

Mrs S M Spencer

# The Haven Rest Home

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Good



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

This inspection took place on 6 and 13 January 2015 and was unannounced. The Haven Rest Home is a service that is registered to provide accommodation for 20 older people living with dementia. Accommodation is provided over two floors and there was a passenger lift which provided access for people who had mobility problems. There were a total of 19 members of staff employed plus the registered manager. On the day of our visit 18 people were living at the home.

At the last inspection on 16 April 2014 we asked the provider to take action to make improvements to the care and welfare of people who use the service, cleanliness

and infection control and assessing and monitoring the quality of service provision. The provider sent us an action plan which told us what action they would be taking and said they would be compliant by July 2014. At this inspection we found appropriate action had been taken and the provider was now meeting the requirements of those regulations. However during this visit we identified some areas which required improvement.

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

# Summary of findings

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.

People told us they felt safe. Three relative's told us they had no concerns about the safety of people. However a fourth relative did not feel their relative was safe because staff did not check them often enough. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm.

Care records contained risk assessments to protect people from any identified risks and helped to keep them safe. These gave information for staff on the identified risk and provided guidance on reduction measures. There were also risk assessments for the building and contingency plans were in place to help keep people safe in the event of an unforeseen emergency such as fire or flood.

Thorough recruitment checks were carried out to check staff were suitable to work with people. Staffing levels were maintained at a level to meet people's needs. People and staff told us there were enough staff on duty.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised qualifications such as National Vocational Qualifications (NVQ) or Care Diplomas (These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard). 11 of the 19 staff had completed training to a minimum of (NVQ) level two or equivalent. People said they were well supported

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and DoLS. We found the service was in the process of assessing people to ensure they acted in accordance with people's best interests. They

were if they did not have capacity to consent to their care and support. However there were some people who still had to be assessed. The provider had one person who had an application under DoLS approved by the local authority. However CQC had not been notified that the application had been approved. The provider told us they were in the process of submitting other applications on a priority basis. We have made a recommendation concerning the MCA and DoLS.

People were satisfied with the food provided and said there was always enough to eat. People had a choice at meal times and were able to have drinks and snacks throughout the day and night. Meals were balanced and nutritious and healthy choices were encouraged. However, we found improvements could be made to the dining environment at meals times

Staff supported people to ensure their healthcare needs were met. People were registered with a GP of their choice. The manager and staff arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians. Appropriate records were kept of any appointments with health care professionals

People told us the staff were kind and caring. Relatives said they were happy with care and support their relatives received. Staff respected people's privacy and dignity and staff had a caring attitude towards people.

Before anyone moved into the home a needs assessment was carried out. Relatives said they were involved with their relatives care when they first moved into the home. However not all relatives knew a care plan had been prepared for their relative. They confirmed they were kept up to date with any issues regarding their relatives care.

People were supported to participate in activities of their choice. Activities were facilitated by the provider and staff and there were also outside activity providers who visited the home. During our visit there was a manicurist attending to people.

Although there was a complaints procedure in place the manager did not record all concerns raised. Therefore it was possible some complaints and the opportunity to learn lessons could be missed. We have made a recommendation about the management of complaints

# Summary of findings

People told us the manager and staff were approachable. Relatives said they could speak with the manager or staff at any time. Three of the four relatives said they were happy with service provided. However one relative felt the manager did not listen to concerns raised.

The manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Regular meetings took place with staff, however minutes of staff meetings did not reflect the issues discussed or record any decisions made.

The provider had a policy and procedure for quality assurance. The manager carried out weekly and monthly checks to help to monitor the quality of the service provided. Quality assurance surveys were sent out to people, relatives and staff in June 2014 and responses were collated and analysed.

# 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 safe. People felt safe. There were sufficient staff to support people safely.

Staff had received training on the safeguarding of adults and this helped to keep people safe. Risk assessments were in place together with risk reduction measures to help keep people safe.

Medicines were stored and administered safely by staff who had received training and had been assessed as competent.

