St Cloud Care Limited

Priory Court Care 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?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Priory Court Care Home provides personal care and nursing care for up to 89 older people who may also be living with dementia or neurological conditions. 84 people were living in the home at the time of this inspection. People were accommodated in four units dependent on their needs. There was a range of shared lounges, quiet areas and ining rooms on each unit, there were passenger lifts between floors. All areas of the accommodation were accessible to people who used wheelchairs.

This inspection took place on 20 and 24 November 2014. The inspection was carried out in response to concerns received from one relative, a member of staff and a social worker. These related to people's care, the number of staff available and the management of medicines.

The home did not have a registered manager present during the inspection as a new manager was due to start in early January 2015. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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. During the absence of a registered manager two deputy managers had taken charge of different areas of the home and worked closely together supported by the regional manager.

People offered differing views as to whether there were enough staff. Some people told us there were times when they had to wait for staff to help them. Others said there were enough staff to meet their needs and they did not wait long for help. There was system in use to assess if people were having their needs met by enough staff at all times. The provider was in the process of recruiting more staff in repsonse to feedback from staff, people and the deputy manager's.

People told us that when staff numbers had been lower than usual their expectations regarding being supported with activities had not been met. Although there were some activities on offer people living with dementia did not always participate in meaningful activity during the day. We have made a recommendation related to this aspect of the service.

The system for managing medicines was safe and effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff understood how to apply the Mental Capacity Act 2005 (MCA) and appropriate action was taken when decisions needed to be taken in people's best interests. Staff gained consent from people or their legal representatives before providing care or treatment.

People told us they felt safe. The provider had taken steps to make sure that people were protected from abuse. Staff had been trained to safeguard people and they had the information they needed to respond to and report abuse. Staff told us they would tell the manager or the area manager if they were concerned that any kind of abuse was happening and they were aware of how to contact appropriate external agencies.

Each person's care plan contained risk assessments, these had been personalised to make sure staff knew how to protect the person from harm. There were plans in place to make sure that people were safe in the event of an emergency.

The deputy managers had followed safe recruitment procedures. References, work histories and photographic identification had been obtained which ensured new staff were suitable to work with people at this home. Staff training records were up to date which showed that staff had the essential training they required to carry out their roles. Staff were supervised and given opportunities to discuss any concerns they might have.

People had commented that the food was not always to their liking. People were being asked about their preferred foods. A new chef had started and intended to make improvements to take more account of people's choices.

People were supported to manage their health care needs and were supported to access health care professionals as appropriate. A physiotherapist employed at the service had developed personalised plans with people to promote their health and improve their physical wellbeing.

People said, "The staff are very kind and caring." Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. Staff initiated conversations with people in a friendly, sociable manner. Our observations contrasted with some people's comments that the staff were often too rushed to help them. We observed staff stopping to chat to people and ask if they were alright and if they needed any help.

People were supported to remain as independent as possible. The staff encouraged people to care for themselves when they had been assessed as able to do so. One person managed their own medicines and staff supported them to do so safely.

The home was generally suitable to meet people's needs and some adaptations had been made to assist people living with dementia such as appropriate signs and individual door colours. The staff had already recognised a need to further adapt the home and had made some plans to do so. We have made a recommendation related to this aspect of the service.

Summary of findings

Staff showed respect for people's dignity and were careful to protect people's privacy. People told us they were treated with dignity and respect. People's personal information was treated confidentially.

People knew who to talk to if they were unhappy about anything. People said they were listened to and their complaints had been dealt with to their satisfaction. The manager told us about the most recent complaints and how these had been responded to.

Some people told us they knew about and had been involved in their care planning. For others, their relatives said they had been consulted. The care plans included an assessment of people's individual needs and the risk associated with their care. The plans included detailed guidance for the staff in how to meet people's needs and this was also communicated during daily staff handover meetings. The care plans had been updated and reviewed so staff knew how to provide appropriate care and treatment as people's needs or health changed. The staff knew people well and they were able to describe people's preferred routines and how they liked to be helped and treated. Staff knew how to communicate with people who had communication difficulties.

People were supported to maintain their relationships with people who mattered to them. Visitors were welcomed at the service at any reasonable time and people were able to spend time with family or friends in their own rooms or the communal lounges. Most people spoke positively about the home and told us they found the management team helpful. One relative said, "They are always open to anything we say".

