

Delta Care Ltd

Victoria House

Inspection report

25 Victoria Avenue
Brierfield
Nelson
Lancashire
BB9 5RH

Tel: 01282697535

Website: www.deltacare-ltd.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Victoria House on 7, 13 and 14 March 2017. The first day of the inspection was unannounced.

Victoria House provides care and accommodation for up to 15 older people. Accommodation at the home is provided on two floors and there are accessible toilet and bathroom facilities on both floors. The service is situated in Nelson in East Lancashire. At the time of our inspection there were 12 people living at the home.

At the time of our inspection the service had a registered manager who had been in post since 2011. 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.

The service was last inspected on 15 January 2015, when we found two breaches of our regulations relating to infection control and the management of medicines. Following that inspection the provider sent us an action plan detailing the improvements they would make.

During this inspection we found that further improvements were needed in relation to infection control and medicines. We also found breaches of our regulations relating to the management of people's risks, a lack of appropriate staff training, a lack of compliance with the Mental Capacity Act 2005 and a lack of effective audits. You can see what action we told the provider to take at the back of the full version of the report.

As part of this inspection we have also made recommendations about staffing arrangements at the home and meeting the needs of people living with dementia.

During our inspection we found that people's medicines were not always managed safely. Medicines were not always stored securely and temperatures where they were stored were not monitored.

People who lived at the home told us the home environment was safe and they received safe care. The staff we spoke with understood how to safeguard vulnerable adults from abuse and what action to take if they suspected that abusive practice was taking place.

People who lived at the home were happy with the staffing levels. However, some staff felt that staffing arrangements at the home needed to be improved.

We found that the service did not always follow safe recruitment practices. A member of staff was working at the home prior to the necessary checks being completed.

We found that people's risks, such as their risk of falling or malnutrition, were not always managed

appropriately and care plans and risk assessments were not always updated when people's needs changed. This meant that it was difficult to ensure that people's needs and risks were being managed effectively.

People told us they felt staff were able to meet their needs. We found that staff did not always receive an appropriate induction or up to date training.

Records showed that staff received regular supervision. However, staff told us that they did not always feel listened to or supported by the registered manager.

Staff understood the main principles of the Mental Capacity Act, 2005 (MCA) including the importance of gaining people's consent and their right to refuse care. The registered manager had not submitted the relevant applications to the local authority, where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe.

People living at the home were happy with the quality of the food provided. They told us they had plenty of choice at mealtimes and we saw evidence of this during our inspection.

We received positive feedback about the home from community healthcare professionals and we found that people received support with their healthcare needs. However, we found that appropriate action had not always been taken when there were issues with people's weight loss and nutrition.

We observed staff communicating with people in a kind and respectful way. People told us staff respected their privacy and dignity and encouraged them to be independent.

People were supported to take part in activities at the home. People living at the home told us they were happy with the activities available. However, we found that there was a lack of appropriate resources and stimulation available for people living with dementia.

We found evidence that complaints were managed appropriately and people's feedback was used to develop the service.

People who lived at the home and their relatives did not express any concerns about the management of the service. However, four out of the five staff we spoke with felt that the registered manager did not always listen to their concerns and suggestions.

The registered manager audited some aspects of the service. We found that the audits completed were not effective in ensuring that appropriate standards of care and safety were maintained at the home.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The service did not always follow safe recruitment practices when employing new staff, to ensure that they were suitable to support people living at the home.

People who lived at the home were happy with staffing levels at the service. However, some staff felt that staffing levels needed to be increased at certain times of the day.

We found that people's medicines were not always managed safely. Medicines were not always secured or stored appropriately.

People's risks were not always managed appropriately, such as their risk of falling. Care records were not always updated when people's risks changed, which meant that it was difficult to ensure that staff were managing people's risks effectively.

People were not always protected from the risks associated with poor infection control.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not always receive an appropriate induction. Much of the mandatory staff training was either out of date or had not been completed by staff at all.

Appropriate applications had not been submitted to the local authority where people needed to be deprived of their liberty to keep them safe.

People received support with their healthcare needs. However, we found that appropriate action had not always been taken where there were concerns about people's weight and nutrition.

Is the service caring?

Good ●

The service was caring.

People who lived at the home told us staff were caring. Staff knew people at the home well and treated them with kindness and respect.

People told us staff respected their privacy and dignity and we saw examples of this during our inspection.

