

Ideal Carehomes Limited

Dearne Hall

Inspection report

St. Andrew's Square, Bolton-Upon-Dearne,
Rotherham, South Yorkshire, S63 8BA
Tel: 01709 882090
Website: www.idealcarehomes.co.uk

Date of inspection visit: 24 February 2015
Date of publication: 12/05/2015

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?

Good



Is the service well-led?

Good



Overall summary

We carried out this inspection on 24 February 2015 and it was unannounced.

Our last inspection of the service took place on 22 January 2014 and we found the service was meeting the requirements of the regulations we inspected at the time.

Dearne Hall was registered on 29 July 2011. It is a care home registered for 48 people. Some people using the service have a diagnosis of dementia. On the day of our inspection, the home was fully occupied, with 48 people using the service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in

place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present on the day of our inspection.

We found the service ensured people were protected from abuse and followed adequate and effective safeguarding procedures. We found care records were personalised and contained relevant information for staff to provide person-centred care and support.

Summary of findings

We found good practice in relation to decision making processes at the home and in line with the Mental Capacity code of practice, with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards being followed.

There were issues around medicines at the home and medication administration records (MAR) not corresponding with stock checks we carried out. The registered manager was aware of these issues and had already started taking action to address this by speaking and working with a pharmacist and addressing staff training issues.

We found supervision of staff had not been carried out on a regular basis. The registered manager told us they were aware that this was an issue and had put actions in place to ensure regular supervisions were carried out in future.

There were good quality--monitoring systems in place at the home that were carried out on a monthly basis. We saw that, where issues had been identified, the registered manager had taken (or was taking) steps to address and resolve them.

We found several areas where staff required training or training updates. We spoke with the manager about this who told us they were aware of the need for more training at the home and would be looking into sourcing training from an outside organisation.

During our inspection, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which has now been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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.

We found issues around staffing levels at the home, where there were times when there were not enough staff to meet people's needs. We also saw a lack of activities on the dementia unit of the home due to staffing levels.

We found issues with medicines at the home. However, we spoke with the registered manager about this, who had identified issues in this area and were currently working with a pharmacist to rectify this.

We found people were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights through adequate and effective safeguarding policies and procedures. We also found risks to people were adequately managed and reviewed.

Requires improvement



Is the service effective?

The service was not always effective.

We found staff were not always adequately trained, with many staff members requiring training or training updates in several areas. We also found staff had not received regular supervision.

We found the service sought consent from people in an appropriate way and reviewed this on a monthly basis.

We found people were supported to have sufficient food and drink and were able to maintain a well-balanced diet.

People were supported to maintain good health and had access to relevant healthcare services and on-going healthcare support.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff members who were kind, compassionate and clearly knew people well. We saw staff had developed positive, caring relationships with people who lived at the home.

People who lived at the home were actively involved in decisions made about their care and support and their privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive.

We found that people received personalised care that was responsive to their needs.

Good



Summary of findings

People's feedback on their experiences was routinely sought, through surveys and residents meetings.

Is the service well-led?

The service was well-led.

There was a positive culture at the home that was person-centred, open, inclusive and empowering.

We found there was good management and leadership at the home, with visible leadership at all levels.

We found effective monthly audits were carried out, which ensured high quality care was delivered and, where actions or issues had been identified, steps were taken to address these.

Good



Dearne Hall

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on 24 February 2015 and was unannounced. The inspection team was made up of two Adult Social Care inspectors and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the inspection a Provider Information Return (PIR) was not available for this home as we had not yet requested one from the provider. This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Prior to our inspection, we spoke with stakeholders from the local authority joint commissioning team. Stakeholders told about previous safeguarding incidents at the home, which we checked during our inspection. Stakeholders told us they had no current concerns for people's safety.

Before our inspection, we received some concerning information regarding the care and welfare of people at the home. We checked this during our inspection.

During our inspection, we spoke with the registered manager, four care staff, seven people who lived at the home and the relatives of two people.