Quality assurance systems had been used to recognise shortfalls in the service. Action plans had been developed and were in the process of being implemented. Meetings had taken place to hear the views of staff, people and their relatives and action had been taken as a result of people's views. We have made recommendations for further improvements to the service.

Staff understood their roles and responsibilities and they knew who to report to and how they could access support or training. The two deputy managers had managed the day to day operations of the home for people in the absence of a registered manager.

We recommend the provider seeks further guidance on providing activities that meet people's individual need for social interaction and occupation.

We recommend that the provider explores ways of improving the environment specifically taking into account best practice guidance on adaptations suitable for people living with dementia.

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?

Requires Improvement

The service was not always safe.

People had differing views on whether there were enough staff.

People were safeguarded from abuse and harm. Risks to people's safety and welfare were identified and staff knew how to care for people safely. The staff had been trained to recognise and respond appropriately to abuse.

The provider followed safe recruitment procedures.

Medicines were safely stored and procedures for their safe administration were followed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had been trained to appropriately implement the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. Consent forms had been signed by an appropriate person and staff gained verbal consent from people before providing care or support.

Staff had received training in the skills and knowledge they required for their roles. Staff received the supervision and support they needed.

People's nutritional needs were assessed and monitored effectively. People were supported to manage their health care needs.

Is the service caring?

Good

People or their relatives told us they had been involved in planning their care.

Staff were kind, caring and patient in their approach and supported people in a calm and relaxed manner.

People were supported to be as independent as possible. Staff showed respect for people's dignity and were careful to protect people's privacy.

Is the service responsive?

Requires Improvement

The service was responsive.

People knew who to talk to if they were unhappy about anything. Complaints had been managed appropriately.

People's care plans had been updated with their involvement whenever possible. Staff knew people well and they knew how to respond to their needs.

Summary of findings

People were supported to maintain their relationships with those that mattered to them and to take part in a range of activities, There were times when people had limited access to activities because staff were not always available to support them.

Is the service well-led?

Requires Improvement

The service was well led but the deputy managers did not have time to carry out all management tasks including consistently supervising staff.

The deputy managers were clear about the visions and values of the home and the staff understood these.

Quality assurance systems found shortfalls in the service. Action plans had been developed to enable a constant review of progress towards improvements to the quality of the home.

Records relating to people's care and the management of the service were organised and adequately maintained.

Priory Court 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 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 took place on 20 and 24 November 2014 and was unannounced. The previous inspection was carried out in September 2014. At that time we did not find any concerns and the provider was meeting the regulations we inspected.

Before the visit we examined previous inspection reports and notifications we had received.

A notification is information about important events which the provider is required to tell us about by law. The provider had been informing us of important events. We usually ask providers to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service. However, on this occasion we did not request a PIR as the inspection was arranged and planned without time for a PIR to be requested or completed.

We spoke with a social worker who had concerns following a meeting about the home. Their concerns related to whether there were enough staff to respond to people and whether adequate care had been given to one person who had a pressure ulcer. We have included further information about these concerns and our findings in the overall summary and in the full report below.

The inspection team included two inspectors and an expert-by-experience who had experience of caring for older people and those living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 19 people who lived in the home and eight visitors. We spoke with people both in private and in communal areas including the dining room and lounges. We spent time having lunch in the dining room of the residential unit with 10 people and three care staff. We observed an activity session in which 15 people took part. We spoke with six staff members as well as the two deputy managers and one of the provider's representatives who visited the home.

We observed how people were cared for and reviewed 10 people's individual records. We also looked at policies and procedures, quality assurance and risk management records and five staff records.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe here because there are staff around to help." Another person said, "After a fall, the girls [staff] told me they would help me walk and they do to keep me safe." Other people and their relatives told us they felt the staff provided safe care and the home was a safe environment.

Staff told us they kept people safe by, "Keeping people clean and comfortable, making sure people have enough food and fluids and not allowing them to be harmed." Another member of staff said, "I look out for hazards in the communal areas and people's rooms and I make sure I do assessments at the right time and raise concerns if I need to." A further staff member told us, "I keep notes in my daily observations and during handovers and will report to the nurse directly if I notice any risks to people."

People were protected from the risks associated with their care and support because risks had been identified and managed appropriately. One person was at risk of malnutrition or dehydration due to their health condition. There was guidance for staff on how to ensure this person was kept free from these risks. Staff had monitored what this person had to eat and drink each day to make sure that it was enough.

