Four Seasons (No 11) Limited

Highfield Hall

Inspection report

Grane Road
Haslingden
Rossendale
Lancashire
BB4 5ES

Tel: 01706222326
Website: www.fshc.co.uk

Date of inspection visit:
07 June 2017
08 June 2017
12 June 2017

Date of publication:
01 August 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out a comprehensive inspection of Highfield Hall on 7, 8 and 12 June 2017. The first day of the inspection was unannounced.

Highfield Hall provides personal and nursing care for up to 75 people, including older people, younger adults, people with mental ill health and people living with dementia. Accommodation at the home is provided in single ensuite rooms. The home is divided into three units, with a unit for people with residential care needs, a unit for those with nursing needs and a unit for people living with dementia related needs. The service is situated in Haslingden in Rossendale, East Lancashire. At the time of our inspection there were 67 people living at the home.

At the time of our inspection the service had a registered manager who had been in post since July 2015. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During a previous inspection on 22 December 2014, we found a breach of our regulations relating to the recording and management of one person's risks. We carried out a follow up inspection on 19 March 2015 and found that improvements had been made and the provider was meeting all legal requirements.

During this inspection we found two breaches of our regulations related to staffing levels and the management of people's risks. You can see what action we told the provider to take at the back of the full version of the report.

Most people we spoke with were happy with staffing levels at the home. However, we found that there was not always an appropriate number of staff on duty to meet people's needs.

We found that people who were at risk of falling, were not always supported appropriately. Care plans and risk assessments were not always updated when people's needs changed. This meant that it was difficult to ensure that staff were managing people's needs and risks effectively.

During our inspection we found that there were appropriate policies and procedures in place for the safe management of medicines. We observed staff administering medicines safely.

People who lived at the home liked the staff who supported them and felt that staff had the knowledge and skills to meet their needs.

We saw evidence that staff had been recruited safely. The staff we spoke with understood how to safeguard vulnerable adults from abuse and were clear about the action to take if they suspected that abusive practice

was taking place.

We found that staff received an appropriate induction, effective training and regular supervision. Staff told us the registered manager was approachable and they felt well supported by her.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice.

The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe. We found evidence that where people lacked the capacity to make decisions about their care, their relatives had been consulted

Most people who lived at the home were happy with quality of the meals provided. However, four people felt that they needed to be improved.

People received support with their healthcare needs and we received positive feedback from community health care professionals about standards of care at the home.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in a wide variety of activities inside and outside the home. People living at the home and their relatives were very happy with the activities available.

We saw evidence that the registered manager requested feedback about the service from people living at the home and their relatives and acted on the feedback received.

People who lived at the home and their relatives told us they thought the home was well managed. They felt that the registered manager was approachable.

The registered manager and the regional manager regularly audited many aspects of the service. We found that the audits completed had not identified the issues we found during our inspection. This meant that they were not always effective in ensuring that appropriate standards of care and safety were maintained at the home.

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.

The registered manager followed safe recruitment practices when employing new staff, to ensure that they were suitable to support people living at the home.

The minimum staffing levels set by the service were not always achieved. This meant that staffing levels at the home were not always appropriate to meet people's needs.

There were appropriate policies and procedures in place for the safe administration of medicines and we observed staff administering medicines safely.

People's risk of falling was not always managed appropriately. Care records were not always updated when people's risks changed, which meant it was difficult to ensure that staff were managing people's risks effectively.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction and effective training which enabled them to meet people's needs. People felt that staff had the skills needed to support them effectively.

People's mental capacity was assessed when appropriate and relatives were involved in best interests decisions. Where people needed to be deprived of their liberty to keep them safe, appropriate applications had been submitted to the local authority.

People were supported well with their nutrition and hydration needs. They received appropriate support with their healthcare needs and were referred to a variety of community healthcare services.

Is the service caring?

Good

The service was caring.

People liked the staff who supported them and told us staff were caring. Staff knew people at the home well and treated them with kindness and respect.

