Finchworth Limited

Dinsdale Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Inadequate
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This inspection took place on 15 and 19 December 2014 and was unannounced. This means the provider did not know we would be visiting.

Following our last inspection of Dinsdale Lodge Care Home in September 2014 we issued warning notices because the provider had continued to breach the regulations relating to records and quality assurance. During this inspection we found the provider had met the requirements of the warning notices and were no longer breaching the relevant regulations. In particular, we found the manager had developed a system of quality checks and audits to assess the quality of care provided. We found the checks had only recently been implemented and it was too early to assess their effectiveness. However, we found the provider had breached a further four regulations. You can see what action we told the provider to take at the back of the full version of the report.

Dinsdale Lodge Care Home is registered to provide nursing or personal care for up to 28 people. At the time

Summary of findings

of our inspection there were 17 people living at the home, some of whom were living with dementia. The home did not have a registered manager. A new manager had been appointed and was in the process of applying to be registered with the Care Quality Commission.

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.

Medicines were not always managed safely for people and some records had not been completed correctly. Whilst we saw some improvements in record keeping since our last visit, there were still some issues which meant people did not receive their medicines at the times they needed them and in a safe way.

The provider did not have effective recruitment systems in place. Three members of staff had been appointed and commenced their employment before the proper recruitment checks had been completed. Two staff members did not have two references and a disclosure and barring service (DBS) check had not been carried out for another staff member.

The provider was not following the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager told us no DoLS applications had been submitted to the local authority in respect of people who lacked capacity to make decisions. We found no evidence of any MCA assessments or best interest decisions having been made where people lacked the capacity to make decisions. Staff we spoke with did not demonstrate a sound understanding of MCA and DoLS. Training records confirmed most staff had not completed MCA and DoLS training.

Most staff had not completed some of the training they needed in order to fulfil their caring role effectively, such as training in safeguarding adults, dementia care, basic first aid, falls and nutrition and hydration.

People and family members told us the service was safe and people were well looked after. One family member said, **"**There is always someone there for her, she is very safe, they are always very helpful I can ask anything."

People said there were enough staff to meet their needs in a timely manner. People commented, "Oh yes there are enough to look after me", "The staff are good, they go on learning courses", "I think they have the right skills", and, "The staff are very good." Family members gave us positive feedback about the care staff. They said, "The staff definitely meet all her needs, there is no problem with anything." Staff also said they felt there were enough staff to meet people's needs. They commented, "Yes we can meet people's needs", and, "Yes there are enough staff. We have time for people with four carers."

Staff had a good understanding of safeguarding and whistle blowing and knew how to report any concerns. Staff told us they felt any concerns they raised with the manager would be taken seriously. They all said they would have no hesitation using the procedure. The safeguarding log indicated there had been no recent safeguarding concerns raised at the home.

Where people had been assessed as at risk the provider undertook a risk assessment and developed individual care plans. Care plans had recently been updated and were now more individualised to the needs of each person. People also had a 'personal preferences sheet' which was a summary of what they liked and disliked, such as food choices, pastimes and preferred toiletries. Care plan review records were repetitive and lacked detail.

Although the home was in the middle of an extensive refurbishment people and family members told us they were happy with the condition of the home. One person said, "It is being done up which will be better." One family member said, "The home is much improved." We observed the home was clean with no unpleasant odours.

There were checks in place to ensure the safety and security of the home and equipment. The provider also had emergency evacuation procedures and a business continuity plan to ensure people would continue to receive care following an emergency. Incidents and accidents were logged and action taken to help keep people safe.

Summary of findings

Staff confirmed they received regular one to one supervision with their manager. One staff member said, "Yes, regular [supervision] every few months with the senior carer." Another staff member said, "I feel totally supported."

Staff knew how to manage behaviours that challenged the service. Some people had specific 'anxiety' care plans in place which included guidance for staff about how to support the person when they were anxious.

One person told us staff respected their decisions. They said, "Yes, if I don't want to do something I don't need to." Staff said they would ask for a person's consent before delivering care.

People gave us positive feedback about the food they were given and said they had enough to eat and drink. One person said, "The meals are nice they are very good." However, one person we spoke with said the quality of the food varied. They said, "It depends on which cook is on duty." One family member said, "She is encouraged to eat herself." We also saw this was the case during our lunch time observation. Where required staff supported people with their eating and drinking.

