Cleveland Alzheimer's Residential Centre Limited

Allison House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Allison House on 8 and 22 June 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of the second day of the inspection. The service was last inspected in July 2014 and was meeting the regulations we inspected at that time.

Allison House provides care and accommodation for up to 38 people and / or older people living with a dementia. The home is purpose built and offers all ground floor accommodation. The service is built around a quadrangle with a large garden and seating area in the centre, which people who used the service can access safely and securely. At the time of our inspection visit there were 38 people who used the service.

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

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We were shown numerous checks which were carried out. However from looking at the health and safety inspection we could not determine the actual checks that were taking place. Staff had identified areas for improvement, however we could not determine if action had been taken. The care plan audit did not include looking at the care plans of all people who used the service. The medication audit was insufficiently detailed as it didn't include a check on systems and although the service did an annual assessment of infection control there was no other auditing in-between.

Records looked at during the inspection indicated that not all of the staff were up to date with their training and that some staff had not received training in areas such as behaviour that challenged since 2012.

Staff had not always consistently received supervisions and appraisals were out of date. However, the registered manager had developed a plan to address this.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were to expire. However, mental capacity assessments were not decision specific. Best interest decisions were recorded in some care plans but not all.

Systems were in place for the management of medicines so that people received their medicines safely. However, the room in which medicines were stored on occasions was too warm. If medicines are not stored at the correct temperature they can lose effectiveness.

Care plans were varied and some contained more information than others. The registered manager told us they were in the process of reviewing the care plans of all people who used the service.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. People were weighed and nutritionally screened. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished.

There were systems and processes in place to protect people from the risk of harm. Staff told us about different types of abuse and action they should take if abuse was suspected. Staff were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were completed to ensure health and safety. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

We found that safe recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. There was enough staff on duty to meet the needs of people who used the service.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and interacted well with people. Observation of the staff showed that they knew the people very well, encouraged independence and could anticipate their needs. Relatives complimented the kind and caring staff.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People were supported to access activities by a part time activities co-ordinator and staff. We saw that people engaged in meaningful activities.

The registered provider had a system in place for responding to people's concerns and complaints. Relatives were asked for their views. Relatives said that they would talk to the registered manager or staff if they were unhappy or had any concerns. Staff and relatives spoke extremely highly of the registered manager describing them as open and transparent.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we took at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Accidents were monitored to identify any trends or patterns. Appropriate systems were in place for the recruitment of staff.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

In general safe systems were in place to make sure people received their medicines safely. However ,the room in which medicines were stored was on occasions too hot. This meant that the medicines could lose their effectiveness.

Is the service effective?

Requires Improvement

The service was not always effective

Staff training was not up to date. Staff had not always consistently received supervisions and appraisals were out of date.

Staff had an understanding of the Mental Capacity Act (MCA) 2005. However MCA assessments were not decision specific.

People had access to healthcare professionals and services.

Staff encouraged and supported people at meal times.

Is the service caring?

Good

The service was caring.

People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests.

People had access to advocacy services. This enabled others who knew them well to speak up on their behalf.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were in place. Some care plans had been written in 2012 and were in need of review.

Activities and outings were arranged by the activities co-ordinator and staff at the service

Relatives told us staff were approachable and they felt comfortable speaking to staff if they felt the need to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

Effective quality monitoring systems were not in place to ensure the service was run in the best interest of people who used the service.

The service had a registered manager who understood the responsibilities of their role. Staff told us the registered manager was approachable and they felt supported in their role. Relatives spoke extremely highly of the registered manager.

People and relatives were asked for their views and their suggestions were acted upon.

Allison 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 checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Allison House on 8 and 22 June 2016. The first day of the inspection was unannounced which meant the staff and the registered provider did not know that we would be visiting. We informed the registered provider of the date of our second visit to the service. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time in the communal areas and observed how staff interacted with people. We spoke with six people who used the service. However conversation was limited because dementia had affected people's ability to communicate effectively. We also spoke with six relatives. We looked at communal areas of the home and some bedrooms.

