

Life Style Care (2011) plc

# Ashwood Care Centre

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

The inspection was carried out on 19 and 20 March 2015 and the first day was unannounced. The last inspection took place on 1 November 2013 and the provider was compliant with the regulations we checked.

Ashwood Care Centre is a nursing home providing care for a maximum of 70 people. The service has three floors. The ground floor is for people with general nursing and personal care needs, the first floor is for people with

nursing dementia care needs and the second floor is for people with personal care and dementia care needs. At the time of the inspection there were 62 people using the service.

The service is required to have a registered manager in post, and the registered manager has been managing the service since June 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

‘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.

Staff were aware of safeguarding and whistle blowing procedures and demonstrated a good understanding of what constituted abuse. Whistleblowing procedures needed reviewing as contact with outside agencies was not included.

Call bells were not always available to people, which could place them at risk of being unable to access for assistance when they required it.

Medicines were being managed safely, however we have made a recommendation about some aspects of medicines management to improve monitoring processes.

Staff we spoke with and records we saw confirmed recruitment procedures were being followed.

The registered manager had identified gaps in training and was taking action to address this. A programme of training and updates for staff had commenced. Staff had received training and, apart from one exception where we observed some poor handling, we saw staff putting their learning into practice.

We found the service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people’s freedom is not unduly restricted. Where people were at risk and unable to make decisions in their own best interest, they had been appropriately referred for assessment under DoLS. They were not always meeting the requirements of the Mental Capacity Act 2005 (MCA) with respect to gaining consent, for example, the taking of photographs.

People and their relatives were happy with the care provided. Although care records were comprehensive, some were not up to date and it was not always clear if people had been given the opportunity to be involved, so their wishes could be included. This had been identified and action was being taken to address it.

Staff treated people in a gentle and respectful manner. Procedures for staff handovers needed to be reviewed as they did not respect people’s dignity and privacy.

People had a choice of meals and staff were available to provide support and assistance with meals. Where food and fluid intakes were being recorded for some people, the results were not being effectively monitored, so could place people at risk. Staff referred people for input from healthcare professionals when required.

People were encouraged to take part in activities and these were planned and led in a manner that was inclusive and enjoyable.

People and their relatives felt confident to express any concerns, so these could be addressed.

People using the service, relatives and staff said the registered manager and the deputy manager were approachable and listened to them. Systems were in place to monitor the quality of the service. However, these had not been fully effective in highlighting the shortfalls identified during this inspection.

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

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Call bells were not always accessible to people so they could not summon assistance when required. Staff did not always follow manual handling procedures which could place people at risk of injury.

Staff were aware of safeguarding procedures and understood what constituted abuse. Whistleblowing procedures needed updating to reflect the outside agencies staff could contact to report concerns if necessary.

Although medicines were being managed safely, we have made a recommendation that pain protocols are put in place, pain assessments are carried out more regularly for people with dementia and medicines quality assurance checks are standardised across all three floors of the service.

Assessments were in place for identified areas of risk to each person. These were reviewed monthly, so the information was kept up to date. Risk assessments for fire safety and safe working practices were in place. Equipment was being serviced and maintained at the required intervals.

Staff recruitment procedures were in place and being followed. There were enough staff on duty to meet people's needs.

**Requires improvement**



### Is the service effective?

Some aspects of the service were not effective. People told us they were happy with the care they received. Where gaps in staff training had been identified, training was being given to provide staff with the skills and knowledge to care for people effectively.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS are in place to ensure that people's freedom is not unduly restricted. They were not always meeting the requirements of the Mental Capacity Act 2005 (MCA), with respect to always gaining people's consent.

People received a variety of meals and the support and assistance they needed from staff with eating and drinking, so their dietary needs could be met. Monitoring of people's fluid intake was inconsistent and could place people at risk of becoming dehydrated.

People's healthcare needs were being monitored and people were referred to the relevant healthcare professional when input was required.

**Requires improvement**



# Summary of findings

## Is the service caring?

Some aspects of the service were not caring. People and relatives expressed satisfaction with the care being provided. Staff cared for people in a gentle and respectful manner, however the process used for staff handovers could compromise people's privacy and dignity.