People told us staff supported them to meet their healthcare needs. Family members also confirmed this. Records showed people had access to a range of health professionals, including GPs, community nurses, dietitians and chiropodists. Staff said they supported people to attend health appointments when they were due.

All of the people we spoke with said they received good care and felt their views were listened to. One person said, "I am definitely happy with the care, they were very good to me when I did not feel well." Family members also said their relative received good care. One family member said, "We are absolutely happy with her care, I go away feeling comfortable."

We saw staff regularly checked on people to make sure they were alright and whether they needed anything. The interactions between people and staff we observed were caring and considerate and people responded positively to them.

The provider had a specific policy and procedure relating to advocacy. Staff told us three people who used the service had input from an independent advocate.

People could access a range of activities if they wanted to. One person said, "There is a good event organiser and she put up all the Christmas decorations." People said they had one to one time with staff. One person said, "The staff sit and talk to me if they have time."

People and family members knew how to complain if they were unhappy with the care. One person said, "If I had to complain I would go straight to the senior carer or the manager but I have never needed to." One family member said, "If I had to complain I would take it straight to the senior carer and take it further if necessary but I have never had to." Another family member said, "We had to complain, and changes were made." There had been no recent complaints made about the home.

Family members said their relative was listened to and was able to make choices. One family member said they had, "Moved her [their relative] upstairs while her room was being decorated and she wanted to stay there which she was allowed to do."

People and family members had opportunities to provide feedback about the home, such as completing questionnaires. Feedback received during the most recent consultation was positive. Specific comments made included, "I have been impressed with the home", "They are all very good at what they do", "Very friendly" and "Staff are very friendly."

Staff gave us positive feedback about the new manager and said she was supportive and approachable.

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?

Inadequate

The service was not safe. We found improvements needed to be made in regard to management of medicines.

The provider did not have effective recruitment systems in place. Three members of staff had been appointed and commenced their employment before the proper recruitment checks had been completed. However, there were enough staff to meet people's needs in a timely manner.

The home was undergoing a refurbishment. There was a system of health and safety checks as well as procedures to keep people safe in an emergency.

Is the service effective?

Inadequate

The service was not effective. The provider was not following the requirements of MCA and DoLS. Staff we spoke with did not demonstrate a sound understanding of MCA and DoLS. Training records confirmed most staff had not completed training in these areas.

Staff had not completed some of the training they needed in order to fulfil their caring role effectively, such as training in safeguarding adults, dementia care, basic first aid, falls and nutrition and hydration.

People gave us positive comments about the food at the home. People received the support they needed with eating and drinking. People were supported to meet their health care needs.

Is the service caring?

Good

The service was caring. People and family members gave us positive feedback about the care.

We observed staff were kind, considerate and caring towards the people in their care. People said they were treated with dignity and respect.

The provider had a specific policy and procedure relating to advocacy and this formed part of the resident's charter. Staff told us three people who used the service had input from an independent advocate.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plan review records lacked meaningful information and were often repetitive. Care plans had recently been updated to make them more personalised. They now included more information about people's preferences and choices. However, we did not see evidence of more detailed 'life histories' within people's care records.

People could access a range of activities and could have one to one time with staff. One person said, "There is a good event organiser and she put up all the

Summary of findings

Christmas decorations." Another person said, "The staff sit and talk to me if they have time." Staff told us the activity co-ordinator took people out regularly. For example, to the day centre, shopping and the bingo. People had 'activities plans' which gave details of their preferred activities.

People and family members knew how to complain if they were unhappy with the care. There had been no recent complaints made about the home.

People and family members had opportunities to provide feedback about the home, such as questionnaires.

Is the service well-led?

The service was not always well led. The home did not have a registered manager. A new manager had recently been appointed. The new manager was in the process of submitting an application to register with the Care Quality Commission.

Staff said the new manager was supportive and approachable. Regular staff meetings were held.

Following our last inspection the provider had introduced a system of checks and audits to assess the quality of care provided. However, these had only just been implemented so it was too early to assess their effectiveness. We founds the quality of records had improved since our last inspection.

