Mrs C Ramsey and Mrs J Lubbock

Knights Templar Court

Inspection report

Throop Road
Templecombe
Somerset
BA8 0HR

Tel: 01963370317

Date of inspection visit:
24 March 2016
30 March 2016

Date of publication:
25 May 2016

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?	**Requires Improvement**

Summary of findings

Overall summary

Knights Templar Court is registered to provide care for up to 20 people. The home specialises in the care of older people living with dementia. At the time of the inspection 14 people were living at the home; two people were on short term stays. Accommodation is arranged over two floors.

The registered manager who was responsible for the home left the provider's employment in December 2015. 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 and associated Regulations about how the service is run. A new manager was recruited in December 2015 and has begun the registration process with us.

This inspection took place on 24 and 30 March 2016 and was unannounced.

Staff understood people's needs and provided the care and support they needed. People said the home was a safe place. One person said "Yes, I do feel safe here."

People were happy with the care they received. There were organised activities and people were able to choose to socialise or spend time alone. People liked the meals served in the home; mealtimes needed better organisation.

People interacted well with staff and spoke highly of them. One person said "All the care staff are very good, really nice friendly people." There was a relaxed, homely atmosphere. There was laughter and chatter. People made choices about their day to day lives.

People received good support from health and social care professionals. Staff had built trusting relationships with people. People nearing the end of their lives received kind and compassionate care.

People, and those close to them, were involved in planning and reviewing their care and support. There was good communication with people's relatives. Relatives visited regularly, felt involved and said their views were listened to and acted on. One relative said "They always ask if you are happy with everything."

Staff spoke highly of the care they were able to provide to people. One staff member said "I think we give people the care they need. People and their families seem happy."

People liked and trusted the manager. All staff worked hard to provide a good level of care to people. The aims of the service were well defined and adopted by the staff team.

There were quality assurance processes in place to monitor care and safety and plan ongoing improvements but these were not fully effective. Some record keeping, such as accidents and incidents,

needed improving. There were systems in place to share information and seek people's views about their care and the running of the home.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicine administration records were not always accurate and checks were not always completed to ensure medicines were still safe to use. People did not always have their legal rights protected when making decisions. Staff were not supervised in line with the provider's policy and the provider's quality assurance systems were not fully effective.

We found one breach of The Care Quality Commission (Registration) Regulations 2009. This was because some significant events which had occurred in the home had not been reported in line with legal requirements. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

Medicine administration and management did not always promote people's safety.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe. Staff recruitment was safely managed.

Is the service effective?

Requires Improvement

Some aspects of this service were not effective.

People and those close to them were involved in their care but people could not be assured that care and treatment was always provided with their consent or with the consent of a relevant person.

People saw health and social care professionals when they needed to. They received prompt care and treatment.

Staff did not receive the supervision or training they needed to make sure they had the skills and knowledge to provide care for people.

Is the service caring?

Good

The service was caring.

Staff were kind and considerate. They had built good relationships with people.

When people were confused or distressed, the staff managed it well.

People were supported to keep in touch with their friends and relations. They were involved in decisions about the running of the home as well as the care being provided.

Staff provided sensitive and compassionate care to people nearing the end of their lives.

Is the service responsive?

Good

The service was responsive.

People's care was planned and delivered in line with their current or changing needs.

People and those close to them were involved in planning and reviewing care. People shared their views on the care provided and on the home more generally. People's views and experiences were used to improve the service.

People chose how to spend their day. There were planned activities for people.

There was a complaints procedure in place. People were confident that complaints would be taken seriously and investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service was not providing consistently high quality care.

There were clear lines of accountability and responsibility within the management team.

The systems in place designed to monitor the quality of the service were not fully effective.

Some significant events which had occurred in the home had not been reported in line with legal requirements.

Knights Templar Court

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 30 March 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and one specialist professional advisor in caring for older people living with dementia.

During our inspection we spoke with five people who lived in the home, four visitors, three care staff, the deputy manager, the administrator and the manager. 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 observed care and support informally in communal areas and looked at the care records for five people. We also looked at records that related to how the home was managed such as staff rotas, staff training records, complaints records and staff recruitment records.

