

Ingham House Limited

Ingham House

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Ingham House is a residential care home providing permanent residential and respite care for 37 older people and people with dementia. At the time of the inspection there were 35 people living at the service. People's care needs at Ingham House were varied. Some people required care and assistance due to their mental health needs, dementia or memory loss; others lived independent lives but required support with mobilising and personal care. Ingham House also provides a day centre from the service. People living in the service attended activities provided for people attending the day centre. This gave people the opportunity to mix with people who did not live at the service.

This inspection took place on 13 and 14 January and was unannounced.

Ingham House has a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Medicine policies were in place to support the administration of medicines, however, staff did not always follow these. This could leave people at risk of harm from inappropriate treatment.

Safeguarding adults training was on-going and staff understood their responsibilities to report any concerns if they suspected abuse. Safeguarding and accident/incident forms had been completed and the local authority and CQC had been notified appropriately and in a timely manner when required.

Fire safety assessments had been completed by an external organisation. However, personal emergency evacuation procedures (PEEPS) did not give instructions to staff on how to commence evacuation of the premises. Care plans had been written with risk assessments written for any identified risks.

The provider followed thorough recruitment processes that ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. An induction was provided for new staff and competencies checked to ensure staff were providing care appropriately. Staffing numbers were reviewed and amended if needed.

Staff told us they felt that they had all the training they needed provided. Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was in progress and mental capacity assessments were completed for people.

People told us the meals were good. The cook knew people's likes, dislikes and special requirements. People were offered choice, and the chef was able to provide alternative meals if requested.

Systems were in place to liaise and refer people to other health professionals when needed and to support people to access services, this included GP's, chiropody and district nursing services. People were able to access health care services when they wished. One person told us they asked to see the nurse and staff arranged this for them.

There was a comprehensive activities schedule, with activity co-ordinator providing group and one to one activities. Staff communicated well with people, when people became distressed or upset staff responded promptly and with support and encouragement. Staff spoke positively about people during staff handover, and showed concern for people's wellbeing. Staff told us that they felt that they were working well as a team.

People were involved in care decisions when this was appropriate. Some people were unable to consent fully to all decisions about their care due to their dementia. However, we saw that people were involved in day to day decisions, people's dignity was maintained and doors were closed when care took place. Staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people received.

There was a complaints policy and information regarding the complaints procedure was available. Previous complaints had been investigated in accordance with the service policy and procedures.

There was a comprehensive format for meetings and auditing within the service. Audits had been completed. Issues raised in meetings had been acted on and addressed appropriately.

The registered manager had a comprehensive overview of the service. Meetings took place weekly to review people's care needs.

Certificates were in place to show that regular servicing and maintenance had taken place. Policies and procedures were available for all staff, relatives and visitors to access if required. The service had recently amended its registration to include dementia. Staff had received the appropriate training and told us they felt supported to provide good care for people with dementia.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Although people told us they felt safe. They had not been protected against the risks associated with the unsafe management and administration of medicines.

Staff had received safeguarding training and understood their responsibility to report concerns.

Robust recruitment procedures were being followed.

Risks were managed effectively and equipment was used safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff received appropriate training; there was a system in place to assess staff competencies. Staff received supervision and appraisals.

Staff had training in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people to ensure their rights were protected.

People were able to make choices at meal times and for those people who required special diets this information was provided to the kitchen staff.

The service had close links to a number of visiting professionals and people were able to access services when they requested.

Good



Is the service caring?

The service was caring.

Staff knew people well and spoke kindly to people, taking the time to stop to chat and support people.

People and their relatives or next of kin were involved in decisions when appropriate.

Staff spoke positively about people, and showed concern for people's wellbeing.

People were actively encouraged to maintain relationships with family and friends.

People's privacy and dignity was supported and respected.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Risk assessments and care plans were reviewed weekly and updated when changes occurred.

Regular activities took place and there was a dedicated activity co-ordinator, with group and one to one activities taking place.

There was a complaints policy and procedure in place. People knew how to make a complaint if needed and complaints had been responded to.

Is the service well-led?

The service was well led.

There was a registered manager in place, and the nominated individual and provider were at the service most days.