Requires Improvement

Dinsdale Lodge Care Home

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 over two days. Our visit on 15 December 2014 was unannounced. Our second visit on 19 December 2014 was announced. The inspection team consisted of an adult social care inspector, a pharmacist inspector and an expert-by-experience with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service.

We spoke with three people who used the service and four family members. We also spoke with the new manager, one senior care assistant and three care assistants. We observed how staff interacted with people and looked at a range of care records. These included care records for three of the 17 people who used the service, nine people's medicines records and recruitment records for five staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Inadequate

Is the service safe?

Our findings

Medicines were not managed safely and recorded properly. Whilst we saw some improvements since our last visit, there were still some issues which meant people did not receive their medicines at the times they needed them and in a safe way. Medicines were not handled safely because records relating to medication were not completed correctly placing people at risk of medication errors.

We saw for some medicines no record had been made of medication received mid-month or carried forward from the previous month on the Medicine Administration Record (MAR). This is necessary so accurate records of medication are available and staff could monitor when further medication would need to be ordered. For medicines with a choice of dose, the records did not always show how much medicine the person had been given at each dose. Incomplete record keeping means we were not able to confirm these medicines were being used as prescribed.

When we checked a sample of medicines alongside the records we found more of the medicine remained than the administration records indicated so we could not be sure if people were having them administered correctly.

We looked at the guidance available about medicines to be administered 'when required'. Although there were arrangements for recording this information we found this was not kept up to date and information was missing for some medicines. This meant there was a risk care workers did not have enough information about what medicines were prescribed for and how to safely administer them. We found the service's arrangements for the management of medicines did not protect people.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We observed a nurse giving people their medicines. They followed safe practices and treated people respectfully. Medicines were kept securely in locked cupboards. Records were kept of the room temperature and fridge temperature to ensure they were safely kept. Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. We saw staff completed basic audits of the medicine administration records. We discussed how the audit of medicines could be improved in the home.

People told us they received their medicines when they needed them. Family members we spoke with confirmed this. One person who had specific healthcare needs said, "I always get my medication on time. They [staff] stay with me while I take it." One family member said, "They always make sure she takes her medication."

The provider did not have effective recruitment systems in place. We viewed the provider's recruitment and selection policy and procedure. This stated, 'Selection will involve ….. doing a minimum of two references. Ideally they should be from organisations for whom they have worked as a volunteer before.' We viewed the recruitment records for five recently recruited staff and found the provider had not requested and received references in line with this policy. We found two staff members did not have two references including one from their most recent employment. We found for another staff member a disclosure and barring service (DBS) check, previously known as criminal records bureau (CRB) checks, had not been carried out before confirming their appointment. The provider had a copy of a basic disclosure Scotland document but had not requested an enhanced check since the staff member started working with people. This meant the provider had not undertaken the necessary checks to ensure staff were suitable to work with vulnerable people.

This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe living in the home and were well looked after. Family members confirmed their relatives were safe. One family member said, **"**There is always someone there for her, she is very safe, they are always very helpful I can ask anything."

Although most staff had not completed specific safeguarding training, staff we spoke with showed a sound understanding of safeguarding and how to report any concerns. They were able to tell us about the different types of abuse and knew how to identify potential warning signs. For example, a person becoming quiet and withdrawn, refusing to eat or drink and wanting to be left alone. Staff said they would report any concerns they had to a senior care worker or the manager. Staff were also aware of the provider's whistle blowing procedure and knew how to report concerns. Staff told us they felt any concerns they raised with the manager would be taken seriously and all staff said they would have no hesitation

Is the service safe?

using the procedure if they needed to. We saw from viewing the safeguarding log previous concerns had been recorded and investigated. The log also showed there had been no recent safeguarding concerns raised at the home.

The provider undertook standard assessments using recognised tools to ensure people were protected from a range of potential risks. This included the risk of falling, poor nutrition and skin damage. We found these were being completed consistently and care plans developed where people were identified as at risk. For example, one person was at risk of 'skin damage.' We found a specific care plan had been developed which included details of the care required to keep the person safe. This included a specialist bed and mattress, regular monitoring and daily personal care.

