Dania Care Homes Limited

Sedra Nursing Home

Inspection report

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Ealing
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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 21 April 2016 and was unannounced. The service was last inspected on 29 April 2014 and at the time was meeting all the regulations we looked at.

There was a registered manager at the service at the time of our inspection. 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.

Sedra Nursing Home offers accommodation and personal care for 19 older people, 12 of whom were living with dementia. There were 13 single rooms and three shared rooms. The registered manager told us that all rooms will eventually be single rooms, which will reduce capacity to 16. There were 18 people in residence at the time of our inspection.

Staff did not always follow the procedure for recording, storing and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

The service employed one activities coordinator and we saw there were organised activities on the day of our inspection. However the delivery of those was disorganised and did not take into account people's individual choices and needs.

The care plans we looked at were signed by people or their relatives where possible, and we saw evidence of best interest assessments where people lacked the capacity to make decisions about their care and support.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care plans were reviewed and updated monthly and included detailed instructions for staff to follow to ensure people's needs were met. Care plans contained information about people's daily routines and preferences.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

There were enough staff on duty to meet people's needs in a timely manner.

People felt safe when staff were providing support. Staff had received training and demonstrated a good knowledge of safeguarding adults.

People's capacity to make decisions about their care and treatment had been assessed. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

Staff received regular supervision and an annual appraisal, and told us they felt supported by their manager. There were regular staff meetings and meetings with people and their relatives.

Staff had received training identified by the provider as mandatory to ensure they were providing appropriate and effective care for people using the service.

Recruitment records were thorough and complete and the provider had ensured that staff had a Disclosure and Barring Service (DBS) check prior to starting work.

There was a complaints process in place and people told us they knew who to complain to if they had a problem. Relatives were sent questionnaires to gain their feedback on the quality of the care provided.

People told us they felt safe at the home and trusted the staff. They told us staff treated them with dignity and respect when providing care. Relatives and professionals we spoke with confirmed this.
We saw people being cared for in a calm and patient manner.

People gave positive feedback about the food and we observed people being offered choice at the point of service. People had nutritional assessments in place. People had access to healthcare professionals as they needed, and the visits were recorded in their care plans.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management team were approachable and worked well as a team.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to person-centred care and safe care and treatment. You can see what actions we told 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

Some aspects of the service were not safe.

Staff did not always follow the procedure for recording, storing and safe administration of medicines. This meant that people were at risk of not receiving their medicines safely.

People felt safe when staff were providing support. Staff had received training and demonstrated a good knowledge of safeguarding adults.

The provider had processes in place for the recording and investigation of incidents and accidents. Risk to people's safety were identified and managed appropriately. Staff were aware of the risks to people's safety and supported them to manage those risks.

There were enough staff on duty to meet people's needs in a timely manner. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

The environment was not designed in a way to support people who had dementia and/or a sensory impairment.

Staff received the training and support they needed to deliver care and support to people, and were suitably supervised and appraised by their manager.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act (2005).

People were protected from the risks of inadequate nutrition and hydration. People had a choice of food and drink for every meal, and throughout the day.

Staff supported people to access healthcare services and liaised closely with healthcare professionals so people's needs were

met.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a friendly and caring way. People said they felt well cared for and had good and caring relationships with all the staff. Relatives and professionals told us people using the service were well cared for.

Care plans contained people's background and their likes and dislikes. People were supported with their individual needs in a way that valued their diversity, values and human rights.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive.

The service employed one activities coordinator and we saw there were organised activities. However the delivery of those was disorganised and did not take into account people's individual choices and needs.

People's individual needs were identified when their care and support was being assessed, planned and delivered.

People and their relatives were encouraged to express any concerns and complaints were investigated and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

At the time of our inspection, the service employed a registered manager. Staff told us they felt supported by their manager.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

People, relatives and professionals we spoke with thought the home was well-led and the staff and management team were approachable and worked well as a team.