During the visit we spoke with nine staff, this included the registered manager, the deputy manager, two nurses, the activity co-ordinator and four care staff. We also contacted commissioners of services to seek their views on the service.

We reviewed a range of records. This included four people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment, supervision and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, "Yes I do." One relative we spoke with told us the person who used the service had been in two unsuccessful placements, but since coming to Allison House they had really settled. They said, "I can sleep at night. When [person] was at the other places it was a constant worry." Another relative said, "I am very happy [name of person] is here as there isn't any better in the area and we must at looked at over 20 homes." Another relative said, "I sit here for three hours a day every day and the staff are lovely and they never raise their voices."

A general emergency evacuation plan was in place for people who used the service. However, this did not include information specific to the person such as information on their mobility, cognition and any other information relevant to the person to ensure an individual's safe evacuation from the premises in the event of an emergency. We pointed this out to the registered manager at the time of our inspection who said they would take immediate action to address this.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had completed training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. One member of staff told us, "I have done my whistle blowing training and wouldn't hesitate in telling the manager as you wouldn't want anyone to be mistreated."

There were risk assessments in place. These were supported by plans which detailed how to manage the risk. This enabled staff to have the guidance they needed to help people to remain safe. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. Risk assessments covered areas such as nutrition, behaviour that challenged, falls and moving and handling.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of re-occurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

We saw records to confirm the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, nurse call, hoists, emergency lighting, gas boilers and fire extinguishers. Records were available to confirm the scales for weighing people had been calibrated to ensure accuracy. Checks were made on the fire alarm to make sure it was in working order and that staff had taken part in fire drills.

The service had a business contingency plan. A contingency plan is a course of action designed to help an organisation to respond effectively to a significant event or situation that may happen. This plan, although very lengthy, provided information to staff on procedures to follow in emergency situations, such as loss of heating, flood, fire evacuation and loss of utilities. This meant that the registered provider had plans to respond to a significant event. The registered manager told us that discussions had taken place with senior staff to shorten the business contingency plan and make it more user friendly.

We saw robust recruitment and selection processes were in place. We looked at the files for four of the most recent staff to be employed and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS) and evidence of their identity had also been obtained. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. One staff member said, "They did all of the checks before I was allowed to start work."

The registered manager carried out checks on all new nurses before they started work and on a regular basis thereafter to ensure nursing staff maintained their professional registrations with the Nursing and Midwifery Council and were eligible to practice.

Relatives told us there were enough numbers of staff to meet people's needs. The registered manager and staff told us that during the day there were two nurses and nine care staff on duty, this reduced to one nurse after 6pm. Overnight there was one nurse and four care staff. In addition to this during the day there were catering staff, domestic staff and a handyman. Staff told us they were allocated into three teams and each team was responsible for providing care and support to an allocated group of people who used the service. They told us this arrangement worked well as instead of looking after everyone they could concentrate on individuals and make sure all of their needs were met. We noted that people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. A relative we spoke with said, "There's always plenty of staff on duty, I have never been worried about the ratio of staff to residents."

At the time of our inspection people who used the service were unable to look after or administer their own medicines because of their dementia. Staff had taken responsibility for the storage and administration of medicines on people's behalf. We checked peoples' Medication Administration Records (MARs) and found these were fully completed, contained the required entries and were signed.

Each month the pharmacist visited the home to assist with the ordering of medicines for the month ahead. During this visit a stock check of medicines was completed to ensure the medicines people needed were ordered. This process also helped to reduce any over ordering and wastage of medicines. We checked records of medicines against the stocks held and found these balanced. Staff were able to describe the arrangements in place for the ordering and disposal of medicines. Staff told us that medicines were delivered to the home by the pharmacy each month and were checked in by nursing staff to make sure they were correct. Records of ordering and disposal of medicines were kept in an appropriate manner. Staff told us they checked these against the medicines received from the pharmacist. This included counting medicines to make sure they were balanced. These systems helped to ensure people received their medicines safely.