People and family members told us they were happy with their rooms and the conditions of the home. One person said, "It is being done up which will be better." One family member said, "The home is much improved." Staff were positive about the improvements being made to the home. The home was in the middle of an extensive refurbishment at the time of our inspection. This included adding an extension and the addition of en-suite rooms. We observed domestic staff were busy around the premises to ensure the home was clean with no unpleasant odours.

We found there were checks in place to ensure the safety and security of the home and equipment. For example, there were regular health and safety checks including weekly fire alarms tests and checks on window restrictors. We found in April 2014 an external agency had undertaken a fire risk assessment. They recommended the lock on the fire exit door from the kitchen 'is replaced with a suitable lock that can be unlocked without the need for a key.' We also found a local authority health and safety inspection undertaken in June 2014 highlighted that this recommendation had not been met. We discussed this matter with the manager who advised us the lock had not been replaced. The provider confirmed to us in writing after the inspection that this work had now been completed.

The provider had an emergency evacuation procedure which included an individual assessment of each person's evacuation needs. The provider had also developed a business continuity plan to ensure people would continue to receive care following an emergency. This meant the provider had developed plans to keep people safe in an emergency.

Incidents and accidents were logged, investigated and reviewed. The manager had recently introduced a three monthly review of the log to check appropriate action had been taken and to look for trends and patterns. We saw action had been taken following the most recent review to help keep people safe and maintain their well-being. For example, one person had been referred to the 'falls team' and another person to a specialist mental health team for additional advice and guidance.

There were enough staff to meet people's needs. One person said, "Oh yes there are enough [staff] to look after me." All of the staff we spoke with, including the manager told us they felt there were enough staff to meet people's needs. One staff member said, "Yes we can meet people's needs." Another staff member said, "Yes there are enough staff. We have time for people with four carers." Another staff member said staffing levels were "pretty good." We found the manager reviewed staffing levels each month and when new people were admitted to check there were sufficient staff to meet people's needs. We found the manager considered people's dependency as part of the review. However, the review did not consider other factors such as busy times throughout the day and the layout of the home. We discussed this with the manager for inclusion in future staffing reviews.

Inadequate

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests.' It also ensures unlawful restrictions are not placed on people in care homes and hospitals. The provider was not following the requirements of MCA and DoLS. Staff told us some people living at the service lacked the capacity to make decisions. We discussed MCA and DoLS with the manager who told us DoLS had not yet been considered in respect of these people and no applications had been submitted to the local authority.

From viewing people's care records we found the provider did not have a systematic approach to MCA and DoLS. We found no evidence of any MCA assessments or 'best interest' decisions having been made where people lacked capacity to make decisions. We found for two people family members had signed various consent forms on behalf of their relative. This included consent for staff to provide emergency medical intervention. For one person these had not been completed correctly so it was unclear whether consent had actually been given. We also saw this person's GP had signed a 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) decision. However, the 'key people consulted' section of the decision was blank. This meant it was unclear whether the views of family members had been considered in making the decision.

Staff did not have a sound understanding of MCA and DoLS. Some staff we spoke with were uncertain when MCA applied to a person. From viewing training records we found most staff had not completed MCA and DoLS training. We also saw from training records the last MCA and DoLS training undertaken by other members of staff was in March 2012.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Some staff had not completed some of the training they needed in order to fulfil their caring role effectively. We viewed training records which confirmed essential training was not up to date. For example, 13 out of 26 staff had not completed safeguarding adults training, 19 out of 26 staff had not completed training in dementia care, 22 out of 26 staff had not completed basic first aid training, 24 out of 26 staff had not completed falls training, 23 out of 26 staff had not completed nutrition and hydration training and 16 out of 26 staff had not completed MCA and DoLS training.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they had good staff with the right training and skills to care for them. One person said, "The staff are good, they go on learning courses." Another person said, "I think they have the right skills." Another person said, "The staff are very good." Family members gave us positive feedback about the care staff. One family member said, "The staff definitely meet all her needs, there is no problem with anything."

Staff confirmed they received regular one to one supervision with their manager. One staff member said, "Yes, regular [supervision] every few months with the senior carer." Another staff member said, "I feel totally supported." Although records showed training was not up to date, staff said the provider was supportive of staff attending training and gave us examples of training they had completed, such as end of life care. We also viewed supervision and appraisal records which showed they were up to date.