Although staff were knowledgeable about people's needs, there was little evidence people had been involved in making choices about their care.

**Requires improvement**



## Is the service responsive?

The service was responsive. Care records were comprehensive, however they were not always up to date and the information was not easy for staff to access. This had been identified and action was in progress to bring the care records up to date.

Activities were provided and encompassed people's interests and abilities.

A complaints procedure was displayed and people and their relatives said they knew how to raise concerns so they could be addressed.

**Good**



## Is the service well-led?

Some aspects of the service were not well-led. The service had a registered manager and staff said she was approachable and supportive.

Good practice guidance and current legislation was used to inform protocols and practices, so staff had information to keep up to date with best practices.

Systems were in place to monitor the quality of the service, so areas for improvement could be identified and addressed. However, these systems had not been fully effective in highlighting some of the issues we found at our inspection.

**Requires improvement**



# Ashwood Care Centre

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 19 and 20 March 2015 and the first day was unannounced. The inspection was carried out by three inspectors including a pharmacist inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience with older people and those with dementia care needs.

Before the inspection we reviewed the information we held about the service including notifications and information received from the local authority.

During the inspection we viewed a variety of records including six people’s care records, thirty two medicines administration record charts, five staff files, servicing and maintenance records for equipment and the premises, risk assessments, audit reports and policies and procedures. We observed the mealtime experience and interaction between people using the service and staff on all floors.

We spoke with twelve people using the service, six relatives, the registered manager, the deputy manager, the director of quality and audits, three registered nurses, eleven care staff, the activities coordinator, one cook, the housekeeper and two domestic and laundry staff and five healthcare professionals, including a GP, a podiatrist, a physiotherapist, a dietitian and a clinical nurse specialist.

# Is the service safe?

## Our findings

People answered positively when asked whether they felt safe at the service. Responses ranged from, “I suppose so,” to, “oh yes,” and “oh yeah, yeah.” All the people we asked felt there were enough staff on duty to meet their needs. One relative expressed satisfaction with the care their family member was receiving and said of the staff, “Most of the time they’re very approachable. On the odd occasion, when they’re really busy then they haven’t got the time.” Several members of staff had been at the service for many years and one person expressed satisfaction with staff consistency and said, “It’s one lot at night, usually the same ones, and then another lot in the day. You don’t see lots of different people.”

We spoke with staff about their understanding of safeguarding. They were able to describe the risks that people living at the service could be exposed to and they understood that protection of people’s dignity was an important aspect of safeguarding in addition to protection against neglect and abuse. We asked staff what they would do if they were concerned about another member of staff’s behaviour or if they noticed marks on a person. Staff were clear about reporting procedures and said that they would report any concerns promptly. Staff were aware of the company’s whistleblowing policy and the need to raise issues further up the management chain if they felt matters were not being properly addressed. Staff also knew to report matters to outside agencies if required, however although the majority of staff knew who to contact, for example, the local authority, some were unsure. Policies and procedures for safeguarding and whistleblowing were in place, however the whistleblowing procedure did not include information about outside agencies to contact. The registered manager said she would discuss this with the provider with a view to updating the document to include reference to outside agencies, and that this would also be addressed in training updates for staff. Notifications received from the service showed the registered manager knew to report concerns to safeguard people using the service.

Assessments for identified risks had been completed and these included mental health, falls, safe environment and pressure sore risks, with the actions to be taken by staff to minimise each risk. We asked three staff about people’s care and how risks associated with it were managed. They

were well-informed about people’s various needs and risks and responded knowledgeably. We observed senior staff instructing staff to monitor people who needed supervision when they were mobilising, which they were able to do freely on each floor. This showed that staff were aware of people’s risks and took steps to ensure these risks were being managed.

Risk assessments were in place for premises, equipment and safe working practices. The registered manager had been working through these to review and update them where required, and this work was ongoing. We sampled the servicing and maintenance records. These showed that equipment including lifts, gas appliances, the fire alarm and emergency lighting systems had been checked and maintained at the required intervals, to ensure these were safe. If equipment was not working, for example, a lift, there was evidence that repairs were arranged in a timely way. The fire risk assessment had last been completed in November 2014 and action had been and was being taken to address the action points. A fire emergency plan was in place and identified personal emergency evacuation plans for each person and an emergency contingency plan was also in place, clearly identifying the action to be taken in the event of an emergency.

