Mrs Usha Chottai

Aquarius Residential Care Home

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on 21 and 23 December 2015. Our inspection was unannounced.

Aquarius residential care home provides accommodation with personal care for up to 20 older people. The home is a bungalow, which has been extended. It is located on the outskirts of Chatham. At the time of our inspection 20 older people were living at the home, many of whom were living with dementia. Some people had sensory impairments and some people had limited mobility, one person was cared for in bed.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Risk assessments had not always been reviewed and updated when people's needs changed. Risks to people's safety when bathing and showering had not been considered when high water temperatures had been recorded, which put people at risk of being scalded.

Fire exits had been blocked by large boxes. Fire doors within the building had automatic closures. Action had not always been timely when automatic closures on doors had failed.

Effective recruitment procedures were not in place to ensure that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The training staff received did not give them the skills to support people effectively. For example, staff provided support for people with a diagnosis of epilepsy had not received training to do so.

Effective systems were not in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were not always accurate and complete.

Staff knew and understood how to protect people from abuse and harm and keep them safe. The home had a safeguarding policy in place which listed staff's roles and responsibilities. The registered manager and provider did not have knowledge and understanding of the local authorities safeguarding protocols, policies and procedures. We raised this with them and they downloaded the appropriate guidance.

The complaints procedure was on display within the foyer of the home and this was also available in an easy read format to support people's communication needs. The complaints procedure did not detail who people should contact if they were unhappy about the provider's response to their complaint. We made a recommendation about this.

Medicines were appropriately managed to ensure that people received their medicines as prescribed. Records were clear and the administration and management of medicines was properly documented.

There were suitable numbers of staff on shift to meet people's needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved.

People had choices of food at each meal time. People were offered more food if they wanted it.

People were supported and helped to maintain their health and to access health services when they needed them.

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere within the home.

People's view and experiences were sought during meetings. Relatives were also encouraged to feedback during meetings.

People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People and their relatives knew who to talk to if they were unhappy about the service.

Relatives and staff told us that the home was well run. Staff were positive about the support they received from the registered manager and provider. They felt they could raise concerns and they would be listened to.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?
The service was not safe.

Effective recruitment procedures were not always in place.

Risks to people's safety and welfare were not always well managed to make sure they were protected from harm.

People were protected from abuse or the risk of abuse. However appropriate safeguarding procedures had not been in place.

There were enough staff deployed to meet people's needs.

Inadequate

Is the service effective?
The service was not consistently effective.

Staff did not have all the essential and specific training and updates they needed. Staff received supervision and said they were supported in their role.

People had choices of food at each meal time which met their likes, needs and expectations.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place

People received medical assistance from healthcare professionals when they needed it.

Requires improvement

Is the service caring?
The service was caring.

People were treated with dignity and respect. Staff knew people well.

People's confidential information was respected and locked away to prevent unauthorised access.

People were involved with their care. Their care and treatment was person centred.

Good

Is the service responsive?
The service was not consistently responsive.

People were provided with personalised care had access to activities that meet their needs.

People's and relatives views were gathered and acted on.

Requires improvement

Summary of findings

The home had a complaints policy; this was on display in the home. The complaints procedure did not provide people with information about who to complain to if they were not happy with the provider's response to their complaint.

Is the service well-led?

Requires improvement 

The service was not consistently well led.

There were systems in place to assess the quality of the service, however these did not pick up the concerns relating to risk and people's safety regarding water and fire.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be reported appropriately.

The registered manager and provider were aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and management team.

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

This inspection took place on 21 and 23 December 2015 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete 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 also reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 10 people and five relatives. We spoke with 10 staff including care staff, senior care staff, the cook, housekeeping staff, the registered manager and the provider. Some people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included six people's care records, risk assessments, staff rotas, six staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send additional information after the inspection visit including feedback from surveys and training records. The information we requested was sent to us in a timely manner.

We last inspected the service on the 14 November 2014 and there were no concerns.

Inadequate

Is the service safe?

Our findings

People told us they felt safe living in the home and the home was suitably clean. Comments included, "It is very clean"; "Cleanliness is good. Always having someone in to do things"; "Feel safe with the staff, very good and very kind"; "I feel safe, staff look after me safely" and "They have got experienced staff here, make you feel at home".

