

Safequarter Ltd

Capel Grange Private Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection was carried out on 14 September 2015 by two inspectors and an expert by experience. It was an unannounced inspection. The service provides personal care and accommodation for a maximum of 38 older people. There were 32 people living at the service at the time of our inspection. People had varied communication needs and abilities. Most of the people were able to talk with us about their experiences.

There was a registered manager in post. 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.

Summary of findings

The registered manager was supported by a team of senior carers to ensure the daily management of the service.

People's medicines had not always been managed in a safe way. Policies for the safe storage and administration of medicines had not been followed consistently.

Risk assessments had not been carried out in respect of all risks to the safety of individuals, for example there was no a risk assessment in place for a person who staff said was at risk of choking. Where people used pressure relieving mattresses there was not a plan in place to help them reposition frequently to further reduce the risk of damage to their skin.

Records about people's needs and the care provided were not accurately or consistently maintained.

You can see what action we have asked the provider to take at the end of this report.

Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

There were sufficient staff on duty to meet people's needs. Staff had time to spend supporting people in a meaningful way that respected individual needs. Staffing levels were calculated according to people's needs and were flexible to respond to changes in need.

There were safe recruitment procedures in place. These included the checking of references and carrying out disclosure and barring service checks for prospective employees before they started work. All staff were subject to a probation period and disciplinary procedures if they did not meet the required standards of practice.

People lived in a clean and well maintained environment. Staff had a clear understanding of infection control practice that followed the Department of Health guidelines, which helped minimise risk from infection. The premises were appropriate for the needs of people living with dementia.

Assessments of people's capacity were carried out in line with the Mental Capacity Act 2005.

People's wellbeing was promoted by regular visits from healthcare professionals. People were usually supported to seek advice from relevant health professionals in relation to their specific health needs, but a professional assessment of a person's swallowing difficulties had not been sought before providing the person with a soft diet. We have made a recommendation about this.

Staff had appropriate training and experience to support people and meet their individual needs. Staff were provided with the opportunity undertake a relevant health and social care qualification and were supported in their roles.

People were provided with sufficient food and drink to meet their needs. They were provided with a choice of meals.

The premises met the needs of the people that lived there. The registered manager had a good understanding of how to provide an appropriate environment for the needs of people living with dementia. They had provided signs to help people find their way to the bathroom and had used contrasting colours to ensure people with visual difficulties could identify facilities and areas of the service.

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. Staff respected people's privacy and confidentiality. People were happy with how their care and treatment was delivered.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the service and were continually reviewed. Staff understood people's needs and delivered personalised care.

People were involved in their day to day care. People's care plans were reviewed with their participation or their representatives' involvement. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

People's bedrooms were personalised to reflect their individual tastes and personalities. There was a programme of social activities available to people that was based on their needs and interests.

Summary of findings

The service took account of people's complaints, comments and suggestions. People's views were sought and acted upon. People's relatives were asked about their views when they visited the home and when people's care plans were reviewed. The service sent annual questionnaires to people's relatives or representatives and analysed and sought to act upon the results of the surveys.

The service notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

The registered manager kept up to date with any changes in legislation that may affect the service, and participated in monthly forums with other managers from other services where good practice was discussed. The registered manager and deputy manager carried out audits to identify how the service could improve. They acted on the results of these audits and made necessary changes to improve the quality of the service and care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People's medicines were not always managed safely.

Not all risks to individuals had been assessed and appropriately managed.

Staff were trained to protect people from abuse and harm and knew how to refer to the local authority if they had any concerns.

There were sufficient staff on duty to safely meet people's needs.

Safe recruitment procedures were followed in practice.

The environment was secure, well maintained and cleaned to a good standard.

Requires improvement



Is the service effective?

The service was not consistently effective.

The registered manager had not always ensured the requirements of the Mental Capacity Act 2005 were met in respect of people making decisions about receiving treatment.

Appropriate referrals to health professionals had not always been made for people's eating and drinking needs.

