# H U Investments Limited

# St Martins

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The inspection took place on 18 October 2016 and was unannounced.

St Martins is a residential home which provides care to older people including some people who are living with dementia. St Martins is registered to provide care for up to 30 people. At the time of our inspection there were 27 people living at the home.

This service was last inspected on 12 October 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. At the time of this inspection the home had a registered manager.

People enjoyed living at St Martins and they considered it their home. People received care that enabled them to live their lives as they wanted and people were supported to remain as independent as possible. People were supported to make their own decisions and care was given in line with their expressed wishes.

Care plans contained accurate and relevant information for staff to help them provide the individual care people needed. People's care and support was provided by a consistent staff team who were knowledgeable, trained and knew people well.

People were encouraged and supported by a caring staff team. People told us they felt safe living at St Martins and staff knew how to keep people safe from the risk of abuse. Staff understood what actions to take if they had any concerns for people's wellbeing or safety. The registered manager knew what action to take if concerns regarding people's safety were brought to their attention. Potential risks were considered positively so that people did things they enjoyed. People were encouraged to maintain relationships and kept in touch with those people who were important to them.

Staff received essential training to meet people's individual needs, and effectively used their skills, knowledge and experience to support people and develop trusting relationships.

The registered manager and staff had limited knowledge of their responsibilities in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, staff's knowledge and people's records did not always ensure people received consistent support when they were involved in making more complex decisions, such as decisions around finances or where they wanted to live. Staff gained people's consent before they provided personal care and supported people to retain as much independence as possible.

People were supported to pursue various hobbies and leisure activities.

People had meals and drinks that met their individual requirements and people said they enjoyed the food choices provided.

People told us they could raise concerns or complaints if they needed to because the provider, registered manager and staff were available and approachable.

The registered manager had quality monitoring processes which included audits and checks on medicines management, care records and accidents and incidents. Following their appointment, the registered manager was improving the system of audits and checks to make sure people received a quality service.

We found a breach 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 the 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?

Good

The service was safe.

People felt safe living at the home. They were supported by enough staff who were available to provide their care and support when required. Staff understood their responsibilities to report any concerns about people's personal safety or if they believed people were at risk of abuse or harm. People were supported with their prescribed medicines from trained staff which ensured people received their medicines safely.

### Is the service effective?

Requires Improvement

The service was not always effective.

The provider trained staff to equip them with the right skills and knowledge to support people in their care. However, staff did not always know which people lacked capacity and there was a lack of consistency in supporting some people in line with the principles of the Mental Capacity Act 2005. Staff respected people's privacy and dignity and supported people in a respectful way. People received support to prepare food and drink where required and people had access to healthcare services.

### Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, understanding and attentive to people's needs. Staff had good knowledge of people's preferences, how they wanted their care delivered and how they wanted to spend their time, whilst promoting independence.

### Is the service responsive?

Good

The service was responsive.

Staff knew the needs of the people they were caring for and supported people in line with their agreed care decisions. People

felt confident speaking with the registered manager to raise any issues or concerns knowing their concerns would be listened to. People were involved in care planning decisions, and how they wanted to spend their time pursing their own hobbies and interests.

## Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to share their views and felt the provider and management listened to and acted upon their concerns. The staff team felt supported by the provider and registered manager and had opportunity to shares concerns or feedback when necessary. The provider had systems to monitor the quality of the service which were being reviewed and updated to provide assurance that people received a safe service and their feedback was acted upon.

# St Martins

**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 18 October 2016, was unannounced and consisted of one inspector.

We reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We contacted the local authority, who did not provide us with any information that we were not already aware of. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

To help us understand people's experiences of the service, we spent time during the inspection visit talking with people in the communal areas and in their own rooms. This was to see how people spent their time, how staff involved them, and how staff provided care and support to people when required. Some people living at the home were unable to communicate with us fully due to their health condition.

During our inspection visit we spoke with seven people who lived at St Martins to get their experiences of what it was like living there, as well as two visiting relatives. We spoke with the registered manager, a head of care, four care staff and a chef.

We displayed a poster in the communal area of the home inviting feedback from people and relatives. Following this inspection visit, we did not receive any additional feedback.

We looked at three people's care records and other records including quality assurance checks, medicines and incident and accident records.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at St Martins and they explained why they felt safe. Some people felt secure in the home because, "All the doors are locked at night, so no one can wander in and out." Some people living at the home smoked and said they felt safe because they were only allowed to smoke outside, not in their rooms which reduced potential fire hazards. Relatives told us they were confident their relatives were safe. One relative told us about their family members' experiences at another home. This relative said, "[Person] was always bruised, but here, nothing." They told us they felt staff were vigilant so, "When I go home, I don't worry."

