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Salroyd Villa

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Salroyd Villa is a detached property located in a quiet residential area of Low Moor in Bradford. The home is registered to care for up to 16 older people, some of whom are living with dementia. The home includes lounge and dining facilities and there is a garden and a patio area to the front of the house.

The inspection was unannounced and took place on 19 and 26 April 2017. The management team were not available on the first day of our inspection, so we returned a week later to check documents which only management were able to access. On the days of the inspection, 15 people were living in the home.

Although the home had been operating for many years, in September 2016 changes were made to the partnership running the home meaning the home was re-registered with the Commission in its current form. As a result the service had not been previously inspected under this registration.

The current registered manager, who was also a partner in the business, and several other staff had also been at the home for many years under the previous registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We rated the provider 'Requires Improvement' overall. This was because we found several areas of concern relating to the ways medicines were managed, a lack of working to the Mental Capacity Act (MCA), a lack of evidence people's nutritional needs were being met and lack of robust governance systems. We also identified some good areas of practice. People, relatives and health professionals spoke positively about the home. They said that the home provided good quality care in a friendly environment. Care was personalised and staff knew people well.

Medicines were not always managed in a safe and proper way. We were unable to confirm people had consistently received their medicines as prescribed as records were not consistently completed and a full balance of medicines in stock was not always kept.

People said they felt safe living in the home. Staff understood how to keep people safe from abuse.

Overall staffing levels were appropriate within the home, although staff were stretched when management were not present within the building. Safe recruitment procedures were in place to help ensure people were of suitable character to work with vulnerable people.

Risks to people's health and safety were assessed and control measures such as specialist equipment were sourced to protect people from harm.

The premises were homely and kept clean and personalised to people's individual requirements. We found

some risks associated with the premises which the provider had rectified by the 2nd day of our inspection.

Staff received a range of training and support relevant to their role. People said staff had a good knowledge of them and how to provide effective care.

The service was not consistently compliant with the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as DoLS conditions had not been met.

We concluded people's nutritional needs were not always met, as appropriate action had not always been taken when people were losing weight.

Staff were kind and caring. Good, positive relationships had developed between people and staff. Information on people's past lives had been obtained to help provide personalised care and support.

People were encouraged to remain independent and help out around the home where possible.

People felt listened to and their views and opinions were used to shape care and support arrangements.

People's needs were assessed and plans of care put in place. People, relatives and health professionals said care met people's individual needs.

A programme of activities was in place. These included regular visitors such as entertainers, regular events and trips out into the community.

A system was in place to log, investigate and respond to complaints. No recent complaints had been received about the service and people were very satisfied with the home.

We found a positive, caring and person centred atmosphere within the home. The management team were 'hands on' and people and relatives spoke highly of them.

Audits and checks were carried out. Some of these needed to be more robust to prevent some of the concerns we identified from occurring.

People's feedback was used to make changes to the service for example around activity provision.

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

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.

Improvements were needed to the way medicines were managed to ensure that the service could demonstrate people received their medicines consistently as prescribed.

People said they felt safe living in the home and staff understood how to keep people safe.

Overall, we concluded there were enough staff deployed although staff were stretched when no management staff were in the building. Safe recruitment procedures were in place

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People spoke positively about staff. Staff received a range of training and support relevant to their role.

The service was not consistently acting within the legal framework of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as conditions of a DoLS authorisation had not been met.

People's healthcare needs were assessed by the service. People, relatives and healthcare professionals said people's health care needs were met by the service.

The service was not always meeting people's nutritional needs.

Is the service caring?

Good ●

The service was caring.

People and relatives said staff were kind and caring and treated them well. This was confirmed by the observations of care and support we witnessed.

People felt listened to and their opinions and choices were respected.

People were encouraged to maintain their independence and do things for themselves where possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and care plans were in place. People, relatives and health professionals said care needs were met by the service.

People had access to a range of activities based on their individual choices and preferences.

A complaints procedure was in place. No formal complaints had been received and people were very satisfied with the service provided.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

We found breaches of regulation which should have been prevented from occurring through the operation of robust systems of quality assurance.

There was a friendly, kind and inclusive atmosphere within the home and people and relatives were very satisfied with the care and support provided.

People's views and feedback was used to make positive changes to the service.

Salroyd Villa

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.

The inspection took place on 19 and 26 April 2017 and was unannounced.