Another person was at risk from pressure ulcers as they were being nursed in bed. Staff had guidance on how to support the person to reduce this risk. This person was being helped to move their position in bed and to have enough food and fluid to help them maintain healthy skin.

One person had experienced a fall, they said, "The staff were really good. They helped me and then told me how to use my tripod so it would not tip again. They kept checking on me." This person's care plan contained a risk assessment regarding them having falls. This described the actions staff should take and the person told us this was happening in practice. The accident records included details of accidents, action taken and the outcome or further advice for staff. Staff said they were informed about any accidents and incidents at meetings and during shift handovers and they discussed what they could do to prevent them happening again.

People were protected from the risks of abuse and harm. Staff told us they received annual training in safeguarding people. Staff were able to give us examples of different types of abuse that may take place and what action they would take if they suspected abuse. There were policies in place for staff to refer to and they knew how to access these. Copies of the policies were also available in the lobby area of the home which meant people who lived there, or visitors could read them. This included a copy of the Surrey County Council safeguarding adult's multi-agency procedures. Staff were able to tell us who they would contact outside of the home if they needed to report concerns.

We talked to staff about whistle blowing or raising concerns in order to protect people. They told us they would feel comfortable speaking to the nurse in charge or their line manager. One member of staff said they had raised concerns in the past and had been, "Supported 100%", so much so they would feel totally comfortable if they had to do it again.

The equipment in use was safe. No one we spoke with raised any concerns about the quality or safety of the equipment in the home. Staff said regular training ensured that they used equipment correctly to help keep people safe. One staff member said, "I follow procedures." Another said, "I use my training to know I am using the equipment properly. We asked for new equipment and it was provided." They added, "We have a physiotherapist in house who will carry out assessments with people. We then follow their guidance." All staff felt the equipment was well maintained. The records confirmed that regular safety checks took place on all the equipment used in the home.

People gave differing views about whether there were enough staff to meet all of their needs. One person said, "I don't have to wait long. Four or five minutes at the most." Another person said they had to wait up to '20 or 30 minutes for help to go to the toilet'. People told us the lack of staff, at times, led to a reduction in opportunities to follow their individual interests rather than a lack of personal care or treatment. Two people said, "We would like to go out on trips more often." Another person said, "The staff are sometimes too busy to stop and chat." The staff also gave us contrasting views. Some staff told us they felt at times they would benefit from additional staff. One staff member said, "Probably not enough staff, but we manage." Another told us, "There are not always enough staff every day. It can stop us from spending time with people." Two further staff members commented, "Yes, enough staff here and time to interact with people."

Requires Improvement

Is the service safe?

People's care needs had been assessed and this information had been used to determine the number of staff that were required. The deputy managers told us they recognised that since this assessment had been completed some people's needs had changed and they needed to review these assessments and adjust the staffing levels.

The staff and deputy managers said they had informed the provider that at times additional staff were needed. The deputy manager said that some actions had been taken to recruit more staff and to use the available staff at different times of the day to ensure people always had the help, care and treatment they needed. We found that at times staff were rushed but generally staff were providing the care and treatment people needed at times that suited their preferences.

People and staff told us there were times when there were not enough staff to meet all of their needs. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During the inspection staff attended to people's needs including responding to call bells in a timely way. Staff had time to sit with people and chat, to assist people with their meals and to offer a range of activities. One person said, "They asked me and I said I like to wake up at seven o'clock so that's when they bring my tea, which is good."

The provider followed safe recruitment procedures. Staff recruitment files contained the information required to show that staff were suitable to work with people at Priory Court Care Home. Applicants had been checked through the Disclosure and Barring Service (DBS) and references had been obtained. The DBS checks help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People said the staff had the skills they needed to care for them. People commented that the nurses carried out their duties with compassion and in a professional manner. The staff were clear about their roles and responsibilities and they told us they had training to enable them to care appropriately and safely for people. The staff training records showed that staff took part in courses that were relevant to their roles. Three staff said they were able to ask for further training and when they had done so this had been provided.

Plans were in place in case of emergencies. These were detailed and had been recently reviewed to make sure they were up to date and relevant. Plans provided clear guidance about what staff should do if an emergency occurred. Staff knew these procedures and how to respond to an emergency. Emergency plans included procedures to follow in case of a fire or serious injury to people. Contact details for key agencies were included in the plans such as contact numbers for the police, local hospital and GP surgery. There was an on call system so staff could contact senior staff for 'out of hours' support.