There was effective systems in place to reduce the risk and spread of infection,

Good



### Is the service effective?

The service was not effective. Although the manager understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Capacity assessments had not yet been completed for all people who may require an assessment to be carried out.

People were supported by suitably skilled staff who had received an thorough and ongoing training.

People had enough to eat and drink and. Staff supported people to maintain a healthy diet. Improvements could be made to the dining environment at meal times.

People were supported to access health care services when needed.

Requires Improvement



### Is the service caring?

The service was caring. People told us staff were kind and caring. Relatives were very happy with the care and support provided

We observed care staff talking with people throughout our visit. We saw people and staff got on well together and the atmosphere on both days of our visit was warm and friendly.

Staff understood people's needs and preferences and treated people with kindness, dignity and had respect.

Good



### Is the service responsive?

The service was not responsive. The providers complaints policy and procedure did not always ensure comments and complaints were responded to appropriately.

People had a plan of care which provided staff with the information that enabled them to respond to people effectively.

Requires Improvement



# Summary of findings

Staff communicated effectively with people and involved them to make decisions about the support they wanted.

## Is the service well-led?

The service was not well led. There was a registered manager in post, a business manager and the provider who oversaw the management of the home. People told us the manager and staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided. However minutes of staff meetings did not provide evidence that issues discussed and agreed were put into practice.

We have made two recommendations to improve the service. Although there were systems in place to monitor the quality of service provision they had not identified the shortfalls in these areas.

**Requires Improvement**



# The Haven Rest Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 6 and 13 January 2015 and was unannounced.

This inspection was carried out by an inspector and an expert by experience who carried out interviews to ask people and their relatives, what they thought of the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background in dementia. On the first day of the visit the registered manager was not available and we were assisted by the provider and deputy manager. The inspector carried out a second visit to the service on the 13 January to clarify some issues with the registered manager.

Before the inspection we reviewed previous inspection reports. We also looked at our own records such as any notifications of incidents which occurred. A notification is information about important events which the service is required to tell us about by law. This information helped us to identify and address potential areas of concern.

We spoke with 11 people and four relatives. We also spoke with the provider, the registered manager, the business manager, the deputy manager, four care staff, two domestic staff and the cook. We also spoke with a member of staff from the local authority safeguarding team and a health care professional.

During our inspection we observed how staff interacted with people and how they supported them in the communal areas of the home. We looked at plans of care, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for three members of staff. We also looked at a range of records relating to the management of the service such as infection control, activities, menus, accidents and complaints as well as quality audits and policies and procedures.

# Is the service safe?

## Our findings

People felt safe at the home, they said staff gave them any help they needed. Three of the four relatives said they felt their family member was safe and were happy with how they were treated by staff. However a fourth relative told us they did not feel their relative was safe. They said staff spent most of their time in the common areas and that residents in their rooms were not checked often enough. Their relative was accommodated on the ground floor and it was noticeable during the visit that most of the time staff were located on the first floor. We spoke to the manager about this issue and we were told that staff regularly checked on residents and that those people who preferred to stay in their own rooms did so out of choice and preference. People confirmed this and said that staff came to check on them throughout the day and said if they needed any support they would use the call bell and staff would respond.

At our last inspection in April 2014, care and treatment was not always planned and delivered in a way that ensured people's safety and welfare. People were at risk of not receiving the care they required because there were risks associated with choking, epilepsy and pressure sores that had not been assessed. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. They were also in breach of regulation 10 with no environmental risk assessments, and incomplete contingency plans. At this visit risk assessments were in place for general environmental risks around the home such as infection control, window restrictors and hot water temperatures. There was also an up to date fire risk assessment for the building. Individual risks assessments were contained in people's plans of care and these gave staff the guidance they needed to help keep people safe. Identified risks related to care needs had been assessed and control measure were in place.