There was a comprehensive format for meetings, feedback from meetings and questionnaires allowed the service to respond to people's views to ensure they continued to meet people's needs.

A system of auditing took place to continually assess the quality of service provided.

Good



Ingham House

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 13 and 14 January and was unannounced.

The inspection team consisted of two inspectors.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports.

During our inspection we observed how staff interacted with people. We looked at how people were supported in the communal areas of the service. We spoke to ten people, four relatives, friends and other visitors. We spoke to the provider and twelve staff; this included the nominated individual, registered manager, care staff, cook, activities co-ordinator and housekeeping. We also spoke to

two visiting professionals, and the care agency who were working alongside the service training carers. We spoke to people who were able to tell us about their experiences of living at the service, visitors, relatives and visiting professionals.

We looked at care plans for five people and other care related documentation for people. This included risk assessments, incident /accident records, food/fluid charts and medicine administration records for everyone living at Ingham House.

We looked at staff files and training records and three staff recruitment files. We also looked at staffing rotas, minutes of meetings with people and staff, menu's, and records relating to the management of the service such as audits and policies.

On this occasion the provider was not asked to complete a Provider Information Return (PIR) by CQC. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

The service was last inspected in September 2013 where it was found to meet the required standards.

Is the service safe?

Our findings

People told us they felt safe living at Ingham House, “They look after me, they are good, it’s a nice place to live.” Visitors and relatives felt that people were safe and well looked after. We were told, “They know her, and how she likes things, they are great with her.” And, “Mum is safe when I am not here, they look after her so well; this is the best home I have been to.”

People had not been protected against the risks associated with the unsafe management of medicines. There were medicine policies in place however staff did not always follow these. Some medicines were ‘as required’ (PRN) medicines. People took these medicines only if they needed them, for example if they were experiencing pain. There was guidance in some Medication Administration Records (MAR) charts about the maximum daily dose people could take in a 24 hour period. There was no guidance in the MAR charts, care plans or risk assessments to inform staff why these medicines had been prescribed and when people should take them. When a PRN medicine was given staff did not record the reason why or the exact time. This placed people at risk of not receiving medicines appropriately and did not ensure that medicines were given in a safe and consistent way.

One person had a medicine that may have been prescribed for a condition related to anxiety or agitation. The MAR chart stated this could be given ‘8 hourly as required.’ There was not enough information about why this medicine was required and when it would be appropriate to give. There was no guidance for staff about the effects, side effects or reasons why the medicine should not be given. Another person had a medicine for a health related condition. The instructions on the MAR chart stated ‘one or two tablets twice a day until condition settles.’ Staff had not recorded whether one or two tablets had been taken and there was no guidance about the condition for staff to know when treatment was no longer required. This did not protect people from the unnecessary or excessive use of medicines and placed people at risk of receiving medicines inappropriately or not within prescribed parameters.

Some people had MAR charts in place for medicines referred to as ‘homely remedies.’ Homely remedies are non-prescription medicines such as cough medicines, or other over-the-counter-products for example herbal or homeopathic medicines which can be used for treating

minor ailments. There was no information for staff about what these medicines were for, the maximum dose or when professional advice should be sought. There was no evidence that professional advice had been sought from the pharmacist or GP to ensure people were able to take these medicines safely and that there would be no interaction with other prescribed medicines.

Some medicines and medicine guidance had been handwritten on MAR charts by staff. One medication stated ‘for agitation’. There was no further guidance for staff about the frequency or maximum dose of the medicine. The MAR charts had been highlighted to inform staff when people required their medicines. Staff told us they would not give medicines that had been prescribed but were not highlighted. This meant the provider could not be sure people were receiving medicine as it had been prescribed to them. This placed people at risk of not receiving medicines appropriately and did not ensure that medicines were given in a safe and consistent way.

Medicine fridge temperatures had been checked and logged daily. However, medicine fridge temperatures had not been maintained within the range stated in the medicines policy. Action to rectify this had not been taken in a timely manner. This could impact on the effectiveness of a medicine.