Sedra Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 April 2016 and was unannounced.

The inspection was carried out by two inspectors, a pharmacy inspector and an expert-by-experience. 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 on this inspection had experience of residential and nursing services for older people including those living with dementia.

Before the inspection, we reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection, we spent some time observing care and support being delivered to help us understand people's experiences of using the service. We also looked at records, including the care plans for four people who used the service, three staff records and records relating to the management of the service. We spoke with eight people who used the service, 11 staff, including the registered manager, five care staff, the activities coordinator, a domestic worker and two healthcare students who were on a placement at the home. We also spoke with two relatives who were visiting people at the time of our inspection.

Following our visit, we spoke with four healthcare professionals and a social care professional who were regularly involved in the care of people using the service to gather their views about the service.

Requires Improvement

Is the service safe?

Our findings

We checked medicines storage and medicines records for 14 people. All prescribed medicines were available. Medicines were stored in a locked medicines trolley, an unlocked fridge and a locked cabinet in an office. Staff did not always lock the office door. The medicines trolley was attached to the wall in the office when it was not in in use.

The office where medicines were stored was clean but not spacious. The sharps bin in use did not have the date of opening written on it but staff told us that it had been in use for less than one week. Staff monitored the ambient temperature of the office where medicines were stored on a daily basis, but the temperature of the office on the day of the inspection was too high at 26°c. A pharmacist from the local CCG had recently conducted a visit to the home and had highlighted this issue. Whilst staff recorded the current fridge temperatures on a daily basis, they did not record the minimum or maximum fridge temperature, nor did they reset the fridge thermometer. Therefore, it was not possible to establish whether medicines needing to be stored in the fridge were kept at the correct temperature to remain effective. This meant that the properties and effectiveness of medicines may have been adversely affected because they had been stored at temperatures which were too high. The staff may benefit from further training on how to manage temperatures.
A local pharmacy supplied medicines on a monthly basis to the home. Most tablets and capsules were dispensed in blister packs. Staff kept records of stock levels of medicines that were not dispensed in blister packs. Staff knew when stock was low and were able to reorder further supplies and prevent people from missing doses. Nurses returned unwanted medicines to the pharmacy for disposal, or a pharmaceutical waste company collected them, however no records were kept of this activity. A member of staff told us that if a dose of medicine was refused, it was ''flushed down the toilet". This was an unsafe practice and did not comply with the provider's medicines policy and procedures.

The pharmacy supplied printed MAR charts; however, staff handwrote MAR chart entries for new people and newly prescribed medicines. This was until the pharmacy was able to supply a printed MAR chart. Staff signed the MAR charts to prove that medicines had been given. Whilst this provided a level of assurance that people were receiving their medicines as prescribed, we found a MAR chart where staff had not signed for a medicine for over three weeks, despite the person receiving the medicine. Therefore we could not be sure that people were receiving their medicines as prescribed.

We witnessed a nurse giving a liquid medicine to a person using a tablespoon with no measurements on it; therefore, the dose given was not measured accurately. This meant there was a risk that the person using the service was receiving too much or not enough of their prescribed medicine. Staff administered some creams to people, but did not document this anywhere.

Staff took the correct steps to implement covert administration of medicines to the people that needed this. When medicines are given covertly, it means that they are hidden in food or drink without the knowledge of the person. Whilst the GP, pharmacist, nurse and next of kin of each client were contacted before medicines were given covertly, we did not see instructions provided on how to disguise the medicines. This meant that

staff at the home decided for themselves how to give medicines covertly, which was unsafe.
There were no protocols used for the administration of medicines that were taken 'as required' (PRN). Whilst some people were able to request PRN medicines, we were told that nurses were able to establish whether people needed their 'as required' medicines by assessing their symptoms. However, we did not see any evidence that nurses were using recognised pain assessment tools and were therefore relying on their judgment rather than evidence. This meant that some people may not receive medicines such as pain relief when they might need them.