The provider had taken steps to provide care in a suitable environment and had plans in place should the home be uninhabitable due to an unforeseen emergency such as total power failure, fire or flood. These plans included the arrangements for overnight accommodation and staff support to help ensure people were kept safe. In the entrance hall there was a 'grab file' which was marked for the attention of the Fire Brigade. This file contained information about any specific actions individual people

required in the event of an evacuation. The registered manager told us that these were to assist the emergency services in the event of an evacuation. However when we looked at the contents of the grab file we found information about people who no longer lived at the home. The registered manager explained the file should only contain information such as floor plans and other information regarding the building. The outdated information was removed immediately. The registered manager showed us a separate file which was kept in the office and this had up to date information on what support people needed in the event of an emergency. A member of staff would take this file to the emergency muster point.

People were protected from abuse because appropriate guidance had been followed. The provider had an up to date copy of the local authority safeguarding procedures. The registered manager knew what actions to take in the event any safeguarding concerns were brought to her attention. Both care and domestic staff said they had received training with regard to keeping people safe and knew how to report any safeguarding concerns to their manager or to a member of the local authority safeguarding team. Staff were able to describe the types of abuse they may witness or be told of and knew what action to take. A staff member from the local safeguarding team told us the home co-operated and worked with them with regard to any safeguarding incidents.

The business manager was responsible for monitoring and overseeing the day to day maintenance of the home. They told us when any defects were identified they were recorded in a log and reported to the business manager who would organise repairs and these were signed off as each defect was rectified. The business manager said that any defects were quickly repaired and this helped to ensure people and staff were protected against the risk of unsafe premises.

There were effective recruitment and selection processes in place. Recruitment records for three members of staff showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to a face to face interview. Following a successful interview background checks (such as with the Disclosure and Barring Service) were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

## Is the service safe?

There were enough staff to meet people's needs. We viewed the staff rota to establish the staffing levels at the home. There was a minimum of three members of care staff on duty between the hours of 7am and 10am, two care staff from 10am to 6pm, three care staff from 6pm to 8pm and two waking night staff from 8pm to 8am. In addition to care staff there was a cleaner who worked at the home each day and a cook who worked from 10am to 3pm. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff said the staffing levels were sufficient to meet people's needs and said they had time to interact with people as they carried out their duties. Relatives said whenever they visited the home there were always enough staff on duty.

The home kept an accident book where any accidents were recorded. The registered manager was aware of the procedures to follow should there be a need to report accidents to relevant authorities. Records showed that any accidents recorded were appropriately dealt with by staff and medical assistance had been sought if required.

Staff supported people to take their medicines. Only staff who had completed training and who were deemed competent were authorised to administer medicines. Appropriate arrangements were in place for the receipt, storage and administration of medicines. Medicines were stored in locked cabinets in the main lounge. Only the senior person on duty held the keys. Medicine storage cabinets were clean and well organised. No controlled drugs were currently being held, however should they be required, suitable storage arrangements were in

accordance with up to date guidance. Medicines Administration Records (MAR) were up to date with no gaps or errors and medicines had been administered as prescribed. We observed the lunchtime medicines being administered and this was carried out in a calm, unhurried manner.

At our inspection in April 2014 we found The Haven Rest Home had not met the requirements of the regulations for cleanliness and infection control because appropriate guidance had not been followed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this visit we found appropriate action had been taken to address this issue. The registered manager was the infection control lead and they had completed an annual infection control statement as required by the Health and Social Care Act 2008 Code of Practice. We saw that there were cleaning schedules in place for the cleaning of bedrooms, toilets, bathrooms and communal areas of the home. There was an infection control file and this contained records of cleaning that had taken place. The registered manager told us they monitored the cleaning that had taken place and signed the cleaning schedules to evidence that checks had taken place. Cleaning staff said that they had a cleaning schedule to follow each day and that this included day to day tasks and also some deep cleaning tasks for certain areas. They told us they had sufficient equipment and materials to enable them to carry out their role. People were protected from the risk of infection because appropriate guidance had been followed.



# Is the service effective?

## Our findings

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Staff understood the basic principle that people should be assumed to have capacity but were unsure how this was established or implemented. The registered manager told us people had capacity to make day to day decisions regarding their care and support. However she understood that for complex decisions capacity assessments may need to be undertaken. She knew that if a person lacked capacity best interests meetings should take place and that decisions would need to be recorded. The registered manager told us that they were in the process of completing capacity assessments for people. However at the time of our visit, these had not been completed for all people who may lack capacity.