Relatives told us their family members received safe care. One relative said that the "Home is clean and well maintained, excellent". Other comments made by relatives were, "Mum is definitely safe here" and "I visit two to three times a week at different times, seems to be enough staff, they cope well".

Care plans contained individual risk assessments in which risks to their safety were identified such as moving and handling, falls and communication. The risk assessments had not always been reviewed regularly and updated when required. One person's risk assessment had not been updated to evidence that they now mobilised with a walking frame. Another person's risk assessment did not detail what staff should do if they were confused and agitated and trying to leave the building. The risk assessment for this person detailed that staff should distract the person, but did not detail what staff should do if this didn't work. We observed this person trying to leave the building during the first day of our inspection, they were very confused and upset, staff were preventing the person leaving for their own safety. In the process, staff members were hit and slapped by the person. We checked the risk assessments for this person on the second day of inspection; these had not been updated to evidence the current risks and how to mitigate these. Therefore staff did not have appropriate guidance and support to support people safely.

Risks to people's safety had not been considered in relation to the safety of the premises. Water temperature records identified that water temperatures in people's bedrooms and bathrooms was at a dangerously high temperature which could cause serious injury to people. Records evidenced that these temperatures had been at this high level since July 2015. We spoke with the registered manager and provider about this and they advised that a contractor had visited the service in November 2015. Action had not been taken in a timely manner to rectify the concerns. After the contractor had visited in November 2015 the water temperature readings were still at a dangerously high level. No action had been taken to arrange for further works. The registered manager was unaware until we checked the water temperature records that there continued to be a problem. This meant adequate monitoring systems were not in place to keep people safe.

This failure to manage risks was a breach of Regulation 12 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A delivery of continence products had taken place before we had arrived in the home on the first day of the inspection. The entrance hall, the hallway leading to the hair salon and one person's bedroom was cluttered with large boxes which had been stacked. There were over 80 boxes stacked in the three areas. These boxes partly blocked the entrance and completely blocked access to and from bedrooms for people who used wheelchairs, it was difficult to walk along one corridor because of the boxes as the corridor was already narrow. We observed staff trying to support people around these boxes for most of the first day. People's feet and foot plates got caught on the boxes when trying to manoeuvre around corners. Staff frequently had to stop supporting the person, move boxes out of the way and then continue to support the person. Due to the volume of the boxes it took all of the first day to put the products away. When we left the premises there were still 22 boxes blocking the hallway leading to one person's bedroom.

Fire tests were carried out weekly. Records showed that on some occasions fire doors with automatic closers had not closed properly. Action had been taken to report this to a contractor and there was evidence to show that they had attended on the 9 December 2015 and rectified the issues. However new issues from tests carried out on 13 December had not been reported in the repairs book, therefore the registered manager was not aware of the issue and had not made contact with a contractor.

The examples above evidence a breach of Regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment practices were not always safe. All staff were vetted before they started work at the service through the Disclosure and Barring Service (DBS) and records were kept of these checks in staff files. The DBS helps employers

Inadequate

Is the service safe?

make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff employment files showed that references had been checked. Two out of six application forms did not show a full employment history. One staff file showed a gap of 26 years and the other showed a gap of one year. Interview records did not evidence that this had been investigated by the provider.

The failure to carry out safe recruitment practices was a breach of Regulation 19 (1) (b) (2) (a) (b) (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected from abuse and mistreatment. Staff had access to the providers safeguarding policy. However, this did not give staff contact numbers and details of how to raise a safeguarding concern. The policy did not link to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager and provider did not know about the local authorities safeguarding policy. When we arrived on the second day of the inspection, the registered manager had downloaded a copy of the policy and had printed copies of flow charts which provided clear information about how to report safeguarding concerns. Staff understood the various types of abuse to look out for and knew to report any concerns to the registered manager in order to ensure people were protected from harm.

There was a strong unpleasant odour of stale urine in two areas of the home. The flooring within two bedrooms was not suitable to meet people's continence needs as it could not be easily cleaned. We spoke to the provider about this and they advised that they would get appropriate flooring to meet people's assessed needs. All other areas of the home were clean and well maintained. The premises and courtyard garden areas had been well maintained and were adequate for people's needs.