Before our inspection we reviewed all of the information we held about the home. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The manager therefore provided us with a range of documents, such as internal audits and quality assurance surveys, which gave us key information about the service and any planned improvements.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe.

Medicine administration and storage did not promote people's safety. Senior staff gave medicines to people. Some medicines used in the home required specific secure storage and record keeping to prevent them being misused or causing harm. On the first day of our inspection we found one of these medicines had not been recorded when it was received by the home. This meant there was no record of the medicine being on the premises. Staff had therefore failed to follow the law in relation to this medicine or the provider's own medication policy. This was raised with the manager who ensured this was corrected immediately.

People needed some medicines which required refrigeration. Staff told us the temperature of the medicine fridge was checked every day to make sure these medicines were safe to use. The current month's record showed the fridge temperature had been not been checked on 17 out of 24 days. People used 'homely remedies' when they needed them. These are medicines which can be bought over the counter or at a pharmacy which do not require a prescription. Some of these medicines needed to be stored below a certain temperature. We found these stored in a box on top of a working radiator which was hot to the touch. This meant that staff did not know if refrigerated medicines or homely remedies were being stored at the right temperature or if they were safe to use. This was raised with the manager who arranged to return these medicines to the pharmacy and asked them to provide a fresh supply.

Some people took medicines as and when required, such as painkillers. There were no guidelines for staff to follow which explained when a person may require these medicines. A member of staff told us "Staff just know when to give medicine because they know people well." However, discussions with staff who gave medicines showed their opinions on when to give these medicines varied. This meant people could be at risk of not receiving medicines when they needed them.

Some medicines should have been dated when they were first used. We found some medicines had not been dated and staff therefore did not know how long they been in use. Accurate stock checks of medicines could not be carried out. This was because the amount already held at the home was not always carried forward from one month to the next. Staff would therefore not always know what medicines were on the premises. Issues relating to not recoding opening dates on medicines, medicines fridge temperatures and a lack of stock control had been identified when a member of staff from the pharmacy audited the home's medicine practices in May 2015.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the home was a safe place for them to live. One person told us "Yes, I do feel safe here." Visitors and relatives also said they thought the home was a safe place. One relative told us "I think it's safe. If I didn't mum wouldn't be here" and another visitor said "I chose this home because I felt it was safe and secure."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information for staff about safeguarding and whistleblowing displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I have never had any concerns about anyone. If I did I would report then straight away."

People were able to take risks as part of their day to day lives. For example some people who were independently mobile could walk safely in the home and in the grounds in better weather. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. However, there were no specific risk assessments to support people to promote their independence. People had a risk assessment for going out in a wheelchair but this was a standard assessment which was simply copied and a person's name entered on it. We found four people's risk assessments in other care plans which were not theirs.

A record was kept of accidents and incidents. These records were reviewed each month to look at any trends or changes which may be needed to people's care. Staff did make sure each event was recorded but they did not always record this in right place. For example one person had sustained a skin tear on two separate occasions. Staff had recorded these in the person's daily notes but had not completed an accident form. This meant there was a risk these incidents would not be part of the monthly review and action may not be taken to prevent a recurrence.

There were arrangements in place to deal with foreseeable emergencies. The provider had emergency policies and procedures for contingencies such as utility failures or in the event of a fire. There was an evacuation plan to follow in the event of a fire within the home. Training records showed staff received fire safety and first aid training. Staff told us they were instructed to call the emergency services or the GP practice, as appropriate, if they had concerns.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. References were also provided and checked. Staff were not allowed to start work until all satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

The provider had clear staff disciplinary procedures which were followed when poor staff practice was identified. Discussions with the manager and records we saw confirmed that three staff member's practice had fallen below the required standard. This had been discussed with them individually. Two of these members of staff no longer worked at the home. The third member of staff's practice had improved.

People were supported by staffing numbers which ensured their safety. Most people said there were enough staff on duty to ensure they were safe. One relative said "There are always staff around. It's safe and secure." One person had a different view and said "The home is very short of staff." They told us that this did not impact upon them because they were quite independent. However, they were "Concerned for other people who needed more help."