People told us they were encouraged to be independent. We noted that equipment was available which supported people to be as independent as possible.

Is the service responsive?

The service was not consistently responsive.

Appropriate action was not always taken when people's needs changed and care records were not always updated to reflect these changes. This meant that staff did not always have up to date information to enable them to meet people's needs effectively.

People were happy with the activities available at the home. However, we found that there was a lack of appropriate resources and stimulation available for people living with dementia.

The registered manager sought feedback from people living at the home and their relatives. We found some evidence that people's concerns and suggestions were used to improve the service.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The service had a registered manager in post who was responsible for the day to day running of the home.

We found evidence that the registered manager did not always take appropriate action to ensure that people's needs were met and their risks managed appropriately.

Some staff felt that the registered manager did not always listen to their concerns about people who lived at the home and did not always take appropriate action to address people's needs in a timely way.

The registered manager audited some aspects of the service. However, the audits completed were not effective in ensuring

Requires Improvement 

that appropriate levels of care and safety were maintained at the home.

Victoria 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7, 13 and 14 March 2017 and the first day was unannounced. The inspection was carried out by an adult social care inspector, an inspection manager 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.

Prior to the inspection we reviewed information we held about the service including complaints, safeguarding information and previous inspection reports. We contacted four community healthcare agencies who were involved with the service for their comments, including a district nursing team, GP and pharmacist. We received two responses. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who lived at the service and two visiting relatives. We spoke with four care staff, the house keeper, the registered manager and the nominated individual for the service who was a director with the service provider. We observed staff providing care and support to people over the three days of the inspection and reviewed in detail the care records of four people living at the home. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, records of quality and safety audits completed and fire safety and environmental health records.

Is the service safe?

Our findings

Everyone we spoke with told us they received safe care and felt safe at the home. Comments included, "I use the stair lift, I feel safe. There's never been any problems" and "I feel safe. Nothing has ever caused me concern about safety".

At our previous inspection on 15 January 2015, we found a breach of Regulation 13 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010, relating to the management of medicines. In addition we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, relating to cleanliness and infection control. During this inspection we found that further improvements were needed in relation to both breaches of regulations.

We looked at how people's medicines were being managed at the service. There was a medicines policy and procedure in place which included information for staff about ordering, storage, administration, disposal and record keeping. Medicines were stored in safes in people's rooms. However, we noted that temperatures in the safes or rooms were not checked daily. Similarly, temperatures of the medicines fridge were not monitored daily. This meant that the effectiveness of medicines could be compromised.

The home used a biodose system of medication, where the medicines for specific times of the day were stored together in individual pods. We reviewed three people's medicines administration records (MARs). We noted that one person was taking a medication which needed to be taken in a specific way. However, this information had not been included on the person's MAR or in their care plan. We also noted that the evening pod for one person contained three medicines but only two were included on their MAR. This meant that staff had been signing to demonstrate that two medicines had been given when three had been administered.

Records showed that staff who administered medicines had completed medicines administration training and their competence to administer medicines safely was assessed regularly. The staff we spoke with confirmed that this was the case. We watched staff administering medicines and saw that people were given their medicines in a safe way. However, the staff member needed to be reminded to lock the safe on leaving one person's room. We noted that people's MARs were kept in the safe with their medicines. This meant that staff could not easily identify who required medicines at each time of day without opening every safe and checking every MAR. We suggested that the home kept all MARs together so that staff could access them easily. The registered manager told us this would be introduced.

We found that the medicines fridge was not locked and the keys for people's medicines safes were not kept securely. We discussed this with the registered manager and this was resolved during our inspection. Medicines audits had been completed and we reviewed the audit completed on 18 December 2016. We noted that the audit had not identified the issues found during our inspection. The audit included information that did not reflect practices at the home. For example, the audit stated that keys were held by a designated person, that there was a lockable fridge, that the temperature of the fridge was monitored daily and that all medicines received were checked against the MARs.

The provider did not have safe processes in place to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements for keeping the service clean and protecting people from the risks associated with poor infection control. People who lived at the home told it was kept clean. They said, "You could eat your food off the floor" and "My room is clean, warm and comfortable. No problems there".

The house keeper was at the home on each day of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. We noted an odour in one area of the home on one occasion and discussed it with the house keeper, who resolved the issue straight away. We noted that the service had been awarded a Food Hygiene Rating Score of 5 (Very good) in February 2015.