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

Controlled drugs (CD) were stored in a locked CD cabinet inside the office. Staff did not always complete CD balance checks weekly according to the CD register. Random checks of several CDs were carried out during this inspection. The quantity of CDs in stock matched the quantity recorded in the CD registers. This indicated that people were getting these medicines as prescribed.

Nurses administered medicines to the people in the home. Fourteen Medicines Administration Record (MAR) charts were reviewed as part of this inspection: All 14 MAR charts had the allergy status for the person included, however this information did not always match the information on the front sheet of the file for the individual. All 14 MAR charts had a picture of the person included. When variable doses of a medicine were prescribed, the nurses documented the exact amount given to the person.

People told us they felt safe at Sedra Nursing Home. Some of their comments included, "I feel safe here, it is my home", "The staff are very, very good. They look after us very well" and "I am very happy and safe here, thank you." One relative thought the service was safe, and said, "I feel my [family member] is safe and has articulated this to us as a family many times." One healthcare professional confirmed this and added, "They are very good and I have no doubt people who live there are safe."

All areas of the home were clean and tidy and free of any hazards. One person said, "It's very clean here. It is cleaned every day and if there is a spill or something, it gets cleaned straight away." One relative agreed and said, "It is normally clean when we come to visit." Overall the rooms were satisfactory and people had personalised their own rooms with photographs and objects of their choice.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. There was a "risk of falling" assessment for a person, which consisted of a detailed plan for staff to follow. The plan was written in a person-specific manner and included recommendations such as, "build up rapport" and "ensure [person] fully understands what is being explained." This indicated that the registered manager had taken steps to minimise the risk of harm for people who used the service.

People were protected through the provider's safeguarding procedures. The manager raised alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of allegations of abuse. The manager worked with the local authority's safeguarding team to carry out the necessary investigations and management plans were developed and implemented in response to any concerns identified to support people's safety and wellbeing. A social care professional, and the records we viewed, confirmed this.

Staff had completed training in safeguarding adults and records confirmed this. They told us they had

access to the safeguarding policy and procedures and were aware of the whistleblowing policy. Some of their comments included, "If I thought someone was being abused, I'd tell someone and if they didn't do something I know how to whistle blow", "We try to treat people the way we would want our parents to be treated" and "I would report any safeguarding concerns to the manager. If they didn't take it seriously, I would go to the police or CQC."

Accidents and incidents were clearly recorded and included details such as time and place, action taken, outcomes and steps taken to prevent re-occurrence. Each record was analysed and included a background of the person's medical condition, what might have contributed to the accident and based on this information, an action plan would be put in place. This included a referral to the appropriate healthcare professional for a person who had sustained a fall. We saw that the care plan and risk assessment were updated appropriately.

People lived in a safe environment. The provider had a health and safety policy in place, and staff were aware of this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers.

The service had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. The service carried out regular fire drills and weekly fire alarm tests. This ensured that all staff were able to follow the fire procedure in the event of a fire. All drills and tests were recorded and included any actions taken if a fault was found. People's records contained personal fire risk assessments and Personal Emergency Evacuation Plans (PEEPS) which took into account people's abilities and needs, how many staff were needed to support them and any specialist equipment they needed.

There were enough staff on duty to keep people safe and meet their needs. People and relatives told us they were happy with the staffing levels, and we saw that there were enough staff on duty on the day of our inspection to meet people's needs. We looked at the staff rota for the weeks beginning 4 and 11 April 2016. These showed there was a qualified nurse on duty at all times. During the day there was a minimum of four carers, plus staff in the laundry and kitchen, a maintenance worker and a cleaner. The activities coordinator did not work every day but was in the service three or four days each week. On the day we inspected, two work experience students were also in the service.

We did not see people waiting for support and staff responded in a very caring way when people needed assistance. Staff were attentive and offered people a choice of tea, coffee or water throughout the morning. The atmosphere was relaxed and Staff chatted and joked with people while they supported them.