Staff in care roles were trained and had a good knowledge of each person and of how to meet their specific support needs.

The registered manager had ensured that relevant applications to the statutory authority in relation to Deprivation of Liberty Safeguards office had been submitted.

The premises were suitable for the needs of the people using the service.

Good



Is the service caring?

The service was caring.

Staff communicated effectively with people and treated them with kindness and compassion.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when needs changed. The delivery of care was in line with people's care plans.

The service sought feedback from people and their representatives about the overall quality of the service. Complaints were addressed promptly and appropriately.

Is the service well-led?

The service was not consistently well led.

Records were not fully completed or consistently maintained in respect of some aspects of people's needs and the care provided.

There was an open and positive culture which focussed on people. The manager operated an 'open door' policy, welcoming people and staff's suggestions for improvement.

There was an effective system of quality assurance in place. The registered manager carried out audits and analysed them to identify where improvements could be made.

Requires improvement



Capel Grange Private Residential 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 checked 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 was carried out by two inspectors and an expert by experience on 14 September 2015 and was unannounced. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for older people.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of significant changes and events. We reviewed our previous inspection reports. During the inspection we looked at records in the home. They included records relating to people's care, staff management and the quality of the service. We looked at four people's assessments of needs and care plans and observed to check that their care and treatment was delivered accordingly.

We spoke with 11 people who lived in the service and three of their relatives to gather their feedback. We also spoke with the registered manager and six members of staff in care and housekeeping roles.

At our last inspection on 07 March 2014 no concerns were found.

Is the service safe?

Our findings

People told us that they felt safe using the service. One person said, “Perfectly safe enough.” Another person said, “Yes I feel quite safe.” People told us that the staff treated them well. One person said, “The carers are very good to me” and another said, “The staff are excellent.” A person’s relative told us, “Mum’s treated well.” One person told us that others using the service had entered their room in the night and this had made them nervous. We spoke with the registered manager who advised the maintenance worker was fitting a lock to their bedroom door.

People told us that they received their prescribed medicines when they needed them. They said that they were offered pain relieving medicines if they needed them.

People said there were enough staff to meet their needs. One person said, “There are enough staff when you need them, I don’t have to wait long.”

People’s medicines were not always managed in a safe way. The service had a policy for the administration of medicines that was regularly reviewed. However the policy was not always followed in practice. Staff had received appropriate training and checks of their competence to administer medicines safely, but we found they had not always completed the Medication Administration Records (MAR) to confirm people’s medicines had been given. This had not been identified or investigated as required by the service’s policy. Handwritten entries on the MAR were not signed by two staff as required by the registered provider’s policy. The MAR folder did not contain residents’ photographs to allow staff to cross reference people’s identity before giving people their medicines. Where people were prescribed medicines to be given ‘As required’ there was no guidance on individuals care plans or medicine records to inform staff in what specific circumstances these needed to be given. Staff were not always following the policy of the service to ensure the safe administration of people’s medicines.

A medication audit was carried out in March 2015 by the external pharmacy used by the service. The audit identified that expiry dates needed to be recorded with immediate effect, but on the day of the inspection not all opened medicines had opening or expiry dates on them. It was recommended by the external pharmacist that staff use creams charts to document when people were supported

to have their topical medicines (creams) applied. The charts had been provided to the service by the pharmacy, but were not being used. There was no record kept of when prescribed topical medicines were applied. The temperature of the medicines storage room was being monitored to ensure medicines were stored correctly, but during the day the medicines trolley was kept in another room nearer the dining room. The temperature of this room was not being monitored and therefore staff could not be sure that medicines were being stored according to manufacturer’s guidance. People’s medicines were not being stored safely.