Currently one person was subject to DoLS. We saw records that showed this person had been assessed and had the application approved by the local authority DoLS team. However CQC had not been notified that the application had been approved. The provider had a list of people who required an assessment on a priority basis. The manager told us once capacity assessments had been carried out applications for DoLS would be submitted as required.

**We recommend** that the provider and manager seek advice and guidance from a reputable source, to ensure they act in accordance with the legal requirements of MCA and DoLS.

At our last inspection in April 2014, we found care and treatment was not always planned and delivered in a way that ensured effective care was provided. At this inspection we found improvements had been made and each person now had a plan of care that provided staff with the information they needed to provide effective support to people. Care plans provided information for staff on people's support needs. There was also detailed information on how this support should be given. For example the plan for one person said 'may need support

with dressing'. The care plan then went on to explain that the person could dress themselves but would need support to do up buttons. It also explained that staff should always keep the person informed of what they were doing.

People told us they got on well with staff and they were well supported. People did not raise any issues on the skills of the staff. Relatives told us the staff provided effective support to people.

The registered manager told us about the training provided for each member of staff. This included; medicine administration, moving and handling, fire safety, dementia awareness, protecting people from abuse and health and safety. Training was provided through a range of mediums, such as practical training, training courses and also by completing workbooks. These helped staff to obtain the skills and knowledge required to support people effectively. We saw a training plan detailing what training each staff member had completed. It also included the dates for future training and the dates when any refresher training was required. Following any training course a certificate was awarded to evidence that the training had taken place. The provider, registered manager and deputy manager said they worked alongside staff and were able to observe staff practice so they could be confident that staff had the skills and knowledge to support people effectively.

All new staff completed an induction in line with Skills for Care guidelines. Staff told us they had a good induction. The provider encouraged and supported staff to obtain further qualifications. The provider employed a total of 19 care staff and 11 had achieved qualifications to a minimum of NVQ level 2. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff received regular training to enable them to provide effective support to people.

People received appropriate supervision. Systems were in place to support staff to deliver care according to their roles and responsibilities. All staff received regular supervision, this comprised supervision meetings every two months and an annual appraisal. The annual appraisals included an evaluation of the staff member's ability and skills in supporting people. Staff confirmed this.

People had different communication skills and staff used a range of methods to ensure effective communication. For example one person could not speak or understand English. The person's daughter had made up some

## Is the service effective?

communication cards that staff could show the person when they communicated with them. Staff also had a translation application on their mobile phones and used this to ask questions. We observed one member of staff talking to this person and by using the mobile phone application and by using body language and gestures they communicated well with each other. Staff said they did not find this a problem, one staff member said “it may take a little longer but we communicate with each other just fine”.

We observed staff supporting people and saw people were consulted as much as possible and staff took time to explain things to people in a way they understood. People told us that they made choices about how they spent their time. They told us staff respected and listened to them. One person told us, “I can’t fault them”.

We received positive comments about the food from people and relatives. One person said “the food is good, they always check if I like it”. One relative said “the food ‘always smells nice when I come in’”. The kitchen had a list of people’s likes and dislikes and details of people requiring special diets. People were given a choice of meals and food was attractively presented and nutritious. We observed lunch being served in the lounge/dining area. There were 11 people seated at one large table. One person stayed in

the easy chair in the lounge, six people opted to have their meal in their room. Condiments and cutlery were placed on the table and water was served in plastic beakers. All people were able to use the cutlery, but some people required staff support to cut up their meat. Three staff supported people during lunch. Staff checked with people to ensure they were managing, offering help and support as required. People were assisted in a calm manner and were not rushed. People were supported to eat and drink sufficient amounts to meet their needs.

People were registered with a GP of their choice and the manager and staff arranged regular health checks with GP’s, specialist healthcare professionals, dentists and opticians. People confirmed this. A chiropodist visited regularly. One person had regular visit from a community nurse and other people were supported by the community nurse team as required. Staff said appointments with health care professionals were arranged through referrals from their GP. Following any appointment staff completed a form to record information about what was discussed, any treatment or medicines prescribed and details of any follow up appointments. These helped to provide a health history of the person to enable them to stay healthy.