Staff told us some people living at the service displayed behaviours that challenged the service. Staff gave us examples of the strategies they used to support and manage people's behaviours that challenged. These included taking the person away from the situation, talking with them and having a cup of tea. Staff said they knew about these strategies from observing the person and reading their care plans. We saw some people had specific 'anxiety' care plans in place where required. These included guidance for staff about how to support the person when they were anxious, such as having quiet time and discreet monitoring.

People told us staff respected their decisions. One person said, "Yes if I don't want to do something I don't need to." Staff said they would ask for a person's consent before delivering care. They also said they would respect the person's decisions. We asked staff to tell us what action they would take if a person refused care. They said they would offer an alternative or go back later and document the refusal. For example, if a person did not want breakfast

Is the service effective?

in the dining room they would offer to take breakfast to the person's room. One staff member said, "It is their choice. It is no problem if they refuse." Another staff member said, "We ask them [people] do you need a hand?" Another staff member said, "We ask first can I do this."

People gave us positive feedback about the meals they were given. They also said they had enough to eat and drink. One person said, "The meals are nice, they are very good." However, one person we spoke with said the quality of the food varied. They said, "It depends on which cook is on duty." One family member said, "She is encouraged to eat herself." We also saw this was the case during our lunch time observation.

Staff gave us examples of measures in place to protect people who were at risk of poor nutrition. These included introducing 'food and fluid' charts, one to one assistance with feeding and prompts and encouragement. We viewed people's 'food and fluid' charts and found these had been completed in a timely manner.

People told us they were supported to meet their healthcare needs. One person told us, "Yesterday I felt dizzy with a pain in my back. The manager helped me to sit down, and they put me to bed and gave me paracetamol for my pain. They kept checking on me and took my blood pressure. I did not sleep well, they gave me more paracetamol and kept looking in. This morning the senior carer brought my breakfast to my room. I feel a bit better. I was told if I didn't feel better they would get the doctor. They were wonderful." Family members gave us examples of action staff had taken to support their relative with meeting their health needs. One family member said, "They always get a GP if necessary and take her to the clinic. They got the GP when she had a chest infection." Another family member said, "She had physio when she came to the home to get her back on her feet then they said it was up to the home to continue. The staff help her to stand and hold her zimmer", and, "I wish they would get her on her feet every hour then she would be back to normal walking and I could get her back home that is all I want."

Staff gave us examples of the various health professionals involved in people's care. These included GPs, community nurses, dietitians and chiropodists. Staff said they supported people to attend health appointments when they were due. Each person's care records also included details of 'professional contacts' and the reason for their visit.

Good

Is the service caring?

Our findings

All of the people we spoke with said they received good care and felt their views were listened to. One person said, "I am definitely happy with the care, they were very good to me when I did not feel well." Family members also said their relatives received good care. One family member said, "We are absolutely happy with her care, I go away feeling comfortable." Another family member said, "The staff do listen, I asked for a shelf in her room, it was done straight away."

We carried out a specific observation in one of the communal lounges. People were watching an afternoon movie. We saw throughout the 40 minutes of our observation staff regularly checked on people to make sure they were alright and whether they needed anything. For example, staff asked one person whether he would like some chocolate. The staff member left and returned after a few minutes with the chocolate. The interactions we observed were caring and considerate and people responded positively to them.

When delivering care staff were caring and explained to the person what they were doing. For example, we observed two care workers moving a person using a hoist. We saw that throughout they offered reassurance to the person. One family member said, "There are always two staff present when they transfer [my relative] from their wheelchair and two to hoist [my relative]."

People were aware of their right to independent advice and advocacy. The provider had a specific policy and procedure relating to advocacy. Staff told us three people who used the service had input from an independent advocate. People living at the service were given a copy of the 'residents' charter'. This advised people of their right to have support from a solicitor, advisor or advocate if they wanted independent advice and guidance.

Staff were aware of the provider's policies and procedures relating to maintaining confidentiality. They said they had seen the policy and had signed to confirm they had read it. They gave us examples of how they maintained people's confidentiality. For example, not discussing work related matters outside of the home and not discussing personal information in front of other people.