People were prescribed medicines on an 'as required' basis and we found 'as required' guidelines had been written for these medicines. This helped ensure people received these medicines safely and consistently.

Staff kept a record of the room in which medicines were stored and we noted on occasions this was too warm at 28 degrees Celsius. If medicines are not stored at the correct temperature they can lose their effectiveness. We pointed out our findings to the registered manager who said they would take immediate action to address our findings.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us the frequency of training varied. They told us that some training such as fire and safeguarding was annually and others such as first aid and food hygiene were every three years. During the inspection we looked at the training chart for the service. We saw that 87% of staff were up to date with their training in food hygiene, safeguarding and first aid training, 62% of staff were up to date with training in fire and 65% up to date with moving and handling. Records indicated that 77% of staff had received training in challenging behaviours however for the majority of staff this had been some time ago dating back to 2012. Only 49% of staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). We identified that many staff were not up to date with their training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt well supported. One staff member said, "[Name of registered manager] and [name of deputy manager] are great. There is always one of them you can talk to and they are very approachable." Records looked at during the inspection confirmed that staff had received supervision once or twice from January to the date of our inspection. The registered manager recognised that supervision was not happening as often as it needed to be to ensure it complied with the organisations policy which stated a minimum of six supervisions during a year. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. In addition appraisals for staff were also out of date. Appraisals are a review of performance which identifies what staff are doing well, any areas for improvement and support needed. The registered manager had recognised that supervisions and appraisals were out of date and had developed a plan for the remainder of the year to ensure that all staff had regular supervision and had their annual appraisal.

The registered manager and nurses at the service had developed systems to support nurses in their revalidation. Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. A folder for each nurse had been set up with records used for revalidation and these included evidence of training the nurse had undertaken.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection 30 people

were subject to DoLS authorisations, with a further eight awaiting authorisation. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were to expire. Where needed, people had been supported to access specialist dementia advocates and had their rights upheld.

When people were deprived of their liberty we saw that staff used the least restrictive options available. For example, people were unable to leave the service independently, however the door to the internal garden was left open during both inspection days. We saw that staff directed people out into the garden to enjoy the fresh air and plants. We saw that people enjoyed being out in the garden and had the freedom to walk around. One relative we spoke with said, "I like the fact that the windows are open and the door to the garden is always open."

In care records we saw that mental capacity assessments were available, however were not decision specific. Capacity assessments identified that people lacked capacity to be involved in their care planning process and all decisions surrounding their care and needs were to staff, family and other professionals. Evidence of best interest decisions being made were available in some care records but not all. We pointed this out to the registered manager at the time of the inspection who told us they would commence work on capacity assessments as a matter of importance.

We looked at the home's menu plan. The menus provided a varied selection of meals. We saw that there were two choices at each meal time and staff told us other alternatives were available at each meal time such as a sandwich, soup or salad. Staff were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of some people who used the service. There were three dining areas for people to eat in and staff were allocated into each of the dining areas to support people. We saw that lunchtime was a sociable event with staff and people who used the service interacting with each other. Some people were provided with clothes protectors which enabled people to eat independently without staining their clothes. However, when one person showed dissatisfaction with the clothes protector and removed this, we observed a staff member respectfully placing this across their knees which they were much happier with.

Some people needed help to cut up their food and others needed to be fed. We observed staff feeding people and saw they were given small mouthfuls and given enough time to eat their food before the next mouthful. Staff respectfully spoke with people and provided them with drinks. We saw that when one person who used the service didn't eat their food staff quickly provided them with a sandwich, which they enjoyed. Those people who were able were encouraged to be independent with putting salt and pepper on their food. People told us they had enjoyed their lunch. One person said, "That was lovely." A relative we spoke with said, "Sometimes I help to feed my dad and it always looks and smells good. The mince and dumplings always looks nice and smells good." Two relatives told us how prior to moving into the service people had lost weight, however since moving to Allison House they had gained weight which they were really pleased with.