Staff did not consistently follow the policy and procedures of the service to ensure the safe management of people’s medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff assessed individual risks to people’s safety and recorded action that needed to be taken within their care plan. For example, there were risk assessments in relation to falls which showed action had been taken, for example by using a sensor alert to detect when the person was mobilising unaided. However, some risks had not been assessed and an appropriate risk management plan was not in place. This included one person who used pressure relieving equipment. There was no risk assessment in place to consider other risk factors for skin breakdown, such as nutrition and infrequent changes of position. Although pressure relieving equipment was in place it is recommended that staff help people reposition at regular intervals to further reduce the risks. Staff told us that another person was at risk of choking, but a risk assessment had not been carried out to manage this. Staff told us that some people were unable to use the call bell in their room to summon assistance when needed, if they were alone. The risks surrounding this had not been assessed and there was no action plan in place to inform staff how often they should check on people in their bedrooms to ensure their safety. Staff gave us varying responses about how frequently they checked two people we asked about. People did not have individual fire evacuation plans in place that identified the safest way to help them evacuate the building, in the event of a fire, taking into account their individual needs.

Is the service safe?

Risks to the safety of individuals had not always been assessed and appropriately managed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and current. Staff had completed further in depth training in safeguarding through a 12 week college programme. The members of staff we spoke with demonstrated their knowledge of the procedures to follow that included contacting local safeguarding authorities and of the whistle blowing policy should they have any concerns. One member of staff said, "I would have no hesitation to report any concerns."

There were sufficient staff on duty to meet people's needs. In addition to care staff the registered manager employed an activities coordinator, a cook, kitchen assistants, three housekeepers and a maintenance worker. The registered manager had used an assessment tool to define the numbers of staff needed to care for people. The rotas showed that the required numbers of staff had been provided to ensure people's needs were met. Staff were available to respond to people's needs and requests within a reasonable time. Staff told us they felt there were enough staff on duty to meet people's needs. The service had some vacancies for night staff. The registered manager told us that they managed to cover the vacancies with permanent staff who took on extra hours. This meant the service did not need to use agency staff who may not be familiar with individuals and their needs. People were supported by sufficient numbers of competent staff to meet their needs.

We checked two staff files to ensure safe recruitment procedures were followed. Recruitment procedures included interview records, checking references and carrying out disclosure and barring checks for prospective employees before they started work. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary

procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The environment was safe. The premises had been assessed to identify risks and action taken to minimise these. Bedrooms were spacious and clutter-free so people could mobilise safely. The bathrooms were equipped with aids to ensure people's safety. The building had been made accessible for people with mobility difficulties. There was a lift to the upper floors and handrails fitted around the service. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. Portable electrical appliances were serviced regularly to ensure they were safe to use. The service had two hoists which were serviced annually. Action had been taken to address repairs swiftly to ensure people's safety. Risks within the premises had been identified and minimised to keep people safe.

Accidents and incidents were recorded and monitored by the registered manager to ensure hazards were identified and reduced. We saw that action had been taken to review people's risk assessments when they had fallen and other measures had been put in place in response to incidents in the service to prevent them occurring again.

People lived in a clean environment. People and their relatives told us that the service was kept clean. One person said, "They work very hard to keep it spotless." Housekeeping staff cleaned surfaces and vacuumed throughout the day. Weekly and monthly cleaning schedules were in place for the communal areas of the service and people's bedrooms. These had been correctly completed and signed by staff. Records showed there had been deep cleaning of bedrooms and carpets had been shampooed frequently. There was a programme for the steam cleaning of mattresses and upholstery. The service was kept clean to minimise the risk of the spread of infection.

The service held a policy on infection control and practice that followed Department of Health guidelines and helped minimise the risk of infection. Staff had a clear understanding of infection control practice. Housekeeping staff had attended recent refresher training in infection control. Staff were able to describe the measures that were taken to ensure that the service was clean and free from the risk of infection. The laundry was clean, but required

Is the service safe?

refurbishment to ensure it met infection control guidance. This had been identified on the provider's business plan and was scheduled for the end of 2015. Staff followed safe procedures to manage soiled laundry to ensure the risks of infection were minimised. Staff washed their hands and used hand sanitizers before and after providing care. Protective Personal Equipment (PPE) such as gloves and

aprons were available and staff used these appropriately. Systems were in place for the safe removal of clinical waste. A recent inspection of kitchen hygiene had been completed by the local authority. Action that was required, including purchasing new chopping boards, had been completed. People were protected from the risk of the spread of infection in the service.