We witnessed one example of poor practice where two staff employed a manual handling technique to adjust a person’s position in the chair, which could have placed the person at risk of injury. We discussed this with the staff who confirmed they had received manual handling training but had not followed this when moving the person. The registered manager said this would be investigated and she would arrange training updates in manual handling for the staff. Apart from this one finding, we observed staff employing correct moving and handling techniques to move and support people. Where equipment was being used to transfer people, for example lifting hoists or wheelchairs, we observed staff using the equipment appropriately and safely.

Call bells were answered promptly during the inspection, and people we asked said their call bells were usually answered promptly. However, we noted several rooms where the call bells were some distance away from people, and we were told for some people this was to avoid the risk of trips and falls and for others it was because they were unable to use a call bell. In other rooms call bell leads were not available and the call bell point was some distance

## Is the service safe?

away from where people were sitting. We saw staff pass by rooms and look in to attend to people who wanted to move, for example, to use the toilet, however it was not clear how these people would summon assistance when they needed it. One person appeared distressed and had not been able to summon help when they needed it. In other rooms we saw call bell leads were available and had been positioned within easy reach for people. We discussed this with the registered manager who said she would investigate suitable call systems, for example, pendants people could wear so they would be able to summon staff when they needed support and help.

This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we asked confirmed employment checks had been carried out before they started working at the service. The staff records showed employment checks were being carried out to ensure only suitable staff were employed at the service. Checks including criminal record checks and Disclosure and Barring Scheme (DBS) checks, proof of identity and right to work in the UK and references including those from previous employers had been carried out. Application forms and health questionnaires had been completed and gaps in employment histories explained. People, relatives and staff said they felt that there were usually sufficient numbers of staff on duty to provide the support and care required by people living at the service. At the time of inspection we observed staff were visible on all floors and attended to people promptly.

We checked the service's arrangements for the management of people's medicines by checking a sample of medicines records and medicines supplies for people across all three floors of the service. We found there were effective systems in place to manage medicines. There was an effective ordering system for medicines, and we saw that all prescribed medicines were available at the service. Up-to-date and fully completed records were kept of medicines received, administered and disposed of, including a record when people had allergies to medicines. Balances of medicines in stock were checked daily. These medicines records and stock balance checks provided evidence that people were consistently receiving their medicines as prescribed.

Medicines were stored safely. The temperature of medicines storage areas, including medicines fridges, was checked twice a day, and records showed that medicines were kept at safe temperatures. We viewed the arrangements for controlled drugs, and saw that these were stored securely, with appropriate arrangements in place to record when these were used. There was a controlled drugs denaturing kit available, and we saw that controlled drugs were disposed of safely. We checked the use of sedating medicines for people with behavioural symptoms related to dementia, and saw that these were not being inappropriately or overused. We observed medicines being given to people, and this was done safely, by care staff who had received medication training and had been assessed as competent to administer medicines.

On one floor we checked medicines records for eight people, and saw that seven people were prescribed pain-relieving medicines, to be given on a when needed basis. These pain relieving medicines had not been administered often. For some of these people, staff administering medicines did not know what type of pain these had been prescribed for. There were no protocols in place to explain what type of pain these medicines had been prescribed for, and how staff would be able to tell if these people were in pain, as some people were unable to express themselves verbally. There were pain care plans in place, but we saw pain assessments were only carried out once a month. There was no evidence that people had been left in pain, however, people living with dementia may not be able to communicate their pain verbally so assessments should be carried out regularly. On another floor, where people were able to communicate their needs to staff, we observed people receiving their medicines. They were each told what they were receiving and those who had been prescribed painkillers were asked whether or not they had any pain and whether they therefore wanted the medicines or not. The GP we spoke with confirmed medicine reviews were carried out for the people they provided medical services for.

We recommend that pain protocols are put in place and pain assessments are carried out more regularly for people with dementia.