People were safe because they were protected from the risks of abuse and were supported by staff who had completed training, to keep vulnerable people safe. Staff understood the different types of abuse, the signs to look out for and the actions to take if they had concerns about people's safety. A typical staff comment was, "I would report it to the deputy manager, manager and tell safeguarding." Staff told us they had not seen anything that needed to be reported. One staff member said they would have no hesitation in reporting poor practice because, "I wouldn't allow anyone to do it." The registered manager knew what action to take and when concerns were raised to them, they notified the safeguarding team. They said they would contact CQC and Police if necessary.

Risks associated with people's health and wellbeing had been assessed, and care files informed staff how to manage them. These included risks associated with people's mobility and, if they required equipment to help them move, what equipment was needed and how many staff were required to transfer them safely. People who spent most of their time in bed were encouraged to reposition regularly to relieve pressure. At the time of our visit, no one had any skin breakdown.
For people identified at risk of falling, people had an alarm mat by their bed or bedroom door to alert staff when they got out of bed, so they could be supported when walking. We saw staff reduced risks by walking by the side of people or prompting them to use their walking aids.

Where risks were identified, people's care plans described the actions care staff should take to minimise them. Risks to people's mobility, nutrition and communication were assessed and staff were given guidance on managing the risks to ensure the best outcome for the person. For example, completing food and fluid charts for people identified at risk of dehydration or malnutrition. Changes in risk were communicated to staff during the handover between shifts. Staff told us the handover was useful because it helped them understand how to care for and support people on each shift to minimise potential risks, especially if people's needs had changed.

There were enough staff on duty to meet people's needs. People confirmed there were enough staff to support them, one person said, "There is enough staff, when I do ring my alarm bell, they come quickly. " They said at times, "I can wait a few minutes but that's fine." A relative said there were enough staff and whenever they wanted a staff member, staff were on hand to support their relative or to provide any information.

Staff told us there were sufficient staff to provide the care and support for people to help maintain their wellbeing and safety. Staff told us they worked as a team and communicated well to provide care that supported people to meet their needs. For example, if people wanted to get up earlier than usual, night staff were on hand to get people up, washed and dressed. With night staff supporting people to meet their needs, this eased the pressure on day staff to support other people's preferred routines. Most staff said people received the care and support they needed, but this left limited time for them to spend with people, or to sit and chat.

The registered manager was confident staffing levels met people's needs. The registered manager completed pre-assessments so knew whether people could be supported safely before moving to the service. The registered manager agreed that the care provided was, "Very task orientated" but this was being addressed. They told us they used to provide, "Two up (care staff) and two down" but wanted all staff to care for everyone so put five staff on the rota, covering both floors. The registered manager said the deputy manager or senior on shift managed staff allocation, by organising staff based on people's needs. The registered manager said it provided a more flexible service and helped them to know staff knew everyone's needs. They said since this had been implemented, they believed the quality of care people received had improved, which people and relatives confirmed. The registered manager told us they were recruiting for additional care staff and an activity coordinator which would help provide greater flexibility within staffing rotas and increase staff time with people that was not always task driven.

People told us they received their medicines as prescribed. Staff told us they completed training to administer medicines safely, which was followed up by the registered manager observing staff administering medicines to check they did so safely. The registered manager said once staff had been assessed as competent to administer medicines, their competence was checked annually to ensure they continued to administer medicines safely and as prescribed.

People's medicines were delivered in colour coded blister packs which helped reduce or identify errors easier. Pharmacists supplied individual medicines administration records (MAR), which listed the name of each medicine and the frequency and time of day it should be taken. We checked medicines that were time critical and found inconsistencies in how these were administered. We told the registered manager about this who contacted the pharmacist to ensure future MARs recorded when these medicines were to be given, reducing the risk of medicines not being administered in line with manufacturers' guidance. After our inspection visit, the registered manager confirmed MARs had been updated to show when time critical medicines should be given, for example, 30 minutes before food.

Pain relief medicines prescribed in patches was not always recorded on a patch record or body map to show where the patch had been applied. We told the registered manager who said staff should use body maps, although staff confirmed they were not used, or in people's records. Before we left the home, the register manager said each medicines record now contained a body map for completion.