During our inspection it came to light that one person living at the home had been diagnosed with Clostridium Difficile, a bacterium that can infect the bowel and cause diarrhoea. We had not been informed of this on our arrival at the home. We looked at how the registered manager was addressing this. Clostridium Difficile bacterium can survive for long periods on hands, surfaces, objects and clothing unless they are thoroughly cleaned and can infect someone else if they get into their mouth. Most of the staff we spoke with told us that the person had been isolated to their room. However, they had not received guidance from the registered manager about how to support this person, to ensure that effective infection control measures were in place. They also expressed concerns about the lack of effective cleaning that had been carried out at the home. Staff told us that there were occasions when faeces had soiled the carpets in the dining room and lounge. However, the carpets had never been deep cleaned or professionally cleaned. We expressed our concerns to the registered manager who confirmed that these areas had not been deep cleaned.

Staff told us there was a lack of clarity around whether the person still had Clostridium Difficile following a recent admission to hospital and whether they should still be isolated. We discussed this with the registered manager who told us that a stool sample had been sent to the person's GP two weeks earlier but they had not received an update. We suggested that the registered manager contact the GP for the results, to ensure that they had up to date information about how to meet the person's needs and manage their risks.

We reviewed the care records of the person with Clostridium Difficile and found that there was no mention of the bacterium or how to manage it in their care plan or risk assessments. This meant that information was not available to staff to enable them to adopt appropriate infection control practices and keep people safe. As part of our inspection we referred the home to the local authority infection control lead nurse for East Lancashire.

The provider failed to ensure that people were protected from the risks associated with poor infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how risks to people's health and wellbeing were managed. We found that risk assessments were in place including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should manage them. Records had been kept in relation to accidents that had taken place at the service, including falls.

We found that information in people's care plans and risk assessments had not always been updated when their needs had changed and their risks increased. For example, two people had fallen a number of times. However, their monthly care plan reviews did not include information about the falls that had taken place

since the previous review. This meant that staff did not always have up to date information to enable them to manage people's risks effectively.

We also noted that appropriate action was not always taken to manage people's risks. For example, staff had not contacted two people's GPs to request a review or a referral to the falls prevention service when they had experienced repeated falls. Another person had lost 12 kg in weight in four months however; they had not been referred to the local dietitian service until this was suggested by another visiting healthcare professional. We noted that despite further weight loss, this person had not been referred back to the dietitian service until we raised this issue. Following our discussions with the registered manager, she made the appropriate referrals and introduced monthly checks to ensure that such oversights were avoided in the future.

The provider had failed to assess and mitigate people's risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staffing arrangements at the home. Three care staff were on duty between 8am and 1pm daily and two staff from 1pm to 10pm. Two staff were on duty during the night from 10pm to 8am. The people we spoke with who lived at the home felt that there were enough staff on duty to meet people's needs. One person told us, "They [staff] are around all the time. I catch them when they are passing if I need them" and "They pop in all the time to check on you and have a chat".

Two staff we spoke with felt that staffing levels at the home were appropriate to meet people's needs. However, two staff felt that an additional member of staff was needed between 5pm and 10pm to support people with their meals and their evening routine, particularly as two people living at the home required support from two staff to meet their needs. Some staff told us that when the registered manager was included on the rota to provide care, she did not provide the same amount of care as a member of care staff, which impacted on staff's ability to meet people's needs in a timely way.

During our inspection, we found that staff responded to people in a timely manner when they needed support. There was one occasion when the doorbell rang and we could not find a member of staff for approximately ten minutes. The registered manager explained that all staff had been involved in supporting people with personal care at that time. One person commented, "It's unusual. There is always someone around".

We recommend that the service ensures that staffing arrangements at the home are adequate to meet people's needs at all times.

We looked at how the service safeguarded vulnerable adults from abuse. The staff we spoke with told us they had completed safeguarding training. They understood how to recognise abuse and were clear about what action to take if they suspected that abusive practices were taking place. There was a safeguarding vulnerable adult's policy in place which identified the different types of abuse and staff responsibilities. Contact details for the local authority safeguarding vulnerable adults' team were also displayed on the notice board in the entrance area of the home.

Records showed that most staff had completed moving and handling training in the previous 12 months. One person told us they had not completed moving and handling training, though we noted there was a training certificate dated 2016 in their file. We raised this issue with the service provider. During our inspection we observed staff adopting safe moving and handling practices when supporting people to move around the home.