People said they were treated with dignity and respect. One person said, "I am always treated with respect, privacy and dignity. Very much so." Family members said their relative was treated with dignity and respect. One family member said, "Everyone is treated with respect. It is good, I have seen changes with the new manager." However, one family member told us on two occasions staff had not responded quickly enough to support their relative. This had impacted negatively on their dignity and had caused distress to the person. This family member commented, "But for these two incidents I would say the home was outstanding." We discussed this with the manager who told us they were unaware of these situations as they had not been brought to their attention.

Staff understood the importance of maintaining people's dignity. They gave us practical examples as to how they delivered care to achieve this aim. For example, making sure the door was closed when a person was using the toilet, keeping people covered up, closing the curtains when people were getting ready for bed and explaining to the person what was happening. The manager said they observed staff interaction with people continually to ensure people were treated with dignity. The manager told us the staff were "very courteous" towards people. People's preferences in relation to maintaining their privacy were recorded in their care records. For instance, some people had specified they preferred a particular gender of care worker to deliver their personal care.

Staff described how they aimed to maintain people's independence. One staff member said, "We get people to do as much for themselves as possible." One family member said, "[My relative] likes her independence but they her give help when necessary." We saw one person had a specific goal around continuing to access the community independently. This identified what steps were required to support the person and ensure they were safe. For example, staff were to establish the person had money, a copy of the local bus timetable, the home's address in their pocket and an approximate return time.

We asked staff to tell us what the home did best. They said, "Looking after our residents", "Lovely care", "[Staff] genuinely care, I would put my mum in here", and, "Making sure everybody is happy."

Requires Improvement

Is the service responsive?

Our findings

People could access a range of activities if they wanted to. One person said, "There is a good event organiser and she put up all the Christmas decorations." One family member said, "[My relative] does quizzes and competitions, she likes magazines. I have asked for magazines in the smoking room." People comments included: "There are lots of activities, entertainers, I play dominoes"; "There is something every morning, bingo, dominoes, jigsaws, puzzles"; "The staff take me out in the wheelchair"; "I read now and then and watch TV"; and, "I am learning how to use the computer and the mobile phone." People said they had one to one time with staff. One person said, "The staff sit and talk to me if they have time." Staff told us the activity co-ordinator took people out regularly. For example, this included the day centre, shopping and to bingo.

We observed a care worker leading a reminiscence session using the computer. We saw six people and two family members joined in with the session and there were smiles and laughter. Staff said care workers spent one to one time with people playing cards and dominoes, chatting, watching a film or doing people's nails. One staff member said, "There is plenty for people to do." People had 'activities plans' which gave details of their preferred activities. For one person who was nursed in bed the plan included visits from families and prompted staff to ensure the person did not become isolated in their room through regular one to one time. The record of the monthly review of the activities plan gave details of this interaction.

Staff had access to some background information about people. We viewed the care records for three of the 17 people living at the service. We found these contained a brief 'pen picture' of each person. This provided details of the person's next of kin, key worker and their GP. Staff had also gathered additional information including details of family, friends, interests and preferences. For example, one person liked to spend time with family and watching TV. People also had a 'personal preferences sheet' which was a summary of what they liked and disliked, such as food choices, pastimes and preferred toiletries. However, for one person the sheet was blank. We did not see evidence within care records of a more detailed life history for each person. These are important, especially for people living with dementia, so that staff can better understand the care needs of the people they are looking after.

We found people's care plans had recently been updated to reflect their current needs. The quality of care plans had improved since our last inspection. Care plans were individualised and took account of people's choices, likes and dislikes. For example, care plans gave details about what was important for each person, such as how they wanted to dress, when and how often they wanted to have a bath. We saw that where people had particular health problems a specific care plan had been developed.

Record showed that care plans were reviewed regularly. However, we found the record of the review did not provide a meaningful update about how the person had been since the previous review. Care plan evaluation records we viewed lacked detail and were often repetitive. For instance, for one person the statement 'assisted by two staff at all times' was repeated each month. For one another person staff had recorded 'care plan remains relevant' each month.

Staff said they would "go through" people's care plans to find out about their preferences. They said people and their family members had been involved in developing the care plans. Staff gave us examples of choices people were supported to make each day. For example, what they would like for breakfast, choices of drinks and what clothes they wanted to wear.