# Is the service effective?

## Our findings

We asked people what they thought of the food provision in the service. Most people described the food as 'alright' and other comments included, "There's plenty of food, plenty of drink, plenty of looking after." "Is very good, it's a good breakfast here." and "The food's good – most of the time. I've never gone hungry."

We asked people if they were able to see their GP and they told us they were, and staff organised this. One person said, "They arrange that for you." One relative said they had experienced some inconsistency in being kept informed of their relative's condition. Others said they were informed promptly of any problems and they felt included in their relative's care. For example, one relative said, "If there's anything wrong, they ring me." Another told us a member of the family was always called if there were any changes in their relative's health or needs.

We viewed the training record for all staff and saw training in a range of topics had taken place in the previous six months. The registered manager said further training needs had been identified and work was ongoing to ensure all staff received the training and updates to provide them with the skills and knowledge they needed to care for people effectively. Staff were able to describe the training they had received including health and safety, manual handling, safeguarding, dementia care and first aid. Staff who had recently joined the service told us the induction process had included a two-week period of shadowing experienced staff. The staff training record identified the training undertaken by each member of staff and we saw guidance was made available to staff, for example, care of older people, in the form of posters and information sheets available in the staff office on each floor. Staff told us that they had regular supervision from their line manager, which was evident from the supervision plan we saw, and they said they had also received an annual appraisal. Staff were aware of the needs of individuals. One healthcare professional told us when palliative care training had been offered to care services two staff from the service had taken this up and attended the training. We spoke to staff about caring for people with different needs. One described the strategies used to manage people who exhibited behaviour that challenged, and understood the different strategies to use to distract people so their attention was diverted and the situation was diffused.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). This is where the provider must ensure that people's freedom was not unduly restricted. Where restrictions have been put in place for a person's safety or if it has been deemed in their best interests, then there must be evidence that the person, their representatives and professionals involved in their lives have all agreed on the least restrictive way to support the person. Policies and procedures in relation to the MCA and DoLS were in place and staff had received training in these topics in August 2014. The registered manager understood the criteria and process for making a DoLS application. Guidance for Deprivation of Liberty Safeguards (DoLS) was displayed in the staff area on each floor and staff were able to tell us the importance of listening to people and acting in their best interests. We spoke with the registered manager and saw four applications for DoLS assessments had been made and we viewed the documentation and the approvals that had been received. This showed where it had been identified people lacked the capacity to make decisions for themselves, and as a result a person's liberty was being deprived, action had been taken to follow correct protocols to address this.

We saw staff sought the consent of people before providing care and support. For example, we saw a member of staff asking a person whether they could help them move from the sitting room to the dining room. Staff were also able to describe how they involved people and obtained their consent when providing personal care. Documents completed where people or their representatives were giving written consent, for example, for the use of bedrails or having photographs taken, were not consistent and although in most cases the forms were complete, some were not and it was not clear what the consent had been given for.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed people being supported to eat during the lunchtime meal on each floor. Staff were available to support and assist people and there was a good atmosphere during meal times with staff chatting in a friendly and appropriate way with people. Staff supported



## Is the service effective?

people to eat in an unhurried and respectful manner. We saw staff took the time to encourage people to use cutlery themselves where they were able to do this with prompting and support. Where a person refused their meal, staff were patient and returned at intervals to offer food again and gently tried to encourage them. We saw people who chose to stay in their rooms for meals were attended to and staff were patient, helpful and respectful. The cook was aware of people's dietary needs and we saw diet sheets identifying people's preferences and dietary requirements had been completed for people when they were admitted to the service and were available for the catering staff to view. Meals to meet people's nutritional needs were also prepared, for example, high calorie or high protein meals and snacks.

On one floor we saw a carer visiting each person to ask what they would like for their meals the next day. They discussed what was on offer and were aware of people's likes and dislikes of particular foods. There were choices for each meal including vegetarian options. We saw the menu choice lists being followed when the meals were served. There were menus on the tables in the dining rooms, and on two floors people were reminded of what it was and asked what vegetables they would like. We noted on one floor this did not happen and spoke with staff about this and they were receptive and discussed the options available when puddings were served. Portions were too large for some people who asked for some of the food to be removed before they would eat it or left a lot of food on their plates. We discussed our observations with the registered manager who said people's mealtime experience would be included in training updates for staff.