Some prescribed medicines had not been given and no explanation had been recorded. Staff told us these medicines had previously been given but were no longer prescribed. They said the medicines were no longer dispensed and we saw this was correct. However, it was not clear why the medicine remained on the MAR chart as currently prescribed. People were not always protected against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 13, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were processes in place for ordering and disposal of medicines. Storage arrangements for medicines including controlled medicines were secure. We observed staff administering medicines. This was done safely, staff spent time with people to ascertain what medicines they required. Staff spoke with kindness and discretion and ensured the medicine had been taken before leaving the person. We saw records confirming that staff did not administer medicines until they had received appropriate training and competency assessments.

Is the service safe?

We looked at how the service identified and managed risk. Pre-admission assessments had been completed before people moved into the service, and risk assessments put in place for people's identified needs. Environmental risk assessments did not include all areas of the building; we found that stained glass windows required maintenance with one sharp area of glass within easy reach which posed a potential risk to people's safety. This required action to ensure people remained safe.

Care plans were written for identified needs, with actions to inform staff of any associated risks. Some information was limited. For example, one stated that the person may become agitated; information provided was limited and more detail was required to ensure staff were aware of what appropriate actions to take and when this should happen. Specifically if PRN medication was prescribed to be taken when a person's behaviour became challenging, or if they presented with pain due to a medical condition.

Fire safety assessments had been completed by an external organisation. However, personal emergency evacuation procedures (PEEPS) completed by the service did not give instructions to staff on how to commence evacuation of the premises. The provider was in the process of contacting the external organisation to gain some clarity on the process to ensure this was clear for staff. An amended evacuation procedure with clear instructions for staff was required to ensure people's safety was maintained. Fire alarm weekly testing took place, and fire safety lighting had been checked regularly.

Ingham House had systems in place to ensure regular maintenance and servicing of equipment. Staff were able to report faults or repairs and urgent issues could be reported to the provider and were responded to in a timely manner.

Training had taken place; this included safeguarding adults at risk, although some staff had yet to complete safeguarding training. All staff had access to the telephone numbers to report concerns directly to the local authority safeguarding team, and were able to tell us how they would report any concerns to the appropriate organisation.

The provider followed thorough recruitment processes that ensured staff employed were suitable to work and had the appropriate skills and qualifications to undertake their allocated role. Records identified that prospective staff provided required information to confirm their identity and right to work. Checks completed included criminal records and contact with previous employers regarding conduct. Staff were aware of and able to access whistleblowing procedures, and told us they would be happy to raise concerns with senior staff if needed. Each staff file contained application and interview records. Newly recruited staff had been given a copy of the staff handbook, and had a recruitment/induction pack in progress.

Staffing levels were six care staff in the morning and five in the afternoon and two 'waking night' care staff at night. This included a team leader working during each shift. The team leader's role included organising care staff and allocating care tasks for each shift. There were dedicated housekeeping, laundry, domestic and kitchen staff. The registered manager worked full-time and was available on call when not working. The providers and the nominated individual were either working at or visiting the service on a daily basis. Staffing rotas showed staffing levels were maintained. Staff told us staffing levels were, "Okay, it can be busy, but it's not too bad." And, "People are pulling their weight more." The registered manager told us staffing numbers were reviewed and amended if needed. During the inspection call bells were answered promptly and staff were available to support and provide care to people. When staff were in the lounge they took the time to sit with people and did not appear rushed.

Accident and incident forms had been completed. These were given to the registered manager, and any incidents discussed during handover and discussed at weekly meetings to review risk management for that individual. The weekly meetings were held by the registered manager with team leaders to discuss each person living at the service. This meant that staff were kept informed and updated.

Is the service effective?

Our findings

People told us they felt they received effective care. Some people were independent, but required support with dementia and memory loss, others required assistance and support from staff for their care needs. Relatives told us, “We are happy with everything, we have no concerns.” And, “Mum doesn’t remember everything, but if anything happens staff tell us, they keep us involved in decisions.”

There were effective systems in place to liaise and refer to other health professionals when needed and to support people to access services, this included GP’s, chiropody and district nursing services. When people had appointments at the hospital staff told us that they went with them if they had no one to take them. People who wanted to see their GP or chiropodist told us they only had to ask and staff would arrange it.