We observed senior staff member administering people's medicines during the afternoon medicines round. They checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. Medicines were given safely. Each person's MAR had an up to date picture of the person, which minimised the likelihood of errors. The staff member observed people taking their medicines to ensure that they had taken them. There were 'as and when required' (PRN) Protocols in place which detailed how each person communicated pain, such as changes in facial expression. This meant staff had clear guidelines for each person. Medicines records for people who were prescribed medicated pain patches had not detailed where on the person's body the patches should be applied and had not detailed the length of time between reapplying the patch to the same area. This would be required to prevent skin irritation. We spoke with staff about this on the first day of our inspection. On the second day of our inspection senior staff evidenced that they had put together a good system for recording where the medicated patch should be applied and had already started to use this.

The provider and registered manager told us that there were plans in place to extend the home to create a second floor, this would increase the capacity of the home but also increase storage space. Some bedrooms were quite cramped, due to the amount of furniture in them. Bedrooms were furnished to people's own tastes. One person's bedroom was used to store a mobile hoist during the day. The registered manager told us that the person didn't mind this being stored there as they spent their time in the lounge or conservatory and confirmed it was used for a number of people in the home. There was nowhere else the hoist could be safely stored during the day. This restricted the person's choice and it also meant that the bedroom was being used as part of the general home facilities and not as a private and personal space for the person.

Accidents and incidents reporting systems had been reviewed and a new system had been put in to place from the 14 December 2015. There had not been any accidents or incidents since it was implemented. The registered manager had identified that the old system for reporting accidents and incidents needed to be amended. They were often not informed about accidents and incidents and therefore had not reviewed practice to prevent similar accidents and incidents.

There were suitable numbers of staff on shift to meet people's needs. The provider explained that staffing levels had recently increased. Further staff were required and advertising for these posts had been planned for January

Inadequate

Is the service safe?

2016. The provider did not use an assessment tool to ascertain the staffing levels based on people's assessed needs. The provider told us they had used their past experience to put in place one staff member for every five people living in the home and said, "Tell me if this has changed". We questioned how assigning staff numbers like this met people's changing and assessed needs, the provider was unable to answer this. Relatives told us that there was always enough staff working in the home. All the staff we spoke with told us that there were enough staff on duty to care for and support the people at the home.

Requires improvement

Is the service effective?

Our findings

People told us that staff had the right skills to provide them their care and they were supported to make choices about their care. Comments included, "I have help with getting up and dressed and have a bath when I want one"; "It is up to you to choose if you want to get up or go to bed"; "If you want the clothes you are wearing changed, they will do it"; "I choose my bed times"; "I make my own choices, when I am ready I tell them I am going to bed" and "'Food is very nice, I enjoy it. We are well fed here".

Relatives told us that they had been involved their family members care and making decisions. Comments included, "Mum makes her own decisions"; "I have been involved in the care plan. Also in decision making in hospital"; "I was involved in making the decisions, assessments and care plans"; "They meet his health needs"; "Doctor comes if she needs him" and "She seems satisfied with the food and drink".

Some staff had not completed all of their compulsory training that the provider had set. For example, four out of sixteen staff had not completed infection control training. Two of these staff members were responsible for cleaning areas of the home. Four staff had not undertaken first aid training. Seven out of sixteen staff had not undertaken safeguarding training. Staff responsible for providing care had not all undertaken training to enable them to meet people's needs. Staff had not undertaken epilepsy training despite caring for people who had a diagnosis of epilepsy. This meant that people were at risk because staff may not know how to support their needs.

This was a breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they were met with the registered manager for supervision meetings. Records of supervisions showed that these meetings had taken place. Staff told us that they were due to have a supervision meeting in January 2016 and these were in the process of being booked. This meant that staff had adequate support from the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager told us that one person had a Deprivation of Liberty Safeguards (DoLS), authorisation in place which had been authorised by the local authority. The registered manager had also applied for a DoLS authorisation for one person. The registered manager had a clear understanding of DoLS. They were able to explain to us the implications of the 2014 Supreme Court ruling. This stated that all people who lack the capacity to make decisions about their care and residence under the responsibility of the state, are subject to continuous supervision and control. They lack the option to leave the care setting, and therefore are deprived of their liberty.

Staff and the registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). Staff described how they encouraged people to make choices about their care and life such as choosing clothes and food. One staff member explained, "Never assume lack of capacity". They explained that best interest decisions sometimes were made and gave an example of on person on the first day of our inspection trying to leave the service in a distressed state. Staff had acted in the person's best interest. They distracted the person, following the care plan. Staff offered alternatives and explained about the dangers to help the person understand. One staff member explained, "People can make unwise decisions, we're all human and we make mistakes".