People who required covert medicines (medicines disguised in food and drink to maintain their health and wellbeing) were given in line with pharmacy and GP advice to ensure the medicine remained effective and safe. Some people took medicines on an 'as required' (PRN) basis, guidance was in place for staff to follow so staff knew safe limits and doses within specific periods of time. Where 'as required' medicines had been prescribed, such as to manage pain relief, this was reviewed according to the person's condition with guidance from the GP. Where PRN medicines had been given, this was recorded on medication administration records (MAR) sheets and people's medicines were counted on a daily basis .These measures meant that people were not being given PRN medicines unless they needed them. MAR sheets were accurate and checked for accuracy. Medicines were stored safely and securely.

Systems were in place to keep people safe in an emergency. These included regular fire alarm testing and fire drills so staff knew what to do to evacuate the building. Each person had a personal evacuation plan that provided the emergency services with important information about their mobility and any equipment needed to evacuate them safely.

Requires Improvement

# Is the service effective?

## Our findings

People told us they liked the staff, staff knew what to do, and how to support them on a daily basis. People said they were involved in their care decisions and staff asked them for their consent, before any care was provided. One person told us, "Staff are very good, they help me when I need, they always ask and check first."

Staff told us seeking consent from people was an important role in how they delivered care to people. Staff told us how they sought consent. For example, one staff member said if people seemed reluctant after explaining what I need to do, "I just walk away, go back a few minutes later." They said if returning was not successful, they got another staff member to assist. They said this usually worked. Staff said if people refused, 'that was their choice' which was respected. People who could understand and make decisions were involved in day to day choices, such as what they wanted to eat and drink, or where they wanted to sit. We asked staff how they supported people who had a cognitive impairment and whether they supported people in line with the Mental Capacity Act. Talking with staff, we found staff knowledge and understanding of mental capacity and what it meant for people, varied. We were given inconsistent information from staff about which people lacked capacity and for those people, what decisions they could not make for themselves.

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

We checked whether the provider was working within the principles of the MCA. We found mental capacity assessments were not always documented for people who lacked capacity to make certain decisions. It was difficult to establish whether family members involved in the person's care, had legal authority to make decisions on people's behalf because records demonstrating this authority were not available.

The provider did not record people's decision making abilities to determine whether people could make decisions for themselves or needed others to make decisions in their best interest. For example; a decision which would have a significant impact on the person, was made by the person's family members. There was no record to indicate whether the person had the capacity to make this decision for themselves and no record to inform why the decision was considered to be in their best interest. It is a requirement to record best interest meetings and mental capacity assessments. The registered manager confirmed family members were involved, however the records could not support what decisions had been reached.

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

can be submitted to the local authority for the consideration of a DoLS. At the time of our inspection, 18 applications had been sent to the local authority to make sure people's freedoms were not unnecessarily restricted. The registered manager told us most of the applications were to restrict people leaving the home, without staff supervision. We checked examples of these people's care records and there were no mental capacity assessments to support people who lacked capacity.

The provider was not working to the principles of the MCA, and meant they were in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received care from staff who had the skills and knowledge to meet their needs effectively.
Two staff told us they attended training in subjects that were relevant to people's needs, such as moving and handling and how to care for people living with dementia. Some staff told us they had not received training in challenging behaviour and had spoken with the provider about this. The registered manager told us they were improving the delivery of training because they wanted training delivered in a more engaging way.

The registered manager informed us that they had recently completed training to deliver the Care Certificate to staff. They said that units would be used as refreshing skills and knowledge for experienced and long standing staff members as well as for newly appointed staff. The provider had an induction for new staff. We spoke with newly recruited staff who told us they found the induction useful. One staff member said, "You go back to basics, its good." They told us they were additional to usual staffing levels and shadowed experienced staff. They said shadowing experienced staff meant they had time to talk with people and get to know them. They said at the end of their induction, their performance would be reviewed. They said they were supported by the registered manager and staff and given the time and help they needed to feel confident in their role. Staff told us they had regular opportunities to discuss their practice, training requirements and any concerns at one-to-one meetings with their manager. Staff felt supported by the provider to learn and complete training relevant to their job roles.

People had a choice of meals and chose where they wanted to eat. Menu boards told people what choices were on offer and people were supported to eat and drink throughout the day. At lunchtime, there was a choice of two different hot meals and desserts. The chef told us if people did not want either of the choices, other alternatives could be provided and prepared to suit people's dietary needs.

People with complex needs were supported by staff to ensure they received the food and drink they needed to maintain their health. The chef and staff knew who needed their meals prepared to different consistencies, for example, soft or pureed to limit risks of choking.