We looked at documents kept by the home including the care records of six people who used the service and the staff personnel records of four staff members. We also looked at records regarding the management and monitoring of the service.

Is the service safe?

Our findings

We spoke with seven people who lived at the home, who all told us they felt safe. One person we spoke with told us; “I love it here. We all get well looked after.” We asked if people felt able to speak with staff if they had any concerns. One person said; “I do tell staff if I don’t like something. They’re really good.” Another person told us; “If I was worried about anything, I’d tell [staff]. I’ve got no qualms in doing that.”

We asked people if they understood what ‘keeping safe’ meant. Everyone we spoke with were able to explain this. One person said; “Well, It’s just making sure we don’t get hurt or abused or anything. We are kept safe here.”

We asked people who lived at the home if they felt there were enough care staff to meet people’s needs. Two people said they felt there were enough staff. Five people we spoke with told us they felt more staff were needed. One person said; “We do need more staff here. There are some people with dementia and they wander off sometimes. There needs to be more staff to make sure they don’t hurt themselves.” Another person told us; “They definitely need more staff. The staff that are here are lovely but we need more. There’s just not enough staff for everyone who lives here – especially with how much help some [people] need.”

We looked at staffing levels at the home to determine if there were enough staff on each shift to meet people’s needs. We saw through a dependency tool that there were 11 people who lived at the home who required assistance from two care staff with their mobility. We also found there were 11 people who lived at the home who had been identified as having “unpredictable behaviour”. We found staffing levels were not always adequate to meet people’s needs.

We spoke with staff about staffing levels at the home, who told us they felt more staff were needed. One staff member told us; “We do need more staff. It is hard work and sometimes there just aren’t enough of us.” We also spoke with people who lived at the home about staffing levels. Five people we spoke with told us there were not enough staff at the home.

We carried out observations during our inspection to see if people were able to have their care and support needs met. We saw there were not always enough staff to ensure people’s needs were met. For example, we saw one person was sat in the lounge area of the dementia unit at the

home, who was slightly agitated. We saw this person stand and leave the lounge area alone. We followed this person and found them to be stood in a communal toilet with the door open, wearing just their underwear. We found no staff were present due to them carrying out other care and support tasks. We saw activities were carried out on both residential units. However, we saw no activities taking place on the dementia unit throughout our inspection.

This is a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We spoke with staff at the home and asked them how they ensured people were protected from abuse and if they understood the different types of abuse. All staff we spoke with were able to tell us different types of abuse, including physical and psychological, and what they would do if they had safeguarding concerns. One staff member told us; “We can go to the manager with anything. If we have a little grumble or a concern about someone’s safety. If we want to go higher than that, then we can contact [the local authority].”

We looked at the care records of six people who lived at the home to see how risks to people were managed and how people were involved in this process. We found these care records contained risk assessments to protect people from harm and covered areas including mobility, falls, moving and handling and nutrition. We found these assessments were all reviewed on a monthly basis and had been carried out and agreed with the involvement of people who used the service and their relatives.

We asked staff at the home what methods were in place for sharing information about people’s risks. Staff members told us they attended a handover at the beginning of each shift and spoke with staff who were on duty at that time. Staff also told us that relevant information was contained in care records and daily notes and we found this to be the case in each care file we looked at.

We looked at the safeguarding log to ensure all concerns were appropriately investigated. We found all safeguarding concerns were recorded in the safeguarding log and included details such as; the date of the incident, the name of the person and the outcome of any investigations. We saw evidence that safeguarding concerns were monitored

Is the service safe?

on a monthly basis, when concerns were identified. This monitoring included details of dates, times, locations, nature of the incidents, contributing factors, measures taken and outcomes of investigations. This demonstrated the home carried out investigations into safeguarding concerns and monitored the implementation and delivery of safeguarding action plans.