Is the service effective?

Our findings

People and their relatives told us that they felt the staff were trained to meet their needs. One person said, "They are helpful, willing and able." Another person told us, "They all seem to have the skills to be able to look after us here."

People said they could see health professionals such as a doctor, chiropodist or optician when they needed to.

People said they enjoyed the meals provided and had a choice of food and drink. One person said, "It's fine and ample. We have a glass of sherry on Sundays." Another said, "Yes, on the whole I like it," and another, "Oh yes, I have enough to eat."

Staff had appropriate training and experience to support people and meet their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff were required to complete the Care Certificate, which is an assessment based learning programme designed for all staff starting to work in care roles. Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. Staff had completed in depth training courses in end of life care and safeguarding people from abuse. Staff told us that they were provided with sufficient training to carry out their roles. All staff had completed a relevant health and social care qualification and the registered manager held a foundation degree in dementia care. Staff were able to show that they applied the skills and knowledge obtained in training to their everyday practice, for example by following safe moving and handling procedures. This ensured that staff were skilled and competent to provide care to people.

Staff had a supervision meeting with their manager every six to eight weeks. Staff said this was an opportunity to discuss their work and to identify any further training or support they needed. All staff had an annual appraisal of their performance. The registered manager accessed relevant health and social care organisations, such as Skills for Care, to obtain information booklets for staff to read about topics such as keeping people safe from abuse. Regular team meetings were held and staff told us that they were able to contribute ideas for improvement of the

service. Staff commented that the team meetings were useful, but they would benefit from these being led more frequently by the registered manager rather than senior staff. Staff felt supported in their roles.

Staff understood how to support people who could not consent to their care or make their own decisions about their care and daily routines. They understood the principles of the Mental Capacity Act (MCA) 2005. Staff told us, "You must assume they all have capacity unless you can prove otherwise." Assessments of people's capacity to make some decisions had been carried out as needed, for example in regard to making decisions about where to live and in respect of a health operation. Staff sought and obtained people's consent before they helped them with daily tasks or provided care. Staff respected people's decisions about their care and treatment, for example one person had been involved in making a decision with their doctor about treatment options before further tests took place. Staff understood people's right to make decisions about receiving care. One staff said, "You cannot force anyone to do something they don't want to do, you can be discreet and come back a bit later to ask again. I always write this in the person's care plan". People or their relatives had signed that they agreed with the content of their care plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the DoLS with the registered manager and deputy manager and they demonstrated a good understanding of the process to follow when restrictions needed to be used for people's safety. They had made applications to the appropriate authority as needed and followed the conditions set in any DoLS authorisations.

People were provided with sufficient food and drink to meet their needs. They were provided with a choice of meals. This included vegetarian and lighter meal options. Records showed that people had been provided with an alternative to the main option for the day where they had requested this. Staff asked people what they wanted for their meals. Staff knew people well and knew what their likes and dislikes were. People were asked what portion size they preferred when the meals were served and were offered second portions. Staff provided people with hot drinks when they requested them and offered tea and

Is the service effective?

coffee at various points of the day. There was a coffee bar that people and their relatives could use. Jugs of cold drinks were available in the lounges for people to help themselves. People had plenty to eat and drink.