Staff monitored and completed records that recorded some people's food and fluid intake, especially those assessed as at risk of poor nutrition. Staff completed these records however the information required was not specific or individualised and did not accurately record what had been consumed. For example, three quarters of dinner? We showed these to the registered manager who assured us they would ensure records were regularly checked and reflected what people had eaten or drank to maintain their overall health and wellbeing.

People told us they had access to, and used the services of other healthcare professionals. Senior care staff and the registered manager arranged healthcare appointments if people's health conditions or behaviours caused them concern, or if people requested it. Records confirmed people received care and treatment from their GP, district nurses and chiropodists. Relatives told us whenever other healthcare professionals were involved, they were kept informed about any decisions, treatments or advice given. Staff understood when

to seek professional advice and support so people's health and welfare was maintained. Staff told us any advice was followed to effectively help manage people's health needs.

Good

# Is the service caring?

## Our findings

People and relatives were complimentary of the staff and management of the home. One person said, "The staff are smashing, I love the place." People told us they felt relaxed and comfortable when seeking help and support from staff. One relative said their family member had not been living at the home long, but said, "[Person] settled in well, gets on with staff and has formed relationships with others." This relative told us they were surprised their family member had adjusted so quickly. They told us their family member was 'depressed at home' but moving to St Martins had been a positive experience and they had noticed their relative was happier.

People told us they were supported by a caring staff team. Comments were, "Care here is brilliant", "Like home from home" and "They are very good, hardworking" and "They can't do enough for you."

People said they were not rushed and staff worked around their routines and if they wanted help, staff were on hand to provide it. People told us they felt confident asking for help and said staff were kind, considerate and that they listened. Staff understood people's need for reassurance and we saw staff providing support to people, especially people who were anxious. Staff spoke with people in a calm way and when speaking with people on an individual basis, staff were discreet ensuring conversations were kept private.

People were supported to maintain their dignity and were treated with respect. Everyone we saw wore clean clothes, and some people enjoyed visiting the hairdresser during our inspection visit. One person said to us, "I need to look beautiful." People chatted to the hairdresser and we saw people clearly enjoyed this, laughing and joking. Staff complimented people afterwards and people's expressions showed this pleased them.

Relatives explained how important it was for them that their relations were well cared for. Both relatives spoke positively about the caring nature of staff. Relatives said staff were caring and supportive, to them as well as their family member. For example, a relative felt reassured when staff contacted them to tell them how their relation had been, or if there had been changes. They said, "Any concerns or worries, we are told." Another relative said the care was, "Fantastic." We asked why and they said, "[Person's] dementia has got better, they talk to [person] more which helps." They said told us they were so pleased with the level of care, they had recommended St Martins to others because people and families were valued. Both relatives said they could visit the home without restrictions and were always welcomed and made to feel at home.

We saw throughout the inspection visit staff knew people well, and they used people's preferred names to give them a sense of identity. Staff recognised caring for people was an important part of their role, one staff member said, "We are here to help, I want to help."

Care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. Each aspect of care and support included details specific to the person. Each person had a mini profile called 'All about me'. One personal profile contained topics such as, people's life histories, how to communicate with me, likes, dislikes and things to help me when I'm upset or angry. Care

plans were reviewed and reflected the level of support people needed. Staff said they did not always have time to read care plans, however information from other senior staff and handover, provided staff with the important information they needed to know to support people in a caring and respectful way. Relatives told us they were involved in care decisions and said whenever there was a change, they were contacted and updated without delay.

People were given choices about how they lived their lives and received support in line with their preferred routines. For example, people we spoke with said they could get up when they wanted to, and go to bed at a time that suited them. People were encouraged to maintain their own independence, for example applying their own prescribed creams or helping staff with domestic tasks during the day.

People said they felt comfortable when staff supported them with personal care. People said they received care from staff who they liked and people said they had no concerns receiving care from staff of either gender. People said personal care was dignified and their privacy was respected at all times, by ensuring doors and curtains were closed. Staff told us they took people to their own rooms where possible to give people as much privacy as possible.

At the time of our inspection visit, no one received end of life care. The registered manager told us about their plans to strengthen how end of life care was provided at St Martins. They recognised there were gaps in their own and staffs knowledge about end of life care and wishes for people, especially from different cultural backgrounds. For example, how people should be cared for, dressed and who should be contacted once a person has passed away. The registered manager told us they were seeking guidance from a variety of cultural faiths to ensure people and families wishes were respected.