The staff rotas showed there were three carers on duty during the day. The manager also worked during the day and could help care for people if required. Two carers were on duty overnight. Discussions with the manager showed they knew about nationally recognised tools designed to calculate staffing levels based on people's needs but these were not used. Staffing levels had been determined by the number of people who lived in the home and staff knowledge of their needs. One staff member said "The staffing works well. We have enough time with residents." We did not observe any safety issues related to staffing numbers on either day of our inspection.

Requires Improvement

Is the service effective?

Our findings

The service was not fully effective.

Some people were able to make some of their own decisions as long as they were given the right information, in the correct way and were given time to decide. People would not be able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. 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. We checked whether the service was working within the principles of the MCA.

We found staff knowledge about the MCA was very poor. Staff did not know how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. Staff said people's ability to make their own decisions was very limited, often due to people living with dementia. Staff told us and records confirmed training in the MCA was not provided to staff. One staff member said "I've not had any training in the MCA. I've heard little bits about it but couldn't tell you how it affects people here." This was discussed with the manager who said they would arrange for all staff to be trained.

We spoke with people and looked at care records which showed that the principles of the MCA had not been used when assessing an individual's ability to make a particular decision. For example, we spoke with one person who told us they made decisions about their care; their care plan confirmed this. However, in this person's care records one staff member had made a 'best interest' decision for them regarding their medicines. Four other people's care records confirmed each person was living with dementia and were therefore likely to lack the capacity to make some decisions about their care and support. No assessment of their capacity to make decisions had been completed in accordance with the MCA. There was no reference in their daily records or their care plan about their capacity to make decisions or about making decisions in their best interests. This meant their legal rights were not being protected.

There was information in two people's care plans which stated their relatives had the legal right to make decisions about each person's care. However the home did not have a copy of the documents which would have confirmed this. This meant that decisions could be made by a person without the legal authority to do so.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had formal supervision (a meeting with the manager to discuss their work) and to support them in their professional development. Staff were very vague on the frequency of their supervisions. One staff member said they were "Fairly regular, maybe every two, three or four months." The staff supervision records we looked at showed supervisions were irregular. Staff supervision agreements stated they should

receive a minimum of five or six supervisions each year. The records we looked at showed staff had only had two supervisions in the last 12 months. This meant staff had limited formal opportunities to discuss their work, how they cared for people, any issues they may have or any training they may need. The manager was keen to establish regular supervisions for all staff as they said this was an important element in ensuring staff provided people with good care.

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

People were happy with the meals and drinks served in the home. People discussed meals each month when staff met with them individually. They had a choice of meals and could choose where they preferred to eat them. One person said "The food is very good and it is well cooked." They told us they were "Always offered a choice of two meals and if I do not like either choice I am given something else." Another person told us "I like the food. I often chose to eat my meals here [in a small lounge area] as it's quiet and I can choose what to watch on TV. They do ask you though." One relative said "The food is lovely." People ate in the dining room, the lounges or in their own rooms. Staff provided a range of support. Some people needed full assistance. Others ate independently or with a little prompting or encouragement.

We observed the lunchtime meal being served on the first day of our inspection. Although staff were kind and attentive, lunchtime appeared a little disorganised. The chef and two members of care staff initially served meals. They offered people a choice and made sure that each person had a drink. One person who ate in their own room required one to one support from a member of staff which was provided. Another person in the main lounge needed the full support of one member of staff to eat their meal. The staff member chatted with the person and described the food they were helping them to eat. They offered the food in small portions and waited for the person to finish each mouthful before offering more.

During lunch this staff member also had to ensure six other people seated either in the dining room or lounge had appropriate prompting, care and support. This member of staff had to stop helping one person with their meal as another person required support with personal care. Even though they explained the delay to the person they had to leave them for in excess of 15 minutes. During this time their meal remained in front of them and became cold. When the member of staff returned they had to take this person's meal to the kitchen for reheating before they could continue eating it. A call bell then rang for some time without being answered. The member of staff stopped supporting the person to eat and went to answer the call bell. While they were away the manager entered the lounge and cleared the person's dessert away without checking they had finished. The member of staff returned and said that the person had not finished their dessert. It was not clear whether the person wanted more and there was therefore a risk that their nutritional needs were not being met.

People spoke highly of the staff who worked in the home and the care they provided. One person said "All the care staff are very good, really nice friendly people." One relative told us "I like the staff. They look after people they way you would like to be looked after." Another relative said "All the staff know what they are doing and what care mum needs." The staff team at the home had a good knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support.