People told us staff respected their privacy and dignity and we saw examples of this during out inspection.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Appropriate action was not always taken when people's needs changed and care records were not always updated to reflect these changes. This meant that staff did not always have up to date information to enable them to meet people's needs effectively.

People were supported by staff to take part in a wide variety of activities within and outside the home. People who lived at the home and their relatives were very happy with the activities available.

The registered manager sought feedback from people living at the home and their relatives and used the feedback received to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had a registered manager in post who was responsible for the day to day running of the home. People living at the home and staff felt the home was well managed.

Staff received regular supervision and we saw evidence that the registered manager addressed poor performance appropriately. Regular staff meetings took place and staff felt able to raise any concerns.

The registered manager and regional manager regularly audited and reviewed many aspects of the service. However, the audits completed had not identified the issues we found during our inspection related to the management of people's risks and staffing levels. This meant that the audits were not always effective in ensuring that appropriate levels of care and safety

were maintained at the home.

Highfield Hall

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7, 8 and 12 June 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector, two experts by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse. The Equality and Human Rights Manager for the Care Quality Commission (CQC) also attended two days of the inspection and provided additional support.

Prior to the inspection we reviewed information we held about the service including complaints, safeguarding information and statutory notifications received from the service. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed previous inspection reports. We contacted four community healthcare agencies who were involved with the service for their comments, including a GP, district nursing team, dietitian and podiatrist. We received a response from two of the agencies. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information. They did not have any concerns about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 27 people who lived at the service and 14 visitors. We spoke with 24 staff, including the registered manager, the deputy manager, the regional manager, care staff, domestic staff, kitchen staff and the maintenance person. We also spoke with a visiting healthcare professional. We observed staff providing care and support to people over the three days of the inspection. We reviewed in detail the care records of seven people living at the home and the falls management records of an additional four people. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and

safety audits that had been completed and fire safety and environmental health records.

Requires Improvement

Is the service safe?

Our findings

People who lived at the home told us they received safe care. Comments included, "I'm definitely safe here. I would raise any concerns if they arose but as yet there haven't been any", "I like it here and I feel safe. It is clean here too" and "I've never felt frightened here. There are always plenty of staff here and my medication is managed well". Relatives told us their family members were kept safe. One relative told us, "[My relative] is safe and is as happy as she can be in here". Another relative commented, "We come each week and know that [our relative] is safe and happy".

We looked at staffing arrangements at the home. Most people that we spoke with felt that there were enough staff on duty to meet people's needs. One person told us, "I think there are enough staff on duty. They all seem to buzz around effectively". Another person commented, "I think there are just enough staff on duty". Most relatives we spoke with were happy with staffing levels. One relative told us, "There's always someone around if we need anything". However, two people living at the home and one relative felt that staffing levels needed to be increased to meet people's needs.

Most of the staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. However, one staff member told us that there were not always enough staff on one of the units at night and early in the morning.

We reviewed the staffing rotas for three weeks including the week of our inspection. We noted that the minimum staffing levels set by the service were not always met. We discussed this with the registered manager who acknowledged this. She explained that two day staff had recently been appointed but had decided not to start work at the home. In addition the home had two vacancies for the night shift. Two night staff had recently been recruited and were due to start work at the home in the near future. She told us that she had struggled to cover the night shifts in particular. She explained that the staff who supported people at mealtimes, also supported people with their care needs when the service was short staffed, for example due to sickness. We noted that these staff members only worked from 8am to 1pm and 6pm to 8pm, which left a shortfall in the number of staff available throughout the day.

The registered manager showed us the staffing tool used by the provider. The tool assessed how many staff should be on duty at different times of the day and night dependent upon the needs of the people living at the home. We noticed that the tool indicated that two staff were appropriate to meet people's needs on the residential unit at night. At the time of our inspection there were 31 people living on the residential unit. Information provided by the registered manager showed that during the night, eight people needed support from two staff with personal care or pressure relief and an additional three people were assisted during the night by one staff member with diet and fluids. The registered manager was unable to show us the full staffing assessment tool, so we were unable to look at how the calculation had been achieved. The registered manager told us that she felt three staff were necessary to meet people's needs on the residential unit at night and she had discussed this with the regional manager who had accepted this. However, she told us that it had not always been possible to have three staff on duty, due to staff shortages.