The inspection was carried out by two inspectors on the 19 April 2017. The lead inspector returned on the 26 April 2017 to speak with the registered manager and access documents which were not available on 19 April 2017 due to management absence.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received from the home. We contacted the local authority safeguarding and commissioning departments to get their views on the service.

We used a variety of methods to gather information about people's experiences. We observed care and support and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with three people that used the service and three relatives. We looked at the way people's medicines were managed, looked in four people's care records and viewed other records relating to the management of the service such as maintenance records and meeting notes. We looked at staff files and training records. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with the cook, two care workers and the registered manager. We also spoke with two health professionals who liaise with the home on a regular basis.

Is the service safe?

Our findings

We asked people who used the service how their medicines were managed. One person told us, "Staff look after my medicines and make sure I get them at the right times." Medicines were administered by care workers who had been trained in the management of medicines. We observed staff administered medicines in a patient and person centred way explaining what medicines they were giving to people.

However, improvements were needed to the way medicines were managed to ensure they were managed in a safe and proper way. In some cases, the number of medicines in stock did not match with what records suggested should be present, meaning we could not confirm people had received their medicines as prescribed. In other cases, stock balances of boxed medicines were not recorded, which meant there was a lack of accountability for these medicines and it was not possible to confirm whether people had received these medicines as prescribed.

We found gaps on some MAR's where care workers had not signed to indicate they had administered medicines. This meant we could not confirm people had received their medicines or the reason they had not been given. Some people were prescribed topical medicines such as creams to apply to skin. However, MAR's were not consistently completed for these which meant there was a lack of evidence to show they had been applied.

Most medicines were stored securely within a locked medicines trolley, cabinet or fridge. We saw one person had eight boxes of a prescribed cream on their over-sink shelf. Three tubes were open and had been used and five were unopened. These creams had all been dispensed on different dates between 23 June 2016 and 27 March 2017. This showed us stock control was poor and creams were not being used in date order. Although daily fridge temperatures were recorded, the maximum and minimum temperature was not recorded which meant there was no record of whether the temperature remained safe at all times of the day.

There were no protocols in place to support the administration of "as required" medicines such as medicines for pain relief or anxiety to ensure these were given in a safe and consistent way.

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

People and relatives said they were confident people were safe living in the home and nobody we spoke with raised any safety concerns with us. One person said, "Yes I feel safe I only have to ring if I want anything and they [staff] come quickly or will come and say why they can't." A relative told us, "Yes, [relative] is happy and content and I can relax 100% knowing he is safe here." We saw there had been no recent safeguarding incidents involving people living in the home. Staff we spoke with had a good understanding of how to identify and act on allegations of abuse. Staff had received training in safeguarding procedures and how to report concerns. They said they were confident no abuse took place within the home and would recommend the home to others including their own relatives due to the friendly and caring atmosphere.

Risk assessments were in place which covered areas of identified risk. These included falls, nutrition and pressure areas. Where risks had been identified plans of care were put in place and control measures implemented to mitigate those risks. For example, we saw following risks associated with skin integrity, repositioning regimes and specialist equipment had been obtained. One person told us when they moved in they had a pressure sore, but now this was much better. They said staff applied cream twice a day and made sure they were sitting on their special cushion. We saw they also had a specialist mattress in place and when they moved from their bedroom into the lounge staff made sure the cushion went with them. A health professional we spoke with said the home was effective at pressure area prevention. However, we found some risk assessments were not updated following incidents. For example, we identified one person had recently fallen twice. Their falls risk assessment and care plan contained no information about the control measures in place and did not acknowledge their recent falls.

People were encouraged to take positive risks for example preparing their own drinks and leaving the home on their own, if it was assessed as safe to do so, to maximise independence and control over their lives.

Most people and relatives we spoke with said they thought there were enough staff available to help ensure appropriate care and nobody we spoke with said they had to wait for extended periods when they required assistance. However, one person told us, "I don't think there are enough staff, I think they could do with more help." On the first day of the inspection, because the management team were absent, apart from when the cook was present between 10am and 2pm, there were only two staff members in the building, to care for the 15 people living in the home. In addition, staff had to answer the phone and front door. Staff were very busy although we did not witness anybody left waiting for extended periods. Staff told us they thought there were enough staff and that there were usually three in the building when management were present. This was the case on the second day of the inspection. We concluded that staffing levels required review during the periods when management were absent.

Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people. For example, applicants were required to complete an application form detailing their work history, attend an interview, prove their identity, complete a Disclosure and Barring Service (DBS) check and provide references. We looked at staff files which confirmed these checks took place.

We looked around the building and found it was homely. Checks took place on the premises and equipment including the electrical and fire systems. Personal emergency evacuation plans (PEEPs) had been completed and were shown to us on the 2nd day of the inspection, however, the team leader was not aware of their presence on the first day of the inspection, meaning they could not have presented this information to the emergency services if there was a fire. We told the registered manager to remind all staff where the PEEPs file was located.

We found more attention was needed to the temperature in some areas of the building. Although water temperatures were monitored we found these were below recommended levels, for example, only 32-34C at the hot water outlets. When we looked around the building we found staff had opened a number of windows which had made bedrooms cold. One person told us they had just tried to close their window but had been unable to. We shut the window for them. During the conversation they told us the previous day staff had gone out of the door in the lounge and had left the door open and said it had taken them until nearly bedtime to get warm. In another bedroom the occupant was sitting in an armchair with a blanket around them, the window was open and the person's hands were cold. We closed the window but when we went back over an hour later the person's hands were still cold. In a further bedroom the person was sitting in a wheelchair. The window was wide open and the room was very cold. This was brought to the attention of staff who moved the person into the lounge. On the 2nd day of the inspection, we found these issues had

been addressed by the management.

On the first day of the inspection, we found some fire doors were not closing securely into their frames and some which were being 'propped open' with furniture or towels. The fire door to the garage had a sign on it stating 'Fire door keep locked.' The door was unlocked and the keys had been left in the door. Two commodes did not have the back cushions on them, there were no restrictors on some windows meaning they could be fully opened, and poor lighting levels in some areas as low energy bulbs were being used. On the 2nd day of the inspection we saw these issues had been addressed. The general décor was showing signs of damage and general wear and tear. For example, some wall coverings had been damaged or had been peeled off and a lot of the paint work was chipped.

We saw the bathroom on the ground floor had been refurbished and provided a warm, clean and bright area where people could have a bath or a shower. The lounge was in the process of being re-decorated and the team leader told us new arm chairs and dining chairs were also on order. We asked people if they liked their accommodation. One person told us, "I like my room and it is nice and quiet upstairs. It is kept clean and they have stripped my bed today, because I have had a bath and will come and but clean sheets on later."

We looked around the home and found it to be clean and hygienic with no offensive odours. People and relatives we spoke with said the home was always kept clean. The home had been awarded a five star food hygiene rating in 2016 by the Food Standards Agency. This is the highest score than can be achieved and means food is prepared in a safe and hygienic way.

Is the service effective?

Our findings

People and relatives praised staff and said they had the right skills and knowledge to care for people. One person told us, "Yes, staff are well trained and I have seen the NVQ assessor here."

Many staff had worked at the service for several years. This meant that they were able to build up good knowledge of the people they were caring for to help provide effective care.

New staff completed a local induction to the home and its ways of working. This included reading policies and procedures and being shown how to use equipment. New staff without any previous care experience were also enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is designed to equip health and social care support workers with the knowledge and skills needed to provide safe and compassionate care.

Staff said they received regular training in topics relevant to their role. They said the training they received was useful and appropriate. We looked at training records which showed staff received regular training in topics such as manual handling, first aid, dementia and challenging behaviour. Further training was booked in areas such as safeguarding to address training which had expired. Staff said they felt well supported and received regular supervision and appraisal. This was confirmed by the records we looked at.

People spoke positively about the food provided by the home. For example one person said about the breakfast choice, "You can have bacon, or whatever you want." We spoke with them after breakfast and lunch and they described the meals as "Lovely." and the meat "Succulent." Another person said the food provided by the home was "Quite good food." A third person told us, "They are very good at sorting out food for me, I need a soft diet, for example, sponge and custard, milk pudding. I am only 6 stone and they say they are trying to fatten me up, but it hasn't worked yet."