Staff told us their induction was thorough when they started working at the home. There were opportunities for on-going training and for obtaining additional care qualifications such as a national vocational qualification (NVQ). The records we looked at showed planned training was up to date. Basic training included fire safety procedures, manual handling, first aid and infection control. Staff had also been

provided with specific training to meet people's care needs, such as privacy and dignity, equality and diversity and caring for people living with dementia. Nine staff had attained an NVQ. One staff member said "The training works well. It makes you aware. I think we are well trained to look after the people who are here."

People saw health care professionals to meet their specific needs. People said staff made sure they saw the relevant professional for ongoing care, reviews or if they became unwell. One person told us "I fell and grazed my leg." In response staff had arranged for "The district nurse to visit and to dress it for me." Staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One relative said "They are very good here with people's health. If mum is not very well they do everything. She has been in hospital and they were very good with that."

During the inspection we looked at five people's care records. These showed people saw a wide range of professionals such as GPs, dentists, speech and language therapists and district nurses. District nurses and GPs visited people in the home on both days of our inspection. Health professionals who completed the home's 2014 stakeholder survey were positive about the care and support provided by staff.

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). Applications had been submitted for nine people following a court ruling which widened the criteria whereby a person may be considered to have been deprived of their liberty. Four applications had been approved; the others were still being assessed. Where conditions had been applied to the approved authorisations, these had been complied with.

Good

Is the service caring?

Our findings

The service was caring.

Staff were very kind and caring; they had built good relationships with people. Staff had a good knowledge of each person and spoke about people in a compassionate, caring way. One person said "Staff are very kind and helpful." Another person told us "Staff are very nice and obliging and they always help if I need assistance." One relative said "The staff couldn't be nicer. They make a fuss of everybody." Another relative told us "They take good care of mum. I only want what's best for her and they provide that here." We read in the 2014 stakeholder survey several comments about how kind and caring staff were.

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. One staff member said "I think we give people the care they need. People and their families seem happy." There was a good rapport between people; some chatted happily between themselves and with staff. Two relatives spoke with us about the "Caring and kind" attitude of staff.

Staff supported people who were in pain or distressed in a sensitive way. We saw one person appeared to be distressed or confused on the second day of our inspection. Staff responded to them in a kind and patient way. They spent time with this person and tried to find out why they were unhappy. This person responded well to the attention staff gave them. One relative said "If people are confused here staff are very calm with them. There's no shouting or anything like that. Staff spend time with people until they are calm."

Staff were aware of people's diverse needs. Care plans contained a lot of information about people's life history, their interests and hobbies. We saw staff knew about people's lives and spoke with them about their hobbies, where they used to work, where they used to live and their families. People's religious or cultural needs were assessed when they first moved to the home. One person said "The lay preacher comes in once a month and gives communion." They told us how important this was to them.

Some people told us they understood the care choices available to them. They said they and their relatives were asked about their preferences and choices prior to moving to the home. People received a brochure when they first moved to the home. These explained how the service operated and the facilities offered. Information about the type of care and support offered was also available on the provider's website.

People who lived in the home told us they liked to do things for themselves if they could. For example, if people only needed minimal support with their personal care or with dressing or undressing this was respected. One person said "The care here is very good, although I'm quite independent really." Staff saw their role as supportive and caring but were keen not to disempower people. One relative said when their family member first moved to the home they "Did a little of the housework like tidying and dusting as they would of at home. I know that made her happy."

People we spoke with told us they kept in touch with their friends and relations. They were able to visit at any time and always made welcome. People could see their visitors in communal areas or in their own

room. One person told us "You can see your visitors in private. I usually find a quiet spot." One relative told us "You can come in any time. The staff make you feel very welcome." Relatives who had completed the home's 2014 stakeholder survey were very complimentary about their experience of visiting the home.

Staff respected people's privacy. Sixteen rooms were used for single occupancy; there were two double rooms although neither was currently being shared. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Fourteen bedrooms had en-suite facilities which provided privacy for personal care.