There was a comprehensive programme for staff training. Staff told us that they felt they had appropriate training to ensure they were able to provide safe, effective care for people. Team leaders had completed a team leader’s course or were working towards a level 3 diploma in care. Most staff were medicine administration trained and had completed medication competencies. A training schedule was in place to highlight when required staff training was due. Required training included dementia awareness; this meant that staff received appropriate training to help meet the needs of people. New staff completed an induction; this included shadowing staff until they felt competent to work alone.

The service also worked with a local care agency. Newly recruited staff to the agency worked at Ingham House shadowing regular staff to gain experience in caring for people. Agency care staff were supernumery and told us that they felt supported at Ingham House. Permanent staff spoke positively about the care staff from the agency and told us having extra staff available meant that additional time could be spent with people and there were more staff available to assist with activities.

Staff had supervision and appraisals. Competencies were assessed and spot checks carried out by the registered manager at various times of the day and night to ensure

that staff skills were assessed and reviewed. Staff told us that they would be able to speak to the provider or registered manager if they felt that they needed a specific training to assist them in providing care.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The registered manager had appropriate knowledge of the Mental Capacity Act 2005 (MCA). Training had been attended by the registered manager and some staff. Staff had an understanding of DoLS and MCA. Training was in progress and was considered to be essential training that staff needed. The registered manager was in the process of completing a DoLS assessment and there were currently DoLS applications in place for four people at the service. Applications had been reviewed when required. Restrictions to some people’s freedoms that had been imposed through DoLS were discussed at staff meetings so that staff were aware of these and why they were currently in place. All care files included an assessment of people’s mental capacity. People were involved in decisions about their care or their families and next of kin if this was appropriate.

People were supported to maintain a balanced and nutritious diet. One person with limited verbal communication said food was good and indicated they had eaten too much. Others told us they thought the food was lovely and they enjoyed their meals a great deal. The cook had a good understanding of people’s dietary needs, likes and dislikes including special diets and allergies. For example, one person didn’t like mashed potato but did like shepherd’s pie.

All food ingredients and recipes had been assessed for allergens and these were recorded on the food items used. There were two menu choices, including a vegetarian option, with other alternatives provided for those who didn’t like what was on offer. One person had a swallowing problem and only wanted tomato soup, other food had been offered but this was the person’s preferred choice. The cook and kitchen staff were aware who was having their food and fluid intake monitored. When plates and trays were returned from people’s room’s staff informed the cook when people had not eaten the whole meal. This information was passed onto care staff if this happened regularly or there was any cause for concern. People’s nutritional needs were discussed at weekly review meetings which were attended by the cook.

Is the service effective?

At lunchtime tables were nicely laid with condiments, table mats etc, which helped to create a nice environment in which to eat. Appropriate equipment was available for people, including a plate guard for one person to enable them to eat independently. When people left the table during the meal staff encouraged them back to eat more, or stay to have pudding. People were served pudding when they'd finished their main meal. Cold drinks were served and a cup of tea or coffee offered after the meal. Lunch appeared relaxed, staff stayed back but supported and engaged when needed or when appropriate. Food and fluid charts were completed promptly after lunch had finished, ensuring an accurate record was maintained. People's weights had been monitored regularly and referrals to dietician completed if needed.

Staff had a good knowledge of people's care needs. A weekly review meeting took place on Wednesdays. During this meeting each person was discussed, alongside any accidents/incidents, changes to care needs, GP visits and referrals to outside agencies. These meetings were attended by the registered manager, senior care staff, activity co-ordinator and the cook. After the meeting any changes were fed back to other staff at handover, and changes made to care documentation as required. This meant that people's care needs were reviewed and staff were aware of any issues or changes. Referrals to outside agencies were made in a timely manner and information fed back to staff.

Is the service caring?

Our findings

People we spoke with told us that staff were caring. We were told, “They look after me, they are very nice.” Relatives told us, “The girls are really good, Mum has great care.” And, “The managers on the ball.” “Staff know Mum, they know what she likes. The activities make such a positive change to the home. Staff are great.” People told us that they enjoyed the activities, and felt that having an activity person had made a really positive change to the service.

Staff communicated well with people. We saw staff sitting with people in the lounge areas, chatting and supporting people. Staff responded when spoken to by people and ensured that people were aware of where they were and what was happening. When people became distressed or upset staff responded promptly and with support and encouragement. People who required assistance with personal care had this provided. When staff required a second staff member to assist them with personal care this was provided. Staff spoke positively about people during staff handover, and showed concern for people’s wellbeing. Staff told us that they felt that they were working well as a team.