People's wellbeing was promoted by regular visits from healthcare professionals. People told us that they could see a doctor when they needed to and that staff would arrange this for them. A district nurse came regularly to provide care for specific people. An optician visited people annually and a chiropodist visited every six weeks to provide treatment. People were supported to see a dentist when necessary. Where people required input from a healthcare specialist this had usually been arranged, for example some people received care from a hospice nursing team. However, we found that one person was receiving a soft diet without an assessment by a relevant health professional. Each person was weighed monthly and there were no concerns about people's nutritional well-being. Staff ensured that people's health appointments were made when they needed them and that they were supported to attend these. The outcome of health appointments was recorded within people plans so that staff knew what action to take. **We recommend that advice be sought from a relevant health professional in respect of the provision of soft diets.**

The premises met the needs of the people that lived there. Accommodation was designed to allow people to move safely around the premises. Handrails were fitted to allow people to stabilise when moving around. There was a shaft lift and a stair lift to enable people to move between floors. There were sufficient toilets and bathrooms across the service for people to use. All but one bedroom had an ensuite toilet and wash hand basin. Bedrooms were personalised and people had been able to bring items of furniture and personal belongings from home if they

wished to. The registered manager had taken into account people's needs when providing accommodation, for example staff told us that people with the highest needs were located nearer to the centre of the service where staff were more frequently located. There were a number of areas around the service that people could use including two lounges and dining rooms. One part of the premises, known as the cottage, provided a quieter environment for people to use if they wished.

The registered manager had a good understanding of how to provide an appropriate environment for the needs of people living with dementia. They had provided signs to help people find their way to the bathroom and had used contrasting colours to ensure people with visual difficulties could identify facilities and areas of the service. People's bedroom doors had been personalised, for example one person had the same door as the front door of their own home. Another person had playing cards on their door and this was particularly recognisable to them. There were areas of interest for people as they moved around the service, for example bird feeders on the windows and an adult colouring chart on the wall so that people could 'doodle' as they walked past. There were plans in place to increase the use of way finding signs and contrasting colours when redecorating the service to meet the needs of people living with dementia.

The garden was extensive and well maintained and separated into smaller gardens and patios that could be accessed from different parts of the building. The gardens included a secured lake and people told us they enjoyed watching the wildlife this provided. The premises were warm and comfortable for people to use. The registered manager had identified that areas of the service required redecoration and had a plan for this to begin in October 2015.

Is the service caring?

Our findings

People told us that the staff were kind and they said they felt well cared for. One person said, "Oh yes, they are very kind" and another said "They are helpful and patient." People told us that staff were attentive to their needs. One person said, "They never seem to mind how much I bother them." A relative told us that staff always ensured people's birthdays were remembered and celebrated. They told us, "It is the little things like birthday activities which make this place so good."

People told us they were able to make choices about how they spent their time. People told us their friends and relatives could visit at any time and were made to feel welcome.

Staff were caring and kind in their approach towards people and they were sensitive to each individual's needs, giving reassurance where needed and encouraging people. A staff member told us, "Every resident has their own way of living and their own choices." Another staff told us "Staff care a great deal, we often go above and beyond for the residents, everyone respects each other, we are all very open and we are a close team." Staff understood how to provide compassionate care that met the specific needs of people living with dementia. When people became confused they took time to find out what the person needed and provided comfort and support. The manager had a good understanding of best practice in meeting the needs of people living with dementia and had embedded this in the culture of the service.

Staff had positive relationships with people that respected their individuality. Staff took time to chat with people during the day. They were polite when talking with people, but also engaged in appropriate light-hearted conversations with people that created a relaxed and pleasant atmosphere. Staff involved everyone in conversations. Staff responded positively and warmly to people, holding their hands for reassurance and not rushing them. There was a calm atmosphere in the service when we visited. People were engaging in a variety of activities, including reading papers and painting. There was low level easy listening music which people said they enjoyed. Staff took care to provide care and support at an appropriate pace to meet people's needs.

Staff knew people well. The activities coordinator had worked with people to develop a life story book to illustrate important events in their life they wished to share with others. There was information recorded on people's plans about their personality and interests. A person had only been living at the service for a week, but staff knew about their previous occupation and about people that were important to them. People also knew staff well. They told us that there were infrequent changes to staff so they got to know who was providing their care. A staff photo board was displayed to show who worked in the service. This promoted positive relationships between people and staff.