We looked at the accidents and incidents log at the home. We saw all accidents and incidents at the service were recorded, including details of when and where the incident took place, what happened, any injuries sustained and any first aid given. We also saw analysis of accidents and incidents was carried out on a monthly basis and looked at the number of falls; resulting in injuries; with no injuries; taking place during the day; taking place during the night; and the number of falls that were unwitnessed. This monitoring also looked at where each fall had taken place, with accidents and incidents recorded on a floor plan of the home so areas where more accidents and incidents had taken place could be easily identified and investigated to establish possible reasons behind this. We also found at the front of the accident and incident log a flow chart titled; "Pathway for managing a resident who has fallen or been found on the floor", that demonstrated steps to be taken following an accident or incident having taken place.

We looked in the staff personnel files for four staff members. We found the service carried out all relevant pre-employment checks, including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the service followed safe recruitment practices.

We looked in care files at care plans and risk assessments relating to medicines. We found all care plans and risk assessments contained relevant information, were up to date and reviewed on a monthly basis. These assessments and care plans contained details of the persons preferred

way to take their medicines. We also found mental capacity assessments were in place and consent forms had been signed by people who lived at the home or their relatives, regarding medicines. This meant the home followed current guidance and followed relevant processes regarding medicines.

We looked in the medicines room, where medicines were stored. We found temperature checks were completed on a daily basis to ensure medicines were stored safely and in line with storage instructions. However, we also looked in people's bedrooms and found some prescribed creams were stored there, with no temperature checks being carried out. We spoke with the registered manager about this, who told us they would ensure all medicines, including creams stored in bedrooms, had storage temperature monitoring carried out.

We looked in the medicines trolley to carry out stock checks of medicines. We checked the stock levels of eight medicines against recorded information on Medication Administration Records (MAR). Of the eight medicines we checked, we found seven did not correspond to information recorded on MAR charts. We spoke with the registered manager about this, who told us they had identified this issue as part of their auditing, which we saw evidence of. The registered manager also told us they had recently been in contact with a pharmacist to carry out an audit of medicines at the home. The registered manager told us they were working with the pharmacist on an action plan, to ensure issues identified were addressed. This meant that, although there were issues with medicines, the home was taking practical and appropriate action to rectify the issues.

We asked two staff members who were trained in medicines administration about unlicensed (over the counter) medicines at the home. Both staff we spoke with told us they did not use any unlicensed medicines and that any medicines that were required were prescribed by the persons GP.

Is the service effective?

Our findings

We spoke with people about the food at the home. Everyone we spoke with told us the food at the home was good quality and tasted nice. One person told us; “The food’s lovely here. The cook is brilliant and if we don’t want what’s on the menu, care workers tell [the cook] and they do that for us instead.” We asked if the portion sizes at the home were adequate. Everyone told us they were. One person told us; “I’m a big [person] so I like my food. They always give me plenty and if I want some more, they give it to me. We always get a nice pudding too, that’s my favourite part.” Another person said; “The portions are good. I don’t eat a lot so I usually ask for a smaller portion but if I want some more then, they aren’t funny about it – they just let me have some more.” One relative we spoke with about eating and drinking at the home told us; “[People] can make a cup of tea and toast whenever they want if they are able to.” This relative also told us; “From what I have seen, there is flexibility on when residents want to get up and go to bed. All my [relatives] clothes are clean and tidy; they have a tagging system so she always gets her own clothes back when they’ve been washed.”

We checked the training files kept by the home. We found staff who managed and administered medicines were trained and up to date with training around the safe handling of medicines. However, we found some issues with training, with several areas where staff required training or training updates. These areas were; safeguarding, safe handling of medicines, mental capacity, Deprivation of Liberty Safeguards (DoLS), equality and diversity, conflict resolution, emergency first aid, control of substances hazardous to health (COSHH), infection prevention and control, health and safety, fire awareness, manual handling and food hygiene. We spoke with the registered manager about this who told us they were aware of the issues around training and that they were looking into obtaining some ‘train the trainer’ training, where staff were trained up to enable them to provide training to other staff at the home. However, at the time of our inspection, this had not been sourced.