We noted from the staffing rotas that staffing levels on one of the units had been reduced at one point due to a reduction in occupancy levels, regardless of the needs of people living on the unit. This was not in line with the staffing assessment tool that was used by the service. The registered manager explained that this had taken place while she had been on leave. She told us that she had addressed this issue on her return from leave and increased staffing levels, to ensure that there were an appropriate number of staff on duty to meet people's needs.

The provider did not always have sufficient staff on duty to meet the needs of people living at the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's health and wellbeing were managed at the service. We reviewed three people's care plans and risk assessments in detail. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should manage them. We found that the information in two of the care files reflected people's risks. However, one person's care plan and risk assessments had not been updated appropriately after they had experienced falls and did not reflect their risk of falling. In light of this, we reviewed the records of five additional people who had experienced one or more falls in the previous 12 months. We found that none of the five care plans had been updated appropriately following the falls and people's risk assessments had not been completed accurately. This meant that staff did not have up to date information about people's risks and how to manage them. We noted that medical attention had been sought on a number of occasions. However, none of the people who had fallen had been referred to their GP or the local falls prevention service for an assessment.

A monthly falls audit was completed by the registered manager. We noted that the audit did not always accurately reflect the number of falls that people had experienced each month and did not always identify whether appropriate action had been taken to address people's risk of falling. This meant that the provider could not be sure that people's risks were being managed effectively.

The provider had failed to assess and mitigate people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns about falls management with the registered manager and the regional manager who addressed the issue during our inspection. They introduced a 'Falls flow chart', which provided clear instructions for staff about the action they should take when people experienced two or more falls within a period of time. In addition, supervision sessions were scheduled with all nursing staff and senior care assistants around this issue. A training session in respect of the management of falls was arranged for 21 July 2017. The registered manager advised that she would review all falls documentation each month to ensure that appropriate action had been taken. In addition, during the inspection the registered manager and the deputy manager reviewed the care plans and risk assessments of each person who had suffered one or more falls during the previous six month period. Information was reviewed to ensure that it was accurate and any necessary action was taken. This helped to ensure that people's risk of falling was being managed effectively

We looked at how people's medicines were managed at the service. The home had a detailed medicines policy which included information for staff about administration, storage, disposal, PRN (as needed) medicines, self-administration and record keeping. Medicines were stored securely and we saw evidence that temperatures where medicines were stored were checked daily. This helped to ensure that the effectiveness of medicines was not compromised.

Records showed that all staff who administered medicines had completed medicines administration training in the previous 12 months. We found evidence that staff competence to administer medicines safely was assessed regularly and the staff we spoke with confirmed that this was the case. We looked at the medicines administration records (MARs) for people living at the home and noted that they included clear information about dosage, timings and guidance for any 'as required' medicines. We found that all of the MARs we reviewed had been completed appropriately by staff. We observed staff administering medicines and saw that people were given their medicines in a safe way.

Medicines audits had been completed monthly to review the completion of MARs and the quantities of medicines in stock. The people we spoke with told us they received their medicines when they should.

We looked at staff training and found that 95% staff at the home had completed up to date training in safeguarding vulnerable adults from abuse. The staff we spoke with confirmed that they had completed the training. They understood how to recognise abuse and were clear about the action to take if they suspected that abusive practice was taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. Details of how to report concerns to the local authority safeguarding vulnerable adults' team were included. These contact details were also displayed on the notice board in the entrance area of the home.

Records showed that 94% of staff had completed moving and handling training in the previous 12 months. Staff members' competence to move people safely was assessed regularly. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

Verbal and written information was handed over between staff prior to shift changes. We reviewed some handover records and noted they included information about people's personal care, mood, pain, sleep and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff. This helped to ensure all staff were aware of any changes in people's risks or needs. We noted that a communication book was also available on each unit which staff used to document hospital appointments, new medications and any new admissions to the home.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed before staff began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained for each member of staff. These checks helped to ensure that the staff employed were suitable to provide care and support to people living at the home.