Recruitment practices ensured staff were suitable to support people. We looked at three staff files, one for a nurse and two carers. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check such as a Disclosure and Barring Service (DBS) check was completed. The nurse's file included confirmation of their qualification and Nursing and Midwifery Council (NMC) pin number.

Requires Improvement

Is the service effective?

Our findings

The environment was not designed in a way to support people who had dementia. The colour schemes, lighting and additional features were not designed specifically for people who had dementia and some features led to confusion. There was a board displaying people's photographs in the entrance hall, and names and photographs of people on their individual bedroom doors. There was no clear signage to help people find their way to bathrooms or toilets. The National Institute of Care Excellence (NICE) guidance about environments for people with dementia states, '' Good practice regarding the design of environments for people with dementia includes incorporating features that support special orientation and minimise confusion, frustration and anxiety.'' The guidance also refers to the use of ''tactile way finding cues.'' The government guidance on creating ''Dementia friendly health and social care environments'' recommends providers ''enhance positive stimulation to enable people living with dementia to see, touch, hear and smell things (such as sensory and tactile surfaces and walls, attractive artwork, soothing music, and planting) that give them cues about where they are and what they can do.''

Decisions about care had been made by the person or in their best interests by people who knew them well. People told us they had been consulted about their care and had agreed to this. They had signed consent to different aspects of the service.

The Mental Capacity Act (MCA) 2005 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. The application 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 found that the provider understood the principles of the MCA and had followed its requirements. The manager had identified people for which restrictions had to be put in place and had taken appropriate action to make sure these were in people's best interest and were authorised by the local authority as the Supervisory Body. This included an authorisation for a person for whom bedrails were being used.

All staff employed at the service had received training in the MCA and were able to provide examples of where they had assessed someone's capacity to make a decision and how decisions could be made in people's best interest if they lacked capacity.

During the inspection, we saw that people were consulted and consent to their care and treatment was obtained verbally. We saw evidence in the care records we looked at that people had consented to their care

and support and were involved in regular reviews of their care.

People were supported by staff who had appropriate skills and experience. Staff told us they had received an induction when they started to work for the service. This included training and working alongside other staff members. Staff told us they were able to access the training they needed to care for people using the service. Their comments included, "The training is very good, some is practical and some is e-learning but it all helps me to do my job" and "The manager is very good, he makes sure we do the training we need, there is something happening every month." They also received training specific to the needs of the people who used the service, such as MCA, dementia awareness and dysphasia. One healthcare professional told us they regularly delivered training to staff and found them able to retain important information. They told us, "The staff really want to learn, they surprise me because they remember the important information, and apply the knowledge to the way they care for people." Training records confirmed that staff training was delivered regularly and refreshed annually. This meant that staff employed by the service were sufficiently trained and qualified to deliver care to the expected standard.

People were cared for by staff who were supported. During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us they took part in individual meetings with their line manager regularly. The manager told us that this provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement. Staff also received a yearly appraisal. This enabled staff and their line manager to reflect on their performance and to identify any training needs or career aspirations.

People's nutritional needs were met. The provider recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. There were risk assessments in place for people who had swallowing difficulties and who required assistance to eat and drink. Food and fluids were monitored for some people at risk of malnutrition and samples seen were well completed and up to date. Malnutrition Universal Screening Tool (MUST) scores were recorded and updated monthly to show nutritional risks and had been completed consistently. One healthcare professional told us that staff knew people's nutritional needs well and mostly followed instructions, however there were times where food charts were not always in place so it made it difficult to check the nutritional intake of some people. They added that this was not an issue they were concerned about and were positive that people's nutritional needs were being met.