We also checked staff supervision records. We found the latest records of staff supervisions had been completed and included discussions around; feedback on performance, safe practice, safeguarding, concerns, feedback and training requirements. We asked the

registered manager if we could see records of past supervisions. The registered manager told us they had not been carrying out supervisions with staff on a monthly basis, as per the home’s policy, but that they were aware of the need for this. Regular supervision plays an important role in supporting workers and encouraging and concerns to be raised. This meant staff had not been regularly supervised.

This is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the policy the home held for volunteers. We saw this policy contained details of the induction programme that each volunteer would go through on commencement of their work at the home. This induction included a tour of the home, introduction to staff and people who lived at the home, fire safety, health and safety, who to report to, how to summon someone in an emergency and confidentiality. The policy also stated; “The volunteer should work under close supervision until it is established that they are competent to carry out the specified tasks.” This demonstrated the home had policies in place to ensure volunteers were adequately supported throughout their time at the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with staff at the home about the Mental Capacity Act 2005 (MCA), to establish their understanding of this. All staff were able to explain to us the basic principles of the MCA and what this meant for people who lived at the home. One staff member told us; “Sometimes, [people who lived at the home] can make decisions about one thing but not another. As long as there’s assessments in place, we can see if [people] have got capacity or not. We’re good here with having assessments and consent forms completed.”

We saw care files contained “Mental health and capacity assessments” that were carried out at the home to establish whether a person was able to make decisions relating to their care and support. These assessments were

Is the service effective?

carried out in line with the Mental Capacity Act Code of Practice. We saw that these assessments were reviewed on a monthly basis, taking into account fluctuating capacity and improvements in people's decision-making capabilities. This meant the home carried out good practice in relation to mental capacity and consent, acting within legislation, as outlined by the Mental Capacity Act Code of Practice.

We carried out observations to see how staff responded to people's behaviours that were challenging. We saw one person who lived at the home became agitated during lunch time. Staff were responsive to this and spoke with the person to calm them down, removing them from the dining area to maintain the person's privacy and dignity. We spoke with staff about this, who told us they spoke with the person away from other people to ensure confidentiality was maintained and to avoid other people who were in the dining area becoming upset or distressed. We asked staff if they ever used restraint at the home. All staff we spoke with told us restraint was not used and that they adopted the use of distraction techniques as a way of being less restrictive.

We carried out observations at the home during meal times. We found meal times were not rushed and were appropriately spaced and flexible to meet people's wants and needs. We saw menu boards contained photographs and pictures of food that was to be served on that day, which were easy to understand. We saw no writing on the menu boards, explaining what each picture was. We spoke with the registered manager about this, who told us they would ensure this was done in future.

We saw food served on the day of our inspection was good quality, held good nutritional value and was served at an adequate temperature. We asked people who lived at the home if they had a choice of food and drink at the home. Everyone we spoke with told us they were able to choose what they had to eat and that, if they wished to eat something different to what was on menu boards, they were able to have this. We heard one person who lived at the home asking a member of staff if they could have a

boiled egg at tea time. We saw the staff member asked spoke with the cook at the home, who said they would ensure this was done. We saw evidence that food options and menus' were discussed during 'residents meetings'. We also saw the results from a recent survey that had been given to everyone who lived at the home showed people had been asked about food and menu choices. This demonstrated the home sought people's views on food and drinks provided, enabling choice and control.

We looked in care files and saw people's nutritional needs were regularly assessed and monitored. In each care file, we saw a "Record of weight and nutritional risk" assessment had been carried out and was reviewed on a monthly basis.