Medicines were safely stored and procedures for their safe administration were followed. Some people managed their own medicines. One person said, "It was important to me from the start (to be able to look after my own tablets) the staff are good as they come and check every two days that I am looking after my tablets safely." There were records relating to each person's medicines including when they were administered. The staff had been trained and the deputy managers regularly checked staff's continuing competency to safely manage medicines. We observed staff administering medicines and this was completed safely according to the home's medicines procedures.

The premises had been adapted so that people could move around safely and freely. Handrails and ramps meant that people could access the outside space when they wanted to. There were systems in place to make sure people were protected in the event of a fire. There was equipment in place in case of fire such as extinguishers. Each person had a personal emergency evacuation plan and the staff had been trained to respond appropriately to protect people in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the care they received. They said, "Staff are good" and "They know what to do." The relatives we spoke with told us they were satisfied with the care provided by the staff. One relative said, "When my mother first came my husband and I sat and had a long chat with staff and we discussed her likes/ dislikes and how she would be cared for. We were very impressed and it was good for my husband to go through everything and have a chance to talk it all over." This relative went on to say the staff were carrying out the care effectively as it had been discussed and agreed on admission to the home.

The staff knew people and their needs well. They were able to describe individual people and how they cared for them. This was consistent with the information in the care plans for those people. Staff shared information about people during handovers between shifts. They spoke knowledgably about people and their individual health and welfare needs. Staff informed each other when someone's health had changed or if someone needed to see a health professional. This meant staff had up to date information to enable them to provide the most appropriate care and treatment. One person required a dressing to be changed. The nurses knew the condition of the wound and how the person was responding to treatment. Accurate records had been maintained so the staff were able to monitor the wound and see whether it was healing as expected.

A relative we spoke with felt the staff had provided very effective care for their family member which had led to an improvement in their wellbeing. They told us, "We were all consulted over dad's care plan and the staff are fantastic. The hospital said dad was bed bound but he kept trying to climb out of bed and the staff decided to try and get him up and now he is up sitting every day and walking around with the nurses in the evening.....we are particularly grateful." This person's care plan recorded the changes to their mobility and how the staff were assisting them to mobilise.

People said the staff communicated well with them. We heard staff communicating in ways that suited people's individual needs. Staff told us that people living with dementia may change their minds frequently and they were aware of this. They said in order to communicate effectively they took their time and showed people options to choose from. For example, a range of clothing or different meal options. We saw staff showing people meals on plates at lunch time so they could choose rather than relying on people having remembered what they had ordered the day before.

Staff said their training equipped them well to care for people. They said when they started work they had induction training and worked alongside more experienced staff until they got to know people. They told us they had time to read people's care plans to understand people's needs. Staff continued their training after their induction and attended regular courses. Staff put the training into practice when they used equipment to help people to move from their chair to a wheelchair using a hoist. Staff were using the equipment safely, communicating well with people during the procedure and ensuring people were comfortable and settled before they left them.

Staff told us about the support they received from senior staff and the deputy managers. They said they were regularly supervised and given opportunities to discuss any concerns they might have about their work or the people they cared for. They said their annual appraisals were not up to date since the registered manager left. The deputy manager confirmed that although staff were supervised they had not completed the annual appraisals. They added that they had a plan in place to complete these within a reasonable timescale. Records showed that staff met regularly in small groups and during shift handovers and these meetings were documented.

Most people we spoke with remembered being asked for their consent to say they agreed with their plan of care. Some people and their relatives could not remember being asked but we heard staff asking for people's verbal consent before they provided care or treatment. The care plans had been reviewed and where people's care had changed they and their relatives had been informed and asked if they agreed. One person said, "My daughter came in and spoke to the managers one evening and they explained things to us and asked what we thought."

People had received mental capacity assessments and best interest meetings were held when appropriate. For example, a best interest meeting had been held in relation to a person who was at risk of leaving the building unsupervised. This had resulted in an application to the local authority under Deprivation of Liberty Safeguards (DoLS) to restrict this person's movement lawfully. This had been agreed and the staff were aware of the conditions of

Requires Improvement

Is the service effective?

the restrictions and when this required a review. Further applications had been made. Staff knew how to act in people's best interests and how to protect them without unlawfully restricting their freedom.