People were involved in decisions about the running of the home as well as their own care. People were spoken with every month and surveys were used so people could express their views about the service. Records of discussions with people showed a wide range of topics were covered and ideas for improving the service were considered.

Although the home did not provide nursing care the home's aims confirmed staff "Will endeavour to provide terminal care." People's wishes relating to the care they wanted when they were nearing the end of their lives were clearly recorded in their care plan. This included details about people's individual or religious beliefs. On the second day of our inspection one person was nearing the end of their life. We saw that care staff worked closely with district nurses and the person's GP to provide appropriate care. We saw staff were extremely kind, attentive and sensitive towards this person. Staff made sure they spent time with this person in their own room so they were not alone. We saw people who had passed away were remembered with photographs and poems about them displayed in the home.

Good

Is the service responsive?

Our findings

The service was responsive.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. One relative said "I came and had a look around and spoke to the staff. I looked at two other homes but thought this was a lovely place."

Staff told us people were involved in planning and reviewing care as much as they were able; relatives were often consulted. One person said they had a care plan but "Did not remember being involved in developing it as I was not well when I moved into the home." Care plans were written in very small print which may not be easy for people to read. There was a section in each person's plan about their right to access their records but the format did not facilitate this.

Staff told us people made choices about their day to day lives. Two people told us they "Can get up and go to bed" when they chose. One relative said "Sometimes mum likes to sleep in. She decides." We saw some people had their breakfast later in the morning after lying in. One staff member said "There are still some people in bed as they were up late watching the football." One person spoken with had mixed views about choice. They told us that staff helped them bathe. They said they "Have to have a bath when the staff tell me I can as I need to fit in with the other people in the home." We noted that there was a written schedule of people's bath times displayed in the staff room which confirmed there were generally set days for people's baths.

We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered reasonably quickly and we saw most were during our inspection. People said they thought staff were very busy. One person said "They all seem to be in a rush. In and out." Another person said "Sometimes they are in a bit of a rush." We saw that staff were busy but did have some time to spend socially with people.

During the inspection we read five people's care records. Each plan followed a similar format. They included personal information, such as people's likes and dislikes and religious and spiritual needs. They contained lots of information about people's history. For example one person's plan contained very detailed information about their life from birth until the present day. People's plans also contained information about people who were important to each individual. Care plans had been written in how to support people with their specific needs such as mobility, falls, diet, personal care and continence. However, some people's plans contained conflicting information or contained other people's records which could be confusing for staff. The manager said all care plans would be reviewed and updated where necessary.

Staff had a good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. One relative said "They take good care of people. I do feel the care is good here."

Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said "We read care plans and we write daily records as well. We have a handover at the start of every shift so you know what's happened each day or about any changes to people's care."

Staff were aware of people's care plans and provided care in line with these. Staff kept people's care needs under review; care staff reported changes to the manager who then updated people's care plans. Care plans were evaluated monthly and changes were made in response to changes of need.

People were supported to maintain contact with friends and family. There were friends and relations visiting people on both days of our inspection. Some people went out with their relatives. One visitor said "I live locally so I pop in a lot. The staff always make you feel really welcome. You can come in when you want. I come at all different times."

A range of activities were provided for people. One person told us "I like to read." They had a large number of books in their room. They told us "I have another bookcase of books in one of the lounges and I like to sit there and read." Another person said they liked to "Sit on my own and complete word searches." The home had a member of staff who led activities but they were currently on sick leave. Care staff were therefore currently providing activities when they had time during their shift. We saw people read newspapers, did puzzles, crosswords or chatted to others and to staff. Staff used items, such as a vintage hat and dress, from a 'Memory Box' and encouraged people to hold them and talk about each item. We also observed a music and reminiscence session on one afternoon. This was attended by six people who sang along with the music and later spoke about different times in their lives. The care staff encouraged everyone to join in. People appeared to really enjoy these sessions.

People told us they were happy living at the home; they said they were well cared for. People would not hesitate in speaking with staff if they had any concerns. The provider had a complaints procedure in place. Details of how to make a complaint were included in the guide available to people who lived in the home. People knew how to make a formal complaint if they needed to but felt issues could usually be resolved informally. One person said "If I had a concern or complaint I would go straight to the manager or the manager above them." One relative said "If I wasn't happy I would tell them. They always say tell us if you are not happy about anything."