In one care file we looked at, we found the person was at risk of becoming nutritionally compromised and was diabetic. We found information about diabetes, including the associated risks and how to manage these risks had been added into the file for staff information. We saw this person had recently had a substantial weight loss and found the home had involved a dietician and implemented a short-term care plan with actions put in place to address the issue. We read in a "Food" care plan; "[Person] does like sweet things and needs reminding of risks due to being diabetic. Encouraging snacks and milky drinks." This demonstrated information was made easily accessible for staff to ensure risks around nutrition were managed adequately and that nutritional needs were addressed with the involvement of relevant professionals.

We saw the home ensured people's day-to-day health needs were met with the involvement of relevant professionals. We saw each care file contained information about multi-agency work carried out at the home. This information included visits that had been made at the home by district nurses, tissue viability nurses, community psychiatric nurses, chiropodists and physiotherapists. This demonstrated the home ensured people's day-to-day health needs were met and referrals were made to relevant health services when required or when people's needs had changed.

Is the service caring?

Our findings

We asked people who lived at the home if they felt they were respected. Everyone we spoke with told us they felt staff treated them with respect, kindness and compassion. One person told us; “They’re all lovely, the care workers. We get on so well and we have a laugh. You couldn’t ask for a nicer bunch of girls.”

We asked people who lived at the home if they felt their views, and the views of their families and friends, were taken into account when planning their own care. Everyone we spoke with told us they felt that they were listened to. One person told us; “They always listen. Sometimes, they have to help me with personal things and if I want something done a different way, they do it. They just make sure that I feel comfortable before doing anything.” Another person told us; “They do listen. When my [care] file is being reviewed, they ask me if I want anything putting in and they always invite my [relatives] to have a look.”

We asked people whether they felt they were able to maintain their independence. One person we spoke with told us; “Yes, [care staff] get me to try to do things for myself first instead of just doing it for me. It just means I’m keeping a bit more active and not just being lazy – that’s when things go downhill.” Another person told us; “I am a very independent person anyway but sometimes, I have trouble with my legs. When I’m sat down, it’s hard to get up but the [care staff] stand next to me and help me get up for myself instead of just being picked up.”

During our inspection, we carried out observations of the interactions between staff and people who lived at the home. We saw people were treated with kindness and compassion by staff who clearly knew them well. We spoke with staff about the people they cared for and supported. All staff we spoke with were able to tell us about people who lived at the home, including their preferences and personal histories. We also saw details in care files about people, their preferences and their past lives. For example, in one care record we looked at, we read that the person had been a member of a golf club and liked cricket, rugby and tennis. In another care file we looked at, we read; “[Person] likes to draw pictures. [Person] also likes to knit and crochet.” This demonstrated the service made information available for staff to provide personalised and person-centred care and support.

We looked in care records to see what arrangements were in place to ensure that people were involved in making decisions and planning their own care. We saw in every care record looked at that people had been involved and had signed care records, where possible, stating they agreed to what was recorded. Where people were unable to sign, either due to capacity issues or physical issues, a relative or representative had signed on their behalf. This meant the service listened to, respected and acted upon people’s views and opinions about their care.

We wanted to see what information was provided to people about advocacy at the home. An advocate is a person that speaks on behalf of someone, when they don’t have the ability or capacity to do so for themselves. We saw information on a notice board in the reception area of the home, informing people about advocacy services, what they were and how to access them. This demonstrated the home made resources and information available about advocacy for people at the home to access.

We looked in care records to see how people were assured that information about them was treated in a confidential way. We found records contained consent forms, that asked people for their consent to allow relevant professionals to access their ‘personal care profile’. We saw each of these forms was signed either by the person or a representative, on their behalf.

We spoke with staff and asked how they ensured people’s privacy and dignity was respected. Staff told us they ensured that, when providing personal care, a modesty sheet was used to protect the person’s dignity and bedroom doors were closed to ensure privacy was maintained. Staff also told us they tried to promote people’s independence by encouraging people to do as much for themselves as possible, before providing assistance. This meant the home respected people’s privacy and dignity and encouraged people to be as independent as possible.