People were involved in care decisions when this was appropriate. Some people were unable to consent fully to all decisions about their care due to their dementia. However, we saw that people were involved in day to day decisions, for example choosing what clothes to wear, what activities to participate in, and how they wished to spend their time. The registered manager told us that risk based assessments would be completed if the need arose, for example if someone wished to go out alone and staff did not consider this to be safe. Relatives and next of kin told us they were involved in decisions and were kept informed of any changes. Advocacy information was available, and had been accessed in the past by staff.

Relevant information had been included in the care documentation; however, this was not consistently in the same place in order to assist staff in easily retrieving information about people. Some people had information regarding sexuality, equality and diversity recorded on specific care plans, whilst for others these stated no identified problems but the information was detailed elsewhere in the care file. This included how the person liked to dress and whether they preferred male or female care staff to assist them. Behaviour charts were in place in files to document when an incident had occurred and actions taken by staff. These were used for future learning to understand triggers for any behaviour that challenged and how this could be avoided in the future.

People told us that the staff treated them with dignity and gave them privacy when needed. Staff said they would ensure bedroom doors were closed before assisting with personal care and would knock on people’s doors before entering. For some people choosing to follow a lifestyle choice that put them at potential risk, agreements had been put into place to help support them to follow these lifestyle choices to prevent them impacting on other people living at the service.

Private information kept about people was securely stored in the staff room, with daily charts either kept in people’s rooms or in the staff room to allow staff to complete them when needed.

People were encouraged to maintain relationships with family and friends. We saw that one person was assisted by staff to visit her home. Others went out regularly with family and this was encouraged and supported by staff and the provider. Visitors told us they were encouraged to visit at any time.

Is the service responsive?

Our findings

A number of activities were taking place during the inspection. People attending the day centre were sat in the lounge area with people who lived at the service. Activities included anyone who wished to participate. People told us they enjoyed mixing with people from the day centre as it was someone different to speak with. Activity staff supported people to use the computer and/or participate in organised activities. These included a variety of games and quizzes. Visitors told us, "There is always something going on." And, "They kept encouraging mum to join in and now she does, and enjoys it." The activity co-ordinator told us that they had previously had parties and celebrated special occasions and they spoke to people to find out what they would like to do. There was a plan for future events. One person who enjoyed playing cards had asked to be introduced to another who also enjoyed this pastime. The activity co-ordinator told us they had a card table available which they would provide for them to use.

We spoke to one relative who told us they helped out with activities regularly and liked to be involved with the service. For one person who did not have any visitors the registered manager had contacted a befriending service, to provide company. One person's care plan included information that they liked to attend a weekly church group to worship. Staff were to remind them of this so enable them to attend which they did regularly.

People's daily routine was included in care files, this meant staff were aware of how people liked to spend their day, what time they liked to get up and go to bed. Staff told us that this information was used as a guide and people were still asked if they wished to go to bed or when they wanted to get up. Care plans emphasised that people were to be given time to do things for themselves when possible. For example, people may be able to undress themselves but need to be left to do this in their own time. Staff would then assist the person if needed. Relatives told us that staff

encouraged people to do as much for themselves as they could. We saw staff accompanying people who were independently mobile but required someone to encourage and orientate them as they walked around the building or returned to their rooms. For newly admitted people, some areas of the care plan were still being fully completed, however, relevant documentation was in place detailing their care needs to ensure that staff had sufficient information to provide care safely and effectively for that person.

People had allocated keyworkers. Staff told us that as a keyworker they were expected to read the persons care plan, learn about the person and ensure that they had everything they needed. Information in care files showed that keyworkers had responsibility to ensure that people's clothes were well maintained and labelled, spectacles were cleaned regularly and rooms were generally tidy and well maintained. Keyworkers documented these checks when completed. This meant that keyworkers got to know people well and provided consistent support for people due to their mental health needs, dementia or memory loss

People felt able to maintain independence when they moved into the service. We spoke to one person who had recently moved into Ingham House and had been supported to continue to self-administer their medicines.