People were mostly positive about the food. One person told us, "The food is good but it's always the same" and another said, "The food is ok, but there could be more choice. Normally it's just two, so you choose between meat and a vegetarian option." One relative said, "My [relative] sometimes forget to stay hydrated, but I feel the staff are on top of that." People had a choice of food at each meal. There were pictorial menus available to make it easier for people to make a choice. We viewed all menus for the week and saw that they changed daily and were rotated across the month. The food served was hot, nutritious and looked appealing. The meals on the day of our inspection were cooked using fresh ingredients. People had adequate amounts to drink. Tea and coffee was served mid-morning and mid-afternoon and of juice and water was available throughout the day. This meant that the service recognised the importance of food, nutrition, hydration and a healthy diet for people's wellbeing generally, and as part of their daily life.

People were given the support they needed to stay healthy. The provider was responsive to people's health needs. One person told us, "Every Tuesday the GP comes which is very good because I cannot travel as much as I used to." A healthcare professional told us that the service was very good at calling them whenever someone needed them. They said, "They really care about people and make sure they stay healthy", and another told us, "They call whenever we are needed, they are very aware of people's needs."

One relative told us, "They keep me informed of any health concerns." Records showed that people's health was monitored and any concerns were recorded and followed up. This included a person who had been losing weight. There was evidence that they had been referred to the relevant healthcare professional, and appropriate treatment was in place. Instructions for staff included, "Cut food in small pieces", "allow extra time" and "Wait for [person] to swallow." Care plans contained individual health action plans. These detailed people's health needs and included information about their medical conditions, mental health, medicines, dietary requirements and general information. This showed that the service was meeting people's health needs effectively.

We Recommend the provider consult recognised good practice guidance for improving the environment to help orientate and support people living with the experience of dementia.

Good

Is the service caring?

Our findings

People were supported by staff who were kind and caring. People and relatives were complimentary about the care and support they received. One person told us, "The staff are wonderful here, they look after me properly. They are very attentive" and "The staff are nice here, they ask me how I am doing which is very reassuring." One person told us staff were respectful of their privacy and said, "Staff always knock on the door before coming in the bedroom." However another person said, "The staff are not bad. They are polite and they just walk in without knocking when I am in my bedroom but I am fine with that." One relative said, "The staff are really caring, they have been really kind to all of us." A healthcare professional told us that staff were "very kind, caring and welcoming" and they believed people living at the service were "very well cared for". Another confirmed that staff were always caring and attentive to people and added, "I have no concerns at all."

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff we spoke with knew people well and were able to tell us their likes and dislikes.

All staff displayed a gentle and patient approach to caring throughout the day when caring for people in the home. We observed that staff communicated with people clearly and appropriately, making eye contact, offering choices and explaining what they were doing when assisting people. They were attentive when people needed assistance and understood how best to talk with different people according to their communication needs.

Staff were able to engage well with people. They were cheerful and good natured and took time to speak with people, interacting and chatting with them throughout the day, not only when they were performing physical care tasks.

Staff were seen to knock on closed doors before entering and said they always respected privacy and dignity by ensuring that people's choices were respected and closing doors when delivering personal care.

Staff were clearly aware of people's needs, routines and behaviour and were able to explain how they supported different people. We saw evidence of kind and empathetic care. We saw that a "resident of the week" poster was displayed in the lounge. The activities coordinator explained that each person living at the service got the chance to be the resident of the week. They received extra pampering and an outing of their choice. The current person had enjoyed going out with their keyworker to a coffee shop for a special treat.

Each person's file included a "This is me" document. This contained information about people's background, where they came from, what was important to them, their hobbies and interests, what might worry or upset them and how they liked to relax. This was completed upon admission and regularly reviewed and updated.

Requires Improvement

Is the service responsive?

Our findings

The service employed a part-time activities coordinator. We spent time in the lounge where all the activities were taken place and saw that everyone was sitting around the room with an over chair table in front of them. There was a board in the lounge displaying the day, month, year and the activity of the day. Activities were delivered constantly to the group for the duration of the morning and mainly consisted of the activities coordinator asking the group questions which included mathematics, the Queen, and other subjects. One quiz ran into another which was confusing for people and did not take into account people's individual choice. This was followed by an exercise class and later, a karaoke session where people were invited to sing to loud modern music. Some people took part whilst others refused.