We looked at the arrangements for keeping the service clean. Domestic staff were on duty on each day of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We found the standard of hygiene in the home during our inspection to be high. People told us the home was kept clean. They said, "The home in general is clean and fresh" and "The home is definitely clean". Relatives were also happy with hygiene levels at the home. One relative told us, "The home is clean. There is never that unpleasant smell which we have experienced in other places".

Records showed that fire risk assessments were in place and were reviewed regularly. We noted that the last check for Legionella bacteria, which can cause Legionnaires Disease, a severe form of pneumonia, had taken place in September 2015. We discussed this with the registered manager who arranged for a Legionella Risk

assessment to be completed shortly after our inspection. Evidence of this was provided.

Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested regularly. Gas and electrical appliances were also tested regularly. There were personal emergency evacuation plans in place for people living at the home and 90% of staff had completed up to date fire safety training. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency.

A business continuity plan was in place which documented the action to be taken if the service experienced a loss of amenities such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

Good

Is the service effective?

Our findings

People who lived at the home told us they were happy with the care they received and the staff who supported them. One person commented, "The staff are skilled and I'm perfectly happy with everything". Another person told us, "The staff are all helpful and considerate, nothing is too much trouble". Relatives were also happy with the care being provided. One relative told us, "It's more like a family home than a care home. It's a pleasant environment both inside and out". Another relative said, "Staff seem to be competent and good at what they do. [My family memeber] can make choices here even with limited capacity, which is good. She chose these clothes today"".

Records showed that staff completed an induction programme when they joined the service which included health and safety, confidentiality, whistle blowing (reporting poor practice) and practical tasks such as personal care. The staff we spoke with told us they had received an effective induction when they started working at the home. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe, person-centred care which reflected people's needs and preferences.

There was a training plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that in addition to the training mentioned previously, most staff had completed training in basic life support, dementia care, equality and diversity, first aid, infection control and pressure ulcer care. This helped to ensure that staff were able to meet the needs of people living at the home.

The registered manager informed us that the provider's Dementia Care Framework had been introduced at the home. At the time of our inspection, all staff had completed the dementia awareness element of the training and four staff had completed the additional elements of the training which the registered manager told us they would be passing on to all care staff at the home. The Framework focused on the importance of basing care on the needs and preferences of the person living with dementia and included a resident and relative charter, which highlighted people's rights and what they could expect from the service.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included standards of care, staff roles and responsibilities and training issues. Group supervisions also took place in respect of issues including fire safety, infection control and nutrition. Records showed that staff received annual appraisals of their performance and were able to raise concerns and make suggestions.

We looked at how the service addressed people's mental capacity. 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 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 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had been assessed and appropriate applications had been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted and decisions had been made in their best interests.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when administering medicines or supporting people with meals or with moving from one part of the home to another. We noted that care plans were detailed and documented people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and documented whether decisions were indefinite or whether they needed to be reviewed. This helped staff to recognise people's needs quickly and ensure that appropriate action was taken, for example in the case of a medical emergency.

We looked at how people who lived at the service were supported with eating and drinking. Most people were happy with the meals provided at the home and told us they were given plenty of choice. One person told us, "I like the food here, it's good". Another said, "You do get plenty of food here and it's good". However, four people told us they were not always happy with the meals they received. One person commented, "When it [the food] is good, it's really good. But it's not always good". Another person told us, "My main problem is with the meals which don't always suit me and often they give me too much which puts me off".

We discussed this issue with the registered manager who told us she would address this matter at the next residents meeting. She explained that people were regularly asked for feedback about their care, including meals, and some dissatisfaction with the meals provided at the home had been raised in the past. We saw evidence that the issues raised previously had been addressed.

Relatives were happy with the meals provided at the home and the support people received with nutrition. One relative commented, "The mealtimes are enjoyable and the food is generally good".