Staff knocked on people's bedroom doors, announced themselves and waited before entering. People chose to have their door open or closed and their privacy was respected. People were provided with a lock on their door if they wanted this. Staff addressed people by their preferred names and displayed a polite attitude. People's records showed that they had been asked about their preference for a male or female member of staff for their personal care and staff knew who had particular preferences. There was a private interview room available for people to use to receive visitors or see their GP. Staff respected people's privacy and confidentiality.

People were assisted with their personal care needs in a way that respected their dignity. People told us that staff paid attention to their appearance when helping them with their personal care, for example by taking time to help them with their hair. People were able to access a hairdresser in the service each week. Staff provided manicures weekly. The staff promoted independence and encouraged people to do as much as possible for themselves. A staff member told us, "When a resident is admitted here they have a care plan written which is worked around what they can do." People's plans showed that they were involved in household tasks, where they were able, such as gardening and hanging out laundry. Where people were able to do so they went out independently to see friends or visit places. People were involved in their day to day care. People's relatives or legal representatives were invited to participate in the reviews. People's care plans were reviewed monthly by staff who sat with people to discuss their care and support.

Is the service caring?

People were supported to maintain contact with their family and friends. The registered manager held regular cheese and wine evenings for people and their relatives. Christmas parties were arranged and birthdays and other events celebrated in the home with relatives invited.

Is the service responsive?

Our findings

People told us that the service was flexible and provided care that met their needs. One person said, “They know what help I need and they do their best for me.” Most people said they had enough to do to keep occupied during the day. However some people said they would like more opportunities to go out.

People knew how to make a complaint. One person said, “I can talk to the manager” and others said they would talk to one of the care staff. People’s relatives knew how to make a complaint if they needed to and said they would be confident to do so.

Each person’s needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People’s personal records included a pre-admission assessment of needs, risk assessments and an individualised care plan. People had been asked about their preferences for the delivery of care and support and they or their relative had signed to agree their plan of care. There were sections relating to all the aspects of support people required for example personal, physical and night time care, oral health care, foot care, mental health needs and continence. The care plans took into account what was important to people. Staff knew who preferred to have a male or female member of staff to deliver their care and records showed that these wishes had been respected. Staff understood people’s needs and delivered personalised care.

People were able to choose when to have a bath or shower. People could choose when and where they ate their meals. There was a programme of social activities available to people that included dice games, bakery, knitting, bird watching, musical activities, woodwork and gardening. Staff told us “One of our residents is very ‘outdoorsy’ so we offer them to go out into the garden as often as possible, taking part in gardening and walks around the grounds.” Staff told us that people responded positively to animals, commenting that “people’s faces light up.” The service had a cat and a staff member sometimes brought their dog in

to visit people. The registered manager told us that people attended shows at a local school at particular times of the year and that many people went out with their relatives. Some people told us that they would like more opportunities to access activities and facilities in the local community.

The service was responsive to people’s changing needs. Staff told us, “If a residents needs change, we contact the family to tell them, we arrange reviews and this will trigger other referrals such as falls assessments, continence assessments”. The registered manager gave examples where staffing levels had been increased to meet a person’s changing need or to provide additional care when a person was unwell. Staff told us they had become aware that some people living with dementia found it confusing to see their reflection in a mirror. They had therefore removed mirrors in communal areas and made sure those that wanted them had them in their bedrooms.

People’s bedrooms reflected their personality, preference and taste. This was the case where a person had only been resident at the home for a short period of time. Some people’s bedrooms contained articles of furniture from their previous home and people were able to choose furnishings and bedding. People’s bedrooms contained personal belongings to promote their comfort and security.

People’s views were listened to. Residents and relatives meetings were held. Each person had a monthly wellbeing meeting. This was an opportunity for them to meet with the activities coordinator to share any concerns about their care and to check they were getting the care they needed. The service sent a series of annual questionnaires to people’s relatives or representatives to gather their views on the care and support provided, activities, the food, the environment and management. The last survey was carried out in May 2015.