The staff told us about one person who had been assessed as having mental capacity to make their own decisions and they had refused to sign a 'Do not attempt cardiac pulmonary resuscitation' form. This decision had been respected and recorded and staff were aware of their choice. There was a copy of the Mental Capacity Act 2005 and DoLS guidance in the lobby area of the home for people or visitors to read to help them understand the legislation.

People said they and their relatives had access to dietary and nutritional specialists to meet their assessed needs. One person said, "The staff help me to eat and drink and I get plenty." Another person said, "I have seen the doctor and I have these special drinks every day to help build me up." This person had lost weight and staff had engaged the help of the speech and language therapy team as well as the GP on how to support this person. We read in the care plan they were now on nutritional drinks in additional to their normal meals. Another person had also lost weight and the dietician provided staff with advice. Staff were offering people food and drink and were providing support if they needed assistance at meal times. When people had been assessed as being at risk of malnutrition or dehydration the staff recorded their daily food and drink intake and used this to make sure people were eating and drinking enough.

People's health needs were met by staff. One person said, "I can and do see the doctor when I need to." A relative had been pleased with the staff because they had noticed deterioration and called a doctor who had prescribed medicine for their family member and they were now better. Staff had referred people to external health care professionals when appropriate or when people's needs changed. For example, one person complained of a cough and the GP had been called to see them. Other people had been referred to the continence team, district nursing team, dentist or chiropodist who were involved in their care. On the day of our inspection the GP visited in response to staff calling them.

The home provided a comfortable environment and people had rooms that were personalised and contained as many of their own items as they had chosen to bring with them. The unit, specifically for people living with dementia, had different coloured bedroom doors with pictures to help people find their rooms. The dining rooms had coloured table clothes and there were some nostalgic film posters on the walls. The toilets were clearly labelled. Apart from these adaptations there was little else that would assist or stimulate people living with dementia. The provider's representative told us they had already recognised this as a shortfall and they had a plan in place to improve the environment to help people living with dementia.

We recommend that the provider explores ways of improving the environment specifically taking into account best practice guidance on adaptations suitable for people living with dementia.

Good

Is the service caring?

Our findings

People said the staff were kind and caring. One person told us, “The staff are more than kind. They support me when I need it.” They added, “Nothing is too much trouble for them.” Another person said they were happy and got support when they needed it. One more person said, “Everyone is friendly and there is nothing we don’t like. It is warm and cosy and we put up pictures.” This person had their own pictures up in their room and the maintenance staff had done this at their request. People’s rooms were personalised and staff said they encouraged people to bring in their own items. We overheard a member of the maintenance staff talking with one person in their room. They responded well to the person’s questions about a job they would like doing and chatted in a relaxed and friendly manner.

Of the 19 people we spoke with 17 told us the staff treated them with dignity and that the staff tried their very best to help people remain safe and well. They said, “They are always respectful and compassionate and couldn't be nicer.” Two people disagreed with this positive view of the care but during later discussions they made comments including, “The nurses are really compassionate and caring.”

We observed that the staff were kind and caring and they made sure people felt that they mattered. For example, we heard one person calling for a member of staff. The staff member immediately responded to them to let them know they had heard them. We saw the staff member attend to this person as soon as they had finished what they were doing. Another member of staff leant in closely and spoke quietly to someone to encourage them to have a drink. One person had just returned from an appointment and a member of staff greeted them at the door, and asked how they were and helped them off with their coat.

Staff were speaking to people appropriately and showed concern and compassion. Staff used people’s first names when they addressed them and frequently whilst they chatted to them. We saw staff meeting people in the corridors and asking them if they needed help or support. One member of staff helped to straighten someone’s collar as they spoke with them. This mattered to this person because staff knew them well and that they liked to look smart.

Relatives we spoke with were very positive about the way staff cared for their family members towards the end of their lives. One relative said, “The staff have been very kind and sensitive to the whole family’s needs and they have provided all the care (my relative) needs.” Another relative said, “We were very impressed with the end of life care our family member is receiving as well as the care shown by staff to the whole family when we have been upset.” The deputy manager described the close links they had with a local hospice and how staff there had provided training to staff in the home. Staff were able to describe the religious needs of one person they cared for and how they would meet these at the end of their life. The staff had access to information which enabled them to contact the appropriate religious leaders this ensured they supported people through, at the end of their life in a way that met their religious wishes.