The registered manager told us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening people were weighed at regular intervals and appropriate action was taken to support people who had been assessed as being at risk of malnutrition.

Two relatives told us that dieticians had been to assess the person who used the service, had prescribed food supplements and that they were steadily gaining weight. This showed that other professionals had been involved appropriately and people's nutritional wellbeing had been maintained.

We saw records to confirm that people had received visits from the dentist, optician, chiropodist, dietician and their doctor. One of the nurses told us the service had excellent relationships with the three doctors who visited people. They told us one of the doctors came out on a weekly basis to see people, that for another a nurse at the service spoke with the doctor every Monday about people and would visit if needed and the other doctor regularly rang to speak with the nurses about people. The nurse told us the doctors would visit at any time if needed. People were accompanied to hospital appointments by staff, however if relatives preferred to support the person they were able to. Relatives told us staff acted quickly when people became unwell and kept them up to date with the outcome of any doctor or hospital visits. One relative said, "My husband has power of attorney for health and welfare so he is involved in all decisions and communication."

Good

Is the service caring?

Our findings

People and relatives told us they were very happy with the care provided and that the staff were caring. One person said, "I like it here. Everyone is kind." A relative said, "The staff are great and very caring. They [staff] are very patient." Another relative said, "All the staff are great and very friendly and they will have banter with dad. They know exactly what makes him tick." Another relative said, "The care here is the best by far of any care [person] has received anywhere. The care staff are very caring and thoughtful and you can always find someone to speak to."

One relative complimented the registered manager on their caring nature. They told us how they were going through a period of transition and eventually hoped to take the person home. They told us as part of the transition they were doing a series of overnight visits to prepare for this. They said, "[Name of manager] has really worked hard to make this happen. When I have taken [name of person] home I get a phone call every day to see how we are doing." Another relative told us how they had been very upset when looking for a placement for their dad. They told us how the registered manager had provided lots of reassurance, showed them around the service and introduced them to other people who used the service which had really helped them to decide that Allison House was the best place to be.

During the inspection we spent time observing staff and people who used the service. Throughout the day we saw staff interacting with people in a very caring and friendly way. We heard staff speaking to people about everyday life. Staff took an interest in what people had to say and listened. Staff spoke with people about their family and hobbies. We observed when one person who used the service became agitated staff quickly intervened and talked to them about one of their interests, which was cars. The staff member clearly knew the person well as they were able to talk about the cars owned by a relative of the person who used the service. The staff member successfully distracted the person. This helped to ensure the persons wellbeing.

On another occasion we heard the registered manager compliment a person on their hair after a visit to the hairdresser. The person clearly enjoyed the compliment and smiled. Staff generated conversation with people. On one occasion a nurse talked to a person about shopping in the town which generated discussion about what they would like to buy. Both inspection days were warm and the sun was shining and staff generated discussion with people about the weather.

Before care was completed staff talked with people and explained what they needed to do. For example, when moving people from one place to another in their wheelchair or when using the hoist. This helped to reduce the anxiety of the people.

Staff were affectionate with people. When people needed reassurance staff provided this. On one occasion when a person became upset staff responded by rubbing their hands. On another occasions a person was lost and staff got hold of their hand to guide them to where they wanted to be. One person who was sat in a chair in the lounge reached out to staff to hold their hand and the staff member responded.

We saw that staff were respectful and called people by their preferred names. Staff were patient when speaking with people and took time to make sure that people understood what was being said. Staff treated people with dignity and respect. Staff were attentive to people who used the service. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and made sure they were covered with towels when they were providing personal care. They told us how important it was to ask the person's permission before providing care and to tell them what they were going to do. Staff told us the importance of being discreet to reduce any embarrassment, particularly in relation to incontinence.