We observed lunch taking place on each of the three units. We saw that dining tables were set with table cloths, place mats, cutlery and condiments. The meals looked appetising and hot and the portions served were ample. The atmosphere in the dining rooms was relaxed and we saw staff supporting people sensitively with their meals. People were supported by staff at their pace and with patience. We noted that people living at the home were able to have their meal in the lounge or their room if they preferred to. We noticed that menus were displayed on the wall in some dining areas but not others. We discussed this with the registered manager who told us that she would ensure that menus were displayed in all three dining rooms. This would help to ensure that people were aware of the choices available at mealtimes.

A nutrition and hydration assessment had been completed for each person living at the home and any special dietary requirements were documented. Record showed that people's weight was recorded monthly or more regularly where appropriate. We found evidence that appropriate professional advice and support, such as referral to a dietician, had been sought when there were concerns about people's weight loss or nutrition. We spoke with the cook who was aware of people's special dietary requirements, such as people

who were diabetic or required a soft diet. She told us that she was kept updated by staff regarding any changes in people's needs.

We looked at how people were supported with their health. People living at the service and their relatives told us staff made sure their health needs were met and they could see a doctor or nurse if they needed to. One person told us, "The GP is called when needed. It's all sorted quickly". One relative commented, "All [my relative's] healthcare needs are well met". We noted that people could keep their own GP when they moved to the home or transfer to a local practice.

We saw evidence of referrals to a variety of health care agencies including GPs, dieticians, district nurses, chiropodists and speech and language therapy services. Healthcare appointments and visits were documented in people's care records. This helped to ensure people were supported appropriately with their healthcare needs.

We spoke with a visiting advanced nurse practitioner who told us she visited the home twice each week. She had no concerns about standards of care at the home. She told us that staff referred to her in a timely way if they had any concerns about people and took immediate action when she raised any issues with them.

We received a response from two of the community healthcare professionals we contacted for feedback about the service. One professional told us, "Overall I have no major concerns to highlight about Highfield Hall. They [staff] refer to our department appropriately and generally follow our care plans". Another professional commented, "Staff are generally helpful. Misunderstandings in the past relate to care staff identifying the wrong patient. Fortunately no treatment was undertaken and the error was noticed in time. General tidiness and cleanliness is always good. Nursing staff work well with us and all staff are helpful. No concerns have ever been reported by residents".

Good

Is the service caring?

Our findings

People told us they liked the staff who supported them and that staff were caring. Comments included, "I like the staff who look after me, they're all good", "The staff are very good, very caring and good with the way they treat you" and "The staff are patient and very good. I can be an awkward beggar when I get into one of my moods but they always treat me with the greatest respect". Relatives also felt that staff were caring. One relative told us, "The staff know [my relative] very well. They're very kind and caring here and [my relative] gets the right kind of support when she needs it". Another commented, "Staff seem to know [my relative] well and have always been kind and caring".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient. On the first day of our inspection, we noted that in one of the lounges music was playing loudly, while some people were watching the television with the sound turned down low, which would have made it difficult for them to hear it. We visited the lounges throughout the home on a number of occasions during the rest of our inspection and did not find this issue again. We discussed it with the registered manager who assured us that she would raise the issue with the unit managers.

The atmosphere in the home was generally relaxed and conversations between staff and the people living there was often friendly and affectionate. It was clear from our observations that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives, such as where they spent their time and what activities they took part in. They told us they had choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals, taking their medicines and moving around the home. Staff did not rush them.

The home had introduced 'dignity champions'. These were staff members whose role was to focus on promoting choice, independence and control for people who lived at the home. The dignity champions had developed a 'dignity tree', by asking people who lived at the home what dignity meant to them. People's responses were displayed on the tree in the entrance area of the home. The dignity champions were also responsible for delivering dignity training to staff.

People told us staff respected their privacy and dignity. One person commented, "We all seem to be treated with dignity and respect. For example, I like to be on my own sometimes and they respect my need for privacy". We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care and support, such as administering medicines or helping people to move around the home. Staff knew people's preferences in relation to whether the door to their room was left open or closed. Information about how staff should maintain people's dignity was included in their care plans.