There was a complaints and compliments record which showed there had been three complaints in 2016. We read the details of each complaint. The manager had looked into each complaint in line with the provider's policy. Changes had been made where possible to resolve the issue to the complainant's satisfaction. We noted there had been a number of compliments during the past 12 months. These were often about the care staff provided; some were about the home more generally.

Requires Improvement

Is the service well-led?

Our findings

The service was not consistently well led.

Although a range of internal audits of were carried out they did not always identify improvements which were needed. Medicines, care plans, accident and incidents and fridge temperatures were all audited each month. The issues we found during our inspection had not been identified by these audits. The medicines audit carried out by the pharmacy in May 2015 had noted issues with medicines recording and storage. We found similar issues during our inspection. This meant that when areas for improvement had been identified they had not been acted upon.

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

The provider had not always notified us of significant events which had occurred in line with their legal responsibilities. We had been notified of some events such as deaths which had occurred and when the last registered manager had been absent from work for an extended period of time. However, during our inspection we found that one safeguarding incident had occurred in January 2016. This had been reported immediately to the local authority but not reported to us so that we could review what action had been taken. Four people were subject to DoLS authorisations; we had only been notified about three of these people. This was discussed with the manager who agreed we had not been sent these notifications when we should have been. They would ensure these were now completed and sent.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

The last registered manager left the provider's employment in December 2015. A new manager was recruited and initially worked alongside the registered manager. The new manager had also spoken with each person who lived in the home, worked alongside care staff on early, late and overnight shifts and met informally with each member of staff. They told us this had helped them to settle in and understand what the service does well and what areas needed to be improved. They told us "Lots of things are not up to par like risk assessments and care plans but I think the care given to people here is outstanding."

All of the people spoken with during the inspection described the manager as open, honest and approachable. One person who lived in the home told us "I have been asked for my views by the manager who came to talk to me in my room." A relative said the manager "Seems very good. I get on well with her." One staff member said of the manager "Everyone respects her and she respects everyone."

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager was supported by a deputy manager and a small team of senior carers. The manager, deputy manager and senior carers worked in the home on both days of our inspection. We observed they all took an active role in the running of the home and had a good knowledge of the people who lived in the home and the staff. Staff told us, and staff rotas confirmed, there was always at least one

senior carer on each shift.

The provider's stated overall aim of the home was to provide "A holistic approach so that appropriate care can be provided" and to encourage "Maximum independence, individual dignity and self-respect." These aims were discussed at staff supervisions, team meetings and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "I love it here. We have a lovely group of residents and the staff team is great."

Staff at the home had helped people build links with the local community. Some people went out regularly with friends and relatives. People were invited into the home to attend social events, such as when people celebrated Christmas or their birthday. One relative said "Last Tuesday was mum's birthday which they really celebrated. It was lovely." Local school children visited the home and the local scout group had also been contacted to see if links could be built with them. The manager was very keen to develop this work.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon. One person told us they were "Asked for their views about the service." They said "Staff make changes if I make a suggestion." One relative said "They always ask if you are happy with everything." In addition to speaking with each person every month, the service had a suggestions box, used annual stakeholder and staff surveys and reviewed complaints and compliments to develop the service. Compliments about the care and support provided by staff were kept. This enabled the home to monitor people's satisfaction with the service and ensure any changes made were in line with people's wishes and needs.

The 2015 stakeholder survey results were still being compiled when we inspected; the full report was due to be finalised in April 2016. The 2014 survey (finalised in April 2015) survey showed high levels of satisfaction with the service. People living at the home, their relatives, staff and health and social care professionals involved in people's care had all shared their views. Where any areas for improvement had been suggested, such as with some meals served in the home, these had been acted upon.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was failing to notify CQC without delay any allegation of abuse or when an authorisation to deprive a person of their liberty had been granted. Regulation 18(2)(e)(4)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was failing to ensure people's legal rights were protected in relation to decision making. Regulation 11(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was failing to ensure the proper and safe management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was failing to operate effective

	systems to ensure the service complied with the law or to assess, monitor and improve the quality of the service. Regulation 17(1)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was failing to ensure staff were provided with supervision as necessary to enable them to carry out their duties. Regulation 18(2)(a)