Good

# Is the service responsive?

## Our findings

People told us their needs and wishes were responded to, with minimal delay. People understood staff could not be with them immediately and said whenever this was the case, staff told them they would be with them as soon as possible. People said staff were very good, organised so any potential delays were kept to a minimum.

People told us their care and support needs were personalised to them, in line with their agreed care plan. People told us they were happy living at St Martins and some people told us they had formed friendships with people in the home. One relative told us their family member was settled since moving to St Martins. They said this was because, "[Person] had formed relationships with the staff." They said the forming of positive relationships with staff had benefitted their relations overall health and wellbeing. They told us their family member had become depressed and began to neglect themselves living on their own, but since moving, was, "Taking their medicines now and was having baths." They told us they had seen real improvements in their family member which gave them positive feelings they had made the right choices in moving their relative to the home.

We found staff were responsive to people's needs when call bells rang. We saw staff were proactive in responding and recognising when people needed support, for example if they wanted a drink or if they wanted to sit somewhere else. Staff told us the staff team was consistent which they said made it easier to respond because staff knew people's care needs and preferred routines. The registered manager told us they were looking at new call alarm systems so they could monitor the time between calls and the responsiveness of staff. They said this would assure themselves, staffing levels continued to meet people's needs.

People and their relatives were involved in care plan decisions and felt staff used this information to meet their needs. One relative explained how their relation could not make some decisions for themselves and said, "The family is involved." They said the communication between them and the home was good because they were kept informed, particularly if there had been a change in their relatives overall wellbeing. Another relative said they were involved and attended an annual review to ensure current care needs continued to be met. This relative praised the staff in how they responded and supported their family member who was living with dementia. They said the care was, "Brilliant" and said it "Seemed [persons] dementia was better." They explained, saying staff spent more time with their family member, talking to them which gave them comfort, knowing they were cared for. They said because of their positive experiences, "I go home and don't worry."

Staff knew the people they supported although some staff said they did not always have time to read all of the persons' care records. Speaking with staff showed us some inconsistencies in staff knowledge and records. For example, one person's records said they could display behaviours that could prevent risks to them and others. The records did not always record all of the triggers and actions staff should take, to reduce this person's anxiety. Staff gave us different examples of what could cause this person to become agitated. However, the staff team were confident they knew how to support this person to reduce any

potential behaviour that put them and others at risk. We spoke with the registered manager about this. They told us they were not aware of some of the triggers staff had told us, even though the registered manager said they had asked staff. They agreed to update this person's care plan by speaking with senior staff and all staff to ensure people's care plans provided a complete and accurate picture.

Monthly care plan reviews included a review of risks to people's health and wellbeing and care plans were updated when people's needs changed. The registered manager said they were in the process of updating and re-evaluating all care plans. They said since they had taken over management of the home in April 2016 they found care plans and care records needed updating to make sure the care provided was consistent with what people needed. The registered manager said updating care plans was, "Work in progress" and assured us care plans would be more person centred, and that included information from people, their relatives, and staff. Some care records had an 'All about me' which the registered manager wanted for everyone. They said this provided staff with important information and a 'quick snap shot' of people's likes, dislikes and personal preferences which would be useful, when staff provided their support.

People had opportunities for purposeful activity and socialising. Some people chose to go out with staff or their family members. Others enjoyed their own company, either in their rooms, or sitting in communal areas reading the newspaper or listening to music. During our inspection visit, some people visited the hairdresser which they enjoyed and staff complimented them on their personal appearance. Staff told us they wanted to spend more time with people and the registered manager supported this. To achieve this, the provider was recruiting for an activities co-ordinator and wanted a, "Motivator to do the things people wanted, not just to stick to a programme." Staff continued to make sure people were involved and stimulated. For example, some people liked to lay tables and clean up and staff encouraged and supported people with this.

External activities were provided such as music to movement and singers. There were plans for a 'Hollywood themed' event where people would get dressed up to look like their favourite film stars. The registered manager said they were hiring a photographer so people and their families could have a memento of the event as a keepsake. People and the registered manager told us they celebrated the Queen's birthday, baked cakes and held a coffee morning in support of MacMillan.

People and their relatives knew how to complain about the service and comments demonstrated they felt confident to raise concerns and action would be taken. A typical comment was, "Any problems I would go to the manager." Information was displayed in communal areas that informed people how to complain and the timescales for responding to complaints. No one we spoke with had made a complaint about the service they received.