We noted that where appropriate, people who lived at the home could hold keys for their bedroom door. This meant that people had their own private space and could come and go as they pleased, which contributed to their privacy and dignity.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids and adapted crockery. Staff understood the importance of encouraging people to be independent and could give examples of how to maximise people's independence and choice.

We looked at arrangements for supporting people with their personal care. People living at the home told us they received support with their personal care regularly. Relatives told us they were happy with the personal care and support their family members received. One relative commented, "Staff support [my relative] with bathing, which is prompted by them. She always seems clean and well cared for". During our inspection we found that people living at the home looked clean and comfortable.

The registered manager provided us with a copy of the welcome brochure that was issued to everyone who came to live at the home. The brochure was not specific to the service but gave information about what the provider offered at their homes. The brochure included information about the services available including hairdressing and laundry, safeguarding, security, activities and how to make a complaint. The brochure advised that there were no restrictions on visiting and this was confirmed by the relatives we spoke with.

Information about local advocacy services was included in the welcome brochure and a poster advertising local advocacy services was displayed in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

Requires Improvement

Is the service responsive?

Our findings

People who lived at the home told us they received care that reflected their needs and their preferences. One person said, "The staff come when I need them and look after me well". Another person told us, "The staff always come when they're needed and I always get what I need. I'm very content here". Relatives told us their family members' needs were met. One relative commented, "They [staff] respond well to my relative's needs". Another relative told us, "[My relative] has come on so much since moving here. He is never bored. The staff are always available and know his interests. People are well looked after".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, nutrition, communication, medication and personal care.

The care plans and risk assessments we reviewed were very individualised and included lots of detail about people's likes and dislikes as well as their needs. There was clear information about what people were able to do and what they needed support with, as well as how that support should be provided by staff. Information about people's interests and hobbies was also included. Care plans prompted staff to offer people choices and explain what they were doing when providing support to people.

We looked at the care plan for a person who lived at the home who was registered blind and found that due to the format of the care plans used at the service, it was not easy to find this information. We noted that some of the person's communication preferences had been identified. However, the person's preferred method for receiving written communication was not clearly documented. We discussed this with the registered manager and the regional manager who advised that they would address this issue with the provider's senior management team.

We looked at how people were supported with their spiritual or religious needs. We noted that information about local church services was included with the welcome brochure and a poster advertising a religious service which took place each month at the home was displayed in the entrance area. We found that information about people's spiritual or religious needs had not always been recorded in their care plans. This meant that people may not have received appropriate support from staff to meet their needs. We discussed this issue with the registered manager who assured us that she would address this issue.

We noted that people's gender and ethnicity was recorded on their care plans. However, people's sexuality was not always documented. We asked three members of staff how they would support a person who was lesbian, gay, bi-sexual or transgender. All staff were clear that they would not discriminate against the person and were able to give examples of how they had supported people in the past. However, two of the staff were less clear about how they would ensure that people felt safe from discrimination or prejudice from other people who lived at the home. We discussed this with the registered manager who advised that the service would address this issue.

We found that appropriate action had not always been taken when people's needs had changed. For example, when people experienced repeated falls they had not always been referred appropriately to their GP for review or to the local falls prevention service for assessment. We also found that not all care plans and risk assessments had been updated appropriately during monthly reviews or when people's needs had changed, such as when they had experienced a fall. This meant that staff did not always have up to date information about how to support people effectively. We discussed this with the registered manager and the regional manager. They arranged for the care plans and risk assessments of everyone who had experienced repeated falls to be reviewed and updated where appropriate. Staff supervisions and further staff training relating to this issue were also arranged.

Records showed that relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs or any concerns, such as if their family member had experienced a fall or if they were unwell.

People living at the home told us staff came when they needed them. One person commented, "The staff are always on hand to see to people's needs". During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as personal care and moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We noted that the maintenance person for the home checked people's hearing aids regularly and replaced batteries when needed. We observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively.