# Is the service caring?

## Our findings

People were happy with the care and support they received. People said that the staff were caring. One person said that “the staff are all nice; they are there if you need them but they don’t interfere”. Another said they had no problems with the staff. Relatives said the staff were kind and caring. One relative said “the staff are consistent and nice natured”. However one relative was concerned and said “the staff are not attentive enough and not caring enough”. We did not find evidence to support this.

Each person had an individual plan of care. These guided staff on how to ensure people were involved and supported. Each person’s care plan had a ‘personal history profile’. This contained information about the person’s childhood, adulthood, working and family life and detailed the person’s likes and dislikes. Staff told us this was really important information and enabled them to positively engage with people. Staff spent time talking with people and encouraged them to talk about things that were important to them.

Care and treatment was planned and delivered in a caring and supportive way. Observations showed staff were knowledgeable and understood people’s needs. Staff explained what they were doing and gave people time to decide if they wanted staff involvement or support. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. Staff spoke clearly and repeated things so people understood what was being said to them. Staff said they enjoyed supporting people and observations showed they had a caring attitude towards people and a commitment to providing a good standard of care. Staff told us they encouraged people to do as much for themselves as they could. We saw people were offered choices and their independence was supported. Staff treated people with respect and one staff member commented, “We give the best care we can.” Staff said they listened to people and responded positively to their request. People’s care plans were personalised and reflected people’s preferences.

People received care and support from staff who had a caring attitude and this included care staff and those with domestic and catering roles. There was a good rapport between staff and people and they got on well. The atmosphere in the home throughout our visit was warm

and friendly. Staff knocked on people’s doors and waited for a response before entering. Staff ensured people’s privacy and dignity was respected and any personal care tasks were carried out in private. Staff said they enjoyed supporting people. Staff recorded the support that had been given to people in daily care notes. There was information regarding daily care tasks carried out, meals, activities and personal care tasks and the records provided evidence of care delivery. We saw staff spoke to people respectfully.

People’s views and ideas were taken into consideration. People had regular meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved in planning activities, meals and decoration of the home. The registered manager told us that as a result of these meetings people’s bath times had been changed. Previously people had a bath in the evening but they said they would prefer a bath in the mornings and the provider had adjusted staffing levels to ensure this could happen.

One person was allowed to bring their two dogs with them when they moved in to the home, these were kept in the person’s room. We spoke with the owner of the dogs who said it was wonderful that the provider had enabled them to bring their dogs with them. The provider told us this person would have been very upset if they could not keep their pets.

Staff understood the need to respect people’s confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book which was a confidential document or discussed at staff handovers which were conducted in private.

People were able to express their views and be involved as much as possible in their day to day lives. People were supported to dress in their personal style. We saw that everyone was well groomed and dressed appropriately for the time of year. A relative told us their relative was always ‘well turned out’ whenever they visited. They said “the staff are very good”. They said they were kept informed of any issues and could speak with staff at any time.

## Is the service caring?

Staff said they enjoyed supporting people and observations showed they had a caring attitude towards people and a commitment to providing a good standard of care.

There were no restrictions and visitors were welcome at any time. People were supported to maintain relationships with their families and friends. Relatives confirmed there were no issues regarding visiting. Relatives said they were

always made welcome and were offered refreshments when they arrived. One relative said "I sit with my relative in the lounge but if I need to speak to them in private we can always go to their room". Details of contact numbers and key dates such as birthdays for relatives and important people in each individual's life were kept in their care plan file.

# Is the service responsive?

## Our findings

People said staff were good and met their needs. Relatives said they had been involved when their relative first moved into the home but did not know about a formal care plan. One relative said they had discovered their mother unwell in bed at 1030 in the morning; this has not been picked up by any of the staff. However the doctor was called once this had been brought to the attention of staff. We spoke to the registered manager about this who told us the person wished to have a lie in and did not mention they were feeling unwell. They said that this would have been picked up when they supported the person to get up and appropriate action would have been taken.