One relative told us they had personalised the room of the person who used the service. They said, "They [staff] let us decorate the room how we wanted. We got new carpet, bedding and curtains and made it [person's] own." The care records of one person who used the service detailed that it was important to the person to dress smartly and that they always liked to wear a dress. On both inspection days we saw this person was dressed according to their wishes.

There were occasions during the day where staff and people who used the service engaged in conversation and laughed. We observed staff speak with people in a friendly and courteous manner. We saw that staff were discreet when speaking to people about their personal care. This demonstrated that people were treated with dignity and respect

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service provided all ground floor accommodation and the layout internally meant that people had lots of space to walk around. We saw that people were able to go to their rooms at any time during the day to spend time on their own. The spouse of one person who used the service told us they regularly visited on lunchtime and they were made very welcome, with a place at the table set up for them so they could eat together.

Staff said that where possible they encouraged people to be independent and make choices, such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. During the day people were given a choice of different drinks such as tea, coffee or juice. People were asked if they wanted to rest on their bed or join in an activity. Staff told us how they encouraged independence on a daily basis. Staff were patient when supporting people to be independent with their mobility.

At the time of the inspection people did not require the support of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager was aware of the process to follow should an advocate be needed and a plentiful supply of leaflets on advocacy were available for people and relatives to read.

Good

Is the service responsive?

Our findings

Relatives were very complimentary about the staff and service provided and told us staff were kind and considerate. One relative told us the person who used the service had previously been in two care services prior to coming to Allison House. The previous care homes had not been able to meet the person's needs or behaviour that challenged, but since coming to Allison House they were a much more contented person. The relative said, "I think the staff just understand dad better and know how to meet his needs. There was an incident when dad was very upset and anxious and the staff were very good at reassuring and calming him. They were really good with me too."

Another relative complimented staff on how well they cared for the person who used the service. They told us how they were preparing to take the person home and that staff had supported them to do that. They said, "I have learned so much from watching them. The staff are great and have involved me with the care and I now feel prepared to take [name of person] home."

During our visit we reviewed the care records of four people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. For example, the communication care plan for one person told us the person responded well to positive body language. We saw this positive response during the inspection when staff smiled at the person and the person smiled back at staff. Another care plan detailed the person had sensitive skin and should only use certain products when washing. Some care plans were dated back as far as 2012; however, they had been updated to reflect changes the registered manager acknowledged that these needed to be re written. Some care plans needed further information adding, for example the care plan of one person detailed they could lash out at staff when they were being washed. However it didn't detail the course of action staff should follow if this was to be the case.

Relatives told us they had been involved in the care planning process. One relative said, "I told them about the likes and dislikes on admission. I only looked at [name of person's] care plan the other day."

The service employed an activity co-ordinator who worked two days a week and at other times care staff arranged activities for people who used the service. The activities co-ordinator told us they were supported by the registered manager to arrange and fund activities, both within the service and in the wider community. Activities that had recently taken place included coffee mornings, sing-alongs, arts and crafts and a visiting zoo that brought reptiles, rabbits and guinea pigs to the home for people to hold. Staff told us about a tea party they were arranging for the Queen's birthday and a pie and peas event to celebrate father's day. The activities co-ordinator told us how they adapted activities for people living with a dementia. They told us how important it was to find out about people's life history and interests. They told us how they were spending time with a person who used to go fishing. Although the person was no longer able to go fishing they enjoyed talking about it. This meant meaningful activities were taking place.

During the inspection the activity co-ordinator went round with a trolley which contained sweets, magazines, toiletries and other items and people were able to choose something from the trolley. One

person was helped to choose a scarf that matched their dress and smiled as staff put this in their hair. On another occasions staff involved people in passing a balloon to each other, people were seen to become quite competitive and really enjoyed the activity. One staff member massaged cream into the hands and arms of a person who used the service and it was clear from the expression on their face that this was relaxing.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. Relatives told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "If I am not happy about something I just have to mention it and it gets sorted." Another relative said, "I have nothing to complain about but I wouldn't hesitate in speaking to [name of registered manager] or [name of deputy manager].