The mental capacity assessments recorded on people's care records did not follow the principles of the Mental Capacity Act. The assessments were not decision specific. For example, several capacity assessments showed that people did not have capacity at the time of the assessment; however the assessment had not recorded what decision the person was trying to make. We spoke with the registered manager and provider about this. They explained they had already identified this issue with their computer based care planning programme and had made contact with the designer to make changes. This had been arranged for during the Christmas period.

People had choices of food at each meal time and chose to have their meal in the dining room, conservatory or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks during the day. The meal time was a pleasant experience. Food was nicely presented and there was a variety to meet

Requires improvement

Is the service effective?

people's preferences. Staff met the requests and needs of people willingly and pleasantly. Music was played in the background and there was lots of chat. People all ate well and seemed to enjoy their food. One person commented after their meal, "That was lovely wasn't it". People had been weighed regularly to monitor if they gained or lost weight and action was taken as a result of these checks.

The menu was clearly displayed on the wall in each dining room. People's feedback about the food varied. One person told us, "Lovely food, if you don't like it they give you something else. More than enough to eat. Chef knows your likes and dislikes. Menu changes every two to three weeks, get variety. Always got a jug of water. [Staff] come round with cups of tea, even before I get up''. Another person told us, "I ask what I want, staff do look after me well, even the night staff". Other people said, "I tell them what I eat, not beef or pork but chicken or lamb. They prepare the food very nicely, I enjoy it. Oh yes, you get enough to eat"; "'Plenty to drink, orange squash, water, cup of tea" and "I get plenty to drink, coffee whenever I want it".

The kitchen had received a 5 star rating from the environmental health agency when they had visited earlier in the year. Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. Checks were made concerning the serving temperature of food to make sure it was properly heated.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People were supported to see the GP when they needed it. One person went to the GP surgery with a staff member during the inspection. Records evidenced that staff had also contacted district nurses, dentists, opticians, chiropodists, Speech and Language teams (SALT), social services, community psychiatric nurses, hospitals and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

People told us that staff responded to their health needs and would get the doctor if they are needed. One person told us, "I have medication for irregular heartbeat, cholesterol, diuretic and pain. If I am feeling unwell they take my temperature and blood pressure and do checks. They contact the doctor straightaway". Another person said "Staff are quick to get a doctor".

Good

Is the service caring?

Our findings

People told us they were treated with kindness, compassion, dignity and respect. People told us that staff were helpful and responded to their requests and needs. Comments included, “Staff have got to know me well”; “Staff are friendly, do not look down on you or make you feel a nuisance. I have good conversations with them. They knock on the door and are respectful”; “Staff always knock on the door and use my name”; “I am very happy here, settled, I know where I am going to stay and know I will be well looked after If I am ill” and “It seems alright, well fed, well looked after, the main things when you are old and cannot do things for yourself”.

Relatives told us that staff were kind and caring towards their family members. Comments included, “Staff all love him, they are kind and caring”; “To my eyes he is well cared for, we are happy”; “Staff are very good, chatty and helpful”; “What I have seen of the staff they seem kind and caring. Never heard them being rude. They treat in a respectful way” and “Staff make a fuss of mum”.

We observed that people were free to move around the home. During breakfast people entered the dining rooms at different times, they were welcomed and attended to promptly. People were not rushed at meal times and there was a pleasant calm atmosphere.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We heard people talking about the Christmas party which had taken place two days before we visited. One person said “I really enjoyed it, I really did”. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. For example, one person was disorientated to the time and date and repeatedly called out for their relative, who was not present. Staff were kind and patient and engaged the person in discussion and did this in a sensitive way to support and encourage the person at the same time as offering reassurance.

People’s rooms had been personalised with their own belongings. People’s personal space was respected; we observed staff knocking on people’s doors before entering. Interactions between staff and people who lived at the home were positive and caring.

The service had a staff member who was a dignity champion. The staff member had extra responsibilities to ensure people were treated with dignity and respect at all times. The dignity champion had made a list of dos and don’ts for everyone to follow; these were displayed on the dining room wall. The dignity champion explained that their role was to observe staff practice in the home to recognise good practice and challenge poor practice. They were confident that they had already made a difference and gave examples of when they had spoken to staff about interaction. They explained they had ensured when a person had died, they engaged other people with activities and distracted to enable the person to leave the home in a dignified and respectful manner.