The provider had a complaints policy and procedure for people to access. Details about how to complain were available in an easy read format within the home's service user guide. This was given to people on their admission to the home. People and family members knew how to complain if they were unhappy with the care. One person said, "If I had to complain I would go straight to the senior carer or the manager but I have never needed to." One family member said, "If I had to complain I would take it straight to the senior carer and take it further if necessary but I have never had to." Another family member said, "We had to complain, and changes were made." There had been no recent complaints made about the home.

Family members said their relative was listened to and was able to make choices. One family member said they had, "Moved her [their relative] upstairs while her room was being decorated and she wanted to stay there which she was allowed to do."

People and family members had opportunities to provide feedback about the home. One person said, "I go to

Requires Improvement

Is the service responsive?

meetings and they listen to me." People also said they had filled in a questionnaire. The manager told us questionnaires were sent on a phased approach. She said she aimed to include two people and one visitor every month. The manager kept a log which showed which people had been consulted with each month and whether any actions were required. We looked at the most recent records available for September to November 2014. We found where specific actions had been required a record of the action was available. For example, the manager had discussed issues with family members following receipt of the completed questionnaire. Feedback received during this consultation was positive and specific comments made included, "I have been impressed with the home", "They are all very good at what they do", "Very friendly", and, "Staff are very friendly."

Requires Improvement

Is the service well-led?

Our findings

Following our inspection in September 2014 we took enforcement action against the provider as they had continued to breach the regulations. The quality assurance systems in operation to ensure records were accurate and up to date were ineffective in ensuring gaps in records were identified in a timely manner. We also found no evidence the provider had an effective system to identify and investigate concerns with record keeping, including medicines records and other essential care records.

During our inspection in September 2014 we were also concerned medicines administration records (MARs) and other essential care records, such as 'position chart and fluid charts', 'diet intake charts', 'bowel charts' and 'oral healthcare monthly review' records were inaccurate and incomplete. We also found reviews of assessments to protect people from a range of potential risks and care plan review were not being done consistently. We told the provider they must meet the requirements of the regulations by 7 November 2014.

During this inspection we found the provider had developed a system of quality assurance checks and audits. This included checks on a range of areas including staff member's care practice, supervision, health and safety, accidents, complaints, safeguarding, staffing levels and care plans. At the time of this inspection the provider had undertaken some initial checks and had dates planned for other checks. However, we found it was too early to assess the effectiveness of these quality checks in promoting sustained improvement in the quality of care people received. We found the quality of care records had improved since our last inspection as most records we viewed were up to date.

People and family members told us they felt the home was 'good' and was well managed. One person said, "Yes it is well run." They also said there was a good atmosphere in the home. One person told us, "The atmosphere in the home is very good." Another person said, "It is friendly, the staff are happy." One family member commented, "They [staff] interact with the residents well. The home is good with outstanding elements." Another family member said, "Communication with the family is always up to date, they will even phone us in the evening if necessary. The home has already changed for the better." Another family member told us, "It is like a family, very intimate, I hope it does not change when it is bigger", and, "We are lucky to have her here."

The home did not have a registered manager. A new manager had been appointed and had applied for registration with the CQC. Staff told us the new manager was supportive. One staff member said, "[New manager] is brilliant, approachable and supportive." Another staff member said, "The manager's door is open, we can go anytime. There is plenty of support." Another staff member told us the manager was "very approachable." Regular staff meetings were held. We viewed the minutes from previous meetings which showed these were used as an opportunity to raise staff awareness of important information. For example, the most recent meeting minutes we viewed focussed on the improvements required to ensure records were completed correctly. Staff told us staff meetings were an opportunity to have an "open discussion."

The provider had specific values which underpinned the care people received. These were included in the 'residents' charter' which was available to people and visitors. The values covered a wide range of topics such as quality of life, independence, confidentiality and fulfilling people's human, emotional and social needs. Staff we spoke with told us they weren't aware of any specific values. One staff member said they were "not sure." This meant the provider had not been pro-active in promoting its values amongst with staff members.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care and treatment to people because they were not receiving necessary training.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **Appropriate recruitment checks were not always undertaken before staff started to work at the service to ensure staff were suitable to work with vulnerable people.**

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 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were not fully protected against the risks associated with medicines because the provider did not manage medicines appropriately.**