Staff told us that verbal information was handed over between staff prior to shift changes, which was based on people's daily records of care. We reviewed some daily records and noted they included information about people's personal care, mobility, food and fluids, mood, pain and any visits from relatives or healthcare professionals. In addition, any concerns identified were clearly recorded by staff. This helped to ensure all staff were aware of any changes in people's risks or needs. The staff members we spoke with told us that handovers were effective and communication between staff at the service was good.

We looked at the recruitment records for three members of staff and found the necessary checks had been completed for two staff before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. These checks are important to ensure that staff are suitable to provide care and support to people living at the home. However, one member of staff had not had a DBS check prior to starting work at the home. We discussed this with the registered manager who advised that the staff member was always supervised while they were waiting for the DBS check to be completed. The registered manager acknowledged that this would be difficult to achieve, especially when the staff member worked during the night when there were only two staff on duty. She decided to remove the staff member from duty until the DBS check was received.

Records showed that fire and environmental risk assessments were in place and were reviewed regularly. This included checks for Legionella bacteria which can cause Legionnaires Disease, a severe form of pneumonia. Records showed that equipment at the service was safe and had been serviced and that portable appliances were tested yearly. Gas and electrical appliances were also tested regularly. There were fire risk assessments in place for people living at the home. This helped to ensure that people were living in a safe environment and would be kept safe in an emergency. The registered manager told us that she completed fire drills with staff periodically but did not document them. She assured us she would document all fire drills in future.

A business continuity plan was in place which documented the action to be taken if the service experienced fire, flooding or a loss of amenities such as gas, electricity or water. This helped to ensure people were kept safe if the service experienced difficulties.

Is the service effective?

Our findings

People told us they were happy with the care they received at the home and the staff who supported them. Comments included, "I've never been looked after as well as here. Nothing bad has ever happened" and "I'm quite happy with the staff who look after me. I'm looked after really well".

We found that staff had not always received an appropriate induction when they joined the service. Records showed that appropriate training was not always provided when staff started working at the home and some staff told us they had not been given opportunity to observe experienced staff before they became responsible for providing people's care.

There was a training plan in place which identified training that the provider deemed necessary for the care staff role. We noted that much of the training including fire safety, health and safety, food hygiene, fluids and nutrition and infection control was either out of date according to the home's training timescales or had not been completed at all by staff.

The registered manager told us that there had been issues with staff completing training when asked to do so and we saw evidence of this in staff meeting notes. However, staff told us they had experienced problems accessing the online training and we saw evidence that this had also been mentioned in staff meetings. The registered manager told us that the training manager had issued staff with Care Certificate booklets and staff had been told that if they had not completed the booklets by 17 April 2017, they would be taken off duty.

Records showed that the registered manager discussed training with staff during supervision. Comments on supervision records included "continue to update training" or "update training as required". There was no information about what training needed to be completed by each staff member or when.

Staff told us they felt that the training provided need to be improved. Some staff did not like the online training and told us they found it difficult to understand.

The provider had failed to ensure that staff received appropriate training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service addressed people's mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 are called the Deprivation of Liberty Safeguards (DoLS).

We found that people's mental capacity had not been assessed and applications had not been submitted to the local authority when it was felt that people needed to be deprived of their liberty to keep them safe. We discussed this issue with the registered manager who submitted the necessary DoLS applications during our inspection.

The provider had failed to comply with requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The staff we spoke with understood the main principles of the MCA, including the importance of gaining people's consent when providing support and respecting people's right to refuse care. During our inspection we observed staff supporting people sensitively and offering reassurance when people were upset or confused. We found that where people lacked the capacity to make decisions about their care, their relatives had been consulted.

Records showed that staff received regular supervision and the staff we spoke with confirmed this to be the case. We reviewed some staff supervision records and noted that issues addressed included personal issues, issues relating to people who lived at the home, time keeping and policies and procedures. Staff told us they felt able to raise any concerns during their supervision sessions. However, some staff felt that the registered manager did not always listen to them or take their concerns or suggestions seriously.

During our visit we observed staff routinely asking people for their consent when providing care and treatment, for example when supporting people with meals or with moving from one part of the home to another. We noted that care plans included information about people's needs and how they should be met, as well as their likes and dislikes.

We noted that DNACPR (do not attempt cardiopulmonary resuscitation) decisions were recorded in people's care files and described whether decisions were indefinite or whether they needed to be reviewed. This helped staff to ensure that appropriate action could be taken in the event of a medical emergency.