People's care records included their hobbies, likes and dislikes, but they did not include individual activity plans to incorporate these. There was no indication that dementia friendly or sensory activities were organised at the home. There were displays of people's "art work" but these were mainly pages of child-like coloured drawings which did not include the use of different materials and did not reflect people's creativity. There was a small television in the room but the position of this meant that people sitting at the end of the room could not see or hear what was on. On the day of our inspection, the Queen was celebrating her 90th birthday, and although this was discussed with the group of people, they were not given the opportunity to watch the celebrations on TV, or celebrate this event themselves.

People's opinion about the activities offered at the home varied. One person told us, "The activities can be annoying. They tell you to get involved even when you don't want to" and "We read the newspaper a lot and do some exercises. There is not much really to do aside from that." Another person said, "I asked for a BBQ because it was sunny so we had a nice BBQ in the garden. There was music and we all cooked our cultural dishes. Family came too." A third person told us, "I don't think I can do the hobbies I want to do here. I did try to ask before, but I think I might have to just do what they want us all to do." A relative said, "I think they could do more stuff here. The residents do a lot of sitting down. I wouldn't say it is a meaningless existence but it is not a very proactive one." Some staff made less positive comments. For example, they told us people were sometimes woken up to take part in activities, rather than being allowed to sleep." There was a large garden which was mainly lawn. On the day of our visit, the weather was sunny and warm, but people were not invited to go outside and enjoy the sun. One person told us, "I would like to get out more but I need assistance. We have a nice garden and it would be good if we could get out in it more. It's not that we are not allowed, we are not reminded or asked."

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that external entertainers were sometimes invited to visit, and events were celebrated such as Christmas and birthdays.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care,

support and any risks that were involved in managing the person's needs. People and their relatives told us they had been involved in the initial assessment. The manager told us that people were referred from the local authority and they had obtained relevant information from them. This included background information for most people which helped understand each person and their individual needs. One social care professional told us that the service was always responsive to people's needs and said, "They are very responsive. If I identify a concern, they address it immediately." A healthcare professional who also delivered training at the home said, "Staff listen and take on board any instruction I give them. They are very responsive" and another told us that the staff and management were "very helpful" and added, "They do their very best. They make sure people are supported when they come for their appointments. They bring all the information I need which helps a lot. We work together."

The care plans were comprehensive and contained sufficient information to know what the care needs were for each person and how to meet them. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. Staff used assessment tools such as the Cornell Scale for Depression in Dementia (CSDD) which was designed to assess depression in older people living with dementia. We saw that a referral to relevant healthcare professionals was made and appropriate support was offered to a person who used the service where the tool identified that they were suffering with depression.

We observed throughout the day that staff interacted well with people and responded to their needs in a timely manner. Individual staff member's style of interaction with people changed based on who they were speaking with. This showed them to be responsive to people's needs rather than having a 'one size fits all' approach. Staff were patient and encouraging and supported people without rushing them. People were rewarded with kindness and praise.

People's complaints and concerns were investigated and acted upon. The service had a complaints procedure in place and this was available to staff, people who used the service and relatives. People told us they knew how to make a complaint and were confident that their concerns would be taken seriously. One person told us, "If I had to make a complaint, I would feel confident in doing so and maybe something would be done about it but that has not arisen yet." A record was kept of all the complaints received. Each record included the date, nature of the complaint, action taken and outcome. Where complaints had been received, we saw that they had been investigated and the complainants responded to in accordance with the complaints procedure. This included concerns raised by a visiting professional. We saw that the registered manager addressed these concerns immediately with the staff team and put in place an action plan. On the day of our inspection, all actions had been completed and identified issues had been resolved. This showed that the registered manager took complaints seriously and learned from mistakes to improve the service.