There was a complaints policy and information regarding the complaints procedure was available to people using the service. People told us that if they had any concern they would raise this with the registered manager or speak to staff. Relatives also told us that the provider was available most days and they would speak to them if needed. We looked at previous complaints and saw that these had been responded to and investigated in accordance with the organisations policy and procedure for complaints. Actions had been documented; this included feeding back information to the complainant and staff at future meetings.

Is the service well-led?

Our findings

People told us they saw the manager and the provider around the service on a daily basis. We were told, “The manager is great with (relative), we know we can pop in and talk to her if we need to.” And, “If I had to I would speak to anyone, there’s always someone around.” People felt able to speak to the manager and we saw people popping into the manager’s office throughout the inspection. Staff told us they were able to speak to the manager or the provider if they had any issues.

By talking to the registered manager it was clear that they had a comprehensive overview of the service. Staff would telephone the registered manager when they were not working for clarification if they were unsure of anything. There was not a deputy manager; however there was a senior member of the care team providing cover in their absence, supported by the nominated individual or provider. There was a comprehensive format for meetings and auditing within the service. Any issues identified during audits were addressed immediately by the registered manager. We saw that this had happened when issues had been identified regarding medicine administration.

A ‘Quality Assurance Audit Record’ had been completed by the registered manager this included an overview of care plans, risk assessments, medicines, MAR charts, accidents, incidents, maintenance, fire book, training and environment checks. We spoke to the registered manager and provider who told us they completed regular walk around of the entire building, including people’s bedrooms and communal areas to identify any issues. As the nominated individual and/or the provider was visiting the service most days they had a good overview of the running and culture of the service.

Meetings minutes were seen for team leader, staff and resident meetings. Care plan review meetings took place every week, and residents meetings were scheduled to be approximately once a month. A newsletter was being devised which was to be sent out to stakeholders and residents to keep people informed about the service. Individual staff meetings took place if needed, with a supervision and appraisal schedule on-going for staff. Discipline procedures for staff had been followed when required.

Feedback questionnaires had been sent out to relatives and stakeholders, this included people using the day centre. Stakeholder questionnaires had also been given to visiting professionals. Results of these were being analysed. We asked relatives whether they had been asked for feedback about the service. Two people told us they had not been asked to complete any questionnaires but felt able to provide any feedback or raise any concerns with the registered manager or any of the staff if they needed to. One person told us they always popped in to see the registered manager when they visited and were able to talk openly if they had any concerns.

The provider regularly assessed and monitored the quality of equipment and service provided.

Maintenance issues were identified and addressed. A log book was used by staff to alert the provider or maintenance employee of any non-urgent issues. For out of hours or urgent issues the owner was on call and there was a list of professionals used by the service in an emergency.

The maintenance book was signed when issues were rectified. Certificates were in place to show that regular servicing and maintenance had taken place. This included stair lifts, equipment, PAT testing of electrical equipment, gas servicing, water and legionella checks. An environmental health check had taken place in January 2014 for the kitchen area, with a 5 star rating achieved.

Policies and procedures were available for all staff, relatives and visitors to access if required. Staff were shown policies as part of their induction; this included the organisations whistle blowing and safeguarding adult’s policy. The registered manager told us they have an open door policy for staff, relatives, residents and visiting health professionals. We spoke with a variety of staff working at the service. All staff understood their role and responsibilities and were clear how their decisions, actions, behaviours and performance affected the running of the service and the care people received. The service had recently amended its service user band to include dementia. Staff had received the appropriate training and told us they felt supported to provide good care for people with dementia.

Is the service well-led?

We looked at notifications which are completed by the registered manager to inform the Care Quality Commission (CQC) when certain incidents have taken place. These had been completed and referred on to the local authority appropriately.

The manager had a clear overview of the service supported by the provider and nominated individual. There was a

vision in place to develop the service by focussing and incorporating dementia care. The registered manager told us they encouraged and supported staff to ensure that people living at the service who had mental health needs, dementia or memory loss received safe, effective care based on best practice to ensure peoples dignity and independence was promoted and maintained.

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	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered person had not made appropriate arrangements to protect service users against the risks associated with the unsafe use of medicines. Regulation 13