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out. We were shown a daily health and safety inspection checklist which listed areas to check but not what actually needed to be checked within those areas. For example the inspection checklist asked staff to check if the kitchen was clean and safe, but didn't detail what checks were to take place to ensure this. The checklist didn't detail any checks to be made on other areas, such as lighting, ventilation, signage or making sure there was enough personal protective equipment. In addition to this when staff had identified areas for improvement such as missing footplates off wheelchairs we couldn't see if any action had been taken by staff to rectify this. For a number of weeks staff had identified that the COSHH cupboard was not locked but there was no evidence to support that action had been taken to address this. The registered manager showed us a care plan audit; however this only detailed that 20 care plans were audited during 2015 when the service was full at 38 people. The medication audit was insufficiently detailed as it didn't include a check on systems such as ordering or storage or temperature checks of the room in which medicines were stored. The service did an annual assessment of infection control; however there was no other auditing in-between.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the service's trustees carried out unannounced visits every month that explored all areas of the service. We saw records of visits to the service. There were also regular meetings held with the registered manager of another service in the organisation, trustees, finance, and the chief executive to review all areas of the service. Any accidents and incidents were monitored.

Relatives who used the service spoke highly of the registered manager. They told us that they thought the home was well led. One relative said, "The manager is open and transparent and very approachable and that makes a big difference." Another relative said, "[Name of registered manager] and [name of deputy manager] are so open and up front. They communicate really well with us and are very approachable people." Staff told us they felt valued and supported by the registered manager. One staff member said, "The manager is great, very easy to talk to and very approachable."

From discussions with the registered manager it was very evident that they were passionate about providing a high standard of care. They told us how they worked as a nurse providing care to people who used the service for two of the five days they worked, which meant they could ensure a high standard of care was maintained. The registered manager told us that they had an open door policy in which people who used the service, relatives and staff could approach them at any time. The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission.

Staff meetings were held on a regular basis. Minutes from meetings showed they were well attended and used to discuss areas such as best practice, training, staffing and any issues staff wanted to raise. Staff told us they found the meetings useful and were encouraged to share their views.

We asked the registered manager how they sought feedback from people and their relatives. They told us that relatives were asked to complete a survey on an annual basis. We were shown the result of the survey which had taken place in April 2016 for which there was a response rate of 41%. In general relatives were extremely positive and comments were made such as 'My dad out of the blue said he would like a beer, a carer arranged for him to have a beer and pulled two chairs together so it looked like we were in a snug – it was personal to me and dad. Gardening was his other love and sometimes in the summer he is given some secateurs and he helps the gardener. The last point for myself and my family is the care for the relatives. At Christmas we received the most wonderful gift and a Christmas card. It was made by Dad with help from someone. It was so unexpected but so precious. It was a gift from dad.' When asked what relatives liked best they complimented the friendly staff, the garden, and the calm and caring atmosphere. When asked what they disliked about the home they said on some occasions the clothing and bedding was not properly ironed, an occasional odour and the décor. After the survey the registered manager developed an action plan to address the areas identified as needing improvement.

A relative said that there were relatives meetings held within the service in which they were encouraged to share their views and make any suggestions for change. They also told us the notice board in the entrance to the service was very informative and kept people up to date with areas such as meeting dates and events within the service.

The service was accredited with the Gold Standards Framework, which is a national training and end of life accreditation programme. This meant the service was committed to ensuring people and their family were supported well at the end of life. The service had also acquired accreditation in Investors in People which is the standard for people management. This standard defines what it takes to lead, support and manage people for sustained success.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service and others were not protected against the risks associated with ineffective monitoring of the service. Effective governance arrangements were not in place.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Many staff were not up to date with their training.