People were supported to feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and their social needs. We saw that the results showed an overall satisfaction. Some comments included, "The food could be better, more fresh food and fresh juices rather than sugar-loaded drinks", "We are very pleased with all at Sedra" and "Very happy with the care provided." We saw that the provider analysed the quality questionnaires and where concerns were raised, put an action plan in place to make the necessary improvements.

Good

Is the service well-led?

Our findings

The registered manager had been in post for seven years and was a qualified nurse with a mental health professional background.

Sedra Nursing home owned by Dania Care Homes Limited, an organisation who also owned another nursing home.

People were cared for in a well-managed service. People and relatives we spoke with were complimentary about the staff and the manager. They said they were approachable and provided a culture of openness. People thought that the home was well managed and the staff worked well as a team. One person told us, "The manager is good. He always listens and takes things on board." Another person said, "The manager is nice, he is around and always says hi." One relative told us they could come and go as they pleased, and added, "The manager is nice. We feel we could talk to him if something was to come up. He does call us to give us updates about our family member."

Staff commented that they felt supported by senior staff and were confident that they could raise concerns or queries at any time. All staff were very positive about their jobs and all said the manager was very supportive. One staff said, "The manager and the nurses support us, they are very good." A healthcare professional told us the manager was "So caring" and knew people who used the service very well. They told us that a person who used the service who had very high needs was almost always accompanied to appointments by the registered manager and that the person trusted them completely.

People could be confident that there were systems to monitor the quality of the service and make improvements. The manager had put in place a number of different types of audits to review the quality of the care provided. The nurses were allocated specific areas of responsibilities. These included medicines audits, environmental checks and health and safety checks. Audits were evaluated and when necessary, action plans were put in place to make improvements in the service. Records were kept of safeguarding concerns, accidents and incidents. We viewed a range of audits which indicated they were thorough and regular. Staff completed daily checks of the Medicines Administration Records (MAR) charts to ensure that there were no gaps. The Regional Service Manager for the home did a monthly check of a sample of MAR charts. We were told that the pharmacist from the local Clinical Commissioning Group (CCG) had recently completed a medicines audit.

The registered manager ensured that accurate records were kept and carried out regular checks. They conducted an analysis of incidents and accidents records and of complaints received, and ensured that an action plan was put in place to reduce the risk of reoccurrence. We saw evidence that any concerns were shared and discussed with staff during team meetings and individual staff meetings.

The provider carried out monthly inspections of the service. These included checking that audits were taking place, staff were receiving supervision and care files were reviewed and updated.

Staff told us they had regular meetings and records confirmed this. The items discussed included Mental Capacity Act (MCA), safeguarding, health and safety and issues concerning people who used the service. Outcomes of complaints, accidents and incidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Staff meeting minutes confirmed this. There were also regular managers' meetings and business meetings where items such as recruitment, training and service continuity plans were discussed. We were told that there were regular meetings for people who used the service, and we saw some evidence of these. However the latest one was recorded on a napkin and left in the communication book. Some of the subjects discussed included food and activities.

There were memos issued to staff to keep them informed of anything relevant happening at the service, such as staff meetings and training. There was a board in the entrance hall which displayed information about CQC, the last inspection report, health and safety information and the complaints procedure.

There was a business plan in place which included what was planned in terms of refurbishment and areas of improvement. This included turning the shared bedrooms into single rooms and improving the garden.

Service user guides were issued to all people living at the service. They included a statement of purpose, a service agreement and information about the service and the organisation, its aims, objectives and values.

The service worked closely with healthcare and social care professionals who provided support, training and advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. One healthcare professional told us they felt "confident that the home is run well" and another said, "The manager is excellent and leads a good service. I have no concerns."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure that care and treatment of service users met their needs and reflected their preferences. Regulation 9 (1) (b) and (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that care and treatment was provided in a safe way to service users because there was not proper and safe management of medicines. Regulation 12 (2) (g)