Throughout the day we saw people were offered plenty of fluids. There were jugs of juice and water in all the communal areas and most people had a glass of drink left within easy reach. Tea and coffee were offered at regular

intervals. When one person asked for a cup of tea outside of the regular time, it was immediately supplied. Drinks were on the tables throughout lunch and were regularly offered and re-filled. We looked at the records kept for the food and fluid intake of people who required this to be monitored and we observed staff filling in these records throughout the day. We saw the total fluid intake for each person was transferred to a single sheet thereby providing an 'at a glance' record of daily fluid intake for each person on the floor. We examined this record and saw that people's daily fluid intake was often significantly less than their identified target intake. We raised this with the senior staff who were unable to account for this and said information about each person's fluid intake was not reviewed and reported although intake was clearly recorded. This could place people at risk of becoming dehydrated.

This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The records we viewed showed us people's vital signs were regularly monitored and recorded. We saw that people were referred to a range of healthcare professionals where required. There were examples of referrals to cardiac specialists, chiropody service, GPs, community psychiatric nurse specialists and community nurses. Staff were able to give us scenarios about people's conditions or behaviours and demonstrated an understanding of needing to ensure people were referred promptly for input from healthcare professionals. The visiting healthcare professionals we spoke with confirmed people were referred to them in a timely way and the staff listened to them and implemented any treatments they prescribed.

# Is the service caring?

## Our findings

We saw staff supporting and assisting people and caring for them calmly and with kindness. One person said, “They treat you like a human being.” Asked whether that meant they thought they were respectful they said, “Yes, that’s it. They respect you.” A relative said, “they are looking after my [relative] very well, there are no problems.” We observed interactions between care staff and the people using the service. Staff were respectful to people, there was a calm atmosphere and people told us they liked the staff and they were well treated by them. Comments included, “The staff are very kind.” “They’re fine. They’re very good really.” “I like the staff here, they are good to us.” One relative said the staff had cared for their family member “really well.” Another said of the staff, “They are brilliant.”

Staff were knowledgeable about the individual needs of people using the service and had taken the time to find out background information about people’s situation and past histories. This enabled more meaningful conversations to take place and we saw this between staff and people.

The activities coordinator was observed demonstrating high levels of personal interaction, warmth and rapport with people. Conversations were geared to their interests and to stimulating memories. Jokes and humour generally were pitched at their level of comprehension and people were encouraged to sing and to chat about a range of subjects. However, we observed other staff carrying out task-based activities, for example, when painting people’s nails, staff were gentle and attentive but did not try and engage people in conversations unrelated to the task. We asked about advocacy services and the registered manager said she had contact details for the local advocacy service and would contact them should it be identified that someone needed an advocate to act on their behalf.

Information in people’s records indicated relatives were involved in making decisions about people’s care but there was little evidence of where people had been encouraged to express their views and be involved in making decisions about their own care. For example, on the first day of inspection most of the doors on each floor were open. We asked staff why this was and they gave answers such as this was “the way the home normally did it” and that “it helped

observation of people.” Later in the day we saw many of doors had been closed. The records did not indicate whether people preferred to have their door kept open or closed. We spoke to one person whose door was open early in the morning. They said, “I prefer my door to be shut at night and it is and I don’t mind it being open during the day.” The records did not record people’s preferences about when they got up and went to bed and how choices about spending their time were made. However, it was clear from what staff told us and our observations that people who preferred to stay in their rooms were able to do so, including some people who spent a lot of time in their rooms and did not wish to socialize. Staff gave us examples of the choices they offered to people, for example, what they wanted to wear each day. Overall it appeared when people were offered and expressed a view, their choices were respected, but the information was not recorded in their care records so the information was not available to all staff.