We looked at how the service ensured that people received consistent care when they moved between different services. The registered manager showed us an, 'Information for transfer to hospital/other facilities' form, which was completed when people attended hospital. The form included information about people's relatives, GP and their communication, mobility, nutrition and pressure care needs. A list of the person's medicines was also sent with the form. This meant that hospital staff were made aware of people's risks and needs.

We looked at activities at the home. Everyone we spoke with was happy with the activities that were available. One person told us, "I like all the activities that go on here. This morning's music session with the tambourines and maracas was very enjoyable. We're having an afternoon tea tomorrow and then I know that on Friday it's the Caribbean day". Another person commented, "I enjoy the activities, particularly the singing and dancing. I used to dance a lot in the past so it's nice to be able to do a little bit now".

The relatives we spoke with were also happy with the activities available at the home. One relative told us, "[My relative] gets involved in activities here. They had a Spring fair the other week and the Christmas fairs are great family events. They have afternoon teas and outings too". Another relative commented, "Although [my relative] can't join in all the activities, there are armchair exercises, singing and other games such as bowls, that she can join in with in her wheelchair. The staff here do try to include everyone and encourage some mobility".

The service employed two activities co-ordinators and we noted that a weekly plan of activities was displayed in the entrance area of the home. Activities available during the week of our inspection included a

trip out to a local art class, a pamper day and a trip out for lunch. Other activities offered at the home included quizzes, cards and balloon exercises. We noted that animals such as rabbits and a sheepdog were brought in occasionally for people to interact with. Additional trips out included a tea dance and a ride on a steam train. We observed people taking part in a variety of activities during our inspection including music sessions and singing and dancing. A singer visited the home during the inspection and we noted that at least 35 people came to watch him. People sang along and seemed to enjoy this entertainment very much.

We noted that a variety of informal activities also took place at the home, including reminiscence sessions, hand massage and sensory companion pets. Memory boxes and empathy dolls were also available for people to use. There were a number of different seating areas throughout the home and we saw fish tanks in some of the lounges, which also contributed to a sense of calm and offered stimulation and interest for people.

A hairdresser visited the home five days a week and we saw people having their hair done during our inspection. We spoke with the hairdresser who confirmed that she visited regularly and that people could have their hair done when they wanted to. She told us the staff were very good and she felt the standard of care at the home was high.

A complaints policy was available and included timescales for investigation and providing a response. Information about how to make a complaint was also included in the welcome brochure along with the contact details for the Local Government Ombudsman and CQC. We reviewed the complaints received in 2017 and saw evidence that they had been investigated appropriately and responded to within the timescales of the policy. We noted that informal or minor complaints were documented in people's daily records which meant that it was difficult to check that they had been responded to appropriately, or to identify any patterns or trends. We discussed this with the registered manager who introduced a minor complaints log, which would be kept on each unit and analysed by her monthly.

People who lived at the home told us they knew how to make a complaint and would feel comfortable doing so. One person commented, "I could complain but I have not needed to". Another person told us, "There is no complaint with anything here. It really is very good in every way". Relatives also felt able to raise concerns or make a complaint. One relative told us, "There have been no major concerns that we're aware of".

We looked at how the service sought feedback about the care people received. We noted that an electronic device was located in the entrance area of the home which enabled people to leave feedback about the care and support provided. Some of the visitors we spoke with told us they had used it.

The registered manager told us that a residents and relatives meetings took place every three months or so. We reviewed the notes of the meeting held in May 2017 and noted that 18 people had attended. Issues discussed included food, staff training, staff issues and trips out, We noted that people were asked for their feedback and suggestions and could raise concerns during meeting. Comments from people in the meeting notes included, "The home has a lovely atmosphere, it's always very clean and smells nice". It was documented that people were very happy at the home and felt they were treated well. No-one raised any concerns.

Some people who lived at the home told us they had attended residents meetings and others told us they were not aware that residents meetings took place. One person told us, "I haven't been to a residents meeting but I can make my views known". Another person commented, "I'm very content here so I don't need to go to any meetings". Everyone we spoke with felt able to raise concerns if they had any.