People were aware of the complaints procedure. They told us they felt confident to raise any concerns and felt the registered manager would take them seriously. People told us they did not have cause to complain. Complaints had been handled appropriately and responded to quickly.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. One person said, “It’s a good service here” and others said, “It’s very nice” and “On the whole I like it.” People said they felt the home was well managed and they found the registered manager friendly and approachable.

The service had a clear vision and set of values that were person centred. The care that people received was person centred and appropriate to their needs. The registered manager’s office was located on the top floor of the service, which was not accessible to people, however people told us that the registered manager was around for them to speak with frequently. The registered manager had a good understanding of best practice in relation to the care of people living with dementia. She had cascaded this to staff who were able to give examples of how they supported people in an effective and person centred way.

Staff told us they felt supported in their roles and that their views were sought and listened to. One staff said, “I love it here, I really love my job” and another said “The registered manager is very easy to talk to”. Staff told us that they could raise suggestions for improvement with the manager and that their ideas would be listened to. One staff gave the example that they had suggested improvements to how people were offered a choice of meals and this was implemented.

Staff were clear about their roles and responsibilities. They told us the manager was available for advice when they needed it and would “always help out” if they were particularly busy. Staff told us that they had good communication within the team. There was a set of policies and procedures that were appropriate for the type of service, reviewed annually, up to date with legislation and fully accessible to staff. Staff had signed to confirm they had understood the policies relevant to their role. Staff were confident in their roles and knew what support people needed.

People told us that they were regularly asked for feedback about the service and that their views were taken seriously. There was an annual quality survey that people and their relatives had completed. The last survey was carried out in May 2015 in which people said they were happy with the service. The registered manager told us they always worked

on a Sunday to speak with relatives as this was the time most visitors were in the home. A person’s relative told us they were always kept informed of any changes in their relative’s wellbeing.

A wide range of audits were carried out to monitor the quality of the service. Yearly audits of people’s care plans and records ensured that they had received the care and treatment they required. Monthly checks were made of areas of the service, such as infection control and the safety of the premises to ensure that people were safe. Where shortfalls had been identified, for example inappropriate water temperatures, action had been taken quickly to fix this.

The registered manager regularly participated in forums regarding the quality of care in residential settings where views and ideas could be exchanged. They had attended a home manager’s forum where they had shared information that could benefit the service. They researched websites that included ‘Skills for Care’ and the ‘National Institute of Excellence’ that specialised in standards of residential care to obtain updates on legislation and useful guidance relevant to the management of the service. The registered provider had a business plan for the service. This identified where improvements could be made in areas of care, administration and management as part of an ongoing programme of improvement for the service. The registered manager had a good understanding of how to access funding for staff training and other resources to ensure staff were able to access as much training as possible.

Some records for the effective running of the service were not properly or consistently maintained. Staff had a good knowledge and understanding of people’s needs, but information about how to meet their needs was not always documented. For example, staff told us that they knew how to recognise the warning signs for when a person was to experience an epileptic seizure, but this useful information had not been recorded in the care plan to share with all staff and new employees. The psychological and cognitive sections of a person’s care plan had not been completed. Staff told us that they knew one person preferred a shower to a bath, but this was not reflected in their written care plan. Some records about people’s health needs, for example elimination needs and weight charts, had not been consistently completed. A person’s care plan stated

Is the service well-led?

that they had difficulty making themselves understood sometimes due to stuttering and slurring in their speech, but their care plan did not record what action staff needed to take to help them overcome this.

Records about people's needs and the care provided were not accurately or consistently maintained. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and deputy manager consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Staff did not consistently follow the policy and procedures of the service to ensure the safe management of people's medicines. 12(2)(g) Risks to the safety of individuals had not always been assessed and appropriately managed. 12(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records about people's needs and the care provided were not accurately or consistently maintained. 17(2)(c)