We saw some people had specific dietary requirements. Arrangements were in place to provide these people with a suitable diet. However, we found people's nutritional needs were not always met. On the first day of the inspection, we looked at one person's care file and saw their nutritional assessment had indicated they were at 'high risk.' The services assessment tool advised, for someone who was nutritionally high risk, the following action should have been taken; two homemade high calorie, high protein drinks a day, high calorie, high protein diet and two nourishing snacks a day between meals. We saw this advice was not being followed. For example, mid-morning this person was given a cup of tea and no snack. At lunchtime they were given a small, soft diet of sausage, mashed potato, vegetables and gravy followed by chocolate sponge and custard. We spoke with the cook and asked how the food had been fortified and they told us margarine and milk had been added to the mashed potato, there was only a very small amount of mash on the person's plate. We asked how they had made the custard and they told us this had been made with water, but added it was usually made with milk.

We looked at this person's weight records and saw from December 2016 to March 2017 they had lost a total of 9.2kg. We asked the team leader for this person's food and fluid record sheets and they told us their food

and fluid intake was not being monitored as they were eating and drinking well. There was no evidence in the care file to show the weight loss had been discussed with the GP.

We looked at another person's care file and saw in March 2017 they weighed 32.7kg and had lost 0.9kg from when they were previously weighed in February 2017. We looked at their food and fluid charts and saw they were only being given tea or juice to drink and there was no evidence of them being offered a high calorie, high protein diet. For example, one tea time they had been given blended spaghetti and on another blended soup. There was nothing recorded to show they had anything else to eat between the 5pm tea-time meal and breakfast the next day. We also found no assessment was being made as to the adequacy of the person's fluid intake in order to ensure they remained properly hydrated.

We asked the cook how the soup was made and they told us the packet soups were made with water, this meant they were not being fortified to give people additional nutrition.

We observed the lunchtime meal and saw people received their meal ready plated. People were given one sausage, boiled potatoes, vegetables and gravy. No one was asked if they wanted second helpings. One person was served their dessert which they were still eating the main course which meant it was likely to have been cold. People were not offered a choice of drink at lunchtime with only blackcurrant juice offered. We looked at the menus and saw they were repetitive and lacked variety. For example, sandwiches or soup featured a lot as the tea time meal.

When we looked in the pantry we found supplement drinks and salad cream which were past their use by dates. This was brought to the attention of the team leader who removed these products so they would not be used.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the 2nd day of the inspection, we saw more evidence people had been offered snacks and drinks with records of food intake better completed. The registered manager told us referrals had been made to the relevant health professionals for the people we had raised concerns about.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw consideration had gone into which people required DoLS authorisations and appropriate applications had been made for those who lacked capacity and the provider suspected were being deprived of their liberty. The service minimised restrictions placed on people, for example, regular trips out into the community took place. Staff we spoke with had received training in the Mental Capacity Act (MCA) and

Deprivation of Liberty Safeguards. They were aware of who had a DoLS authorisation in place. We asked the team leader if there were any conditions attached to the DoLS which had been authorised and they told us they were not aware of any. When we looked at the DoLS authorisation we saw three conditions had been attached in June 2016. One was for the service to inform the GP that a DoLS was in place, the second was to make a referral to the GP regarding weight loss and the third was to put into the care plan the need for daily one to one input to prevent social isolation. We looked at the professional visits log in the care plan and there was no record of the GP being told about the DoLS or being consulted about the weight loss. There was no care plan in place detailing the one to one social support which needed to be provided and the daily records did not demonstrate this was being provided. This meant the service could not demonstrate they were meeting the conditions of the DoLS authorisation and working within the legal framework of the Act.

We saw there were photographs of people who used the service on their care files and on their medication records. The team leader also told us they took photographs where events were taking place in the home, which were posted on social media so relatives could view them. However, we could find no documentation to show people had given consent for their photographs to be used.

We did see 'Consent to care and treatment' forms in people's care records, however, these had not always been fully completed. For example, one had only been signed by a member of staff and another had been signed by a relative. Both of the people who used the service lacked the capacity to give consent themselves and therefore the 'best interest' process should have been followed to cover the issue of consent.

This was a breach of regulation 11 of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations.

We saw people had access to a range of health professionals. This included district nurses, GP's and the palliative care team. One person told us, "If I was unwell the staff would soon get me a doctor." Care records provided evidence of the contact staff had with these professionals over people's healthcare needs. Both health professionals we spoke with said staff contacted them appropriately, listened to their advice and managed people's healthcare needs appropriately. Information on people's healthcare needs was present within their care and support plans. We saw there was a low instance of pressure sores within the home. People and relatives we spoke with said people experienced good health outcomes living in the home.

