious prayers in particular for people from Hindu faith. A tuck shop was available for people to purchase small items, this was in particular beneficial to people who had mobility problems and were not able to access the community and go to the shops by themselves. Entertainers came regularly to the home to provide entertainments which had been requested by the people. People told us they enjoyed the activities and were pleased that there were going to be activities at the weekend.

There was a complaints procedure displayed on the residents' notice board. Each person had a copy available in their rooms. The complaints procedure told people how to make a complaint about the service and the timescales in which they could expect a response. There was also information and contact details for other organisations people could complain to if they are unhappy about the service. We saw that people were comfortable with the management and staff in the home. We saw that people felt free to go into the manager's office for advice or a chat during our visit. We viewed complaints records and saw that all complaints had been dealt with, followed up and actioned. Staff told us that the manager would discuss complaints during staff meetings as a learning exercise for the future.

Good

Is the service well-led?

Our findings

During our inspection on 24 April 2014 we found that appropriate actions had not been taken in response to areas identified during quality audits as requiring improvement. For example the assessments we saw showed ongoing concerns regarding inaccurate recording on fluid charts which had not been addressed at the time of our inspection. We also saw the findings from a visit from the local authority in February 2014 which identified gaps in care plans and risk

assessments and we found there was still missing information in care records at the time of our inspection. This meant there was a breach of the relevant regulation (Regulation10 (2) (c)). During this inspection we found that the provider had taken appropriate actions to ensure that fluid charts were completed and care records and assessments had been updated.

We saw that there was an open and positive culture which focussed on people who used the service. For example people told us that the manager was present and visible. A comment made by one person "The manager is always there and I can talk to her anytime."

There was an open door policy for people, visitors and staff. For example staff told us that the manager has one afternoon per week, where staff can talk to her in private if they wished to do so. Staff told us, "You get great support", "It's such a good atmosphere, you really enjoy coming to work" and, "Solid management team, all of them are really approachable." One relative told us, "We have never made a formal complaint. There has been no need to. The manager is present and will sort things out. I asked her to put more fruit juice in the room and when I came the next day it was sorted. She is a good manager."

People were actively involved in developing the service in a variety of ways. For example, meetings were used to gather people's views on all aspects of the service, with different topics on the agenda each month. An annual food survey and annual satisfaction survey was sent out and the results evaluated so that any areas for improvement could be identified and addressed. A service user's satisfaction survey was carried out in May 2014, 77 people who used the service had responded to this survey. Feedback was generally positive, a number of people voiced concerns about activities and as a result this had been discussed during the residents meeting in May 2014. In August 2014 relatives were invited to complete a satisfaction questionnaire, 17 relatives responded and feedback received was similarly positive. Relatives in highlighted the cleanliness, friendliness of staff and involvement in care planning as meeting and exceeding their expectations.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people who lived at home and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior care worker or registered nurse who was supported by the clinical lead, who in turn was supported by the manager. During this inspection the registered manager was not on duty and a manager from another home managed by the provider supported the staff team. This showed that staff were well supported to carry out their roles.

We saw that the management team knew each person by name and stopped to talk with people as they were moving around the home. Staff told us that It was the practice of the manager and clinical lead to walk around the home daily and talk with staff and the people.

Throughout our visit the staff and management showed us that they were committed to providing a quality service. There were effective quality assurance systems in place to monitor and review the quality of the service. The management team carried out regular audits of all aspects of the service including care planning, infection control, medication and health and safety to make sure that any shortfalls were identified and improvements were made when needed. We sampled a number of audits carried out and found them to be up to date and actions had been taken to address any findings during such audits. For example during a Head of Department meeting on 7 May 2014 people discussed findings of the health and safety audit and documented that broken bins had been replaced.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the manager took appropriate and timely action to protect people and ensure that they received any necessary support or treatment.

Good

Is the service well-led?

The manager was proactive in looking for ways to develop and improve the service. For example they had developed a system for monitoring and reviewing dependency levels in the home to ensure that there were always enough staff on duty to meet people's needs and promote their wellbeing. This was reviewed regularly and rotas were flexible to make sure that they took account of people's changing needs, planned outings and activities. This meant that people were well supported at all times.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. Regulation 13.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. Regulation 13.