We looked at how people living at the service were supported with eating and drinking. The people we spoke with were happy with the meals provided at the home and told us they were given plenty of choice. One person told us, "We get excellent food". Another said, "I wasn't eating when I came in here. I'm eating now. [Staff member] encourages me, asks if I like it and if not, gets me something else".

We observed lunch and saw that dining tables were set with table cloths and napkins. The meals looked appetising and hot and the portions served were ample. Two people commented that the portions were too big. The atmosphere in the dining room was relaxed, with staff and people chatting during the meal. Staff were familiar with people's preferences and people were given lots of choice. We saw staff supporting people sensitively and encouraging people with their meals. People were offered something else if they were reluctant to eat their meal and were not rushed. We noted that people living at the home were able to have their meal in the lounges or their room if they preferred to.

We found nutrition and hydration assessments in the care records that we reviewed and noted that people's special dietary requirements were documented. We noted that one person had been referred to speech and language therapy services, when staff had noticed problems with their swallowing. Records showed that people's weight was recorded monthly or more regularly where there were concerns. However, as mentioned previously, we found that appropriate action had not been taken when one person experienced significant weight loss.

We looked at how people were supported with their health. People living at the service and their relatives told us staff made sure their health needs were met and they could see a doctor or nurse if they needed to. We saw evidence of referrals to a variety of health care agencies including GPs, district nurses, chiropodists and speech and language therapy services. Healthcare appointments and visits were documented in people's care records.

We received responses from two of the community healthcare agencies we contacted for feedback about the service. One community professional told us, "I find the staff very friendly. If we ask them to do anything, it is always done when we need it for. I don't have any concerns at the moment". Another professional told us "I have always found the manager and the staff I speak with regularly, professional and knowledgeable".

Is the service caring?

Our findings

People who lived at the home told us they liked the staff who supported them and that staff were caring. Comments included, "I can't grumble, they're [staff] all nice. They treat me really good. They're never nasty. They're all kind" and "They're [staff] quite friendly. I like them. No-one has ever been unfriendly or unpleasant to me".

During the inspection we observed staff supporting people at various times and in various areas around the home. We saw that staff communicated with people in a kind and respectful way and were sensitive and patient.

The atmosphere in the home was relaxed and conversations between staff and the people living there were often friendly and light hearted. It was clear from our observations that staff knew the people living at the service well, in terms of their needs, risks and preferences.

People told us they were involved in decisions about their care and could make choices about their everyday lives. They told us they had plenty of choice at mealtimes and we saw evidence of this during our inspection. People were given the time and support they needed to do things such as eating their meals and moving around the home. Staff did not rush them.

People told us they were encouraged to be independent. We observed that equipment was available to support people to maintain their mobility and independence, such as walking aids. One person told us, "I can manage myself but they will help if I need it".

People living at the home told us staff respected their dignity and privacy. Comments included, "They always knock before coming into your room and always ask before they do anything" and "They're always polite". However, one person told us, "Some [staff] are a bit slap dash and act as if it doesn't matter". We observed staff knocking on people's bedroom doors before entering and explaining what they were doing when they were providing care or support, such as administering medicines or helping people to move around the home.

We looked at arrangements for supporting people with their personal care. People living at the home told us they received support with their personal care regularly. During our inspection we found that people who lived at the home looked clean and comfortable.

The registered manager told us that a service user guide was issued to everyone who came to live at the home. The guide included information about services provided at the home, including laundry, meals and activities. Information about how to make a complaint and the contact details for the Local Government Ombudsman and the CQC were also included.

Information about local advocacy services was displayed on the notice board in the entrance area of the home. Advocacy services can be used when people do not have friends or relatives to support them or want

support and advice from someone other than staff, friends or family members.

Is the service responsive?

Our findings

The people we spoke with told us they received care that reflected their needs and their preferences. One person told us, "They [staff] do what you want, when you want". Another person commented, "I like a smoke. They take me outside when I want. They don't try and persuade me to stop".

We saw evidence that people's needs had been assessed prior to them coming to live at the home, to ensure that the service could meet their needs. Preadmission assessments included information about people's needs and risks, including those related to mobility, eating and drinking, communication, medication, continence and mental health.