We spoke with two relatives of people who lived at the home. Both relatives we spoke with told us they were able to visit the home when they liked and there were no unnecessary restrictions on this. The relatives we spoke with also told us they felt people living at the home were treated with kindness, compassion, dignity and respect. One relative told us; “My [relative] loves it here. I have not

Is the service caring?

got a bad word to say.” Another relative told us; “It’s lovely here, my two boys come to visit and we take [our relative] out regularly. The food is excellent and there a lots of activities for residents. Its home from home.”

We looked in care records to see how the home ensured people’s wishes were met, when they were deceased. We found care records contained information about any funeral arrangements that had been made and the

person’s personal preferences in regards to this. In one care record we looked at, we found details of a funeral director, the type of funeral the person wished to have any details regarding their will. This meant the home had arrangements in place to ensure that the body of a person who had died was cared for and treated in a sensitive way, respecting people’s preferences.

Is the service responsive?

Our findings

We asked people if they were aware of the complaints procedure and how to complain. Everyone we spoke with told us they knew what to do if they had a complaint. One person told us; “I don’t know the exact procedure but I do know that if I want to complain, I can tell a care worker or the manager.” Another person told us; “We all know how to complain! If I had an official complaint, the manager would sort it.” Other comments included; “Well, I’d just tell [the registered manager]. She is very good.” And; “I know how to complain – I’m very good at it in fact! But if there was something that I was unhappy about or that I wanted to complain about, I’d report it to [the registered manager].”

We looked at care records to see how people, or those acting on their behalf, contributed to the assessment and planning of their care as much as they were able to. We found all care records we looked at contained personalised information that had been obtained from the person themselves or a relative or representative on their behalf. For example, in one care record we looked at, we read; “[Person] prefers to speak quietly. [Person] prefers information to be explained to her in a way that she understands. [Person] prefers to read.”

We found information in care records that detailed who the person wished to be involved in their care and support planning. Each care record contained a document titled “Future wishes”, that stated; “I want the following person/people to be consulted about my treatment/support at such a time that decisions need to be made.” We then saw a list of people who the person had named. This meant the service took into account people’s views about who was to be involved in their care and support planning.

During our inspection, we saw people taking part in arts and crafts at the home. We heard a staff member saying to one person; “Are you coming to do some arts and crafts?”

You like doing arts and crafts, don’t you?” We saw this person, along with several others, taking part in the activity, clearly enjoying themselves. This demonstrated staff knew people well and encouraged and supported them to take part in social activities.

We looked at the activities board that was on each floor of the home. All activity boards contained details of activities and events at the home in the upcoming months. We saw these activities and events included bingo, armchair aerobics and arts and crafts. We also saw information on these boards detailing dates of monthly ‘residents meetings’. This demonstrated the home carried out activities and made resources available for people to enjoy, maintain relationships and avoid social isolation.

We saw equipment at the home, including hoists and slings were well maintained. We also saw evidence of specialist equipment being obtained by the home to assist in meeting people’s care needs. For example, we saw in one lounge chair a full-chair cushion that had been supplied by the local authority community equipment service. This demonstrated the home made sure reasonable adjustments were made and equipment was available for people to meet their care needs.

We looked at the way the service encouraged feedback at the home. We saw that surveys were sent to people who lived at the home on a monthly basis, asking what their thoughts and opinions were on particular subjects. A summary of the surveys were put on the ‘resident information board’. We saw these surveys had asked about the menu, activities at the home and cleanliness of the home. We saw all responses received from the surveys were positive. We also saw a ‘staff satisfaction survey’ had been carried out and saw that all staff felt the home was a nice place to work with a good, homely environment. This demonstrated the home routinely listened to people and staff and learned from people’s experiences.

Is the service well-led?

Our findings

We asked people if they felt able to speak with the registered manager. Everyone we spoke with told us they felt the registered manager was approachable. One person told us; “She’s lovely. She always comes out and talks to us – we don’t even need to go see her.”