A relative raised a concern with us that staff spent most of their time in the communal areas and did not spend enough time with people who stayed in their own room. Apart from one person who was cared for in bed due to their needs, there were no records in place to evidence how often people went in to check on people who stayed in their rooms. The registered manager told us they did not feel it necessary to record every time people went in to check on people as they were able to move around the home freely. Daily records compiled by staff detailed the support people received throughout the day.

Before moving into the home a pre admission assessment was carried out. Staff were provided with information in people's plans of care to enable them to respond to people. Care plans were personalised and had information on the support people needed together with information on what the person could do for themselves. Care plans also contained information on people's medical history, mobility and dressing, communication, and essential care needs including: sleep routines, continence, diet and nutrition, and socialisation. These plans provided staff with information so they could respond positively, and provide the person with the support they needed in the way they preferred. Care staff told us they used the care plans to guide them when providing care, but also asked people how they wanted to be helped.

One person was cared for in bed and we saw this person had a profile bed with a dynamic mattress in place which was powered by a control unit to change the surface pressure of the mattress to help prevent the person from developing pressure sores. There was information regarding the settings for the dynamic mattress in the

person's care plan. We saw there was a plan in place for staff to monitor the person regularly and staff recorded each time they went in to check on this person. There was also a chart where staff recorded when they changed the person's position in bed. These records showed that staff were responsive to the person's needs and were able to deliver the care needed.

Care plans were reviewed monthly and updated as required to ensure that they reflected people's current needs and support. The deputy manager told us that a meeting had been arranged with the local authority for one person whose needs had changed and who was being cared for in bed. This meeting had been arranged with the local authority to establish if the person's needs could still be met by the provider. Following this meeting it was established that currently the provider could still meet this person's needs but the situation would be monitored to ensure that if necessary alternative arrangements could be made to ensure the person's needs could be met at all times.

When staff came on duty they were required to sign in, they then received a verbal handover from the out going staff. This included any issues that had occurred and any appointments or specific information for individual people. Staff told us these handovers helped to ensure staff were able to respond to people's needs effectively and helped ensure people were appropriately supported in a meaningful way. There was also a staff communication book kept in the office. This was used by staff and management to pass on information between each other. There was also information such as people's appointments or reminders.

There was a programme of activities in place. Activities were carried out in the main lounge area by staff. On the day of our visit there was an external manicurist attending to people. However apart from the manicurist we observed very little stimulation for people apart from the TV and radio. People told us they have musical activities, and regular visits from outside activities people who organised 'armchair aerobics' for gentle exercise. We were told by the provider that they also organised knitting, quizzes, hairdresser, memory games and we saw evidence of artwork on the walls. Activities were recorded in an activities book and this detailed the activity that had taken

## Is the service responsive?

place and who had taken part in the activity. Staff told us they encouraged people to be involved in activities and they were able to spend time chatting to people to ensure people did not suffer from isolation.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. We heard a call bell sound in one of the rooms on the ground floor and this was quickly answered by staff. We observed that in the course of their day to day duties staff spoke to people and asked them if they wanted any assistance. People told us that the staff in the home knew what support they needed and provided this as and when they required it. However we observed staff having their lunch together in the lounge/dining area at the same time after people had their lunch. Therefore people who were not in the main lounge area were not being monitored or supported during this period. The registered manager told us that if anyone used the call bell for assistance staff would respond immediately.

There was a complaints procedure in place and the registered manager told us that complaints and concerns were responded to in a timely manner. They kept a record

of complaints and we saw that there had been no complaints made in the past 12 months. However one relative told us they had raised concerns with the registered manager and felt that nothing had been done. This relative was not aware of an official complaints procedure. The registered manager said all people and relatives were given a copy of the complaints procedure when they moved into the home. A copy of the complaints procedure was also on display in the entrance hall to the home. The registered manager told us that if someone raised an issue with them they did not always see this as a complaint so did not record it as such. This could lead to some concerns being missed or not dealt with appropriately. The registered manager told us they would review the complaints procedure to ensure that concerns raised were recorded together with any action taken to resolve the issue. The providers policy and procedure did not always ensure comments and complaints were responded to appropriately. There was no evidence that the provider had systems in place to learn from any complaints received. **We recommend** that the provider seeks advice and guidance from a reputable source, about the management of and learning from complaints.