We observed staff knocking on bedroom doors and doors were closed whenever staff were supporting and assisting people with personal care. We heard staff speaking with people using their preferred term of address. However, the procedures for morning handover invaded people’s privacy and did not enhance their dignity. The handover involved the day staff team going from room to room and the member of the night staff gave a handover saying how each person had been overnight. Staff knocked on the person’s door and entered. They did not ask whether the person wanted to be viewed by the day staff team in this way nor did they consider whether it was necessary for important information to be passed on in this manner. On another floor we observed a similar procedure being used although staff did not enter the room, with information being communicated in the doorway within the hearing of other people. We fed this back to the registered manager. They told us they had already identified task-led practices as an issue and more training was being planned to improve the customer care skills of staff where shortfalls were identified. A dignity audit carried out in January 2015 had identified some areas for improvement, for example, staff not always knowing people’s preferred term of address, and action had been taken so that this information was clarified and recorded at the time of a person’s admission.

# Is the service responsive?

## Our findings

Care records were comprehensive and detailed the care needs of each person and how these were to be met. People's level of dependency, well-being, nutritional status, risk of pressure sores and weight were recorded each month unless concerns indicated more frequent monitoring. The daily records showed that various aspects of people's care which required close monitoring as set out in people's care plans had been undertaken. These records covered the amount of sleep a person had, when they were turned and the results of observation of skin integrity against risk of pressure sores, activities undertaken, personal care given, and food and fluid intake. Staff told us knowledge about people's needs was mostly communicated verbally. One member of staff said, "No one here uses the main files because there are cumbersome and repetitive." Staff were knowledgeable about the needs of each person and when we asked about an aspect of someone's care they were able to provide a comprehensive answer. We also viewed samples of the 24 hours handover sheets, which were used to record any significant events, for example, healthcare professionals visit, hospital admissions and new admissions. The registered manager said she reviewed these each day to make sure any issues were addressed.

We spoke with a healthcare professional who was reviewing the progress of one person. They confirmed progress was being made and we saw from daily records that treatment being carried out in line with their instructions. However a record of these instructions was not included in the care records and the senior member of staff said such instructions were handed on to the care staff verbally on a daily basis. Whilst people were being treated in line with instructions from healthcare professionals, there was a risk that important information might get lost within the complexities of the record-keeping system.

We discussed the documentation with the deputy manager who had identified the need to ensure all paperwork was up to date, relevant to the person and user friendly. She said as part of her review of people's records she was ensuring the documentation was complete and clear for staff to read. We saw evidence that the contents and

ordering of care records were being reviewed and changes made to ensure information was easily accessible to staff, so could see action was being taken to address shortfalls with records.

We asked people about the activities in the service. Some commented they did not take part and we saw they liked spending time in their own rooms. One person said, "Oh yes, there's things going on. It makes your day go quicker." We observed a variety of activities taking place throughout our inspection. These included a lively session on the ground floor in which pictures were used to stimulate conversation and memories. On the first floor there was a sing-a-long in the morning and an effort to engage people in discussion about pictures in the afternoon. Few actively took part although the atmosphere in the room, with most people on the floor present, was pleasant and became particularly animated when a member of staff brought in their dog for a visit. On the second floor a game of indoor bowls was popular with the participants and also provided entertainment for others who didn't participate but observed. The atmosphere was bright and there was plenty of humour and chat as well as physical exercise and stimulation.

One person enjoyed serving tea and washing up. A member of staff asked the person if they were ready to help and the person immediately and happily got up to do so. The member of staff then supervised the person pushing the tea trolley round. We saw this person was happy with a role that kept them occupied and allowed them to feel useful. One person told us they went out each week to the hairdressers and we spoke with the activities coordinator about outings. She said these were being organised and people enjoyed going out. There was an activities programme that was updated each week to keep it current. The service had regular input from Christian Church representatives and the activities coordinator explained if anyone wanted input from other faiths she would speak with them and their families and also knew how to access places of worship, so this could be arranged. People were invited to local schools for entertainments and the activities coordinator said she was planning more outings for people. She said she spent time doing individual activities for those who did not wish to join in the groups. She had a good knowledge of people's individual interests and visited people periodically to ask them about their likes, dislikes and any changes in their interests or wishes. This showed people were given the opportunity to express

## Is the service responsive?

themselves and be listened to. We received positive feedback about the activities coordinator from people and relatives and other staff were encouraged to join in with the provision of activities.