The registered manager informed us that satisfaction surveys were given to people who lived at the home yearly to gain their views about the care being provided. We reviewed the results of the surveys from 2016. We noted that a high level of satisfaction had been expressed about most issues including activities, safety, cleanliness, being treated with kindness, dignity and respect, the standard of care provided and the capability of staff. Everyone who responded had stated that they could speak to a senior member of staff if they needed to. We noted that the lowest scoring areas related to the quality and variety of meals available at the home, with five people expressing dissatisfaction. The registered manager told us that as a result of this feedback, catering surveys are being issued to people every month to ensure that any issues are identified and addressed quickly. We reviewed the responses to the catering surveys issued from January to May 2017 and found evidence that people's concerns and comments about food at the home had been addressed. The registered manager advised that it was difficult to ensure that the meals at the home met everyone's preferences and issues with meals at the home were an ongoing issue which they would continue to address.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the home told us it was well managed and that staff and the registered manager were approachable. Comments included, "I think this place is very well managed and for me it's like a home from home" and "The staff and manager are all very pleasant and approachable. I think the home is very well managed and the staff know what they're doing". Relatives also felt that the home was managed well. They told us, "[Staff member] runs a tight ship in a relaxed manner. This unit really is marvellous. It is person centred and reflects good management", "It is a welcoming place with good staff and good management" and "We get along very well with the management and everyone is very good to [our relative].

During our inspection we observed that the home was calm and organised. The registered manager was able to provide us with the information we needed quickly and easily and was clearly familiar with the needs of people living at the home.

We noted that it was the service provider's vision, 'To improve the lives of our residents and the communities we serve by consistently delivering special resident experiences and to be the best place to work in the care sector'. During our inspection we saw evidence that this vision was promoted by the registered manager and staff at the home. The registered manager informed us that she received regular support from the regional manager and could contact her if she had any concerns.

We saw evidence that staff meetings took place regularly and this was confirmed by the staff we spoke with. They told us they felt able to raise any concerns or make suggestions during the meetings. We reviewed the notes of the last general staff meeting in March 2017 and noted that 27 staff had attended. The issues addressed included cleaning and infection control, health and safety, training and activities. The notes also included thanks from the registered manager for staff members' hard work and support.

We reviewed the results of the staff questionnaires issued in July 2016 and noted that 70 staff had responded. We noted that high levels of satisfaction had been expressed about a number of issues including the home manager being an excellent role model, the care of residents being a top priority, staff finding their job rewarding, the home being well led, staff having the skills to do their job, regular team meetings and staff understanding what was expected of them.

A whistleblowing (reporting poor practice) policy was in place and included the contact details for the NHS and social care whistle blowing helpline. Staff told us they felt confident that the registered manager would take appropriate action if they raised concerns about the actions of another member of staff. This demonstrated the staff and registered manager's commitment to ensuring that appropriate standards of care were maintained at the home.

The staff we spoke with during our inspection told us they felt well supported by the registered manager. One staff member told us, "The management are approachable and professional". Another said, "The manager is very supportive and responsive".

During our inspection we observed people and their visitors approaching the registered manager directly and saw that she communicated with them in a friendly and professional way. We observed staff approaching the registered manager for advice or assistance and noted that she was friendly and supportive towards them.

The registered manager audited different aspects of the service regularly, including medication, infection control, care plans, complaints and falls. We saw evidence that audit information was sent to the regional manager monthly. We noted that the regional manager also audited the home regularly, which included a review of staffing, infection control, equipment, health and safety and complaints. We noted that the audits that had been completed had not identified the issues related to the management of people's risks and staffing levels that we found during our inspection. This meant that the audits were not always effective in ensuring that appropriate standards of care and safety were being maintained at the home. The falls flow chart introduced during our inspection and the registered manager's assurance that she would review all falls records monthly, would help to ensure that people's risks were managed more effectively in the future.

Our records showed that the registered manager had submitted statutory notifications to the Commission about people living at the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

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 provider had failed to assess and mitigate people's risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always have sufficient staff on duty to meet the needs of people living at the home.