Is the service caring?

Our findings

People and relatives all described staff as being very kind and friendly. People said they were treated with dignity and respect by caring and compassionate staff. One person told us, "Everyone is kind, no grumbles that way at all." One relative said, "The staff are friendly and really care about people, [relative] is well looked after." Another relative said, "The staff are beautiful, kind, caring and compassionate."

Our observations of care and support confirmed people's comments about staff. We saw staff interacted in a positive manner with people, using appropriate verbal and non-verbal communication to alleviate distress and provide companionship to people. For example, we witnessed staff welcoming people who had come down for breakfast in the morning with a hug and a kiss.

We saw good positive relationships had developed between people and staff. People and relatives knew the names of staff, and many of the staff had been working at the home for several years. This had allowed close relationships to develop. Staff we spoke with had a very good understanding of the people they cared for. They knew their culinary likes and dislikes and any risks associated with their care. Information on people's past lives had been obtained by the service to help in the provision of appropriate care.

We saw person centred approaches to care. For example, people had their medicines at the times that suited them rather than there being a set medicines round in the morning. People could have their breakfast at a time that suited them throughout the morning as they got up.

Staff respected people's privacy for example knocking on doors before entering and having regard for people's privacy when they were using the bathroom.

People's ability to communicate was assessed. Staff demonstrated they were aware of people's individual communication techniques and how to interpret their body language as they knew people well. Pictorial cards were also available to help assist one person for whom English was not their first language.

We saw independence was promoted by the service. For example, one person praised the service saying they were pleased that the staff still enabled them to do things for themselves within the home. During the inspection, we saw they made themselves drinks and helped out at mealtimes. Another person was encouraged to go out into the community by themselves and an appropriate plan was in place to allow this to happen whilst helping to maintain their safety.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

We saw visitors were welcomed to the home and there were no restrictions on visiting times. We saw visitors arrived at various points throughout the day to see their relatives. We asked relatives if they were made to

feel welcome when they visited. One person told us, "I am always made to feel welcome and always offered a drink or I can go and make one myself."

People said they felt listened to by staff and that their opinions mattered. During the inspection we saw staff explained choices to people, for example, around activities and daily living and waited patiently for a response. People said they knew the registered manager and they felt able to talk to them. We saw more formal mechanisms were also in place to listen to people including resident meetings and surveys. We saw evidence action had been taken following people's suggestions, for example, around activities demonstrating people's comments were listened to.

Is the service responsive?

Our findings

At the time of our inspection, care plan documentation was in a transitional phase as it was being transferred to a new, more person centred format. We looked at one person's care file which was in the new format. It was clear that a greater range of individual information on the person's likes, dislikes and personal preferences was recorded to assist in the provision of more person centred care. There was a focus on people's care and support preferences in a range of areas including mobility, personal care, pressure area care and food and drink. As this was still 'work in progress' some sections of care plans were still blank such as those relating to end of life care. However, we were confident the service would fully transfer and populate the new care plans in the coming weeks.

Daily records recorded people's daily care. We saw these provided an appropriate amount of detail on the care and support people had received and activities they had been involved in. These evidenced people had been provided with regular care and support.

People and relatives told us that appropriate care was provided that met people's individual needs. Health professionals also shared this view. One professional told us, "Salroyd is a very good quality residential home. They call us in appropriately and follow our instructions for medical care of their residents. The residents are well cared for and seem happy in the environment provided by [registered manager] and their staff."

Staff we spoke with had a good understanding of the people we asked them about which helped provide assurance that people's care regimes were followed. People looked clean and well care for, indicating the service was meeting their personal care needs. We saw a person centred approach was in place with staff mindful of people's likes, dislikes and individual preferences.

People and relatives felt involved in their care and had regular contact and discussion with staff and the management team about their care and support plans. Care plans were subject to regular review to help ensure people's changing needs were translated into updated plans of care.

In most cases, where people's needs had changed we saw appropriate liaison had taken place with health professionals and for example specialist equipment sourced. We saw one person who was at high risk of developing pressure sores was on two hourly pressure relief whilst in bed. Charts were in place which showed they received this care consistently. When people's needs had changed, for example, following falls the service had responded by putting in place equipment such as falls mats and sensors.