We saw a copy of the complaints procedure on display in the reception and other areas within the service which was also contained in the information pack given out when people were admitted to the service. We viewed the

complaints file and saw where complaints had been raised they had been recorded, investigated and responded to in a timely way. Relatives told us the service was responsive to complaints and gave examples of where they had complained and action had been taken promptly to address their concerns. One relative said, "If you complain, they deal with it. Most of the time they're very responsive."

# Is the service well-led?

## Our findings

The service had a registered manager who had been in post since June 2014 and the deputy manager had joined the service in December 2014. Both were working hard to identify and address areas for improvement within the service. Staff considered the service to be well led and felt supported by the registered manager and the deputy manager. One member of staff told us, "It's good to be working where the management is supportive of the need for activities and encourages other staff to be involved." Another said, "The manager here has made very positive changes, the refurbishment has lifted all of us, staff and residents alike. There is a much more positive atmosphere." Another told us, "Staff are much better trained now in terms of knowing how to deliver good care." Staff indicated they enjoyed their work and were comfortable with the culture of the organisation. Staff said staff meetings took place and action was taken to address any points raised.

One relative told us there were regular meetings with relatives where they were consulted on issues, for example, the recent redecoration and refurbishment. There had been four relatives meetings since the registered manager started in July 2014 and the minutes showed where issues were raised, the registered manager had taken action to address them and provided feedback on this at the next meeting. A talk on dementia had also been provided for relatives. Regular meetings for staff had taken place including meetings for each floor, the night staff, senior nursing and care staff, heads of department and ancillary staff, with clear minutes recording the discussions and the actions to be taken to address any issues.

Refurbishment of the facility has recently been undertaken with the ground floor completed to a high standard. Bedrooms were clean and nicely decorated with new carpets and furnishings. The lounge and dining areas were similarly clean, bright and pleasant areas. Refurbishment was in progress on the first and second floors and the registered manager said the bedrooms were to be completed on these floors. The registered manager had

identified the need for improvements when she first came to the service and had discussed her concerns with the provider, who had taken action to address the poor state of décor within the service.

The manager said she used recognised good practice to inform care, for example using guidance published by the National Institute of Clinical Excellence. She said she used the guidance in meetings with staff to improve practice, for example, improving continence management. The company policies and procedures were based on relevant legislation and good practice guidance and this was recorded on the documents to evidence the source of the information. These were kept under review by the provider and updates sent to the service to keep the information current.

There was an auditing system in place to monitor the service. A representative for the provider visited the service each month to audit records and various aspects of the service provision, and speak with people, staff and relatives to obtain their views, to monitor the quality of the service. During the audit in February 2015 shortfalls with staff training had been identified and action was being taken to increase the training for staff. In-house audits were carried out by the registered manager on various aspects of the service, including care records, infection control, pressure sores, weight measurements and accidents and incidents. The monthly analysis of accidents and incidents looked for any trends, for example, timings of events and also recorded the action to be taken to minimise recurrence. Some of the issues identified within this report had been identified by the monitoring processes, however others had not, for example the monitoring of people's fluid intake and consent form completions, so monitoring processes were not fully effective.

Satisfaction surveys had been sent out in December 2014 and the results had been analysed and displayed for people to view in March 2015. The registered manager said she was addressing any individual issues people had raised. Notifications were being sent to CQC for any notifiable events, so we were being kept informed of the information we required.

This section is primarily information for the provider

## 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 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The registered person did not always have suitable arrangements in place for obtaining the consent of service users in relation to care and treatment provided for them. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	We found the provider did not ensure equipment was available in sufficient quantities to ensure the safety of service users and meet their assessed needs. This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(1)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered person did not protect service users and others who may be at risk, against the risk of inappropriate or unsafe care by means of the effective operation of systems designed to identify, assess and manage risks relating to the health, welfare and safety of service users and others. This was in breach of regulation 10(1)(b) of the Health and Social Care Act 2008

This section is primarily information for the provider

## Action we have told the provider to take

(Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.