The care plans and risk assessments we reviewed were individual to the person. They explained people's likes and dislikes as well as their needs and how they should be met by staff. Information about people's interests and hobbies was included. However, we found that care plans and risk assessments had not always been updated appropriately during monthly reviews or when people's needs had changed. For example, some people's monthly reviews did not include information about falls that had taken place since the previous review. This meant that staff did not always have up to date information about how to support people effectively.

We found that the service did not always respond appropriately when people's needs or risks changed, for example, when people experienced repeated falls or lost a significant amount of weight. We discussed with the registered manager the importance of make appropriate referrals to community healthcare professionals, to ensure that people's needs were met in a timely way and their risks managed appropriately.

We noted that relatives had been consulted where people lacked the capacity to make decisions about their care. Relatives told us they were kept up to date with any changes in people's needs or any concerns. One relative told us, "They're [staff] always pleasant, happy to help, approachable and keep me updated".

People who lived at the home told us staff came when they needed them. One person said, "When I need help, it's there". During our inspection we observed that staff provided support to people where and when they needed it. Call bells were answered quickly and support with tasks such as moving around the home was provided in a timely manner. People seemed comfortable and relaxed in the home environment. They could move around the home freely and choose where they sat in the lounges and at mealtimes.

We saw that staff were able to communicate effectively with the people living at the home. Staff spoke clearly and repeated information when necessary. We observed that people were given the time they needed to make decisions. When people were upset or confused staff reassured them sensitively. Conversations between staff and people living at the home were often light hearted and affectionate.

We looked at the availability of activities at the home. People told us there were occasional trips out and some activities were available. Although there were not many planned activities, people told us they were

content to do their own thing and were not bored. One person told us, "I watch television, have a chat, use colouring books. We can order a paper or magazines. We had a concert at Christmas, day trips and pampering". Other people told us, "I do crosswords and read. I'm content" and "I watch television and have a chat. There's enough to do for what I want".

We found that most people who lived at the home spent much of the day in the large lounge, watching television, chatting or reading. People living with dementia seemed to sit in the small lounge. We noted during our inspection that there was little stimulation or distraction in the small lounge. There was no television and although there was a CD player, music was not played until we mentioned to staff the lack of stimulation in the room. We discussed this issue with staff and the registered manager who advised that previously the smaller lounge was used as a quiet area for people who did not want to sit in the large lounge. They told us that this had changed since more people living with dementia had come to live at the home. The registered manager acknowledged that the service needed to provide dementia friendly resources to ensure that people's needs were met and they were provided with appropriate stimulation. Resources such as reminiscence materials and sensory equipment were discussed.

We recommend that the service seek advice and guidance from a reputable source, about meeting the needs of people living with dementia.

A hairdresser visited the home once a week and we saw people having their hair done during our inspection. We spoke with the hairdresser who confirmed that she visited regularly and that people could have their hair done when they wanted to. She gave us positive feedback about the care provided at the home.

A complaints policy was available and included timescales for investigation and providing a response. Information about how to make a complaint was also included in the service user guide. Contact details for the Local Government Ombudsman and CQC were included. We reviewed the complaints received in the previous 12 months and saw evidence that they had been investigated appropriately and responded to within the timescales of the policy.

The people we spoke with and their relatives told us they knew how to make a complaint and would feel able to raise any concerns. One person told us, "I complained about a carer who called me a name. I never saw the girl again. I was told she had been sacked". Other people told us they had not raised concerns but would speak with the registered manager if they had any.

We reviewed the notes of the meetings held in September 2016 and February 2017 and noted that issues discussed included activities, meals and staffing. The meeting notes showed that residents and relatives were able to make suggestions, such as alternative meals and snacks and trips out. Some of the staff we spoke with told us that suggestions made by people who lived at the home were often refused by the registered manager as they were regarded as too expensive. People who lived at the home confirmed that residents meetings took place and they were able to make suggestions about their care. One person told us, "At one meeting we asked if we could have cake after tea instead of ice cream and it was done". Another person told us, "They asked for suggestions for trips out and I gave some. It's not happened yet".

The registered manager informed us that satisfaction questionnaires were given to people living at the home and their relatives regularly, to gain their views about the care being provided. We reviewed the results of the questionnaires given to people in 2016 and noted that three people who lived at the home and two relatives had responded. We noted that a high level of satisfaction had been expressed about all issues including people's care plan being discussed with them, meals, the staff, people's rooms and the activities available. Comments made included, "Everything is good", "All the staff are nice", "It's homely and the staff

are caring and friendly. The food's good" and "All the staff and the manager are friendly and helpful". No suggestions for improvement were made.