# Is the service well-led?

## Our findings

At the last inspection we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people. At this visit we found improvements had been made. The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; health and safety, fire alarm system, fire evacuation procedures, care plan monitoring, audits of medicines and food quality audits.

Quality assurance surveys were sent to people, relatives and health care professionals on an annual basis. We looked at the result of surveys that had been sent in June 2014. The business manager analysed the results of the survey and produced a chart showing responses. These showed 90% responses were positive. We asked what action was taken if there were negative responses and they were able to show us that on the survey four out of 10 people had answered no when asked if they were provided with refreshments when they visited. As a result staff were reminded at the next staff meeting to ensure that all visitors were welcomed and offered refreshments. This showed the provider used the quality assurance procedures to improve the service provided to people.

The registered manager told us people had house meetings each month which were used to discuss issues in the home. These meetings enabled people, relatives and staff to make comments and influence the running of the home. Relatives were invited to attend these meetings. Minutes of these meetings contained information about what was discussed and provided evidence of action taken. For example at the last meeting people expressed a wish for a coffee morning. We saw that people's views and opinions had been listened to and saw that a coffee morning had been organised the month following the meeting.

People said the manager and staff were nice and they could talk with them at any time. Three relatives confirmed the registered manager was approachable and said they could raise any issues with them. They told us staff kept them informed of any issues regarding their relatives and they were kept up to date by phone or whenever they visited. One relative told us they were in regular contact

with the home and were kept informed of any issues regarding their relative. However we were informed by a fourth relative that the registered manager was "difficult to talk to" and "she doesn't listen". The registered manager told us they strongly disagreed with this statement and they always took time to discuss issues with relatives if they had any concerns.

Fee's charged were not always transparent as relatives expressed concern over the charges that were levied for 'extras'. One relative told us additional charges included being charged for tissues even though they had bought boxes and put them in their relative's rooms. The provider and manager told us that each person had a contract which explained fees. They said any charges for 'extras' were explained in general terms but were not explicit. The registered manager confirmed that charges were made for newspapers, toiletries and personal items. They said each relative was issued with an invoice which clearly explained any extra charges. The registered manager said that if anyone was unsure or unhappy about any charges they should contact the manager or provider who would happily explain any charges incurred.

The provider displayed a charter of rights for people and also information about people's autonomy and choice. These stated people would be supported by friendly and helpful staff, provide a homely and safe environment, treat everyone fairly, consult and listen to people's views. People we spoke with felt the provider was complying with this charter.

The registered manager and provider told us they operated an open door policy and welcomed feedback on any aspect of the service. They said communication between people, families and staff was encouraged in an open way. The registered manager said they had a good stable staff team and felt confident staff would talk with them if they had any concerns. Staff confirmed this and said they were well supported by the registered manager and deputy manager. Staff said that communication was good and felt able to put their views forward and felt they would be listened to.

The provider and managers kept the day to day culture in the home under review, including the attitudes and behaviours of staff with regard to their working practices. Staff said they received regular one to one supervision with either the registered manager or the deputy manager and confirmed they received an annual appraisal. These

## Is the service well-led?

enabled the registered manager to identify any training issues or areas that may need to be improved. The deputy manager said they regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour. They said they would address any areas of poor practice as they were observed.

Staff meetings took place every six weeks and minutes of these meetings were kept. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the last staff meeting which was

held in December 2014 and the minutes did not evidence this. The minutes contained information about who had attended and gave information about the topics discussed. But there was no information about any outcomes from previous meetings, any details of the issues discussed or any action points to be followed up. There were also no information about decisions that had been made and no action points to take forward. Minutes of staff meetings did not demonstrate that learning had taken place or that feedback was given to staff in a constructive and motivating way.