Friends and relatives were able to visit and were made welcome. One relative said, “It is so much better here than when she was in hospital: the staff are really caring and kind to my wife and I. While I am visiting they go passed a lot and poke their head in to say hello. They also offer me dinner which I appreciate as I come every day.” Other relatives said the staff were kind and welcoming and kept them informed about the health and wellbeing of their family members. One relative said, “We often come in and a few care staff are sitting around him, holding his hand and this is nice to know as he can sometimes get anxious.”

One member of staff said, “We know people are happy with the care we give to them as it shows in their behaviour and because we ask them. If they are not happy we talk to them.” We saw people responding to staff in a cheerful manner, smiling and laughing. One person said, “The manageress sat and had a long chat when I came in and asked all about me and checked what I wanted.” Staff took time to listen to people and they knew them well enough to talk about their families and initiate conversation in subjects that mattered to the person they were with.

People said the staff treated them with dignity and respect and ensured privacy during personal care. One person said, “The staff always make sure they knock on my door and wait for me to say, come in.” Another person said, “The girls help me in a way and at a time I like, they always ask me what I want.” Staff spoke about people in a caring manner and with discretion. People’s records were maintained securely and only accessible to those that cared for them.

Requires Improvement

Is the service responsive?

Our findings

People told us that one aspect of the home which did not always meet their expectations was the range of activities. They said that these did not always suit their individual interests. People said they felt the activities were limited because there were not always enough staff to spend time with them. There were activities on offer. During the inspection there was a game of bowls, a quiz and a game of hangman which 15 people participated in. People said they felt that the activities on offer had reduced. One man was lying in bed and said he didn't have 'the strength anymore' so didn't attend the activities although said he would like to. The activity organiser said they tried their best to visit people and spend time with those that stayed in their room. They said that new activity staff had been recruited and were due to start and they had plans to spend more time with individual people. One person said, "'When I first came here, it was understood that there would be outings but we have no vehicle." The deputy manager assured us that a new vehicle would be made available and trips would be arranged in consultation with people. Relatives did say that two care staff and two visitors had taken four people out in wheel chairs to the Christmas Fair every day last week and how much they had all enjoyed it.

The staff were willing to find out what residents wanted to be included in the activity programme and in response to five or six people requesting a knitting club this had been set up. We were told that 12 people regularly attended the knitting club once a week and enjoyed this activity.

The activity staff said there was one person who had difficulty communicating so they spent time with them in their room doing their nails which they enjoyed. Other staff said they tried to spend time with people not related to personal care tasks whenever they could. We saw staff sitting chatting with people in lounges and during meal times.

The lack of personalised activities was mentioned by many people and following a meeting, when some relatives raised this as a concern the service responded and had recently appointed two new part time activity co-ordinators.

A café area had just been completed and the activity staff intended to open this on three afternoons a week for people and their relatives. This space had bright decorations and comfortable seating.

Everyone we spoke with said they knew who to talk to if they were unhappy about any aspect of the home. One person said, "I know who to speak with if I have any concerns and my daughter can also come in and speak with them for me." People were supported to make a complaint if they wished, although people said they had no reason to complain. One person told us, "I have no complaints at all. It would be difficult to find fault." Staff said if people wished to complain they would support them to do so. They said that this would be done through the senior nurse in charge or the manager. One member of staff said, "I would support people to complain."

All the relatives we spoke with, except one, told us that if they had raised concerns these had been dealt with to their satisfaction. The one person who had complained and remained dissatisfied had received responses from the provider and continued to discuss their relative's care with staff and managers. Their complaint had not yet been fully resolved. One person and their relative said when they complained the deputy manager had responded and things had improved. The record of the most recent complaints showed the complaints had been responded to. The record also showed that staff had been told about the outcome of complaints so they could learn lessons from these. Staff said they informed each other about complaints and tried to learn about people and their views so they could care for people in a way that best suited them.

People and their relatives told us they had opportunities to give their views about the care and the home and that their views were responded to by the staff. One person said there were meetings that they and their relatives could attend and they appreciated this. Another person said, "My daughter spoke up about the poor food because the lunches were terrible. The result is that the new chef has come around asking our opinions about what food we like and dislike." These meetings had been recorded and we saw that where people had raised concerns or ideas they had been responded to. People said they felt the food had started to improve and would continue to do so.