We asked people who used the service what activities were on offer to keep them occupied. One person told us, "[Name of team leader who was also the activities co-ordinator] is very good at decorating the dining room for different events like Valentine's Day, Mother's Day and Easter. I won an easter egg in one of the competitions." One visitor told us, "They have singers who come in and [relative] likes that." Another relative said, "They had an easter egg decorating competition and do arts and crafts. Entertainers come in as well to sing, they booked them recently for two people's birthdays." We saw there was an activities programme on

display for the month in the lounge. Some of the activities on offer were films, arts and crafts, chair exercises, dominoes, quizzes and aromatherapy. The aromatherapist visited during the 1st day of our inspection and we saw people enjoying foot and shoulder massages during the morning. In the afternoon we heard people participating in a quiz led by a member of staff. On the 2nd day an entertainer visited to play the guitar and sing songs. We saw activities were discussed at residents meetings and their requests had been actioned. For example, one of the men had asked to go out to the pub with some of the other male residents and this had been arranged. Some of the women had asked to go and see 'The Buddy Holly Story' at the theatre and the activities co-ordinator had arranged for this to happen in the future. People had asked for 'Birds of Prey' to visit the home and this had been done. This showed us staff were responding to people's requests and were providing activities people wanted both in the home and in the community.

People and relatives said they were satisfied with the service and had no need to complain. They said the staff were friendly and approachable and they were able to raise minor concerns and they would be listened to. One person told us, "[Name of team leader] has told me if anything is not right I must tell them and I would." One relative said, "if I had any concerns I would be able to raise them and wouldn't be made to feel uncomfortable." A second relative told us, I would raise any concerns with the manager." The complaints procedure was on display to bring it to the attention of people who used the service. We saw there had been no formal complaints about the service in recent years. The service kept compliments on display so the home knew of the areas that it exceeded expectations.

Is the service well-led?

Our findings

A registered manager was in place. They were supported by a deputy manager and senior care workers. We found a warm, friendly and person centred atmosphere within the home. People and relatives praised the, "Family like atmosphere" within the home and said care and support was personalised. We asked people who used the service about the management of the home. One person told us, "[Name] is the manager; she mucks in and gets me up some mornings. She is very friendly and her two daughters work here too." People using the service, staff and relatives we spoke with said they would recommend the home to others.

Staff described morale as being 'Very good' and said they all enjoyed working for the service. They said the management team were approachable and dealt with any issues or problems in a positive and constructive way. People and relatives we spoke with also praised the way the service was managed. They knew the registered manager and deputy and said they were approachable and "hands on".

Audits were undertaken in a range of areas. These covered care plans, medicines, environment, complaints, staffing and record keeping. Some improvements were required to these systems of quality assurance to ensure the issues we identified during the inspection were prevented from occurring in the first place. For example, medicine management audits and environmental audits had failed to identify the issues we identified. Although we found a number of improvements had been made to the service based on the feedback following our 1st day, systems and checks should have been operated to prevent these issues from occurring in the first place.

This was a breach of regulation 17 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

An improvement plan was in place to further improve the service. This included a focus within 2017 on improving the environment, for example, with refurbishment works and new furniture. We saw this was progressing as planned.

Accidents and incidents were recorded. However, it was often unclear looking at the accident forms or in people's care records of the preventative actions taken following incidents to help prevent re-occurrences.

We saw periodic staff meetings were held. These were an opportunity to develop staff understanding, for example, around safeguarding and DoLS and discuss any quality issues which arose.

People and relatives said the management listened to them and acted on their feedback. We saw the minutes of the residents meetings which were held in September 2016, January and March 2017. We saw people had been asked for their views about the staff, the care they received and the activities which were on offer. We saw staff had responded to people's requests for trips out and entertainment. Periodic quality questionnaires were sent to people to ask them for their confidential views on the service. We looked at the responses to these and saw they were overwhelmingly positive, with people very satisfied with the care and support provided. This matched the feedback we received when speaking with people and relatives.

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 11 HSCA RA Regulations 2014 Need for consent (1)(3) The service was not consistently acting within the legal framework of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) as a condition of a DoLS authorisation was not being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment (1) (2g) Care and support was not consistent provided in a safe way, as medicines were not managed in a safe or proper way.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs (1) <input type="checkbox"/> The service was not consistently meeting people's nutritional needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) The service had not operated systems and processes to ensure compliance with the regulations in this part