People told us that they were asked how they want to be cared for and about their likes and dislikes. Care plans were detailed and clear. They included information about people’s life such as previous occupation, family and friends and important dates and places. People told us, “I love it here. They are friendly and look after you well”; “I am happy living here”; “I am very happy here”; “Loved every minute here”; “Happy to be here, it is friendly and homely” and “I would recommend here, I would say they would love it here”.

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. Relatives told us, “‘Lovely, home from home”; “No problems, satisfied with the care” and “Very good care, I am very pleased. I would recommend it”. We observed that most bedrooms had space for only one chair. Relatives and visitors had to stand or sit on the bed, when visiting. There was nowhere in the home for relatives to meet their family member in private as the lounge area was full during the day and the conservatory and dining room was is use.

Staff had a good understanding of the need to maintain confidentiality. Records held on the computer system were password protected to prevent unauthorised people from accessing them. Paper records were kept locked away. Personal information was not displayed on communal notice boards.

Requires improvement

Is the service responsive?

Our findings

People told us that they knew who to talk to if they wanted to raise a concern or complaint. People also told us that they had some activities to keep them occupied. Comments included, "Not had any complaints but if I did I would tell the person and speak to the manager"; "If I was unhappy I would ask to speak to somebody, but I have not had any complaints"; "Not been unhappy. I would speak to one of the staff and then they would refer it to someone higher up"; "There are activities now and then, play games. Every two weeks there is the lady with music exercises that is a lovely hour"; "I listen to the singing. I like the musical activity"; "I like to be quiet and to watch TV" and "I listen to singsong and join in the singing. I do bingo and quizzes, join in, it is nice sitting with other people and joining in".

Relatives told us they had no complaints about the service. Comments included, "If worried I would go to the management" and "I have no cause to complain".

People and their relatives knew who to talk to if they were unhappy about the service they were receiving. The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. The complaints and compliments procedure was on display in the reception area. The complaints procedure detailed that people should take their complaint forward to the Care Quality Commission (CQC) if they were not happy with the response from the home. This was incorrect, CQC do not investigate individual complaints people should be directed to the local authority or the local government ombudsman (LGO). Staff were clear about their responsibilities to report concerns and complaints.

We recommend that complaints policies and procedures provide people and their relatives with the necessary information.

The provider had not received any complaints in 2015. Compliments had been received. One read, 'We would like to thank you all for the lovely cake you made for [person's] birthday'. Another one read, 'You know how I feel about you all, you're just the best'. Another relative had sent a card to say, 'Thank you for taking such good care of my dad'.

People were engaged with activities when they wanted to be. The activities plan for the home showed that an activity was scheduled to take place every day of the week. This included two activities per week led by outside organisations such as music for health singing activity and bingo. The scheduled activity for the first day of inspection was bingo. The registered manager explained that this was not taking place as the person running the activity had rung to cancel this. The activities schedule listed hair dressing as an activity. However, this was not an activity that all people could join in with at the same time. People and staff told us that staff provided activities. We observed staff singing with people and encouraging others to join in. Staff told us that they supported people to play card games, charades, singing, dancing, reminiscence and quizzes. The registered manager told us that the service had received a reminiscence box last week. They explained that the box contained a number of different items to prompt and encourage discussion. The service would have the box for one month before it is passed on. The registered manager said that people had enjoyed looking through the box and plans were in place to support people to regularly go through the box during the month.

The dining area and conservatory had a selection of books and puzzles for people to read and use if they wished. Due to the size of the lounge it was difficult for everyone to engage in an activity at the same time. People had to share small tables for drinks and activities. Some people preferred to spend time in the conservatory area listening to music and chatting.

Assessments of people's care needs had been carried out prior to them moving to the home. These assessments had formed the basics of the person's care plan. As staff got to know the person and their family the care plan was reviewed and added to. Assessments and care plans were clear. We spoke with the registered manager about recording who was involved in the review of assessments and care plans as this was not always clear from the records stored electronically.

'Residents' and relatives meetings were held to enable people to feedback about the service they received and to make requests. The meeting records dated October 2015 showed that people had requested they have more fruit available to them and they would like alcohol with some meals. People had been listened to and there was fruit available daily and ample alcohol was in stock. The

Requires improvement

Is the service responsive?

meeting minutes also showed that the provider and registered manager had shared information with people about future plans for the service and that care plans were due to be reviewed and updated.