We asked if people felt the registered manager listened to their suggestions on how to improve the home. Six people told us they had never given the registered manager a suggestion to improve the home, including one person who said; “What could we possibly improve – it’s perfect.” One person told us; “I told [the registered manager] about something in my room and a problem in my bathroom so she sorted for someone to come out and fix it. It works now.”

We asked people if they felt they were treated equally, compared with other people who lived at the home. One person told us; “Yes, I suppose so but some people take a lot more time up from the [care staff] so a lot of people don’t get as much time.” Another person told us; “We do get treated equally well but it’s the time we get to spend with [care staff] that’s the issue. Some people take up way too much time and there aren’t enough [care staff] to see to us all, even if it’s just for a chat.”

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place at the home. The person who managed the day to day running of the service was registered with Care Quality Commission (CQC) as the registered manager and was present on the day of our inspection.

We looked at the minutes from staff meetings that had taken place at the home. We saw items on the agenda and discussions held during these meetings included; care plans, cleaning, audits, documentation and repairs. This included discussions of how the service could be improved through repairs and changes and how staff could contribute to these improvements. This demonstrated staff were actively involved in developing the service.

We saw the home’s statement of purpose was comprehensive and included involvement, dignity, respect and equality at the home. We also spoke with staff about their roles and how they ensured the home were working in line with their statement of purpose. All staff we spoke with were able to explain their roles to us, what they did to

ensure good practice was followed and how they would question practice. We also spoke with the registered manager about how they ensured the home was managed, in line with the principles set out in the statement of purpose. The registered manager told us they, at times, worked on different units in the home as a member of care staff and were able to identify any areas that required attention, including staff practice and maintaining an honest, open and transparent culture.

We saw on the latest staff supervision records feedback was given to staff about their practice in a constructive and motivating way. This meant that, although supervisions had not been carried out regularly (and the registered manager told us they had identified this issue and now sought to conduct monthly supervisions), the manager provided staff with feedback on how to improve their practice to ensure the home provided good quality care and support.

We asked the registered manager about management at the home. The registered manager explained to us that, as well as themselves, there were two senior care workers on shift on the day of our inspection. This meant leadership was visible at all levels throughout the home.

We looked at the audits carried out at the home by the registered manager. We found audits were carried out on a monthly basis, identified areas for improvement and were signed and dated when actions had been completed. This included audits of; accidents, incidents, complaints, compliments, medicines, catering, infection prevention and control, weight loss action plans, bed rail usage, maintenance log book checks, fire log book checks, Hazard Analysis & Critical Control Points (HACCP; a management system in which food safety is addressed through the analysis and control of biological, chemical, and physical hazards), surveys, minutes of resident, staff and health and safety meetings, care profiles, dependency and falls. We also found the results of these audits were all recorded on a “Quality assurance monthly evaluation form”. This demonstrated the home carried out adequate auditing systems at the home to ensure the safety of people who lived there and the adequate maintenance of records.

We saw audits of medicines at the home had identified areas where improvements were required. We saw the registered manager had identified issues with stock levels at the home and were addressing this issue with a

Is the service well-led?

pharmacist to resolve the problems. This demonstrated quality assurance audits and governance systems at the home were effective and used to drive continuous improvements.

We checked to see how accident and incident auditing was used to drive continuous improvement across the service. We saw formal trend analysis was carried out, identifying specific areas in the home where each accident had taken

place, mapped on a floor plan of the home. This was then used by the manager to identify any key problem areas where accidents and incidents occurred. This meant the information from investigations was used to drive quality across the service and reduce the risks of harm to people by identifying areas where incidents were most likely to occur.

Action we have told the provider to take

The table below shows where legal requirements 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 18 HSCA (RA) Regulations 2014 Staffing 18.— Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part. Persons employed by the service provider in the provision of a regulated activity must— Receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform; Be enabled where appropriate to obtain further qualifications appropriate to the work they perform; and Where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role.