We looked at how written complaints were managed by the service. Actions were documented, investigated and responses sent to people. The registered manager said all complaints received had been resolved to people' satisfaction, and processes were improved where required, to reduce potential for similar complaints.

Good

# Is the service well-led?

## Our findings

People said they were satisfied with their care and support at St Martins. One person told us, "The staff are very good, I know who to complain to if needed, but there is very little to complain about." Relatives said their family members were happy living at St Martins and they had no concerns about the service or how it was managed. Relatives were involved in care reviews and said they were asked for their feedback by completing a survey. Relatives felt any feedback they provided was actioned upon, although they did not give us any specific examples. People and relatives said the registered manager was approachable, listened and they were confident action would be taken to make improvements.

Discussions with the registered manager showed they had identified where improvements were required since they took up their post in April 2016. To support senior staff, the registered manager arranged leadership training. They said they wanted to improve communication and for senior staff to understand how to lead and manage people, and take responsibility for their actions. They told us they had arranged this training because some senior staff were not taking responsibility, which meant actions were not always taken quickly. The registered manager said good management of staff, "Starts from the top down."

The registered manager said they had seen positive changes in staff attitudes. They said, "Staff would say, 'that's how we have always done it', rather than question why?." Now, staff are more involved, working together and taking responsibility. The registered manager identified care plans required improvement and they were improving care plans and the information requested, as well as removing outdated information. They said they wanted to make them easier to read so staff had the relevant and important information to hand, rather than spending time looking for it. There were plans to update all care plans by the end December 2016 and staff agreed this was a welcomed improvement.

The registered manager wanted to improve the quality of dementia care. With the provider's support, they recently attended a 'dementia tour bus' learning event. They said they found this really informative because it helped them understand the difficulties people living with dementia faced. For example, they explained how you spoke with people and how it was perceived, which could trigger people becoming emotional or challenging to others. They said knowing this, would make them think and act differently to prevent people becoming upset or anxious. They said the provider was looking to get the 'dementia bus' to the home because they wanted staff and families to share in this experience, to see it from, 'the persons' view.

The registered manager listened to staff and had plans to improve their training delivery. They told us they were speaking with external training providers to deliver more training face to face. Staff said training was completed by reading books or on computer which was not always helpful, or allowed them to ask questions, or test their knowledge. Staff said they had the relevant training to meet people's needs, but for caring for people living with dementia, staff wanted face to face training and welcomed potential improvements in how this and other training was delivered.

Staff felt able to discuss concerns or opportunities at regular one to one meetings. One staff member said the registered manager was, "A good manager, you can talk with her about problems, she is a good listener."

Staff said they worked well together as a team and supported each other. Staff meetings had been held and staff found these provided further opportunities to discuss issues or best practice. Staff were confident to raise any issues or concerns they had. Staff told us if they saw anything of concern, they would raise it, or where necessary, felt confident to whistle blow and were confident their concerns would be listened to and acted upon.

A variety of audits were completed which included health and safety, equipment infection control, care plans and medication. We found there were actions plans in place to address any areas for improvement which the registered manager updated once actions were completed. Some actions were completed, however, the system required further improvement because some action plans did not always record, who was responsible and what action had been taken. This was especially important, when improvement actions were delegated to others. The registered manager had identified this and agreed to make improvements to their system of audits. Since becoming registered manager, they wanted an improved audit system. The issues we raised regarding a lack of mental capacity assessments should have been identifed, particularly where approved DoLS where in place. The registered manager said their current system of audits were, "A tick box exercise and they do not add value."

The registered manager completed an audit of accidents and incidents for each person and analysed the results for patterns or emerging trends. We were told action had been taken for people at risk and actions were monitored to ensure the action, minimised further incidents. For example, one person who was identified at risk of falling. They had an alarm mat in front of their chair, so when they got out of the chair, staff were alerted when the person was mobile. The registered manager said the person continued to fall. Their analysis identified the person stepped over the mat, so continued to fall. To reduce further falls, a cushion mat was used and the falls have reduced. Although individual analysis was completed, there was no overall analysis made which they agreed to put in place. This meant they had a complete picture of incidents within the home and any necessary actions could be taken, to make sure people continued to be safe and protected.

People's personal and sensitive information was managed appropriately and kept confidential. Records were updated and kept securely in the staff office so only those staff who needed to, could access those records.

The registered manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service.

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<br><br>Suitable arrangements were not in place to obtain and act in accordance with people's consent to their care and treatment. The provider had not followed the requirements of the Mental Capacity Act 2005. Assessments had not been undertaken to ensure that decisions were made in people's best interests. |