People had been involved in an assessment of their needs before to moving into the home. Once they had moved in

Requires Improvement

Is the service responsive?

to the home a care plan had been written in consultation with them and their family. The care plans included a detailed plan of care and how the staff should provide support to meet people's needs and preferences. People's routines had been recorded and the staff knew when people liked to have help to get up and to go to bed. The plans had been reviewed and people and their families had been asked if any aspect of people's care needed to be changed. The care plans were personalised and the majority gave details about people's life histories so the staff knew about people's backgrounds and may have ideas for conversations. We heard staff talking to people about their lives in a way that showed the staff had read these plans and knew people well.

The staff responded to people's requests for help and initiated care when they could see people needed help. We saw staff helping where needed and were also encouraging people to remain independent. For example, we saw staff assisting one person to walk to the dining room but asking them if they felt able to manage a short distance on their own. The person said they did but the staff member remained close in case they were needed. Two relatives told us they were pleased with the way the staff had increased their family member's independence since moving to the home. One relative said, "When Mum first came the care staff took time to get her up and she was eating cooked breakfast, which she hadn't done in a long time."

We recommend that the provider seeks further guidance on providing activities that meet people's individual need for social interaction and occupation.

Requires Improvement

Is the service well-led?

Our findings

People spoke positively about the home and the staff and told us they found the management team helpful. One person said, “The deputy managers are really helpful and they come to see us and ask how we are.” The deputy managers also provided care on units in the home and spent time working alongside nurses and care staff. The deputy managers told us they used this time to ensure care was being delivered to the standards they expected and to ask people their views of the quality of the home and

The provider had a statement of it’s’ vision and values and these were included in their literature about the home and on display in the lobby area. We asked staff about the aims, values and ethos of the service. They told us, “It’s people’s home and it’s our job to make them feel comfortable.” “To provide individual, good quality care" and “To care for the residents.” Staff said they were reminded of these values during training sessions and at team meetings. One member of staff said, “We have a weekly meeting with the clinical manager and they remind us of this.”

Staff said they used to have regular supervisions and staff meetings, but they had not happened as much since the registered manager had left the home. Supervision meetings and staff meetings had taken place but the deputy manager confirmed these would increase when the new manager started in January 2015. Staff said they felt supported and were able to seek advice at any time. The staff knew who to report to and they were able to contact senior representatives of the provider organisation if they needed to.

Senior representatives of the provider organisation visited the home regularly and carried out staff training and audits to measure and monitor the quality of the home. We saw audits and action plans from visits in July, August and September 2014. These identified shortfalls and monitored if actions had been started or completed. One example was that some relatives had raised that it was not easy to contact staff by telephone. As a result new telephone lines had been installed and relatives had not raised any concerns since then. The provider’s representative told us they had already recognised the need for further adaptations to the environment to improve this for people living with dementia. They had started to develop a plan in order to take the necessary actions and implement the improvements.

The deputy managers reported any accidents, incidents, falls and pressure ulcers to the provider’s representative monthly. These were then discussed to ensure the appropriate action had been taken and whether any lessons could be learnt. The records showed this had happened in practice.

Records relating to people’s care and the management of the home were well organised and adequately maintained. Staff knew how they could access the guidance they needed and they were able to find any documents related to peoples care and welfare.

There were minutes of recent meetings to show that people were consulted and their views taken into account in the way the service was delivered. There were a large number of compliments cards and letters from grateful people and their relatives for the care they received at the home. The staff told us, throughout the inspection, that despite times when additional staff would improve the quality of the care they did their best to care for each person in a way that the person wished. Our observations confirmed that the staff knew their roles, they knew and understood each person’s needs and they demonstrated care and compassion. We heard staff communicating well with each other at all levels and there was shared understanding of providing care to the expected standards.

Staff were encouraged to come forward and were reassured that they would not experience harassment or victimisation if they raised concerns. There was information for staff which included information about external agencies where staff could raise concerns about poor practice. The deputy managers had sought best practice guidance from external agencies including a hospice. The deputy managers had reported relevant incidents to the local authority and to the CQC as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing **Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.** **People who use services did not have their welfare needs met at all times. The provider had not taken appropriate steps to ensure that at all times enough staff were employed for the purposes of carrying on the regulated activity.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.