People had been asked their opinions about the service they received. The registered manager told us that a survey had been carried out in autumn 2015. However the completed surveys could not be found. The registered manager showed us a new survey which they had planned to send to people and their relatives in 2016.

Requires improvement

Is the service well-led?

Our findings

People told us they were happy with how the home was run. People told us they were listened. Comments included, "I feel listened to"; "Managed well, I am satisfied"; "When I talk to staff they always listen"; "Staff listen to me, will contact my daughter or son if I want" and "Definitely well run and well managed". One person told us they were not asked about their views, they said "I would like to be asked".

Relatives gave us positive feedback about the running of the home and the registered manager. One relative said, "Spoken to owner, very nice and helpful". Another relative told us, "I think it is well run and well managed" and a third relative said, "Home is well run". One relative told us they had not been asked about the service, their family member was new to the home.

An external audit had been carried out in October 2015. The audit report produced a substantial action plan evidencing that improvements were required in a number of areas. Some of the actions had been implemented already but most had not. The registered manager explained that they planned to achieve the actions over the next six months. The audit completed had not identified areas we found during the inspection with regards to the water temperatures and fire door closures. The registered manager and provider did not have a suitable process in place to monitor and check if staff had completed the checks they had been allocated or to deal with any concerns or errors that the checks had identified. Senior staff completed daily audits of the medicines records to identify any potential concerns, where issues or errors had occurred these had not always been reported to the registered manager.

Food and fluid records had not been well maintained, meals people had eaten had not always been recorded. For example, one person's records had not recorded what they had eaten and drunk for lunch and tea on 17, 19 and 22 December 2015. Another person's records had not detailed what they had eaten or drunk on the 17 and 18 December 2015.

The example above are a breach of Regulation 17 (1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Staff said they had good support from the manager in order to carry out their roles. One staff member told us the registered manager and provider was, "Very approachable to staff and residents". We viewed the previous two staff meeting minutes and saw that staff were confident in talking with the registered manager and the provider about all elements of their role. Sggestions had been made for Christmas activities at one meeting and we could see these had been put in place. The meetings were generally well attended.

The registered manager told us about their vision for the future and their values of care at the home and how it would be achieved. They told us, "It feels like home, every person that's comes to view the home likes it and wants their loved one to move here". One relative we spoke with said, "If I had to go into care I'd come here".

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. The home had a clear whistleblowing policy that referred staff to report concerns directly to the provider. Effective procedures were in place to keep people safe from abuse and mistreatment. Policies and procedures were in place for staff to refer to which had been reviewed in November 2015.

Staff told us they felt valued and they understood the vision and values of the organisation. They felt there was an open culture at the home and they could ask for support when they needed it. The layout of the home meant that the registered manager was always available as the office area was set aside in a corridor and thoroughfare; this meant that there was literally an open door policy. Management of the home was overseen by the provider. The provider visited the home regularly. They were able to engage with people and monitor the management and operation of the home, the registered manager felt well supported by the provider.

Staff told us that communication between staff within the home was good and they were made aware of significant events. Handovers were documented and this included relevant information such as peoples health conditions that needed to be monitored.

The registered manager demonstrated that they had a good understanding of their role and responsibilities in

Requires improvement

Is the service well-led?

relation to notifying CQC about important events such as injuries, safeguarding concerns and Deprivation of Liberty Safeguards (DoLS). The registered manager explained that they had good support from the provider. They said the provider had been "Amazing" because they had provided guidance and support, had been at the end of the phone when needed and support the registered manager to undertake a health and social care qualification. The registered manager spoke highly of the dedicated staff team and advised that they planned to expand the staff team further by one or two more staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Risks to people's safety had not always been assessed and mitigated** **Regulation 12 (1) (2) (a)(b)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **Premises had not always been properly maintained to ensure that people were safe.** **Regulation 15 (1) (e)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider had not established and operated effective recruitment procedures.** **Regulation 19(2)(a)(3)(a)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The provider had not ensured staff were suitably trained and competent to provide safe and appropriate care.** **Regulation 18(1)(2)(a)**

Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not operated and established effective systems and processes to monitor and improve the quality and safety of the service. Regulation 17 (1)(2)(a)(b)