Is the service well-led?

Our findings

People did not raise any concerns about the management of the home. They told us, "I think this is a good home" and "I would recommend it to others". One relative told us, "I know [registered manager]. She is lovely bless her, always answers my questions".

We identified a number of breaches of regulations during this inspection, several of which related to areas of safety such as medicines, the management of people's risks and infection control. Some of these issues had not been identified or acted on by the provider. This demonstrated that the arrangements for assessing quality and safety were not effective. For example, the medication audit completed on 18 December 2016, stated that keys were held by a designated person, that there was a lockable fridge, that the temperature of the fridge was monitored daily and that all medicines received were checked against the MARs. However, these practices were not followed at the home.

The infection control audit completed on 19 July 2016 stated that all staff completed mandatory infection control training within six weeks of starting in post. However, the training matrix showed that many staff members' infection control training was out of date and some staff had not completed any infection control training at all. The audit also stated that all staff received food hygiene training but as with the infection control training, much of this was out of date or had not been completed at all.

The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection the registered manager was able to provide us with most of the information we needed quickly and easily. She knew the people living at the home well and was familiar with their needs. We observed people who lived at the home and their visitors speaking with the registered manager and saw that she communicated with them in a friendly way.

The registered manager told us that she spent two days each week in the office, dealing with the home's paperwork and the rest of the time she was included on the staff rota to provide care. Three staff we spoke with told us that when the registered manager was on the rota to provide care, she completed some tasks such as administering medicines but did not provide the same amount of care that would be provided when a member of care staff was on duty. They told us this impacted on how quickly staff were able to meet people's needs.

Four staff told us they felt that the registered manager was not supportive. Comments included, "The manager is approachable but there is always an excuse for the lack of improvements at the home" and "The manager is organised when it comes to events but not other things at the home. We can raise concerns with her but we're not listened to". Another staff member told us, "The manager isn't very organised and I don't think the owner is aware. Also, some suggestions we make are refused for no reason". We discussed this with the registered manager who was disappointed that staff found her unsupportive. Two staff told us they thought the registered manager was concerned about the finances of the home. One example of this was a

restriction on the amount of washing powder staff could use for laundry. We discussed this with the nominated individual who told us he would address this issue with the registered manager. He was not aware that such restrictions were in place and told us there was no need for them.

Three staff told us that there was often a delay in the registered manager responding to staff concerns regarding people's healthcare needs. Examples given were the person diagnosed with Clostridium Difficile and another person who had recently experienced a urinary tract infection. Some staff felt that the registered manager did not take action quickly enough to address these issues, which resulted in people experiencing unnecessary delays in their healthcare needs being addressed.

We saw evidence that staff meetings took place regularly. We reviewed the notes of the meetings held in September and December 2016. We noted that issues addressed included staff covering additional shifts, staff training, infection control, laundry, medication, staff responsibilities and activities. The staff we spoke with confirmed that staff meetings took place regularly and told us they felt able to raise any concerns. However, some staff felt that their concerns were often not acted upon.

We reviewed the results of staff questionnaires issued in June 2016 and noted that only two staff had responded. Both staff had commented that they found the management team approachable and felt the manager listened to them. The only suggestion for improvement made was that staff 'needed to work together to help one another'. We noted that one member of staff had commented that they had received an induction when they started work at the home and the other had said they had not received one.

A whistleblowing (reporting poor practice) policy was in place and staff told us they would use it if they had concerns about the actions of another member of staff. This demonstrated staff members' commitment to ensuring that appropriate standards of care were maintained at the home.

We noted from the Provider Information Return (PIR) that some improvements were planned to the home environment including refurbishment of the main bathroom and dementia friendly signage throughout the home.

The registered manager was meeting our regulations regarding statutory notifications. A statutory notification is information about important events which the service is required to send us by law. The registered manager advised that there had been two events recently that required notification and she would submit the notifications to us shortly.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to comply with requirements of the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate people's risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff received appropriate training to enable them to carry out their duties.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not have safe processes in place to ensure the proper and safe management of medicines.</p> <p>The provider failed to ensure that people were protected from the risks associated with poor infection control.</p>

The enforcement action we took:

We issued the provider with a warning notice and requested them to be compliant by 2 June 2017.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the safety and quality of the service.</p>

The enforcement action we took:

We issued the provider with a warning notice and requested them to be compliant by 2 June 2017.